Organisation Name:								
NHSLA Membership Number:								
NHS or Foundation trust		Evidence Template for use with						
Day1 of Assessment:		NHSLA Risk Management Standards for	Acute Trusts	-				
Day2 of Assessment:		2009/10 version						
Existing CNST/NHSLA Level:		,						
Level Applied For:								
ev el Achiev ed:		This evidence template has been produced to						
Assigned Assessor:		in preparing for assessment and is based on	the relevant NHSLA					
Chief Executive: email address		Standards.						
Organisation Contact:		Evidence Template Guidance to support organisation	one when using this template					
designation		and preparing electronic evidence for an assessme				-	 	
email address		www.nhsla.com/Publication / Risk management pub				 	1	
			service & Ti (SECTION					
	Data belowwill be populated	automaticallyfrom information entered on subsequent worksheets.		_				
Standard 1	Standard 2	Standard 3 Standard 4	Standard 5 Tot					
Ass) Ass	Ass Ass	l da l da l					
essor essor	essor	es sor es sor	usation essor					
1.1	2.1	3.1 4.1	5.1					
1.2	2.2	3.2 4.2	5.2					
13	2.3	33 43	5.3					
1.5	2.4	34 4.4 3.5 4.5	5.4	-				
1.5	2.6	3.6 4.6	5.6					
1.7	2.7	3.7 4.7	5.7					
1.8	2.8	3.8 4.8	58					
1.9	2.9	3.9 4.9	5.9					
1.10	2.10	3.10 4.10	5.10					
Total 0 0	Total 0 0	Total 0 0 Total 0 0	Total 0 0 0					
	Data above will be populated	d automaticallyfrom information entered on subsequent worksheets.		4-			 	
							ļ	
							 	
			· /					
							-	
						<u> </u>	<u> </u>	
						i		
				+				
						<u> </u>	<u> </u>	
· · · · · · · · · · · · · · · · · · ·					<u> </u>	•	*	

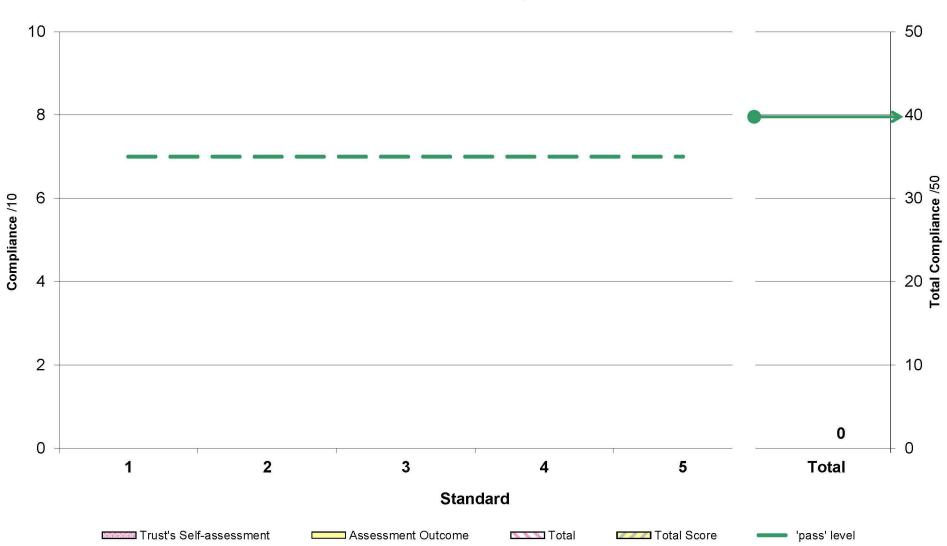
								,				1		
			\prod								 		,	
					 		ļ						-	
													-	
					 				 				ļ	
					 									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					 /					***************************************				
and														
					 				 					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					 		ļ							
							ļ							
		-											ļ	
					 		İ			***************************************				
					 		ļ							
					 		ļ							
							ļ							
					 		ļ							
	***************************************				 					***************************************				
					 		ļ				 			
			J]										
	~~~~					*************	ļ							
					 		<u> </u>							
													ļ	
					 				 : :					
					 		ļ							
					 		ļ							
T I		ļ												
		,			 									
					 		ļ							
					 		:	,				·	1	
									 		 L			

```
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 hare.
Cell: L20
Comment: Secure environment
Cell: Q20
Comment: Patient identification
Cell: G21
Comment: Local induction of permanent staff
Cell: Q21
Comment: Patient information
Cell: G22
Comment: Local induction of temporarystaff
Cell: L22
Comment: Safeguarding adults
Cell: Q22
Comment: Consent
Cell: B23
Comment: Riskawareness training for senior management
Cell: G23
Comment: Supervision of medical staff in training *
Cell: L23
Comment: Moving & handling
Cell: B24
Comment: Riskmanagement process
Cell: G24
Comment: Riskmanagement training
Cell: 024
Comment: Transfer of patients
Cell: V24
Comment: Investigations
Cell: L25
Comment: Ineculation incidents
Ceil: G25
Comment: Medicines management
Cell: B26
Comment: Responding to external recommendations specific to the organisation
Cell: G26
Comment: Medical devices training
Cell: L26
Comment: Maintenance of medical devices & equipment
Cell: V26
Comment: improvement
Cell: B27
Comment: Clinical records management
Cell: L27
Comment: Heressment & bullying
Cell: Q27
Comment: Resuscitation
Cell: V27
Comment: Best practice - NICE
Cell: G28
Comment: Moving & handling training
Cell: L28
Comment: Violence & aggression
Cell: Q28
Comment: Infection control
 Cell: V28
Comment: Best practice - NSFs, NCEs & High Level Enquiries
Cell: B29
Comment: Employment checks
```

Cell: V29 Comment: Being open

Page 3

# **Level Summary Chart**



Standard ⇒	1	2	3	4	5
Criterion	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
1	Risk management strategy	Corporate induction	Secure environment	Patient identification	Incident reporting
2	Policy on procedural documents	Local induction of permanent staff	Sickness absence	Patient information	Raising concerns
3	Risk management committee(s)	Local induction of temporary staff	Safeguarding adults	Consent	<u>Complaints</u>
4	Risk awareness training for senior management	Supervision of medical staff in training*	Moving & handling	Clinical record-keeping standards	<u>Claims</u>
5	Risk management process	Risk management training	Slips, trips & falls	<u>Transfer of patients</u>	<u>Investigations</u>
6	Risk register	<u>Training needs analysis</u>	Inoculation incidents	Medicines management	<u>Analysis</u>
7	Responding to external recommendations specific to the organisation	Medical devices training	Maintenance of medical devices & equipment	Blood transfusion	<u>Improvement</u>
8	Clinical records management	Hand hygiene training	Harassment & bullying	Resuscitation	Best practice - NICE
9	Professional clinical registration	Moving & handling training	Violence & aggression	Infection control	Best practice - NSFs, NCEs & High Level Enquiries
10	Employment checks	Supporting staff involved in an incident, complaint or claim	<u>Stress</u>	Discharge of patients	Being open

Criterio Paper or El	Document version name, no. and approved and review date are document document document document document document document above and review date are document documen	Comments Comments Sessor's com	ed Future Change Rationale Actions required to achieve compliance Person/ Committee responsible	Associated Cost	
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					
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.  1.1.2 1020 The organisation has approved	Compliant	Compliant			
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 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					
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 #NVA #WA for ALE KLOE 4.1 in the last 12 months.  For NHS trusts, the ALE assessment scores will be provided centrally to	#N/A #N/A #N/A	#N/A			
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 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	#NVA #NVA				
documentation must include a description of the process for:  a 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				
b 1043 recording attendance #WA #WA c 1044 following up non-attendance #WA #WA d 1048 monitoring compliance with all of the above. #WA #WA	#N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	Compliant			
1.1.5 The organisation has achieved Level 2 #N/A #N/A for ALE KLOE 4.1 in the last 12 months.	#N/A #N/A #N/A	#N/A			

										V			 	
	s	For NHS trusts, the ALE assessment scores will be provided centrally to												
	)	your assessor by the Audit Commission. Compliance will be												
	c	determined from this report. No												
		evidence will need to be provided by the trust.												
					C	Compliant		Compliant						
OR		lf a Foundation Trust:						•						
	c	documentation which describes the	#N/A #N/A	#N/A	#N/A  #1	:N/A								
	c	organisation-wide systematic risk management process.												
		As a minimum, the approved												
	c	documentation must include a description of the:												
а	1052 µ	process for assessing all types of	#WA #WA	#N/A	#N/A #I	:N/A	#N/A #N/A							
b	-	<u>risk</u> process for ensuring a continual,	#N/A #N/A	#N/A	#N/A #I	ANI/A	#N/A #N/A							
В	5	systematic approach to all risk	#IVA #IVA	#IVA	#1\(\frac{1}{4}\)	·IVA	#IVA   #IVA							
	a	assessments is followed throughout the organisation												
С		assignment of management	#N/A #N/A	#N/A	#N/A #1	!N/A	#N/A #N/A							
	r	responsibility for different levels of risk within the organisation												
d		process for monitoring compliance with	ı #WA #WA	#N/A	#N/A #1	:N/A	#N/A #N/A							
	a	all of the above.						- "					 	
					C	Compliant		Compliant					 	
1.1.6	1060	The organisation has achieved Level 2	#NA #NA	#N/A	#N/A #1	:N/A			#N/A			 ***************************************		
		for ALE KLOE 4.1 in the last 12 months.												
	F	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												
	6	evidence will need to be provided by												
	Įt	the trust.												
OR	I	If a Foundation Trust:			C	Compliant		Compliant			***************************************			
	1061	The organisation has an approved	#N/A #N/A	#N/A	#N/A #1	:N/A								
	F	organisation-wide risk register. As a minimum, the approved											 	
	c	organisation-wide risk register must include the:												
а	1062 5	source of the risk (including, but	#WA #WA	#N/A	#N/A #1	:N/A	#N/A #N/A							
	,	not limited to, incident reports, risk assessment and directorate risk												
		registers)												
		description of the risk risk score	#NA #NA #NA #NA		#N/A #1	IN/A	#N/A #N/A #N/A #N/A							
		summary risk treatment plan	#WA #WA			:N/A	#N/A #N/A				······	 	 	
е	1066	date of review	#NA #NA			N/A	#N/A #N/A #N/A #N/A						 	
f	1068 r	residual risk rating.	#N/A #N/A	#N/A	#N/A #1	Compliant	#N/A #N/A	Compliant						
								•						
1.1.7	1070	The organisation has approved documentation which describes the												
	r	process for preparing and responding to the recommendations and												
	r	requirements arising from external												
	a	agency visits, inspections and accreditations specific to the												
	a	agency visits, inspections and accreditations specific to the organisation.												
	6	accreditations specific to the organisation.  As a minimum, the approved												
	, A	accreditations specific to the organisation.  As a minimum, the approved documentation must include a												
a	# A C C C C C C C C C C C C C C C C C C	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for:												
а	1071 r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external												
	1071 riii	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies												
	1071 riii	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external												
b	1071 r iii c a 1072 r 1073 r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to												
b	1071 r r r r r r r r r r r r r r r r r r r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews												
b c	1071 r i i r 1073 r i r i r 1074 e	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews												
b	1071 r iii c a 1072 r 1073 r ii r 1074 e	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews												
b c	1071 r in care 1072 r 1073 r in r in care 1074 e r in care 1078 r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews												
b c	1071 r in care 1072 r 1073 r in r in care 1074 e r in care 1078 r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews  ensuring that the organisation-wide risk register is populated with risks identified from reviews				Compliant		Compliant						
b c d	1071 r iii c c a 1072 r 1073 r ii r 1074 e r iii 1078 r a a 1078 r a 10	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews  ensuring that the organisation-wide risk register is populated with risks identified from reviews  monitoring compliance with all of the above.			C	Compliant		Compliant						
b c d	1071 r in car in	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the			C	Compliant		Compliant						
b c d	1071 r iii c a a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved			C	Compliant		Compliant						
b c d	1071 r in	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks			C	Compliant		Compliant						
b c d	1071 r in a car in a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved			C	Compliant		Compliant						
b c d e 1.1.8	1071 r in	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the:			C	Compliant		Compliant						
b c d 1.1.8	1071 r iii c a a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties			C	Compliant		Compliant						
b c d e 1.1.8	1071 r iii c a a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records			C	Compliant		Compliant						
b c d e 1.1.8	1071 r iii c a a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records				Compliant		Compliant						
b	1071 r iii 1072 r 1073 r iii 1074 e iii 1078 r iii 1078 r iii 1080 7 iii 1081 c iii 1082 li 1082 li 1083 r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records			C	Compliant		Compliant						
b	1071 ri ii c c a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retaining records process for retrieving records			C	Compliant		Compliant						
b c d e 1.1.8	1071 r iii 1072 r 1073 r iii 1074 e iii 1078 r iii 1078 r iii 1080 7 iii 1080	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving records process for retrieving and disposing of records			C	Compliant		Compliant						
b c d e 1.1.8	1071 ri ii c c a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retaining records process for retrieving records												
b	1071 ri ii c c a a a a a a a a a a a a a a a a	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retaining records process for retaining and disposing of records				Compliant		Compliant						
b	1071 r r r r r r r r r r r r r r r r r r r	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retaining and disposing of records  process for monitoring compliance with all of the above.												
b	1071 ri i c c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving records process for retrieving compliance with all of the above.  The organisation has approved disposing of records  process for monitoring compliance with all of the above.												
b	1071 ri i c c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews  ensuring that the organisation-wide risk register is populated with risks identified from reviews  monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for retaining records process for retaining records process for retaining and disposing of records process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for retaining and disposing of records process for monitoring compliance with all of the above.												
b	1071 r i i c c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving compliance with all of the above.  The organisation has approved documentation which describes the process for monitoring compliance with all of the above.												
b	1071 ri i i c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving records process for retrieving compliance with all of the above.  The organisation has approved disposing of records process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all clinical staff (temporary and permanent) are registered with the appropriate professional body.  As a minimum, the approved												
b	1071 ri i i c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving records process for retrieving compliance with all of the above.  The organisation has approved documentation which describes the process for retrieving records process for retrieving records process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for monitoring compliance with all of the above.												
b	1071 ri i c c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies  maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving records process for retrieving compliance with all of the above.  The organisation has approved documentation which describes the process for retrieving records process for retrieving compliance with all of the above.  The organisation has approved documentation which describes the process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for monitoring that all clinical staff (temporary and permanent) are registered with the appropriate professional body.  As a minimum, the approved documentation must include a description of the: duties, both on initial appointment and description of the:												
b	1071 ri i c c c c c c c c c c c c c c c c c	accreditations specific to the organisation.  As a minimum, the approved documentation must include a description of the process for: nominating/appointing a suitable individual(s) to coordinate and report on any reviews carried out by external agencies maintaining a schedule of review dates maintaining action plans to implement any recommendations made as a result of reviews ensuring that the organisation-wide risk register is populated with risks identified from reviews monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with clinical records in all media.  As a minimum, the approved documentation must include a description of the: duties legal obligations that apply to records process for tracking records process for retrieving records process for retrieving records process for retrieving records process for retrieving records process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all clinical staff (temporary and permanent) are registered with the appropriate professional body.  As a minimum, the approved documentation must include a description of the:												

b 10	92 process for ensuring registration checks are made directly with the relevant professional body, in accordance with their									
	recommendations, in respect of all permanent clinical staff both on									
	initial appointment and ongoing thereafter									
c 109	assurance that registration checks are being carried out by all external agencies (e.g. NHS Professionals, recruitment agencies, etc.) used by the organisation in respect of all temporary clinical staff									
d 10	process in place for following up those permanent clinical staff who fail to satisfy the validation of registration process									
e 10	process for monitoring compliance with all of the above.									
			Compliant	Compliant						
1110 11	00. The organisation has approved									
1.1.10	On The organisation has approved documentation which describes the process for ensuring that all appropriate employment checks are undertaken for all staff (temporary and permanent).									
	As a minimum, the approved documentation must include a description of the:									
	01 duties									
	02 types of check required 03 checking procedures									
d 11	04 process for following up those who fail to satisfy the checking arrangements									
е 11	05 process for monitoring/receiving assurance that checks are being carried out by all external agencies (e.g. NHS Professionals, recruitment agencies, etc.) used by the organisation in respect of all temporary staff									
f 11	08 process for monitoring compliance with all of the above.									
			Compliant	Compliant						
		The following summary will be populated automatically from in	formation entered on the worksheet		<u> </u>					
			1.1.1 0		0					
			1.1.2 0 1.1.3 0		0		 		 	
			1.1.4 #N/A		#N/A					
			1.1.5 #N/A		#N/A					
			1.1.6 #N/A 1.1.7 0		#N/A					
			1.1.7 0 1.1.8 0		0		 		 	<b></b>
			1.1.9 0		0					
			1.1.10 0		0	All Standards Total				
			Total 0		0	0				

[Date]

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 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 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. 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 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. Comment: This section and the following minimum requirements to be completed for all Level 3 assessments 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 Comment: Policy on procedural documents Cell: H120 Comment: Risk management committee(s) Comment: Risk awareness training for senior management Comment: Risk management process Cell: H123 Comment: Risk register Cell: H124

Comment: Responding to external recommendations specific to the organisation

Cell: H125

Cell: H127
Comment: Employment checks

1.1.

Comment: Clinical records management

Cell: H126 Comment: Professional clinical registration

Cell: B1
Comment: Admin Use Only

Page 9

ıumber		топіс сору		sion name, oved and date	ent ant? ation)			Assessor)	2022			, Person/					
Criterion n	Criterion and minimum requirements i	Name of approved document	Electronic file hyperlink/name	Document ver no. and appr review or Initials of conta	υ   E α		Organisation's comments	Compliant? (,	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance Person/Committee responsible	Target Date	Associated Cost			
<b>1.2.1</b> 201	The organisation has approved documentation which describes the corporate induction arrangements for all new permanent staff.					THE STATE OF THE S											
a 201	As a minimum, the approved documentation must include a description of the:																
<b>b</b> 201:	minimum content of the corporate induction programme(s)     process for ensuring that all new permanent staff are booked onto																
d 201	corporate induction  4 process for checking that all new permanent staff complete corporate induction																
	5 process for following up those who fail to attend corporate induction																
f 201	8 process for monitoring compliance with all of the above.			Com	pliant		Complian	t									
	The organisation has approved documentation which describes the local induction arrangements for all new permanent staff.																
a 202	As a minimum, the approved documentation must include a description of the:																
	minimum content of local induction programme(s) process for checking that all new permanent staff complete local induction																
	process for following up those who fail to complete local induction																
<b>e</b> 202	88 process for monitoring compliance with all of the above.			Com	pliant		Complian										
	The organisation has approved documentation which describes the local induction arrangements for all temporary staff.																
2002	As a minimum, the approved documentation must include a description of the:																
	22 minimum content of local induction programme(s) 33 process for checking that all																
d 203	temporary staff complete local induction  4 process for following up those who fail to complete local																
e 203	induction  8 process for monitoring compliance with all of the above.																
124 204	10 Supervision of medical staff in training.			Com	pliant		Complian										
	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.																
				Com	pliant		Complian	t .									
	The organisation has approved documentation which describes the process for ensuring a systematic approach to risk management training for all permanent staff.																
a 205	As a minimum, the approved documentation must include a description of the process for:																
	developing a training needs analysis which reflects the TNA Minimum Data Set  developing action plan(s) to deliver the																
c 205	training identified within the training needs analysis  developing a training prospectus to reflect the training needs analysis																
d 205	checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis																
	following up those who fail to attend relevant training programmes																
	66 coordinating training records 68 monitoring compliance with all of the above.																
				Com	pliant		Complian	1									
				***************************************													

400 000						1		
1.2.6	The organisation has undertaken a training needs analysis to identify the risk management training							
	requirements for all permanent staff							
	and documented the results.							
	As a minimum, the approved documentation must include:							
a 200	a list of topics defined as risk							(
	management training by the organisation (MUST include all those referred to in the NHSLA standards							
	TNA Minimum Data Set)							
b 200	evidence that the organisation has identified which staff groups are							(
	required to attend each type of							
6 200	training  3 evidence that the organisation has							
C  200	identified the frequency of updates							
	required for each type of training.	Compliant	Comp	liant				
		Compilant	Comp					
1.2.7 207	The organisation has approved documentation which describes the							
	process for ensuring that all permanent staff are trained to safely							
	use diagnostic and therapeutic equipment appropriate to their role.							
	As a minimum, the approved							
	documentation must include a description of the:							
a 207	71 duties							ļ
b 207	72 inventory (or links to an inventory) of diagnostic and therapeutic equipment							ĺ
	used within the organisation							
c 207	73 process for identifying which							
	permanent staff are authorised to use the equipment identified on							
	the inventory							
d 207	74 process for determining the training required to use the							
	equipment identified on the inventory and the frequency of							
	updates required							
e 207	75 process for ensuring that the identified training needs of all							
	permanent staff are met							
f 207	78 process for monitoring compliance with all of the above.							
		Compliant	Comp	liant				
1.2.8 208	The organisation has approved							
	documentation which describes the process for ensuring the delivery of							
	effective hand hygiene training for all relevant permanent staff groups.							
	As a minimum, the approved							
	documentation must include a							4
	description of the:							
a 208	description of the: duties							
	description of the: 31 duties 32 process for checking that all							
	description of the:    duties							
b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training							
b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those							
b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training							
b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene							
b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with	Compliant	Сотр					
c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.	Compliant	Comp	liant				
c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of	Compliant	Comp					
c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training	Compliant	Сотр					
c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved	Compliant	Comp					
c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.	Compliant	Comp					
d 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:	Compliant	Comp					
c 208 d 208 1.2.9 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in	Compliant	Comp					
d 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and	Compliant	Сотр					
d 208  1.2.9 208  a 208  b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training	Compliant	Comp					
c 208 d 208 1.2.9 208 a 208 b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving	Compliant	Comp					
c 208  d 208  1.2.9 208  a 208  b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training	Compliant	Comp					
c 208  d 208  1.2.9 208  a 208  b 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving	Compliant	Comp					
c 208 d 208 1.2.9 208 c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.	Compliant	Comp					
d 208  1.2.9 208  a 208  b 208  c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.							
d 208  1.2.9 208  a 208  b 208  c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff							
d 208  1.2.9 208  a 208  b 208  c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.							
d 208  1.2.9 208  a 208  b 208  c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.							
d 208  1.2.9 208  a 208  b 208  c 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a							
a 208 b 208  1.2.9 208  1.2.9 208  1.2.10 216	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:							
b 208 c 208 d 208 1.2.9 208 c 208 d 208 1.2.10 216	description of the: duties process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training process for following up those who fail to attend hand hygiene training process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the: duties process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training process for following up those who fail to attend relevant moving and handling training process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation that include a description of the:							
b 208 c 208 d 208 1.2.9 208 c 208 d 208 d 208 1.2.10 216	description of the: duties process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training process for following up those who fail to attend hand hygiene training process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the: duties process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training process for following up those who fail to attend relevant moving and handling training process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the: duties							
c 208  d 208  1.2.9 208  a 208  d 208  1.2.10 216  a 216  b 216	description of the: duties process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training process for following up those who fail to attend hand hygiene training process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the: duties process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the: duties immediate support offered to staff (internally and, if necessary, externally) ongoing support offered to staff							
a 201  d 208  1.2.9 208  1.2.9 208  1.2.10 210  c 210	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation of the:  duties  immediate support offered to staff (internally and, if necessary, externally)  ongoing support offered to staff (internally and, if necessary, externally)							
b 208  c 208  d 208  1.2.9 208  a 208  d 208  1.2.10 216  c 216  c 216	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  immediate support offered to staff (internally and, if necessary, externally)  ongoing support offered to staff (internally and, if necessary, externally)  advice available to staff in the event of							
b 208  c 208  d 208  1.2.9 208  a 208  d 208  1.2.10 216  c 216  c 216	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  mediate support offered to staff (internally and, if necessary, externally)  and advice available to staff in the event of their being called as a witness (internally and, if necessary, externally)  advice available to staff in the event of their being called as a witness (internally and, if necessary, externally)							
c 208  d 208  a 208  b 208  c 208  a 208  d 208  c 208  d 208  c 208  d 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  immediate support offered to staff (internally and, if necessary, externally)  ongoing support offered to staff (internally and, if necessary, externally)  advice available to staff in the event of their being called as a witness (internally and, if necessary, externally)							
c 208  d 208  a 208  b 208  a 208  d 208  c 208  d 208  c 208  d 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  immediate support offered to staff (internally and, if necessary, externally)  ongoing support offered to staff (internally and, if necessary, externally)  action for managers or individuals to take if the staff member is							
c 208  d 208  a 208  b 208  a 208  d 208  c 208  d 208  c 208  d 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  immediate support offered to staff (internally and, if necessary, externally)  ongoing support offered to staff (internally and, if necessary, externally)  action for managers or individuals							
b 208 c 208 d 208 a 208 b 208 d 208 c 208 d 208 c 208 d 208 d 208 c 208 d 208	description of the:  duties  process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training  process for following up those who fail to attend hand hygiene training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring the delivery of effective moving and handling training to all permanent staff.  As a minimum, the approved documentation must include a description of the:  duties  process for checking that all permanent staff, as identified in the training needs analysis, complete relevant moving and handling training  process for following up those who fail to attend relevant moving and handling training  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  The organisation has approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.  As a minimum, the approved documentation must include a description of the:  duties  mediate support offered to staff (internally and, if necessary, externally)  and advice available to staff in the event of their being called as a witness (internally and, if necessary, externally)  action for managers or individuals to take if the staff member is experiencing difficulties							

process for monitoring compliance with all of the above.				
	Compliant	Compliant		
The following summa	ary will be populated automatically from information entered on the worksheet.			
	1.2.1 0	0		
	1.2.2 0	0		
	1.2.3 0	0		
	1.2.4 0	0		
	1.2.5 0	0		
	1.2.6 0	0		
	1.2.7 0	0		
	1.2.8 0	0		
	1.2.9 0	0		
	1.2.10 0	0 All Standards Total	· · · · · · · · · · · · · · · · · · ·	
	Total 0	0 0		

Cell: B1
Comment: Admin Use Only

Cell: D1 Comment: Insert either:

E for Electronic
P for Paper

Cell: L1 Comment: Assessor Use Only

Cell: M1

N/A for not available

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

		>		o lo								T						
ımber		onic cop		ion name vved and ate tr name fr	tion)		ssessor) Report	2122			Person/							
rion nu	Criterion and minimum requirements	Name of approved document	Electronic file hyperlink/name	T 18 18 18 18 18 18 18 18 18 18 18 18 18	표 교	ce Organisation's comments	ant? (A	Assessor's comments	Proposed Future Change	Rationale		rarget Date	Associated Cost					
Crife		Paper o		Documen no. and irev rev iitials of c	S O		Compli	ji.										
<b>1.3.1</b> 301	10 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 301 b 301	11 duties 12 requirement to undertake a lockdown risk profile for each organisational site																	
	or other specific building/area																	
c 301	13 requirement to undertake appropriate risk assessments regarding the physical security of premises and assets																	
d 301	14 arrangements for the organisational overview of the risk																	
	assessments regarding the physical security of premises and assets																	
e 301	18 process for monitoring compliance with all of the above.																	
				Compliant		Compliar	nt											
1.3.2 302	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 302 b 302	process for maintaining contact with																	
	absent employees 23 planning and facilitating return to work plans																	
	24 planning and undertaking workplace controls or adjustments																	
	25 process for analysing sickness absence data 26 arrangements for the																	
	organisational overview of sickness absence																	
g 302	28 process for monitoring compliance with all of the above.						11	-										
1,3,3 303	The organisation has approved			Compliant		Compliar	nt											
	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 303 b 303	duties local arrangements for managing the risks associated with safeguarding adults																	
<b>c</b> 303	organisation's expectations in relation to staff training, as identified in the																	
d 303	training needs analysis  88 process for monitoring compliance with all of the above.																	
				Compliant		Compliar	nt											
1.3.4 304	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 304 b 304																		
c 304	equipment a arrangements for access to																	
d 304	appropriate specialist advice  44 requirement to undertake appropriate risk assessments for the moving and handling of patients and objects																	
e 304	45 arrangements for the organisational overview of the risk assessments for the moving and																	
	handling of patients and objects																	
f 304	48 process for monitoring compliance with all of the above.			Compliant		Compliar	nt.											
1.3.5   305	The organisation has approved			Samphant		Compilar												
	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																	
a 305	description of the:  1 duties 2 requirement to undertake																	
5 300	appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height)																	
		1				1			ı	L		1		 <u> </u>	l l	- :	1	

c 3053 requirement to undertake appropriate risk assessments for									
the management of slips, trips and falls involving staff and others									
(including falls from height)									
d 3054 organisation's expectations in relation									
to staff training, as identified in the									
training needs analysis  e 3055 process for raising awareness about									
preventing and reducing the number of slips, trips and falls involving									
patients, staff and others									
f 3058 process for monitoring compliance with all of the above.									
		Compliant	Complian	nt					
1.3.6 3060 The organisation has approved									
documentation which describes the process for managing the risks									
associated with inoculation incidents.									
As a minimum, the approved									
documentation must include a									
description of the:  a 3061 duties									
b 3062 reporting arrangements in relation to inoculation incidents									
c 3063 process for the management of an									
inoculation incident (including prophylaxis)									
d 3065 organisation's requirements in relation									
to staff training, as identified in the training needs analysis									
e 3068 process for monitoring compliance with all of the above.									
ап от ше авоче.	+ +	Compliant	Compliar	nt					
1.3.7 3070 The organisation has approved									
documentation which describes the									
process for managing the risks associated with the maintenance of									
reusable medical devices and equipment.									
As a minimum, the approved									
documentation must include a description of the:									
a 3071 duties									
b 3072 requirement to have a systematic inventory of all reusable medical									
devices and equipment used within the organisation									
c 3073 process for ensuring that all							 		
reusable medical devices and equipment are properly									
maintained and repaired									
d 3074 process for checking that calibration of all reusable medical devices are									
	· ·	,							
completed within the specified time									
e 3078 process for monitoring compliance with									
		Compliant	Complia						
e 3078 process for monitoring compliance with all of the above.		Compliant	Complian	nt					
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not		Compliant	Complian						
frames  e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns		Compliant	Complian						
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying		Compliant	Complian						
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised		Compliant	Complian						
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the		Compliant	Complian						
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis		Compliant	Complian						
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with		Compliant							
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  requirement to undertake appropriate risk assessments for the prevention and management									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 dies requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with									
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis		Compliant	Complian	nt					
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with all of the above.			Complian	nt					
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with all of the above.		Compliant	Complian	nt					
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with all of the above.		Compliant	Complian	nt					
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with all of the above.  1.3.10 3100 The organisation has approved documentation which describes the process for managing the risks associated with work-related stress.  As a minimum, the approved		Compliant	Complian	nt					
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying  d 3084 process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with all of the above.		Compliant	Complian	nt					
e 3078 process for monitoring compliance with all of the above.  1.3.8 3080 The organisation has approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.  As a minimum, the approved documentation must include a description of the:  a 3081 duties  b 3082 statement by the organisation that harassment and/or bullying are not acceptable  c 3083 process for raising concerns about harassment and/or bullying process to be followed once a concern has been raised  e 3085 organisation's requirements in relation to staff training, as identified in the training needs analysis  f 3088 process for monitoring compliance with all of the above.  1.3.9 3090 The organisation has approved documentation which describes the process for managing the risks associated with the prevention and management of violence and aggression.  As a minimum, the approved documentation must include a description of the:  a 3091 duties  b 3092 requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression  c 3093 arrangements for ensuring the safety of lone workers  d 3094 organisation's expectations in relation to staff training, as identified in the training needs analysis  e 3098 process for monitoring compliance with all of the above.  1.3.10 3100 The organisation has approved documentation which describes the process for managing the risks associated with work-related stress.  As a minimum, the approved documentation must include a		Compliant	Complian	nt					

3112 process for accessing information on the management of work-related stress			
3113 process for identifying workplace stressors			
3114 requirement to undertake appropriate risk assessments for the prevention and management of work-related stress			
3118 process for monitoring compliance with all of the above.			
	Compliant	Compliant	
The following summary wil	ll be populated automatically from information entered on the worksheet.		
	1.3.1 0		
	1.5.1		
	132 0		
	1.3.2 0	0	
	1.3.3 0		
	1.3.3 0 1.3.4 0	0 0	
	1.3.3 0 1.3.4 0 1.3.5 0	0 0 0 0 0	
	1.3.3 0 1.3.4 0 1.3.5 0 1.3.6 0	0 0	
	1.3.3 0 1.3.4 0 1.3.5 0 1.3.6 0 1.3.7 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	1.3.3 0 1.3.4 0 1.3.5 0 1.3.6 0 1.3.7 0 1.3.8 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	1.3.3 0 1.3.4 0 1.3.5 0 1.3.6 0 1.3.7 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

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: 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

Criterion number		Paper or E	Name of approved document	Electronic file hyperlink/name	da & sic	S S   E E	nce Organisation's comments	Compliant? (Assessor)  Assessor, a comment in Report	roposed Future Change	Rationale	Actions required to achieve compliance	Person/ Committee responsible	Target Date Associated Cost	
<b>1.4.1</b> 40°	The organisation has a documentation which d process for managing t associated with the ide patients.	escribes the the risks												
2 401	As a minimum, the app documentation must in- description of the: 0.1 definition of all patients	clude a												
	process for identifying													
c 40°	process for ongoing ch throughout the patient	ecks care episode												
d 40°	procedure to be followhere patient miside	owed in cases entification												
e 40°	occurs  18 process for monitoring	compliance with												
	all of the above.				Com	npliant	Compliar	nt						
1.4.2 402	The organisation has a documentation which d process for developing information associated treatments and proced	escribes the patient with care,												
	As a minimum, the app documentation must in- description of the:	roved clude a												
	process for the develop													
	list of the essential of included in leaflets of i.e. risks, benefits an alternatives, where a	or other media ad appropriate												
	reviewing process, includate													
	25 archiving arrangeme 28 process for monitoring all of the above.													
	ан от те ароуе.				Com	npliant	Compliar	nt						
1.4.3 403	The organisation has a documentation which d process for managing t associated with conservations.	escribes the the risks												
	As a minimum, the app documentation must in- description of the:	roved clude a												
b 403	31 process for obtaining of 32 process for recording of 33 process for identifying are not capable of per procedure but are at obtain consent for the	onsent ng staff who erforming the uthorised to												
d 400	generic training on the process	consent												
e 403	process for the deliv procedure specific to consent, for staff to consent process is of who are not capable the procedure	raining on whom the lelegated and												
f 403	process for monitoring all of the above.	compliance with												
					Com	npliant	Compliar	nt						
1.4.4 404	The organisation has a documentation which d process for managing t associated with the quarecords in all media.	escribes the the risks ality of clinical												
	As a minimum, the app documentation must in- description of the:	roved clude a												
a 404 b 404	de criteria against which the records must be audite	d for all												
c 404	healthcare professiona frequency of audit of cl	inical records												
d 404	format for all audit re methodology, conclu plans, etc.	eports i.e. isions, action												
e 404	45 arrangements for the action plans	e review of												
f 404	48 process for monitoring all of the above.	compliance with												
					Com	npliant	Compliar	nt						
1.4.5 408	The organisation has a documentation which d process for managing t associated with the tranpatients.  As a minimum, the app documentation must in-	escribes the the risks ensfer of ensemble roved												
a 405 b 405	description of the:  duties transfer requirement	ts which are												
	specific to each pation  documentation to ac patient when being t	ent group												
d 405	54 process for transfer ou	t of hours												
e 405	process for monitoring all of the above.	compliance with												
					Com	npliant	Compliar	nt <mark>   </mark>						

1.4.6	4060	The organisation has approved documentation which describes the					
		process for managing the risks associated with medicines in all care					
		environments.					
		As a minimum, the approved documentation must include a					
		description of the:					
a	4061	process for prescribing medicines in all care environments					
b 4	1061.1	process for ensuring the accuracy of all prescription charts					
С	4062	process for the administration of medication in all care environments					
d	4063	process for patient self administration					
е	4064	procedure for the safe disposal of					
f		controlled drugs training requirements for all staff, as identified in the training needs analysis					
		identified in the training needs analysis					
g	4068	process for monitoring compliance with all of the above.					
		all of the above.	Compliant	Compliant			
1.4.7	4070	The organisation has approved					
1.4.7		documentation which describes the					
		process for managing the risks associated with the blood transfusion					
		process.  As a minimum, the approved					
		documentation must include a description of the:					
а	4071	duties					
b		process for the request of blood samples for pre-transfusion					000000000000000000000000000000000000000
-		compatibility testing process for the administration of			+ + + + + + + + + + + + + + + + + + + +		
		blood and blood products					
d		care of patient(s) receiving transfusion					
е	4075	training requirements of all staff, as identified in the training needs analysis					
f		requirements for the competency assessment of all staff involved in the					
a		blood transfusion process process for monitoring compliance with					
		all of the above.					
			Compliant	Compliant			
1.4.8	4080	The organisation has approved documentation which describes the					
		process for managing the risks associated with resuscitation.					
		As a minimum, the approved					
		documentation must include a description of the:					
a		duties early warning systems in place for					
		the recognition of patients at risk of cardio-respiratory arrest					
							1 1 3
С							
	4083 4084	post-resuscitation care do not attempt resuscitation					
d	4083 4084 4085	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual					
d e	4083 4084 4085	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment					
d e	4083 4084 4085 4086	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as					
d e f	4083 4084 4085 4086	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis					
d e f	4083 4084 4085 4086	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as					
d e f	4083 4084 4085 4086	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.	Compliant	Compliant			
d e f	4083 4084 4085 4086 4088	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved	Compliant	Compliant			
d e f	4083 4084 4085 4086 4088	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks	Compliant	Compliant			
d e f	4083 4084 4085 4086 4088	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the	Compliant	Compliant			
d e f	4083 4084 4085 4086 4088	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the:	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090 4092 4093	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work  details of, or cross reference to,	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090 4092 4093 4094	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework  details of, or cross reference to, appropriate core policies information available to patients and	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090 4092 4093 4094	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090 4092 4093 4094	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework  details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's	Compliant	Compliant			
d e f g 1.4.9	4083 4084 4085 4086 4088 4090 4092 4093 4094	post-resuscitation care do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework  details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections	Compliant	Compliant			
d e f g 1.4.9 c	4083 4084 4085 4086 4088 4090 4092 4093 4094	post-resuscitation care  do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling	Compliant	Compliant			
d e f g 1.4.9 c d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with	Compliant	Compliant			
d e f g 1.4.9 a b c	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis					
d e f g 1.4.9 a b c d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.	Compliant	Compliant			
d e f g 1.4.9 a b c d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098	post-resuscitation care do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the					
d e f g 1.4.9 a b c d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098	post-resuscitation care do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of					
d e f g 1.4.9 a b c d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098	post-resuscitation care do not attempt resuscitation orders (DNAR)  process for ensuring the continual availability of resuscitation equipment  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.					
d e f g 1.4.9 a b c d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a					
d e f g 1.4.9 a b c 1.4.10	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control. As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a description of the: duties					
d e f g 1.4.9 a b c 1.4.10	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4100 4101 4101 4102	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance frame work details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a description of the: duties discharge requirements which are					
d e f g 1.4.9 a b c 1.4.10	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098 4100 4101 4102 4103	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a description of the: duties discharge requirements which are specific to each patient group documentation to accompany the					
d e f g 1.4.9 a b c d d	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098 4100 4101 4102 4103 4104	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control. As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a description of the: duties discharge requirements which are specific to each patient group documentation to accompany the patient upon discharge information to be given to the patient					
d e f g 1.4.9 a b c d e d e	4083 4084 4085 4086 4088 4090 4092 4093 4094 4095 4098 4100 4101 4102 4103 4104 4105	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control. As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections  training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients. As a minimum, the approved documentation must include a description of the: duties duties discharge requirements which are specific to each patient group documentation to accompany the patient upon discharge information to be given to the patient process for discharge out of hours					
d e f g	4083 4084 4085 4086 4088 4090 4090 4092 4093 4094 4095 4098 4100 4101 4102 4103 4104 4105 4108	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control.  As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies processes and arrangements for preventing and controlling healthcare acquired infections training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a description of the: duties discharge requirements which are specific to each patient group documentation to accompany the patients.  As a minimum, the approved documentation to accompany the patient upon discharge information to be given to the patient process for monitoring compliance with all of the above.	Compliant	Compliant			
d e f g	4083 4084 4085 4086 4088 4090 4090 4092 4093 4094 4095 4098 4100 4101 4102 4103 4104 4105 4108	post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as identified in the training needs analysis process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with infection prevention and control. As a minimum, the approved documentation must include a description of the: infection control assurance framework details of, or cross reference to, appropriate core policies information available to patients and the public about the organisation's general processes and arrangements for preventing and controlling healthcare acquired infections training requirements for all staff, as identified in the training needs analysis  process for monitoring compliance with all of the above.  The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.  As a minimum, the approved documentation must include a description of the: duties discharge requirements which are specific to each patient group documentation to accompany the patient upon discharge information to be given to the patient process for monitoring compliance with					

								ļ	
The fol	llowing summary will be populated automatically from information ente	red on the wor	rksheet						
	1.4.1	0	0						
	1.4.2	0	0						
	1.4.3	0	0						
	1.4.4	0	0						
	1.4.5	0	0					İ	
	1.4.6	0	0						
	1.4.7	0	0						
	1.4.8	0	0						
	1.4.9	0	0						
	1.4.10	0	0	All Standards Total					
	Total	0	0	0		 		 	

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:** 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	ıı		Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date Initials of contact name for	nplian nnisati	eference Organisation's con	Compliant? (Assessor)	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance Person/ Committee responsible	rget Date Associa Cost	ted		
1.5.1	i i	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:														
	5012 i	duties  process for reporting all incidents/near misses, involving staff, patients and others														
	5013	process for reporting to external agencies														
	r	reference to the processes for staff to raise concerns e.g. whistle blowing/open disclosure														
е		process for monitoring compliance with all of the above.			Compli	ant	Co	mpliant								
1.5.2	5020	The organisation has approved documentation which describes the														
	t a	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:														
	5022	duties process for raising concerns (informal complaints/Patient														
С	5023 r	Advice and Liaison Services)  process for ensuring that patients, relatives and their carers are not treated differently as a result of raising a concern														
d	a	process by which the organisation aims to make changes as a result of concerns being raised														
е	5028 p	process for monitoring compliance with all of the above.			Compli	ant	Co	mpliant								
1.5.3	5030	The organisation has approved														
	t a c	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.														
	0 0	As a minimum, the approved documentation must include a description of the:														
	5032	duties  complaints management process, which includes internal and external communication, and collaboration with other organisations when necessary														
	r t	procedure to ensure that patients, relatives and their carers are not treated differently as a result of a complaint														
d	á	process by which the organisation aims to make changes as a result of formal complaints														
е	5038	process for monitoring compliance with all of the above.			Compli	ant	Co	mpliant								
1.5.4	5040	The organisation has approved														
	i a	documentation which describes the process for managing all claims in accordance with NHSLA requirements.  As a minimum, the approved														
2		As a minimum, the approved documentation must include a description of the:														
	5042 <b>i</b>	NHSLA schemes relevant to the organisation (i.e. CNST, LTPS and PES)														
	5043 <b>a</b>	action to be taken, including timescales														
	5048	communication with relevant stakeholders process for monitoring compliance with														
		all of the above.			Compli	ant	Co	mpliant								
1.5.5		The organisation has approved documentation which describes the														
	1	process for investigating all incidents, complaints and claims.  As a minimum, the approved documentation must include a														
	5051	documentation must include a description of the: duties organisation's expectations in relation														
, b	t	to staff training, as identified in the training needs analysis														

6 505	different levels of investigation					I I	1 1 1
c 505	appropriate to the severity of the event(s)						
d 505	4 process for involving and communicating with internal and						
	external stakeholders to share safety lessons						
e 505	process for following up relevant						
f 505	action plans  process for monitoring compliance with	<del>                                     </del>					
	all of the above.  Complian	t Compliant					
<b>. E.C.</b> 506	The organisation has approved	Compilation					
1.5.6	documentation which describes the process for ensuring a systematic						
	approach to the aggregation of incidents, complaints and claims on an						
	ongoing basis.						
	As a minimum, the approved documentation must include a						
a 506	description of the:						
<b>b</b> 506	2 coordinated approach to the aggregation of incidents,						
	complaints and claims  3 frequency with which an aggregated						
<b>c</b>  500	analysis of incidents, complaints and claims is to be completed						
d 506	4 minimum content required within						
	the analysis report, including qualitative and quantitative analysis						
<b>e</b> 506	5 process for communicating this						
	information to relevant individuals or groups						
f 506	B process for monitoring compliance with all of the above.						
	Complian	t Compliant					
.5.7 507	The organisation has approved						
	documentation which describes the process for encouraging learning and promoting improvements in practice,						
	based on individual and aggregated analysis of incidents, complaints and						
	claims.						
	As a minimum, the approved documentation must include a						
a 507	description of the:  process by which the organisation						
	ensures both local and organisational learning from incidents, complaints						
<b>b</b> 507	and claims 2 opportunities for sharing lessons						
<b>b</b>  307	learnt from incidents, complaints and claims across the local health						
	community					ļ	
c 507	B process by which the organisation ensures that lessons learnt from						
	analysis result in a change in organisational culture and practice						
	process for implementing risk reduction measures						
e 507	process for monitoring compliance with all of the above.					·	
	Complian	t Compliant				ļ	
.5.8 508	The organisation has approved documentation which describes the						
	process for ensuring that agreed best practice as defined in all NICE						
	guidance (where appropriate), is taken into account in the context of the						
	clinical services provided by the organisation.						
	As a minimum, the approved						
	documentation must include a description of the:						
	tiduties including leadership for all stages of the process						
	process for identifying relevant documents						
<b>c</b> 508	process for disseminating relevant documents						
d 508	4 process for conducting an organisational gap analysis						
<b>e</b> 508	process for ensuring that recommendations are acted upon						
f FOS	throughout the organisation  process for documenting any decision						
1 508	not to implement NICE recommendations						
g 508	3 process for monitoring compliance with						
g 508	all of the above.  Complian	t Compliant		 	 		
	all of the above.  Complian  The organisation has approved	t Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best	t Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service	t Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level	t Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account	t Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations	Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by the organisation.	t Compliant					
	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by the organisation.  As a minimum, the approved documentation must include a	t Compliant					
a 509	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by the organisation.  As a minimum, the approved documentation must include a description of the:	t Compliant					
a 509	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by the organisation.  As a minimum, the approved documentation must include a description of the:	t Compliant					
a 509 b 509	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by the organisation.  As a minimum, the approved documentation must include a description of the:  duties  process for identifying relevant	t Compliant					
a 509 b 509 c 509	all of the above.  Complian  The organisation has approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by the organisation.  As a minimum, the approved documentation must include a description of the:  duties  process for identifying relevant documents  process for disseminating relevant	t Compliant					

e 5095 process for ensuring that										
recommendations are acted upon										
throughout the organisation										
f 5098 process for monitoring compliance with	+ + + + + + + + + + + + + + + + + + + +							 	 	
all of the above.										
	Complia	nt	Compliant							
	Сотры	11.	Compilant	4						
1.5.10 5100 The organisation has approved	<del>                                     </del>							 		
documentation which describes the										
process for ensuring that all										
communication is open, honest and										
occurs as soon as possible following										
an incident, complaint or claim.										
As a minimum, the approved										
documentation must include a										
description of the:										
a 5101 process for encouraging open									 	
communication between										
healthcare organisations,										
healthcare teams, staff and										
patients and/or their carers										
b 5102 process for acknowledging,										
apologising and explaining when										
things go wrong										
c 5103 requirements for truthfulness,										
timeliness and clarity of communication										
d 5404								 	 	
d 5104 provision of additional support as required										
e 5105 requirements for documenting all communication										
f 5108 process for monitoring compliance with all of the above.										
all of the above.										
	Complia	nt	Compliant						 	
The following summa	ary will be populated automatically from information e	ntered on the wor	rksheet.							
	1.5.1			0						
	1.5.2	0		0				 	 	
	1.5.3	0		0				 	 	
	1.5.4	0		0			 ļ			
		0		0						
	1.5.5									
	1.5.6	0		0		 	 		 	
	1.5.6 1.5.7	0 0		0						
	1.5.6 1.5.7 1.5.8	0 0 0		0						
	1.5.6 1.5.7 1.5.8 1.5.9	0 0 0 0		0 0						
	1.5.6 1.5.7 1.5.8	0 0 0 0		0	All Standards Total					

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

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	Criterion and minimum requirements    Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and minimum requirements   Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion and Criterion an	ocument version name, oca and approved and review dates document han? (Organisation)	Reference Organisation's comments  Organisation's comments  Assessor's comments	Proposed Future Change Rational compliance Rational compliance Persons	ttee Date Cod		
2.1.1	1010 The organisation can demonstrate implementation of the approved organisation-wide risk management strategy.  The organisation can demonstrate	<u>A - FE 8</u>	8				
Lev el	compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:  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	Compilant					
	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:  1 1024 ratification process 1 1026 control of documents, including archiving arrangements.	Compliant	Compliant				
	1030 The organisation can demonstrate that the high level committee(s) with overarching responsibility for risk is performing as described in the						
	approved tems 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:						
Lev el	1 ##### reporting arrangements to the board 1 1035 reporting arrangements into the high level committee(s).						
2.1.4	3 for ALE KLOE 4.1 in the last 12	#N/A #N/A #N/A	Compliant #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.						
OR	C C C C C C C C C C C C C C C C C C C	Compliant #N/A #N/A	Compliant				
	implementation of the approved documentation which describes the process for delivering risk management awareness training for all board members, executives and senior managers.						
	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	senior managers receive relevant risk management awareness training	#N/A	#N/A #N/A #N/A				
	1050 The organisation has achieved Level ### #N/A	Compliant #N/A #N/A	Compliant #N/A				
	as 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.						
OR	1051 The organisation can demonstrate ### #N/A	Compliant #N/A #N/A #N/A	Compliant				
	implementation of the approved documentation which describes the organisation-wide systematic risk management process.  The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1,						
Level 1	1053 ensuring a continual, systematic ### #N/A	#N/A #N/A #N/A #N/A	#N/A #N/A #N/A #N/A				
2.1.6	3 for ALE KLOE 4.1 in the last 12 months.	#N/A #N/A #N/A	Compliant #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.						
OR	1061 The organisation-wide risk register is ### #N/A	Compliant #N/A #N/A	Compliant				
	populated from a diverse range of sources  The organisation can demonstrate that the approved organisation-wide risk register described at Level 1, is populated with significant risks from the following sources:						
Lev el 1	1 1062   incident reports	#N/A #N/A #N/A #N/A #N/A #N/A #N/A #N/A	#N/A #N/A #N/A #N/A #N/A #N/A #N/A				
	1070 The organisation can demonstrate implementation of the approved documentation which describes the process for responding to the recommendations and requirements	Compliant	Compliant				
	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,						
Lev el	in relation to the process for:  1073 maintaining action plans to	Compliant	Compliant				
		Compilant	Compliant				

2.1.8   1080   The organisation can demonstrate					<u> </u>
implementation of the approved					
documentation which describes the					
process for managing the risks					
associated with clinical records in al media.					
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 1083 tracking records					
Level 1 1086 retaining and disposing of records.					
	Compli				
2.1.9 1090 The organisation can demonstrate					
implementation of the approved					
documentation which describes the					
process for ensuring that all clinical staff (temporary and permanent) are					
registered with the appropriate					
professional body.					
The organisation can demonstrate					
compliance with the objectives set out within the approved					
documentation described at Level 1	l,				
in relation to the process for:					
1092 ensuring ongoing registration check are made directly with the relevant					
professional body, in accordance					
with their recommendations, in					
respect of all permanent clinical staff.					
aun.	Compli	iant Compliant			
2.1.10 1100 The organisation can demonstrate					
implementation of the approved documentation which describes the					
process for ensuring that all					
appropriate employment checks are					
undertaken for all staff (temporary and permanent).					
The organisation can demonstrate		The assessor will record below the			
compliance with the objectives set		two elements of the emmployment			
out within the approved		checks min. data set selected at			
documentation described at Level 1 in relation to the:		random to test the implementation of the bullet points:			
Linux of 1 L 4400 library and also also assisted					
Level 1 1102 types of check required.	te				
The assessor will select two element of the Employment Checks Minimur					
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the	n				
The assessor will select two element of the Employment Checks Minimur Data Set at random to assess the organisation's compliance with the	n				
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the	n				
The assessor will select two element of the Employment Checks Minimur Data Set at random to assess the organisation's compliance with the	n				
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	n e e e e e e e e e e e e e e e e e e e	iant Compliant			
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	Compli	iant Compliant Compliant			
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	iant Compliant C			
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	ormation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	ormation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	formation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimum Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	formation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimur Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	formation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimur Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	formation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimur Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	formation entered on the worksheet.			
The assessor will select two element of the Employment Checks Minimur Data Set at random to assess the organisation's compliance with the above minimum requirement.	The following summary will be populated automatically from inf	ormation entered on the worksheet.			

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: y ou 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 row3 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

Page 28

non number Index	Citerion and minimum		tes rtact name for ment Oganisation)	ferenc Organisation's	Assessor's comments	osed Flowe Rational Actions required	Person/ Committe to e Date	Associat					***************************************	
2.2.1 2010	The organisation can demonstrate implementation of	hyperlink/name	and approv dinitials of co doc Compliant?	e comments Juli	Comme	hanoo e achieve complian	e larger, icce responsib	ed Cost						
	the approved documentation which describes the corporate induction arrangements for all life or an arrangement of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the companies of the compani													
Level 1 2015			Compliant	Compliant										
	The organisation can demonstrate implementation of the approved documentation which describes the local induction arrangements for all The organisation can demonstrate compliance with													
Level 1 2023	the objectives set out within the approved documentation described at Level 1, in relation checking that all new permanent staff complete local induction following up those who fail to complete local induction.		Compliant	Compliant										
2.2.3 2000	The organisation can demonstrate implementation of the approved documentation which describes the local induction arrangements for all		Compinant											
Level 1 2033	The organisation can demonstrate compliance with the objectives set out within the approved documentation described to the control of the complete local induction complete local induction following up those who fail to													
2.2.4 2040	complete local induction.		Compliant	Compliant										
	control master size creating upon your control measure the PMETE requirements for clinical  The organisation can demonstrate implementation of		Compliant	Compliant										
	the approved documentation which describes the process for ensuring a systematic approach to risk management training for The organisation can demonstrate compliance with the objectives set our within the				the two elements of risk management training selected at random to test the									
2067 2067 2064 Level 1	approved documentation described at Level 1, in relation  checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis				implementation of the bullet gooths:  1.3.3 - Safeguarding Adults  1.3.6 - Inoculation Incident									
	the training needs analysis following up those who fail to attend relevant training The assessor will select two elements of isk management training from the TNA Minimum Data Set at random to assess the organisation's compliance													
2.2.6 2060	with the above minimum  The organisation can demonstate the provision of the new management training required by all permanent staff		Compliant	Complian										
2064	as identified in the training The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training producing an annual training													
2.2.7 2000	prospectus which reflects the training needs analysis.  The organisation can demonstrate implementation of the approved documentation which describes the process for		Compliant	Complian										
	ensuring that all permanent staff are trained to safely use diagnostic and therapeutic The organisation can demonstrate compliance with the objectives set out within the approved documentation													
2073 Level 1 2074 Level 1	described at Lavel 1, in relation liderativing which permanent staff are authorised to use the equipment identified on the determining the training required to use the equipment identified on the inventory and the frequency of updates required													
2075 Level 1 2.2.8 2080	ensuring that the identified training needs of all permanent staff are met.  The organisation can demonstrate implementation of		Compliant	Complian										
	the approved documentation which describes the process for rensuming the delivery of effective thand thygiene training to all The organisation can demonstrate compliance with the objectives set out within the approved documentation													
2082 Level 1	approved documentation checking that all relevant checking frougs, as identified in the training needs analysis, complete hand following up those who fail to attend hand hygiene training													
2.2.9 2090	The organisation can demonstrate implementation of the approved documentation which describes the process for ensuring the delivery of effective moving and handling training to		Compliant	Complian										
2092	moving and nanding training to The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation checking that all permanent staff, as identified in the training													
2093 Level 1			Compliant	Compliant										
	The organisation can demonstrate implementation of the approved documentation which describes the process for ensuing that all staff involved in traumatic-fere soful incidents, complaints or claims are The organisation can													
2102 Level 1	demonstrate compliance with the objectives set our within the approved documentation described at Level 1, in relation immediate support offered to staff (internally and, if													
Level 1		ng summay will be populated auton	Compliant matically from information ente											
			22.1 0 22.2 0 22.3 0 22.4 0 22.5 0	0 0 0 0 0 0 0										
			22.6 0 22.7 0 22.8 0 22.9 0 22.10 0 Total 0	0	All Standards Total									

Celt: 81
Comment: Admin Use Only
Celt: D1
Comment: Insert either:
Effer Electronic
P for Pager
NA for not available
Celt: L1
Comment: Assessor Use Only
Celt: N1
Comment: Assessor Use Only
Celt: N1
Comment: Assessor Use Only

Comment: Assessor Use Only

Call: H87
Comment: Corporate induction

Call: H89
Comment: Local eduction of permanent staff

Call: H89
Comment: Local eduction of temporary staff

Call: H89
Comment: Local eduction of temporary staff

Call: H97
Comment: Supervision of medical at aff in training *

Call: H97
Comment: Stake in amagement training

Call: H97
Comment: Make analysmeet training

Call: H93
Comment: Maked affects training

Call: H93
Comment: Maked affects training

Call: H95
Comment: Maked affects training

Call: H95
Comment: Maked affects training

Call: H95
Comment: Maked affects training

Call: H95
Comment: Maked affects training

Call: H95
Comment: Maked affects training

Call: H95
Comment: Maked affects training

Call: H95
Comment: Supporting staff involved in an incident, complaint or claim

Criterion number	Index	Criterion and minimum requirements	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)	Assessor's comments  Proposed Future Change Rationale Complian	to achieve	Person/ Committee responsible	get Date Associated Cost				
<b>2.3.1</b> 3	i d	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.														
	i	The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:														
Level 1	 	requirement to undertake appropriate risk assessments regarding the physical security of premises and assets														
Level 1	ļ	arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets.			Compliant		Compliant <mark></mark>									
2.3.2	i G	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with sickness absences.														
	i	The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:														
Level 1	3026 a	process for analysing sickness absence data arrangements for the organisational overview of sickness absence.			Compliant		Compliant									
2.3.3	i I	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with safeguarding adults.			-											
	i	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 3	ļ	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	1	requirement to undertake appropriate risk assessments for the moving and handling of patients and objects														
Level 1	1	arrangements for the organisational overview of the risk assessments for the moving and handling of patients and objects.			Compliant		Compliant									
<b>2.3.5</b> 3	i (	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		requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height)														
Level 1	  -  -	requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving staff and others (including falls from height).														
2.3.6	3060	The organisation can demonstrate			Compliant		Compliant									
	i	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents.														
Level 1	i 3063	The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:  the management of an inoculation														
	ļi	incident (including prophylaxis).			Compliant		Compliant									

						 	 , , , , , , , , , , , , , , , , , , , ,
237 2070	The organisation can demonstrate						
	The organisation can demonstrate implementation of the approved						
	documentation which describes the						
	process for managing the risks associated with the maintenance of						
	reusable medical devices and						
	equipment.						
	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	ensuring that all reusable medical devices and equipment are properly						
	maintained and repaired.		0				
		Compliant	Compliant				
<b>2.3.8</b> 3080	The organisation can demonstrate						
	implementation of the approved documentation which describes the						
	process for managing the risks						
	associated with the harassment						
	and/or bullying of staff.					_	
	The organisation can demonstrate compliance with the objectives set						
	out within the approved						
	documentation described at Level 1, in relation to the process:						
3083	for raising concerns about						
Level	harassment and/or bullying						
<u>Level 1</u> 3084	to be followed once a concern has been raised.						
		Compliant	Compliant				
<b>2.3.9</b> 3090	The organisation can demonstrate implementation of the approved						
	documentation which describes the						
	process for managing the risks associated with the prevention and						
	management of violence and						
	aggression.						
	The organisation can demonstrate						
	compliance with the objectives set out within the approved						
	documentation described at Level 1,						
	in relation to the:						
(0.0000000)	requirement to undertake appropriate risk assessments for the prevention						
Level 1	and management of violence and						
3093	aggression arrangements for ensuring the safety						
Level 1	of lone workers.						
		Compliant	Compliant				
2 2 40 2400	The organisation can demonstrate						
	The organisation can demonstrate implementation of the approved						
	documentation which describes the						
	process for managing the risks associated with work-related stress.						
	The organisation can demonstrate						
	compliance with the objectives set						
	out within the approved documentation described at Level 1,						
	in relation to the:						
<u>Level 1</u> 3113	process for identifying workplace stressors						
3114	requirement to undertake appropriate		+ +				
Account of	risk assessments for the prevention						
	and management of work-related stress.						
		Compliant	Compliant				
			•				
	The following summary will be non-	oulated automatically from information entered on the wo	ksheet				
	The following summary will be population						
		2.3.1 0	0				
		2.3.2 0 2.3.3 0	0				
		2.3.4 0	0				
***************************************		2.3.5 0	0			***************************************	
		2.3.6 0	0				
		2.3.7 0 2.3.8 0	0				
		2.3.9 0	0				
		2.3.10 0	0	All Standards Total			
		Total 0	0	0			

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: 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 and minimum requirements  Document and minimum requirements	ubmitted Electronic file hyperlink/name	ind approved and review dates of contact name for document	Compliant? Organisation) Bababababababababababababababababababab	Organisation's comments (Vassesson)	Assessor's comments	Proposed Future Change	Rationale Actions required to achie compliance	Person/ Committee responsible	Associated Cost	***************************************			
Crii Paper (	Docum	no. ar	0)	Comp	Com								
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  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:  4023 list of the essential content to be													
Level 1 4025 archiving arrangements.													
Level 1 4020 aroniving analysments.		Compliant		Compliant									
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:  4033 process for identifying staff who are													
Level 1 not capable of performing the procedure but are authorised to obtain consent for that procedure  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		Compliant		Compilant									
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.  4045 arrangements for the review of action plans.													
Level 1 plans.		Compliant		Compliant									
2.4.5  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:					The assessor will select two patient groups at random to assess the organisation's compliance with the above minimum requirements.								
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  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.													

Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Cont											
Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Value   Valu			Compliant								
Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Comp	2.4.7 4070 The organisation can demonstrate										
Secretary of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	implementation of the approved										
Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page   Page	documentation which describes the										
Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part	process for managing the risks										
Second Continue											
Second Continue											
1											
Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Cont	within the approved documentation										
Services of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	described at Level 1, in relation to the:										
Services of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr											
Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Section   Sect											
Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Comp	and blood products										
Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Cont	Level 1   d074   care of patient(s) receiving										
Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Comp	transitision.		Compliant	Compliant							
General Control	<del>-  </del>	Compilant									
The control of the transport of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	2.4.8 4080 The organisation can demonstrate	<del>-   -   -   -   -   -   -   -   -   -  </del>							-		
From the control work to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	implementation of the approved										
April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12   April 12	documentation which describes the										
A symmetry of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	process for managing the risks										
Section of the displacement   Section of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont											
self-the support data reviews to the support data reviews	The organisation can demonstrate										
Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Comp	within the approved documentation										
A	described at Level 1, in relation to the:										
Service and service and of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servi										İ	
Service and service and of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servi	4082 early warning systems in place for the										
See and the content and the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content	recognition of patients at risk of cardio-										
Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Comp	respiratory arrest										
Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete   Complete	Level 1 4084 do not attempt resuscitation orders										
No. 1 September of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	(DIVAR).		0	Compliant.							 
Secretaria del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del consequence del			Compliant						<u> </u>		
Hermonic of the sprowed programme growth provide from any growth provide from any growth provide from any growth provide from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Sprowed from the Control of the Control of the Sprowed from the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o	2.4.9 4000 The organisation can demonstrate										 
decinion of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Parameters of the Controller's Pa	implementation of the approved										
Section of the receipt of the relation of the receipt of the receipt of the relation of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the receipt of the rece	documentation which describes the										
and content  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and description  The greatest and descri	process for managing the risks										
Processing of the September of the September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September of September											
Section Completed with the absolute greater to the section of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of	and control.										
Metabolic Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of Company of C											
Section of Level 1 invalidable in Bioc.    Compiler   C	compliance with the objectives set out										
And 400 Principles control control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the second control and the se	described at Level 1, in relation to the:										
Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Comp											
Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Companies   Comp	4092 infection control assurance framework								-		
10 (*2) The organisation can demonstrate documentation which absorbes the systems to making a pit online.  The organisation with the disperties set only adjusted to provide the systems of controls.  The organisation can demonstrate describes the systems that the systems the systems the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems that the systems	Level 1										
4.0 (2) The organization and demonstrate devices and state the particle of the described of the particle of the described of the particle of the described of the particle of the described of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of the particle of			Compliant	Compliant			***************************************				
Proposed and a control of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the approach of the											
process for managing per disident per district to the district per district to the district per district to the district per district to the district per district to the district per district to the district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per d	2.4.10 4100 The organisation can demonstrate										
process for managing per disident per district to the district per district to the district per district to the district per district to the district per district to the district per district to the district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per district per d	implementation of the approved										
particults.  The assessor will select the cell of recording summary will be populated automatically from information entered on the workshoot of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the c	process for managing the risks										
particults.  The assessor will select the cell of recording summary will be populated automatically from information entered on the workshoot of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the cell of the c	associated with the discharge of										
omeliance with the approach documentation of the surface and approached documentation of the surface and approached documentation of the surface and approached documentation of the surface and approached documentation of the surface and approached approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached an	patients.										
omeliance with the approach documentation of the surface and approached documentation of the surface and approached documentation of the surface and approached documentation of the surface and approached documentation of the surface and approached approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached and approached an	The organisation can demonstrate				The assessor will select two patient				-		
with the approved documentation of excited at Level I, it reducts to ba.    Act   Complaint   Complain	compliance with the objectives set out				groups at random to assess the						
ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACCUPATION   ACC	within the approved documentation				organisation's compliance with the						
Specific to each patient group	described at Level 1, in relation to the:				above minimum requirements.						
Specific to each patient group											 
Specific to each patient group											
Specific to each patient group	4102 discharge requirements which are										
The passessor will select two parent grown discharge.  The passessor will select two parent grown discharge.  The passessor will select two parent grown discharge.  The passessor will select two parent grown discharge.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  2.4.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Level 1 specific to each patient group										
The season will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.  The following summary will be populated automatically from information entered on the worksheet.	4103 documentation to accompany the			+ + + + + + + + + + + + + + + + + + + +		<del>                                     </del>					
The following summary will be populated automatically from information entered on the worksheet  The following summary will be populated automatically from information entered on the worksheet  24.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	patient upon discharge.									İ	
groups at random to assess the organisation's compliant or with the above minimum requirements.    Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Com	The assessor will select two patient							<del></del>	<u> </u>		
above minimum requirements.	groups at random to assess the										
Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Compliant   Comp	above minimum requirements										
The following summary will be populated automatically from information entered on the worksheet.  24.1 0 0 0 1 24.2 0 0 0 1 24.3 0 0 0 1 24.3 0 0 0 1 24.4 0 0 0 1 24.5 0 0 0 0 1 24.5 0 0 0 0 1 24.5 0 0 0 0 1 24.5 0 0 0 0 1 24.5 0 0 0 0 1 24.5 0 0 0 0 1 24.5 0 0 0 0 0 1 24.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Save Illimination of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of		0	Compliant							 
2.4.1			Compliant	Compliant							
2.4.1									-		
2.4.1	I I	The following summary will be populated automatic	cally from information entered	i on the worksheet.							-
2.4.2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						•					
2.4.2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0							
2.4.4   0   0   0   0   0   0   0   0   0			2.4.2 0	0							
2.4.5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0							
2.4.7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
2.4.8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
2.4.9 0 0 0 All Standards Total 0 0 All Standards Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
2.4.10 0 All Standards Total			0.40			I I			1 1		
Total 0											
			2.4.9 0	0	All Standard - T-1-1						
			2.4.9 0 2.4.10 0	0							
			2.4.9 0 2.4.10 0	0							

Cell: B1
Comment: Admin Use Only

Cell: D1

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: 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

terion number	Cuterion and minimum rednitements Document snpmitted Hybeitinkyame  Cuterion and minimum rednitements Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkyame Processing to the phybeitinkya	of contact name for document document (Assessor)  Manual (Assessor)  Manual (Assessor)	Assessor's comments	Proposed Future Change Rational d	compliance	Person/ iommittee sponsible Target /	Associated Cost				
5	Paper Docum no. a.	Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compile Compil	jih.								
2.5.1	5010 The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the reporting of all internally and externally reportable 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 reporting:										
Lev et 1	3012 all incidents/near misses, involving staff, patients and others solid to external agencies	Compliant Compliant									
	5020 The organisation can demonstrate implementation of the approved	Compilant									
	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 informatly.  The organisation can demonstrate										
Level I	compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process: for raising concerns (informal complaints/PALS)										
Level 1	being raised.										
3	5030 The organisation can demonstrate	Compliant Compliant									
	implementation of the 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.										
	The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1,										
Lev el 1	in relation to the:  complaints management process, which includes internal and external communication, and collaboration with other organisations when necessary										
Level 1	process by which the organisation aims to make changes as a result of formal complaints.	Compliant Compliant									
	5040 The organisation can demonstrate implementation of the approved documentation which describes the process for managing all claims in	Compilant									
	accordance with NHSLA requirements.  The organisation can demonstrate compiliance with the objectives set out within the approved documentation described at Level 1, in relation to the:										
Level I	1043 action to be taken, including timescales 5044 communication with relevant										
Level	stakeholders.	Compliant Compliant									
2.5.5	The organisation can demonstrate implementation of the approved documentation which describes the process for investigating all incidents, complaints and claims.  The organisation can demonstrate compliance with the objectives set										
	out within the approved documentation described at Level 1, in relation to the:  5053 different levels of investigation										
Lev er i	event(s)  5055 process for following up relevant action plans.										
	5060 The organisation can demonstrate implementation of the approved documentation which describes the process for ensuring a systematic	Compliant Compliant									
	approach to the aggregation of incidents, complaints and claims on an ongoing basis.  The organisation can demonstrate compliance with the objectives set out within the approved										
Level 1	documentation described at Level 1, in relation to the:  5062 coordinated approach to the aggregation of incidents, complaints and claims										
Lev el 1	5064 minimum content required within the										
		Compliant Compliant									
2.5.1	implementation of the approved documentation which describes the process for encouraging learning and promoting improvements in practice, based on individual and aggregated analysis of incidents, complaints and claims.										
Level 1	The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process by which the organisation ensures the implementation of risk reduction measures.										
		Compliant Compliant									
	implementation of the approved documentation which describes the process for ensuring that agreed best practice as defined in all NICE guidance is taken into account in the context of the clinical services provided by the organisation.  The organisation can demonstrate		The assessor will select two clinical								
	compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:		guidelines from the list to assess the organisation's compliance with the above minimum requirement.								

Lev el 1													
	organisation.  The assessor will select two clinical												
	guidelines from the list to assess the organisation's compliance with the above minimum requirement.								-				
-		<del></del>	Compliant	Compliant									
	5000 The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s										 		
2.5.9	5090 The organisation can demonstrate implementation of the approved documentation which describes the process for ensuring that agreed best practice, as defined in nationally agreed guidance, the National												
	Service Frameworks, National Confidential Enquiries and other High Level Enquiries that make recommendations for patient safety, is taken into account in the context of the clinical services provided by												
	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:												
Lev el 1													
	organisation.		Compliant	Compliant							-		
$\rightarrow$			Compilant	Compilant				-		-	_		
1	5100 The organisation can demonstrate						<del>                                     </del>	<u>_</u>					
	implementation of the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim.												
	The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:												
Level 1	and patients and/or their carers												
Lev el 1	5105 requirements for documenting all communication.												
			Compliant	Compliant									
		The following summary will be populated automatical	lly from information enter	red on the worksheet.			<b>•</b>						
			2.5.1 0	i i i i i i i i i i i i i i i i i i i	0								
			2.5.2 0 2.5.3 0		0								
			2.5.4 0		0 0								
			2.5.5 0 2.5.6 0		0								
			2.5.7 0		0								
			2.5.8 0 2.5.9 0		0 0						-		
			2.5.10 0		0 All Standards Total								
			Total 0		0 0								

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: H66 Comment: Incident reporting

Cell: H67 Comment: Raising concerns

Cell: H68 Comment: Complaints

Cell: H69 Comment: Claims

Cell: H70 Comment: Investigations

Cell: H71 Comment: Analysis

Cell: H72 Comment: Improvement

Cell: H73 Comment: Best practice - NICE

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

Cell: H75 Comment: Being open

Criterion number		Document version name no. and approved and review dates Initials of contact name for document Compliant?	(Cosesson)  Referen Crganisation's comments Comments	Assessor's comments Ch	ed Future Rational Actions required to achieve compliance					
3.1.1	The organisation can demonstrate that there are processes in place to monitor compliance with the approved organisation-wide risk. The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation									
Level 1	described at Level 1, in relation the management of risk locally, which reflects the organisation- wide risk management strategy. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and	Compliant	Compliant							
	1020 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for developing translation and demonstrate that it is monitoring									
Count 4	compliance with the minimum requirements contained within the approved documentation described at lawel 1. in relation ratification process control of documents, including archiving arrangements.  Where the monitoring has identified deficiencies, there must be evidence that									
	recommendations and action plans have been developed and 1000 The organisation can demonstrate that there are processes in place to monitor the performance of the high level committee(s) with	Compliant								
Level 1 11	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approve discounsentation described at Level 1, in relation 1932 1 reporting arrangements to the high level committee(s).									
3.1.4	identified deficiencies, there must be evidence that recommendations and action plans have been developed and  1040 The organisation can demonstrate that there are processes in place to monitor	Compliant								
	compliance with the approved documentation which describes the process for delivering risk management awareness training to have demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation									
Level 1	described at I evel 1. in relation									
	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 process. The organisation can	Compliant								
Level 1	demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Lavel 1. in relation assessing strategic risks ensuring a continual, systematic approach to all risk assessments is followed throughout the Where the monitoring has									
3.1.6	identified deficiencies, there must be evidence that recommendations and action plans have been developed and	Compliant	Compliant							
Level 1		Compliant	Compliant							
Solid	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.  The organisation can									
Level 1	demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation maintaining action plans to implement any recommendations made as a Where the monitoring has identified deficiencies, there must be evidence that									
	recommendations and action plans have been developed and  1090 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the	Compliant	Compliant							
Level 1	risks associated with clinical The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Lavel 1 in relation tracking records 1008 I tracking and disposing of 1009 Where the monitoring has									
		Compliant	Compliant							

NHSLA Risk Management Standards for Acute Tr

					20							
3.1.9	1090 The organisation can											
	demonstrate that there are processes in place to monitor											
	compliance with the approved											
	documentation which describes											
	the process for ensuring that all clinical staff (temporary and											
	normanent) are registered with										 	
	The organisation can demonstrate that it is monitoring											
	compliance with the minimum											
	requirements contained within											
	the approved documentation											
To the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	1092 ensuring registration checks are											
	made directly with the relevant professional body, in											
Level 1	accordance with their											
	recommendations in respect of											
	all permanent clinical staff both											
11	on initial appointment and monitoring/receiving assurance											
	that registration checks are											
Level 1	being carried out by all external agencies (e.g. NHS											
	Professionals, recruitment											
	agencies, etc.) used by the											
6	organisation in respect of all Where the monitoring has											
	identified deficiencies, there											
	must be evidence that recommendations and action											
	plans have been developed and											
-			Compliant Compliant									
3.1.10	1100 The organisation can						<u> </u>					
	demonstrate that there are											
	processes in place to monitor compliance with the approved											
	documentation which describes											
	the process for ensuring that all											
	appropriate employment checks											
	The organisation can			The assessor will select two								
	demonstrate that it is monitoring compliance with the minimum			elements of the Employment Checks Minimum Data Set at								
	requirements contained within			random to assess the								
	the approved documentation			organisation's compliance with								
1	107	i i	i i i i	the above minimum requirement								
	107											
Fevel I	types of check required.  Where the monitoring has	+ + + + + + + + + + + + + + + + + + + +	<del>                                     </del>						<del>                                     </del>			
	identified deficiencies, there											
	must be evidence that recommendations and action											
	plans have been developed and											
	The assessor will select two elements of the Employment											
	Checks Minimum Data Set at											
	random to assess the											
	organisation's compliance with the above minimum requirement											
			Compliant Compliant									
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					_					
	······	The following summary will be populated automatical	ly from information entered on the worksheet.									
			3.1.1 0	0 0 0 0 0 0 0 0 0			_		<u> </u>			
			3.1.2 0	0								
			3.1.3 0	0								
			3.1.4 0 3.1.5 0	0								
			3.1.6 0	0								
			3.1.7 0	0								
-			3.1.8 0 3.1.9 0	0			-			-		
		+	3.1.10 0	0 All Standards Total								
			Total 0	0 All Standards Total 0 0		<u> </u>			<u> </u>		 	
									 <u> </u>	-	 	

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: C25

Comment: All trusts; follow the link to left to complete the "documentation" sections of the criterion at level 1. Cell: C28

Comment: All trusts; follow the link to left to complete the "documentation" sections of the criterion at level 1. Cell: C27

Comment: All trusts; follow the link to left to complete the "documentation" sections of the criterion at level 1. Cell: C32

Comment: All trusts; follow the link to left to complete the "documentation" sections of the criterion at level 1. Cell: C33

Comment: All trusts; follow the link to left to complete the "documentation" sections of the criterion at level 1. Cell: C34

Comment: All trusts; follow the link to left to complete the 'documentation' sections of the criterion at level 1. Cell: C33

Comment: All trusts; follow the link to left to complete the "documentation" sections of the criterion at level 1. Cell: H75 Comment: Policy on procedural documents Cell: H76
Comment: Riskmanagement committee(s) Cell: H77
Comment: Riskawareness training for senior management Cell: H78 Comment: Riskmanagement process Cell: H79 Comment: Riskregister

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

Cell: H82 Comment: Professional clinical registration

Cell: H83 Comment: Employment checks

Citerion and minimum requirements Companisations Comments Comme	Actions required to achieve compliance responsible	
3.2.1 200 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the corporate induction arrangements for all new arrangements for all new		
The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation demonstrated at Level 1, in relation described at Level 1, in relation demonstrated at Complete comporate staff complete comporate comporate Complete Comporate (Selfollowing up those who fail to		
attend corporate induction. 2019 Where the monitoring has identified deficiencies, these must be evidence that recommendations and action plans have been developed and Compliant Complia		
demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the local induction arrangements for all new The organization cam demonstrate that it is monitoring compliance with the minimum		
requirements contained within the approved documentation described at Level 1, in relation described by the staff complete local induction described by the staff complete local induction described because induction described because induction described because induction described because the described because induction described because ind		
must be evidence that recommendations and action plans have been developed and Compliant Compliant Compliant Compliant Compliant Compliant Compliant Compliant Compliant Compliant		
documentation which describes the local induction the local induction the local induction the local induction the local induction the local induction the local induction the local induction of demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation the local induction in the local		
Lead 1 Lead 1 Lead 1 Lead 1 Lead 1 Lead 1 Lead 2 Lead 2 Lead 2 Lead 2 Lead 3 Le		
3.2.4 2000 Supervision of medical staff in training. The organisation has demonstrated that quality control and quality improvement measures are in place to exceed the PMETB requirements for clinical supervision described in		
Compliant Compliant		
management training for all The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1, in relation 255 265		
2056 (checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis west wes		
plans have been developed and The assessor will select two elements of ask management training from the TNA Minimum Data Set at random to assess the organisation's compliance with the above minimum Compliand Compliand Compliand		
3.2.6 DXXI The organisation can demonstrate that there are processes in place to monitor the risk management training needs analysis identified at The organisation can demonstrate the risk management training needs management training needs analysis of the risk management training needs analysis of the risk management training needs analysis of the risk management training needs analysis of the risk management training needs and risk management needs and ri		
Leaf 1 eport covering all the topics identified within the TNA 2009 Where the monitoring has identified deficiencies, these must be evidence that ecommendations and action plans have been developed and Compliant Compliant		
3.2.7 2000 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all permanent staff are trained to safely used disposition and therapeutic equipment.		
The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1, in relation 2007 identifying which permanent staff are submoss do use the equipment identified on the		
2014 determining the training required to use the equipment identified on the inventory and the frequency of updates required 2015 ensuring that the identified training needs of all permanent staff are met. 2019 Where the monitoring has identified deficiencies, these must be evidence that the control of		
recommendations and action plans have been developed and Compliant		
the process for ensuring the delivery of effective hand hypere training to all relevant The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1, in relation		
2000 checking that all relevant permanent staff groups, as greater than the training needs analysis, complete hand		
recommendations and action plans have been developed and Compliant Compliant Compliant		

NHSLA Risk Management Standards for Acute T

[
						1 1 1							 	·	1	1
3.2.9 2090 The organisation can				(
demonstrate that there are processes in place to mor				(1 1 1										
compliance with the appro				(1 1 1										i
documentation which desi				(1 1 1										
the process for ensuring the				(1 1 1										
delivery of effective moving	ring the			(1 1 1				1 1 1				İ		İ
handling training to all				(1 1 1										
				4	-								 			
The organisation can				(
demonstrate that it is mon				(4							1				
compliance with the minir				(4											
requirements contained wi				(4							1				
the approved documentation				(
described at Level 1, in rel				4									 			
2092 checking that all permaner				()												
Level 1 staff, as identified in the tr				()		1 1 1						1				
needs analysis, complete				()		1 1 1						1				
relevant moving and handl				+									 	i *		
2093 following up those who fai				()												
Level 1 attend relevant moving and	ng and			(I												
handling training.		+		+	+			_						ļ		
2099 Where the monitoring has				(I				1								
identified deficiencies, the				(I							1					
must be evidence that				(l		 							Section 1			
recommendations and act				()		1 1 1										
plans have been develope				<u> </u>	+								 1	ļ	ļ	
		Compliant	Compliant	+						111	_		 -	ļ		
												ļ	 4	ļ	<u> </u>	
3.2.10 2100 The organisation can	1					 							Section 1			
demonstrate that there are				(1 1 1										
processes in place to mor	o monitor			(1 1 1										
compliance with the appro	approved			(1 1 1						1				
documentation which desi				(1 1 1										
the process for ensuring th	ring that all			(1 1 1										
staff involved in				(1 1 1						1				
traumatic/stressful incider	icidents,			(1 1 1										
complaints or claims are				_				_					 			
The organisation can				(4 17											
demonstrate that it is mon				(4 17											
compliance with the minin				(4							1				
requirements contained w				(4											
the approved documentation				(4 17							l i				İ
described at Level 1, in rel				4	+								 			
2102 immediate support offered	rrered to			(I	1 1 1		1 1		4 1 1 1	3 1 1	5					
Level 1 staff (internally and, if		1 1 1		5 I				1 1		1 1 1						
necessary, externally) 2105 action for managers or		1 1 1		V I												
action for managers or	or.															
lindividuals to tale if the or	Or the staff			<u> </u>												
Level 1 individuals to take if the st	the staff															
L9/81 1	the staff															
member is experiencing difficulties associated with	the staff ing ad with the															
member is experiencing difficulties associated with 2109 Where the monitoring has	the staff ing dd with the g has															
member is experiencing difficulties associated with 2109 Where the monitoring has identified deficiencies, the	the staff ing dv with the g has gs, there															
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, the must be evidence that	the staff iding du with the the du with the the staff that staff t															
member is experiencing difficulties associated with 2109 Where the monitoring has identified deficiencies, the must be evidence that recommendations and act	the staff ing d with the phas s, thee staff at d accon															
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, the must be evidence that	the staff ing d with the phas s, thee staff at d accon	Compliant	Compliant													
member is experiencing difficulties associated with 2109 Where the monitoring has identified deficiencies, the must be evidence that recommendations and act	the staff ing d with the phas s, thee staff at d accon	Compilant	Compilant													
member is speciencing difficulties associated with 2009. Where the monitoring has identified deficiencies, the must be evidence that recommendations and act plans have been develope.	the staff ing d with the phas s, thee staff at d accon															
member is experiencing difficulties associated with 2109 Where the monitoring has identified deficiencies, the must be evidence that recommendations and act	the staff ining d with the thas thas s, there at d action eloped and															
member is speciencing difficulties associated with 2009. Where the monitoring has identified deficiencies, the must be evidence that recommendations and act plans have been develope.	the staff ing d with the phas s, thee staff at d accon	natically from information entere														
member is speciencing difficulties associated with 2009. Where the monitoring has identified deficiencies, the must be evidence that recommendations and act plans have been develope.	the staff ining d with the thas thas s, there at d action eloped and	natically from information entere	d on the worksheet.													
member is speciencing difficulties associated with 2009. Where the monitoring has identified deficiencies, the must be evidence that recommendations and act plans have been develope.	the staff ining d with the thas thas s, there at d action eloped and	natically from information entere	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the g g has some staff in the g g has some staff in the g g has some staff in the g g has been disconditional staff in the following summary will be populated autom	3.2.1 0 3.2.2 0 3.2.2 0	d on the worksheet.													
deficulties associated with 2009 Where the monitoring has identified deficiencies, the must be evidence that recommendations and act plans have been develope	the staff ing d with the g g has some staff in the g g has some staff in the g g has some staff in the g g has been disconditional staff in the following summary will be populated autom	3.2.1 0 3.2.2 0 3.2.2 0	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the g g has some staff in the g g has some staff in the g g has some staff in the g g has been disconditional staff in the following summary will be populated autom	3.2.1 0 3.2.2 0 3.2.2 0	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the phas s, there at d action eloped and The following summay will be populated autom.	3.2.1 0 3.2.2 0 3.2.2 0	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the phas s, there at d action eloped and The following summay will be populated autom.	3.2.1 0 3.2.2 0 3.2.2 0	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the phas s, there at d action eloped and The following summay will be populated autom.	32.1 0 32.2 0 32.3 0 32.3 0 32.4 0 32.5 0 32.5 0 32.6 0	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the phas s, there at d action eloped and The following summay will be populated autom.	32.1 0 32.2 0 32.3 0 32.3 0 32.4 0 32.5 0 32.5 0 32.6 0	d on the worksheet.													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the phas s, there at d action eloped and The following summay will be populated autom.	32.1 0 32.2 0 32.3 0 32.3 0 32.4 0 32.5 0 32.5 0 32.6 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													
member is experiencing difficulties associated with 2009 Where the monitoring has identified deficiencies, thi must be evidence that recommendations and act plans have been develope	the staff ing d with the phas s, there at d action eloped and The following summay will be populated autom.	3.2.1 0 3.2.2 0 3.2.2 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													

Celt: 81
Comment: Admin Use Only
Celt: D1
Comment: Insert either:
Effer Electronic
P for Pager
NA for not available
Celt: L1
Comment: Assessor Use Only
Celt: N1
Comment: Assessor Use Only
Celt: N1
Comment: Assessor Use Only

Comment: Assessor Use Only

Call: H76
Comment: Corporate induction

Call: H79
Comment: Local eduction of permanent staff

Call: H79
Comment: Local eduction of temporary staff

Call: H79
Comment: Supervision of medical at aff in training *

Call: H50
Comment: Supervision of medical at aff in training *

Call: H50
Comment: Raik numbers of training

Call: H51
Comment: Minded devices training

Call: H52
Comment: Minded devices training

Call: H54
Comment: Minded devices training

Call: H54
Comment: Minded devices training

Call: H54
Comment: Minded devices training

Call: H55
Comment: Minded devices training

Criterion number	Criterion and minimum requirements Document submitted Electronic file hyperlink	Document version name, no. and approved and review dates Initials of contact name for document Compliant? (Organisation)	Organisation's comments	Compliant? (Assessor) Assessor's comments Proposed Future	Change Rationale Actions required to achieve compliance Person/Committee responsible	arget Date Associated Cost		
3010	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 the physical security of premises and other assets. 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:							
<u>Level 1</u> 3013	requirement to undertake appropriate risk assessments regarding the physical security of premises and assets							
<u>Level 1</u> 3014	arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action							
	plans have been developed and changes implemented accordingly.	Compliant	Compliant					
3020	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 sickness absences.							
	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:							
Level 1 3025	process for analysing sickness absence data arrangements for the organisational							
3029	overview of sickness absence. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
222	The expense tion can demonstrate	Compliant	Compliant					
3030	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 safeguarding adults.							
	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: local arrangements for managing the							
Level 1 3032	risks associated with safeguarding adults. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
		Compliant	Compliant					
3040	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 moving and handling. 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: requirement to undertake appropriate							
Level 3044	risk assessments for the moving and handling of patients and objects arrangements for the organisational							
<u>Level 1</u> 3045	overview of the risk assessments for the moving and handling of patients and objects.							
3049	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Compliant	Compliant					
		Compilant	Compilant					

3050	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 slips, trips and falls involving patients, staff and others.							
	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:							
<u>Level 1</u> 3052	requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height)							
<u>Level 1</u> 3053	requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving staff and others (including falls from height).							
3059	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
		Compliant	Compliant			 		
3060	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 inoculation incidents.							
	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 process for:							
<u>Level 1</u> 3063	the management of an inoculation incident (including prophylaxis).							
3069	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
		Compliant	Compliant					
3.3.7	The organisation can demonstrate					 	 	
3070	that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with the maintenance of reusable medical devices and equipment.							
	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 process for: ensuring that all reusable medical							
<u>Level 1</u> 3073	devices and equipment are properly maintained and repaired.							
3079	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
		Compliant	Compliant					
3080	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 the harassment and/or bullying of staff.							
	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 process: for raising concerns about							
Level 1 3003	harassment and/or bullying							
3089	to be followed once a concern has been raised. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action							
00(1000)	plans have been developed and changes implemented accordingly.							
		Compliant	Compliant					
3.3.9	The organisation can demonstrate							
	that there are processes in place to monitor compliance with the approved documentation which							
3090	describes the process for managing the risks associated with the prevention and management of violence and aggression.							
3090	the risks associated with the prevention and management of violence and aggression. 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:							
3090 <u>Level 1</u> 3092.1	the risks associated with the prevention and management of violence and aggression. 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: requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression							

3099	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
			Complia	it	Compliant					 			 	
3100	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 work-related stress.													
	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:													
<u>Level 1</u> 3113	process for identifying workplace stressors												 	
<u>Level 1</u> 3114	requirement to undertake appropriate risk assessments for the prevention and management of work-related stress.													
3119	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
			Complia	nt	Compliant									
	<u> </u>	The following summ	nary will be populated automatically from information	entered	on the worksheet.				 	 	ļ	 	 	
			3.3.1	0					 	 	ļ	 	 	
			3.3.2						 	 		 _	 	
			3.3.3	0	0				 	 	ļ		 	
			3.3.4		0				 			-		
			3.3.5	0	0				 	 			 	
			3.3.6	0	0				 	 		 	 	
			3.3.7	0	0						<u> </u>			
			3.3.8	0	0				 	 ······································		 	 	
			3.3.9	0	0				 	 			 	
			3.3.10		0	 All Standards Total	-		 				 	
			Total		0	 0			 	 	······		 	
			Total			-		1				 		

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: 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

Criterion number	lndex	Criterion and minimum requirements	Document submitted	Electronic file hyperlink/name		docun	Compliant? (Organisation) Leading the compliant of the co	ce Organisation's commer	Compliant? (Assessor) Comment in Report	Assessor's comments	Proposed Future Change R	ationale	Actions required to achieve compliance Commercespon	ttee Target Date Associated				
3.4.1	401	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 the identification of inpatients.																
Level		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: 2 process for identifying inpatients 4 procedure to be followed in cases																
Level	1	where patient misidentification occurs. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.																
					С	Compliant		Compl	iant									
3.4.2	402	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for developing patient information associated with care, treatments and procedure.																
Level		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: 22 list of the essential content to be included in leaflets or other media i.e. risks, benefits and alternatives, where																
Level		appropriate 24 archiving arrangements. 29 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.			C	Compliant		Compl	iant									
3.4.3	403	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 consent.																
		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:																
Level	1	process for identifying staff who are not capable of performing the procedure but are authorised to obtain consent for that procedure																
Level	1	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. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.																
		orangoo inpononou accoraingly.			C	Compliant		Compl	iant									
3.4.4	404	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 the quality of clinical records in all media.																
	40.	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:																
Level	1 404	format for all audit reports i.e. methodology, conclusions, action plans, etc. arrangements for the review of action																
Level	10	plans. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.				Compliant		Compl	iant									
3.4.5	405	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 the transfer of patients.						Зотрі										

			The organisation can demonstrate that		T .	The assessor will select two patient							ı	
The state of the			it is monitoring compliance with the			groups at random to assess the								
Company Comp			within the approved documentation			above minimum requirements.								
Compared to the compared to			described at Level 1, in relation to the.											
March Marc														
Comparison Com	Level 1	4052	transfer requirements which are											
March Marc		4053												
Part Part	Level 1		patient when being transferred.											
Part Part			deficiencies, there must be evidence											
Company Comp			plans have been developed and											
March Marc														
Commence			groups at random to assess the											
No. Property of the content of t			above minimum requirements.											
Total				Compliant Compliant										
Company Comp	3.4.6	4060	The organisation can demonstrate that											
Section of the control of the contro			monitor compliance with the approved											
The state of the s			process for managing the risks											
The control of the			associated with medicines in all care											
Marie Control Contro			The organisation can demonstrate that											
All			it is monitoring compliance with the minimum requirements contained											
A			within the approved documentation											
A Control of the property of														
Compared Compared	Level 1		all prescription charts.											
Management Man		4069	Where the monitoring has identified											
State Stat			that recommendations and action											
The property of the control of the			changes implemented accordingly.											
The content of the				Compliant Compliant			- Constant							
Service de la contraction de l	3.4.7	4070	The organisation can demonstrate that											
The control of the co			monitor compliance with the approved											
Company Comp			process for managing the risks											
Secretary procedures and secretary of the secretary of th														
Section of the state of the sta			The organisation can demonstrate that											
Metabolic and in word with the control of the contr			minimum requirements contained									#		
Section of the Assemblance Plants Section of the Conference of th			within the approved documentation described at Level 1, in relation to the:									# 1		
de de la des production de la description de la company de														
See the second of the second o	Level 1	4073	process for the administration of blood and blood products											
Set of the control of	Level 1	4074	care of patient(s) receiving								***************************************			
Management and state of the property of the pr		4079	Where the monitoring has identified											
Designation of the control of the co			that recommendations and action											
The first production and considerability of the supposed production and			changes implemented accordingly.											
How are all processes of the part of the companies of the				Compliant Compliant			000							
member or managery the managery and produce of the managery of	3.4.8	4080	The organisation can demonstrate that											
Source for the processing and th			monitor compliance with the approved									# 1		
because with measuration and consequence of the control of the con			documentation which describes the process for managing the risks									# # # # # # # # #		
It is monitoring complained with the state of control data control data control and accordant data control and accordant data control data control and accordant data control data control and accordant data control data control and accordant data control data contro			associated with resuscitation.									# # # # # # # # # # # # # # # # # # #		
minimal records consistent and consi			The organisation can demonstrate that											
within the approached accountables of such as a description in the control of the			it is monitoring compliance with the minimum requirements contained											
4X2 carry warring systems in also for the occupient of pacification at detail of cardio-occupient of pacification at detail of pacificatio			within the approved documentation											
recent recognition of assistant desired and desired recent														
respiratory arrest desirence resolution orders 432 Obter on respiratory has inserted desirence of that recommendations and activity and activity of the commendation and activity of the commendation and activity of the commendation and activity of the commendation and activity of the commendation and activity of the commendation and activity of the commendation	Level 1		recognition of patients at risk of cardio-											
(CNAR) 303 Verte the mostletring has been developed and changes implemented accordingly. 504 On The organisation can demonstrate that there are processes in pleas to decide with infection prevation and changes in pleas to the organisation can demonstrate that there are processes in pleas to decide with infection prevation and control organisation can demonstrate that there are processes in pleas to decide with infection prevation and control organisation can demonstrate that is a monitoring compliance with the process for mass graphs and control. The organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compliance with the control organisation can demonstrate that it is a monitoring compl			respiratory arrest											
deficiencies, there must be evidence that commonitation and action of changes implemented accordingly. 3.4.9 (60) The organisation can demonstrate that there are processes in place to receive compliance with the agreement of t	Level 1		(DNAR).											
Sans have been developed and charges inferenced accordingly. A 900 The organisation can demonstrate that the approved source are processes in place to months compliance with the approved sources for immaging the risks associated with infection prevention and control. The organisation can demonstrate that it is not to the control of			deficiencies, there must be evidence											
changes implemented accordingly. Compliant Compliant			plans have been developed and											
3.4.9 400 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the associated with infection prevention and control. The organisation and demonstrate that membrane and control associated with infection prevention and control. The organisation and demonstrate that membrane and demonstrate that membrane requirements contained within the approved documentation described at Level 1, in relation to the: Linet 1 4002 infection control assurance framework. Linet 1 control assurance framework. 4009 Where the monitoring has identified deficiencies, there must be evidence that commendations and action plans have been developed and controlly.			changes implemented accordingly.	Compliant										
there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with infection prevention and control. It he organisation can demonstrate that the minimum requirements contained within the approved documentation doscribed at Level 1, in relation to the: 4092 Infection control assurance framework,				Compliant Compliant			0000							
monitor compliance with the approved documentation with describes the process for managing the risks associated with rifection prevention and control. 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: Level 1 4000 Infection control assurance framework. 4000 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	3.4.9		there are processes in place to											
process for managing the risks associated with infection prevention and control. 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: Level 1 doze do			monitor compliance with the approved documentation which describes the											
and control. 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: 4002 Infection control assurance framework. 4008 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.			process for managing the risks											000000000000000000000000000000000000000
li is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1, in relation to the: 4092			and control.											
minimum requirements contained within the approved documentation described at Level 1, in relation to the: Level 1 4092 infection control assurance framework. 4099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.			The organisation can demonstrate that it is monitoring compliance with the											
described at Level 1, in relation to the: Level 1 4092 infection control assurance framework. 4099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.			minimum requirements contained											
4099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.			described at Level 1, in relation to the:											000000000000000000000000000000000000000
4099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.		4092	infection control assurance framework											
deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Level 1													
plans have been developed and changes implemented accordingly.			deficiencies, there must be evidence											
changes implemented accordingly.			plans have been developed and											
			changes implemented accordingly.											
				Compliant Compliant			1000000							
							*	 1	1	 		i i	- 1	

3.4.10 410	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 the discharge of patients.														
410								The assessor will select two patient groups at random to assess the organisation's compliance with the above minimum requirements.							
<u>Level 1</u> 410:	discharge requirements which are specific to each patient group														
<u>Level 1</u> 410	documentation to accompany the patient upon discharge.														
410:	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.														
	The assessor will select two patient groups at random to assess the organisation's compliance with the above minimum requirements.														
				Compliant		Complia	nt			-					
		The following	ng summary will be populated automatica	lly from informa	ion entered	I on the worksheet			 		 				
			populated administration		ion entereu										
				3.4.1	0		0				 				
				3.4.2	0		0								
				3.4.3	0		0								
				3.4.4	0		0				 	-			
				3.4.5 3.4.6	0		0				 	-	 	 _	
				3.4.7	0		0				 	 			
				3.4.8	0		0				 	 	 	 	h
				3.4.9	0		0				 	·	 		·····
				3.4.10	0		0	All Standards Total			 ***************************************				
				Total	0		0	0			 				

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: H80 Comment: Patient identification

Cell: H81
Comment: Patient information

Cell: H82 Comment: Consent

Cell: H83 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

Cell: H89 Comment: Discharge of patients

Oddierion number Cutterion and minimum redinements Document version name, no and approved and no and approved and altes and alter alter and alter alter and alter alter and alter alter and alter alter and alter alter and alter alter alter and alter alter alter and alter alter alter alter and alter alte	itials of contact name for document document (Organisation) Compliant? (Assesson) Comment in Report	Assessor's comments Proposed Future Change e Compliance Rational e Compliance	Person/ Committee		
3.5.1 5010 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 the reporting of all internally and externally reportable incidents.					
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 process for reporting: Level 1 5012 saff, patients and others					
Level 1 5013 to external agencies 5019 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Compliant Compliant				
3.5.2 5020 The organisation can demonstrate that there are processes in place to monitor compliance with the 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 concems informally. 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 process: Level 1 5022 Level 1 5022 Complaints/PALS)					
5024 by which the organisation aims to make changes as a result of concems being raised. 5029 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.					
3.5.3 5030 The organisation can demonstrate that there are processes in place to monitor compliance with the 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.	Compliant				
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: 5032 complaints management process,					
which includes internal and external communication, and collaboration with other organisations when necessary 5034 process by which the organisation aims to make changes as a result of formal complaints.					
formar explants. 5039 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Compliant Compliant				
3.5.4 5040 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing all claims in accordance with NHSLA requirements.					
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: Level 1 5043 action to be taken, including timescales					
Level 1 5044 communication with relevant stakeholders. 5049 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Compliant Compliant				
3.5.5 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for investigating all incidents, complaints and claims. 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: 5053 Level 1 5065 Level 1 5066 5066					
Level 1 5055 process for following up relevant action plans. 5059 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Compliant Compliant				
3.5.6 5060 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring a systematic approach to the analysis of incidents, complaints and claims on an aggregated basis. 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: Level 1 5062 Coordinated approach to aggregation of incidents, complaints					

March Marc	Lev el 1								
The content of the	5	and quantitative analysis.							
	1 1	5069 Where the monitoring has identified deficiencies, there must be evidence							
No. 2 Section of the control of the		that recommendations and action							
The content of the									
The content of the			Co						
To the control of the	3.5.7								
		that there are processes in place to							
The state of the		approved documentation which							
The content of the									
The second control of the second control of									
## Company of the Com									
		The organisation can demonstrate that it is monitoring compliance with							
The state of the		the minimum requirements							
The state of the s		documentation described at Level 1,							
The state of the s		the organisation engines							
The state of the s	Level 1	5074 the implementation of risk reduction							
The state of the		measures.							
The state of the s		deficiencies, there must be evidence							
The content of the		planshave been developed and							
The content of the				Compliant					
Fig. 1. Section 1. Sec									
The state of the	3.5.8								
Fig. 1. The state of the state		monitor compliance with the							
For a service of the		describes the process for ensuring							
The content of the									
The content of the		account in the context of the clinical							
Total									
The content of the									
West and the state of the state		the minimum requirements			organisation's compliance with the				
The state of the s					above minimum requirement.				
The state of the		in relation to the process for:							ļ
The state of the s	į s	15087							
The state of the s	Level 1	5085 ensuring that recommendations are acted upon throughout the							
Property of the Control of the Con		organisation.							
The state of the		deficiencies, there must be evidence							
Total Control		that recommendations and action							
The control of the		changes implemented accordingly.							
DIA VOLUME STATE OF THE STATE O									
		organisation's compliance with the							
The content of the			Co	ompliant Compliant		N			
To consider the construction of the constructi	2.5.0								
Section of the content of the conten	3.3.9	that there are processes in place to							
The content of the									
Control of the Contro		describes the process for ensuring							
Month of the state		in nationally agreed guidance, the							
Section Control Control Control Section Control Control Section Control									
AND CONTRACT CONTRACT PAYER AND CONTRACT CONTRACT PAYER AND CONTRACT CONTRACT PAYER AND CONTRACT CONTRACT PAYER AND CONTRA									
A supplied to the supplied of		is taken into account in the context							
And in the consequent of the second of the control									1
Secretaria Secretari									
Extraction of the state of the		The organisation can demonstrate							
Mark Conference		The organisation can demonstrate that it is monitoring compliance with							
Service Servic		The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved							
Contest Cont		The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1,							
Activated in the control of the cont		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 process for: 5095 ensuring that recommendations are							
Section of the comment of add Section Se	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation.							
Support for more 2 (control 2) Support for more 2 (control 2)	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence							
Accordance to a consideration to the consideratio	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action							
Sign Design of the common control of the com	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
Feetler Composition with this and the second provided according to	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Co						
Interview the permanent or manufacture of the permanent o	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Co						
Part of communication of colors Company	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the	Co						
Part Secretary	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 15100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring	Co						
The cognitation can extra service and control of the control of th	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open,	Co						
Best of the remotive programme will be the immunificacion control of the control	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 15100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident,	Co						
Continues with the approach of comments	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 15100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim.	Co						
Mode	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. The organisation can demonstrate that it is monitoring compliance with	Co						
Second Second	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 15100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved	Co						
organisations healthcare learns, daff and politics moder one'c causes Second Se	Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1,	Co						
A part of the cases	3.5.10 E	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 15100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open	Co						
StOW (here the monitoring has identified deficience, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly Compliant Compliant The following unmany will be populated actomatically from information extend on the worksheet. The following unmany will be populated actomatically from information extend on the worksheet. The following unmany will be populated actomatically from information extend on the worksheet. 3.5.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 E	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff	Co						
	3.5.10 €	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication, beathcare teams, staff and patients and/or their carers	Co						
The following summary will be populated automatically from information entered on the worksheet.	3.5.10 E	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 15100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 15105 requirements for documenting all communication.	Co						
Changes implemented accordingly.	3.5.10 € Level 1 Level 1	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 5105 where the monitoring has identified	Co						
The following surmary will be populated automatically from information entered on the worksheet. 3.5.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 E	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 process for: 5095 acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 15105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that trecommendations and action	Co						
The following summary will be populated automatically from information entered on the worksheet. 3.5.1	3.5.10 E	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and							
3.5.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 E	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 15105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.		ompliant Compliant					
3.5.2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 S	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Co	ompliant Compliant					
3.5.3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 S	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Co The following summary will be populated automatically from	ompliant Compliant					
3.5.4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 S	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Co The following summary will be populated automatically from	ompliant Compliant Compliant 3.5.1 0 0 0					
3.5.7 0 0 0 0 3.5.8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 S	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	The following summary will be populated automatically from	ompliant Compliant com information entered on the worksheet. 3.5.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
3.5.7 0 0 0 0 3.5.8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 S	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	The following summary will be populated automatically from	ompliant					
3.5.9 0 0 0 All Standards Total	3.5.10 5 Level 1 Level 1 5	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	The following summary will be populated automatically from	ompliant Compliant Tom information entered on the worksheet. 3.5.1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
3.5.10 0 0 All Standards Total 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3.5.10 5 Level 1 Level 1 5	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	The following summary will be populated automatically from	ompliant					
	3.5.10 5 Level 1 Level 1 5	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	The following summary will be populated automatically from	ompliant					
	3.5.10 5 Level 1 Level 1 5	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 process for: 5095 ensuring that recommendations are acted upon throughout the organisation. 5099 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. 1 5100 The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all communication is open, honest and occurs as soon as possible following an incident, complaint or claim. 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: 5101 process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers 1 5105 requirements for documenting all communication. 5109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	The following summary will be populated automatically from	ompliant Compliant Som information entered on the worksheet. 3.5.1 0 0 0 0 0 3.5.2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	All Standards Total				

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: H76
Comment: Incident reporting

Cell: H77 Comment: Raising concerns

Cell: H78 Comment: Complaints

Cell: H79 Comment: Claims

Cell: H80 Comment: Investigations

Cell: H81 Comment: Analysis

Cell: H82 Comment: Improvement

Cell: H83 Comment: Best practice - NICE

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

Cell: H85 Comment: Being open