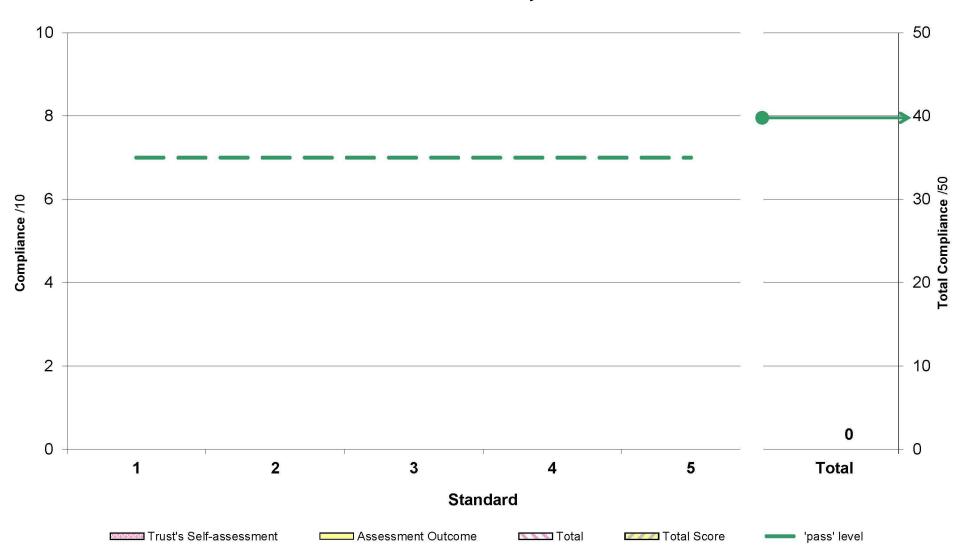
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NHSLA Risk Management Standards for Acute Trusts Evidence Template



Level Summary Chart

NHSLA Risk Management Standards for Primary Care Trusts Evidence Template Overview of Risk Areas

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	Fitness to practice	Moving & handling	Clinical record-keeping standards	<u>Claims</u>
5	Risk management process	Risk management training	Slips, trips & falls	Transfer of patients	Investigations
6	Risk register	Training needs analysis	Inoculation incidents	Medicines management	Analysis
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	Stress	Diagnositc testing & screening procedures	Being open

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change Rationale
1.1.1		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:											
а		organisational risk management structure detailing all those committees/sub-committees/groups which have some responsibility for risk					No		Risk Management Strategy and Business Assurance Strategy need review and currently reflect PCT structure and arrangements before TCS/Kaleido				
b		process for board or high level committee review of the organisation- wide risk register					No		Business Assurance Strategy needs review and currently reflect PCT structure and arrangements before TCS/Kaleido				
С		process for the management of risk locally, which reflects the organisation-wide risk management strategy					No		Risk Management Strategy needs review, COR/010, COR/011 & COR/006 currently reflect PCT structure and arrangements before TCS/Kaleido				
d		duties of the key individual(s) for risk management activities					No		Business Assurance & Risk Management Strategies need review, COR/010, COR/011 and COR/006 currently reflect PCT structure and arrangements before TCS/Kaleido				
e	1015	authority of all managers with regard to managing risk					No		Business Assurance & Risk Management Strategies need review, COR/010, COR/011 and COR/006 currently reflect PCT structure and arrangements before TCS/Kaleido				
f		process for monitoring compliance with all of the above.					No		Business Assurance & Risk Management Strategies need review, COR/010, COR/011 and COR/006 currently reflect PCT structure and arrangements before TCS/Kaleido				
						Compliant	No		Compliant				
1.1.2		The organisation has approved documentation which describes the process for developing organisation- wide procedural documents. As a minimum, the approved documentation must include a											
		description of the following requirements:											
a	1021	style and format					No		PCT Policy on Policies out of date - Provider side policy needed meeting this requirement				
b		an explanation of any terms used in documents developed					No		PCT Policy on Policies out of date - Provider side policy needed meeting this requirement				
с		consultation process					No		PCT Policy on Policies out of date - Provider side policy needed meeting this requirement				
d	1024	ratification process					No		PCT Policy on Policies out of date - Provider side policy needed meeting this requirement				

е	1025	review arrangements		No	PCT Policy on Policies out of date - Provider side policy needed meeting	
f		control of documents, including archiving arrangements		No	this requirement PCT Policy on Policies out of date - Provider side policy needed meeting	
					this requirement	
g	1027	associated documents		No	PCT Policy on Policies out of date - Provider side policy needed meeting	
h	1027 1	supporting references		No	this requirement PCT Policy on Policies out of date -	
	1027.1	supporting references			Provider side policy needed meeting this requirement	
i	1028	the process for monitoring compliance		No	PCT Policy on Policies out of date -	
		with all of the above.			Provider side policy needed meeting this requirement	
			C	ompliant No	Compliant	
	1000	T I				
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:				
а	1031	duties		No	Strategy must dictate which committee this is. ToR need to be prepared.	
b	1032.1	reporting arrangements to the board		No	Strategy must dictate which committee this is. ToR need to be prepared.	
с		membership, including nominated deputy where appropriate		No	Strategy must dictate which committee this is. ToR need to be prepared.	
d		required frequency of attendance by members		No	Strategy must dictate which committee this is. ToR need to be prepared.	
е		reporting arrangements into the high level committee(s)		No	Strategy must dictate which committee this is. ToR need to be prepared.	
f	1036	requirements for a quorum		No	Strategy must dictate which committee	
					this is. ToR need to be prepared.	
g	1037	frequency of meetings		No	Strategy must dictate which committee this is. ToR need to be prepared.	
h		process for monitoring compliance with all of the above.		No	Strategy must dictate which committee this is. ToR need to be prepared.	
			C	ompliant No	Compliant	
	5. 10% S5. 14					
1.1.4		The organisation has approved documentation which describes the process for delivering risk management awareness training for all board members, executives and senior				
		Managers. As a minimum, the approved documentation must include a				
		description of the process for:				
а		ensuring that all board members, and senior managers receive relevant risk management awareness training		No	Probably should be part of Risk Management Policy which needs to be updated to reflect TCS/Kaleido. TNA must also reflect this.	
b	1043	recording attendance		No	Probably should be part of Risk	
					Management Policy which needs to be	

С	1044	following up non-attendance	No	Probably should be part of Risk Management Policy which needs to be updated to reflect TCS/Kaleido. L&D Policy must state these arrangements.		
d		monitoring compliance with all of the above.	No	Probably should be part of Risk Management Policy which needs to be updated to reflect TCS/Kaleido. L&D Policy must also give information for this criterion.		
			Compliant	Compliant		
1.1.5		The organisation has approved documentation which describes the organisation-wide systematic risk management process.				
		As a minimum, the approved documentation must include a description of the:				
а		process for assessing <u>all types of</u> <u>risk</u>	No	Risk Management Strategy and possibly Business Assurance Strategy which need updating for TCS and Kaleido. COR/006 and Risk Assessment Pack. Possibly COR/012 and COR/045.		
b		process for ensuring a continual, systematic approach to all risk assessments is followed throughout the organisation	No	Risk Management Strategy and possibly Business Assurance Strategy which need updating for TCS and Kaleido. COR/006 and Risk Assessment Pack. Possibly COR/012 and COR/045.		
с		assignment of management responsibility for different levels of risk within the organisation	No	Risk Management Strategy and possibly Business Assurance Strategy which need updating for TCS and Kaleido. COR/006 and Risk Assessment Pack. Possibly COR/012 and COR/045.		
d		process for monitoring compliance with all of the above.	No	Risk Management Strategy and possibly Business Assurance Strategy which need updating for TCS and Kaleido. COR/006 and Risk Assessment Pack. Possibly COR/012 and COR/045.		
			Compliant	Compliant		
1.1.6		The organisation has an approved organisation-wide risk register. As a minimum, the approved Image: Comparison of the approved				
		organisation-wide risk register must include the:				
а	1062	source of the risk (including, but not limited to, incident reports, risk assessment and directorate risk registers)	No No	Risk Management Strategy and possibly Business Assurance Strategy, COR/006 which need updating for TCS and Kaleido.		
b	1063	description of the risk	No	Risk Management Strategy and possibly Business Assurance Strategy, COR/006 which need updating for TCS and Kaleido.		
С		risk score	No	Risk Management Strategy and possibly Business Assurance Strategy, COR/006 which need updating for TCS and Kaleido.		
d		summary risk treatment plan	No	Risk Management Strategy and possibly Business Assurance Strategy, COR/006 which need updating for TCS and Kaleido.		
e	1066	date of review	No	Risk Management Strategy and possibly Business Assurance Strategy, COR/006 which need updating for TCS and Kaleido.		

f	1068	residual risk rating.		No	Risk Management Strategy and	
i					possibly Business Assurance Strategy,	
					COR/006 which need updating for TCS	
			Compliant	No	and Kaleido. Compliant	
			Compliant		Compliant	
1.1.7	1070	The organisation has approved				
		documentation which describes the				
i		process for preparing and responding to				
i		the recommendations and requirements				
i		arising from external agency visits,				
i		inspections and accreditations specific				
1		to the organisation.				
		As a minimum, the approved				
		documentation must include a				
		description of the process for:				
а		nominating/appointing a suitable		No	GOV/004 in place goes out of date in	
i		individual(s) to coordinate and report on			Jan 2010	
i		any reviews carried out by external				
		agencies		N-		
b	10/2	maintaining a schedule of review dates		No	GOV/004 in place goes out of date in Jan 2010	
с	1073	maintaining action plans to implement		No	GOV/004 in place goes out of date in	
		any recommendations made as a			Jan 2010	
		result of reviews				
d		ensuring that the organisation-wide risk	+ + + + + + + + + + + + + + + + + + + +	No	GOV/004 in place goes out of date in	<u> </u>
		register is populated with risks identified			Jan 2010	
i		from reviews				
е	1078	monitoring compliance with all of the		No	GOV/004 in place goes out of date in	
		above.			Jan 2010	
ļ			Compliant	No	Compliant	
1.1.8		The organisation has approved				
i		documentation which describes the process for managing the risks				
i		associated with clinical records in all				
i		media.				
		As a minimum, the approved				
		documentation must include a				
		description of the:				
а	1081	duties		No	COR/022 needs updating for	
					safeguarding and auditing	
b	1082	legal obligations that apply to records		No	COR/022 needs updating for	
	1000		<u>↓</u>	N-	safeguarding and auditing	<u> </u>
с	1083	process for tracking records		No	COR/022 needs updating for safeguarding and auditing	
d	1084	process for creating records		No	COR/022 needs updating for	
~	, UU-T				safeguarding and auditing	
е	1085	process for retrieving records		No	COR/022 needs updating for	
					safeguarding and auditing	
f	1086	process for retaining and disposing of		No	COR/022 needs updating for	
		records			safeguarding and auditing	
g		process for monitoring compliance with		No	COR/022 needs updating for	
l		all of the above.			safeguarding and auditing	
ļ			Compliant	No	Compliant	
1.1.9	1090	The organisation has approved documentation which describes the				
1.1.3						
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1.1.3		process for ensuring that all clinical staff				
1.1.3		process for ensuring that all clinical staff (temporary and permanent) are				
1.1.3		process for ensuring that all clinical staff (temporary and permanent) are registered with the appropriate				
1.1.3		process for ensuring that all clinical staff (temporary and permanent) are registered with the appropriate professional body.				
1.1.3		process for ensuring that all clinical staff (temporary and permanent) are registered with the appropriate				

а	1091	duties, both on initial appointment and	No	PER/004, PER/019, PER/021,	
		ongoing thereafter		PER/022, may impact on this area and	
				need review. Key policy out of date in	
				Feb 2009. PER/004 ood Oct 09.	
	1000				
b	1092	process for ensuring registration	No	PER/004, PER/019, PER/021,	
		checks are made directly with the relevant professional body, in		PER/022 , may impact on this area and need review. Key policy out of date in	
		accordance with their		Feb 2009. PER/004 ood Oct 09.	
		recommendations, in respect of all			
		permanent clinical staff both on			
		initial appointment and ongoing			
		thereafter			
С	1093.1	process for monitoring/receiving	No	PER/004, PER/019, PER/021,	
		assurance that registration checks		PER/022, may impact on this area and	
		are being carried out by all external agencies (e.g. NHS Professionals,		need review. Key policy out of date in Feb 2009. PER/004 ood Oct 09.	
		recruitment agencies, etc.) used by			
		the organisation in respect of all			
		temporary clinical staff			
d	1094	process in place for following up those	No	PER/004, PER/019, PER/021,	
		permanent clinical staff who fail to		PER/022, may impact on this area and	
		satisfy the validation of registration process		need review. Key policy out of date in Feb 2009. PER/004 ood Oct 09.	
		process		Feb 2009. PER/004 66d Oct 09.	
е	1098	process for monitoring compliance with	No No	PER/004, PER/019, PER/021,	
C	1000	all of the above.		PER/022, may impact on this area and	
				need review. Key policy out of date in	
				Feb 2009. PER/004 ood Oct 09.	
			Compliant No	Compliant	
1.1.10	1100	The organisation has approved			
		documentation which describes the process for ensuring that all appropriate			
		employment checks are undertaken for all staff (temporary and permanent).			
		employment checks are undertaken for			
		employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved			
		employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a			
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а		employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a		PER/004, PER/006, PER/019, PER/021 PER/022 PER/036 may	
а		employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the:		PER/021, PER/022 , PER/036 may	
а		employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the:	Image: Second second	40	
а		employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the:	No	PER/021, PER/022 , PER/036 may impact on this area and need review.	
a	1101	employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the:	No No	PER/021, PER/022 , PER/036 may impact on this area and need review. PER/022 & PER/006 ood Feb	
	1101	employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the: duties		PER/021, PER/022 , PER/036 may impact on this area and need review. PER/022 & PER/006 ood Feb 2009.PER/004 ood Oct 09. PER/004, PER/006, PER/019, PER/021, PER/022 , PER/036 may	
	1101	employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the: duties		PER/021, PER/022 , PER/036 may impact on this area and need review. PER/022 & PER/006 ood Feb 2009.PER/004 ood Oct 09. PER/004, PER/006, PER/019, PER/021, PER/022 , PER/036 may impact on this area and need review.	
	1101	employment checks are undertaken for all staff (temporary and permanent). As a minimum, the approved documentation must include a description of the: duties		PER/021, PER/022 , PER/036 may impact on this area and need review. PER/022 & PER/006 ood Feb 2009.PER/004 ood Oct 09. PER/004, PER/006, PER/019, PER/021, PER/022 , PER/036 may impact on this area and need review. PER/022 & PER/006 ood Feb	
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Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost					

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Cell: N1 Comment: Assessor Use Only

Cell: H106 Comment: Risk management strategy

Cell: H107 Comment: Policy on procedural documents

Cell: H108 Comment: Risk management committee(s)

Cell: H109 Comment: Risk awareness training for senior management

Cell: H110 Comment: Risk management process

Cell: H111 Comment: Risk register

Cell: H112 Comment: Responding to external recommendations specific to the organisation

Cell: H113 Comment: Clinical records management

Cell: H114 Comment: Professional clinical registration

Cell: H115 Comment: Employment checks

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
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1.2.1		The organisation has approved documentation which describes the corporate induction arrangements for all new permanent staff.													
		As a minimum, the approved documentation must include a description of the:													
а		duties						No		PER/026 out of date, PER/037					
		minimum content of the corporate						No		PER/026 out of date, PER/037					
		induction programme(s)													
С	2013	process for ensuring that all new permanent staff are booked onto corporate induction						No		PER/026 out of date, PER/037					
d		process for checking that all new permanent staff complete corporate induction						No		PER/026 out of date, PER/037					
е		process for following up those who fail to attend corporate induction						No		PER/026 out of date, PER/037					
f		process for monitoring compliance with all of the above.						No		PER/026 out of date, PER/037					
							Compliant	No		Compliant					
1.2.2		The organisation has approved documentation which describes the local induction arrangements for all new permanent staff.													
		As a minimum, the approved documentation must include a description of the:													
а	2021	duties						No		PER/026 out of date, PER/037					
b	2022	minimum content of local induction						No		PER/026 out of date, PER/037					
с		programme(s) process for checking that all new permanent staff complete local induction						No		PER/026 out of date, PER/037					
d		process for following up those who fail to complete local induction						No		PER/026 out of date, PER/037					
е		process for monitoring compliance with all of the above.						No		PER/026 out of date, PER/037					
							Compliant	No		Compliant					
1.2.3		The organisation has approved documentation which describes the local induction arrangements for all temporary staff.													
		As a minimum, the approved documentation must include a description of the:													
а	2031	duties						No		PER/004, PER/019, PER/026 out of date, PER/037, PER/039					
b		minimum content of local induction programme(s)						No		PER/004, PER/019, PER/026 out of date, PER/037, PER/039					
С		process for checking that all temporary staff complete local induction						No		PER/004, PER/019, PER/026 out of date, PER/037, PER/039					

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for all permanent staff and documented	documentation which describes the process for ensuring a systematic approach to risk management training for all permanent staff.As a minimum, the approved documentation must include a description of the process for:a2051developing a training needs analysis which reflects the TNA Minimum Data Setb2052developing action plan(s) to deliver the training identified within the training needs analysisc2053developing a training prospectus to reflect the training needs analysisd2054checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysise2055following up those who fail to attend relevant training programmesf2058g2058monitoring compliance with all of the above.1.2.62060The organisation has undertaken a	Image: constraint of the second state of the secon	PER/037 and updated TNA PER/037 and updated TNA		
	documentation which describes the process for ensuring a systematic approach to risk management training for all permanent staff. As a minimum, the approved documentation must include a description of the process for: a 2051 developing a training needs analysis which reflects the TNA Minimum Data Set b 2052 developing action plan(s) to deliver the training identified within the training needs analysis c 2053 developing a training prospectus to reflect the training needs analysis d 2054 checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis e 2055 following up those who fail to attend relevant training programmes g 2058 monitoring compliance with all of the above. 1.2.6 2060	Image: constraint of the second state of the secon	PER/037 and updated TNA PER/037 and updated TNA		
the results.	documentation which describes the process for ensuring a systematic approach to risk management training for all permanent staff.As a minimum, the approved documentation must include a description of the process for:a2051 developing a training needs analysis which reflects the TNA Minimum Data Setb2052 developing action plan(s) to deliver the training identified within the training needs analysisc2053 developing a training prospectus to reflect the training needs analysisd2054 checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysise2055 following up those who fail to attend relevant training programmesf2056 coordinating training records monitoring compliance with all of the above.1.2.62060 Coordinating needs analysis to identify the risk management training requirements for all permanent staff and documented	Image: constraint of the second state of the secon	PER/037 and updated TNA PER/037 and updated TNA		

	As a minimum, the approved							
a 206	documentation must include: 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)			No	PER/03	37 and updated TNA		
b 206	62 evidence that the organisation has identified which staff groups are required to attend each type of training			Yes	PER/03	37 and updated TNA		
c 206	63 evidence that the organisation has identified the frequency of updates required for each type of training.		Compliant	Yes	PER/03	37 and updated TNA		
			Compliant	NO		Compliant		
1.2.7 207	70 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:							
	71 duties			No	COR/0	09 ood Jan 2010		
b 207	72 inventory (or links to an inventory) of diagnostic and therapeutic equipment used within the organisation			No	COR/0	09 ood Jan 2010		
c 207	⁷³ process for identifying which permanent staff are authorised to use the equipment identified on the inventory			No	COR/0	09 ood Jan 2010		
d 207	⁷⁴ process for determining the training required to use the equipment identified on the inventory and the frequency of updates required			No	COR/0	09 ood Jan 2010		
e 207	⁷⁵ process for ensuring that the identified training needs of all permanent staff are met			No	COR/0	09 ood Jan 2010		
f 207	78 process for monitoring compliance with all of the above.			No	COR/0	09 ood Jan 2010		
			Compliant	No		Compliant		
1.2.8 208	³⁰ 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 description of the:							
1100	31 duties			Yes	INC/00			
b 208	³² process for checking that all relevant permanent staff groups, as identified in the training needs analysis, complete hand hygiene training			Yes	INC/00	3, PER/037 and TNA		
c 208	³³ process for following up those who fail to attend hand hygiene training			Yes	INC/00	3, PER/037 and TNA		
d 208	38 process for monitoring compliance with all of the above.			Yes	INC/00			
			Compliant	Yes		Compliant		

1.2.9	2090 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:						
a b	2091 duties			Yes Yes	COR/042 COR/042, PER/037 and TNA		_
b	2092 process for checking that all permanent staff, as identified in the			Tes	COR/042, PER/037 and TNA		
	training needs analysis, complete						
	relevant moving and handling training						
С	2093 process for following up those who			Yes	COR/042, PER/037 and TNA		
	fail to attend relevant moving and handling training						
d	2098 process for monitoring compliance with			Yes	COR/042		_
G	all of the above.						
			Complian	t Yes	Compliant		
1.2.10	2100 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:						
а	2101 duties			No	3.8.1 COR/011 ood Jan 2010, no		
					actual staff support policy		
b	2102 immediate support offered to staff (internally and, if necessary,			No	3.8.1 COR/011, no actual staff support policy		
	externally)				policy		
С	2103 ongoing support offered to staff			No	3.8.1 COR/011, no actual staff support		
	(internally and, if necessary, externally)				policy		
4	2104 advice available to staff in the event of			No	2.9.1 COD/011, pp. patural staff support		
d	their being called as a witness (internally			No	3.8.1 COR/011, no actual staff support policy		
	and, if necessary, externally)						
е	2105 action for managers or individuals to			No	3.8.1 COR/011, no actual staff support		
	take if the staff member is				policy		
	experiencing difficulties associated with the event						
f	2108 process for monitoring compliance with			No	3.8.1 COR/011, no actual staff support		
	all of the above.			100000000000000000000000000000000000000	policy		
			Complian	t No	Compliant		
		The following summar	y will be populated automatically from information	entered on the	worksheet.		
			1.2.1	No	0		
			1.2.2	No No	0		
			1.2.3	No	0		
			1.2.5	No	0		
			1.2.6	No	0		
			1.2.7	No	0		
			<u> </u>	Yes Yes	0		
			1.2.9	No	0	All Standards Total	
			Total	2	0	0	
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Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost					
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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: H98 **Comment:** Corporate induction

Cell: H99 Comment: Local induction of permanent staff

Cell: H100 Comment: Local induction of temporary staff

Cell: H101 Comment: Fitness to practice

Cell: H102 Comment: Risk management training

Cell: H103 Comment: Training needs analysis

Cell: H104 Comment: Medical devices training

Cell: H105 Comment: Hand hygiene training

Cell: H106 Comment: Moving & handling training

Cell: H107

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

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report Assessor's comments	Proposed Future Change	Rationale
		-	+		1									
1.3.1		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:												
а		duties						No		COR/025 ood Jan 2010				
b	3012	requirement to undertake a lockdown risk profile for each organisational site or other specific building/area						No		COR/025 ood Jan 2011, no lockdown policy				
С		requirement to undertake appropriate risk assessments regarding the physical security of premises and assets						No		COR/025 ood Jan 2010				
d		arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets						Νο		COR/025 ood Jan 2010, COR/006				
е		process for monitoring compliance with all of the above.						No		COR/025 ood Jan 2011, no lockdown policy				
			4				Compliant	No		Compliant				
								000000000000000000000000000000000000000		-				
1.3.2		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:												
а		duties						No		PER/009 ood, PER/027				
b		process for maintaining contact with absent employees	ו					No		PER/009 ood, PER/027				
		planning and facilitating return to work plans						No		PER/009 ood, PER/027				
		planning and undertaking workplace controls or adjustments						No		PER/009 ood, PER/027				
		process for analysing sickness absence data						No		PER/009 ood, PER/027				
f		arrangements for the organisational overview of sickness absence						No		PER/009 ood, PER/027				
g		process for monitoring compliance with all of the above.						No		PER/009 ood, PER/027				
							Compliant	No		Compliant				
	1													
1.3.3		The organisation has approved												
1.3.3		documentation which describes the process for managing the risks associated with safeguarding adults.												
1.3.3		documentation which describes the process for managing the risks								COR/033				

Image: A standard in the solution of the solu								
2 300 Special with a spe	b	3032	risks associated with safeguarding		Yes	COR/033		
U U	С	3033	organisation's expectations in relation to staff training, as identified in the training		Yes	COR/033, PER/037 and TNA		
Vert I Computer Vert I <td>d</td> <td></td> <td>process for monitoring compliance with</td> <td></td> <td>Yes</td> <td>COR/033</td> <td></td> <td></td>	d		process for monitoring compliance with		Yes	COR/033		
A No No<				Compliant	Yes	Compliant		
2 000000000000000000000000000000000000								
Notice state is a substrate of the mode of	1.3.4	3040	documentation which describes the process for managing the risks					
a Mailabile Mailab			documentation must include a					
a landing of patients and objects and the of patients and objects and the of patients and objects a landing of patients a landing of patie		3041	duties		Yes	COR/042		
	b	3042	handling of patients and objects, including the use of appropriate		Yes	COR/042		
u 04 94 equivienant to underside appropriate in equivienant to underside appropriate in equivienant to underside appropriate in underside of patients and objects a a b DDRM2 a a b a a b a a b a a b a b <td>С</td> <td>3043</td> <td></td> <td></td> <td>Yes</td> <td>COR/042</td> <td></td> <td></td>	С	3043			Yes	COR/042		
Image: second procession of the same same o	d	3044	risk assessments for the moving and		Yes	COR/042		
Image: Section of the above, section is approved for any proved section in region in the approved for many proved for any pro	е	3045	overview of the risk assessments for the moving and handling of patients		Yes	COR/042		
A A	f				Yes	COR/042		
documentation which describes the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risks associated within liquic the risk asocolubic the risk associated within liquic the risk ass				Compliant	Yes	Compliant		
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documentation must include a difference of the: documentation must include a difference of the: <th< td=""><td>nere</td><td></td><td>documentation which describes the process for managing the risks associated with slips, trips and falls</td><td></td><td></td><td></td><td></td><td></td></th<>	nere		documentation which describes the process for managing the risks associated with slips, trips and falls					
b 3952 requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from reight) Image and the segment of slips, trips and falls involving patients (including falls from reight) Image and the segment of slips, trips and falls involving patients (including falls from reight) Image and the segment of slips, trips and falls involving staff and others (including falls from reight) Image and the segment of slips, trips and falls involving staff and others (including falls from reight) Image and the segment of slips, trips and falls involving staff and others (including falls from reight) Image and the segment of slips, trips and falls involving staff and others (including falls from reight) Image and the segment of slips, trips and falls involving staff and others (including alientified in the training reight) Image and the segment of slips, trips and falls involving staff and others (including alientified in the training reight) Image and the segment of slips, trips and falls involving staff and others (including alientified in the training reight) Image and trips and the segment of slips, trips and falls involving staff and others (including alientified in the training reight) Image and trips and tri			documentation must include a description of the:					
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isk assessments for the management of slips, trips and falls involving staff and others (including falls from height)isk assessments for the 	D	3032	risk assessments for the management of slips, trips and falls involving patients (including falls from		NO	COR/043 000 Jan 2010		
staff training, as identified in the training needs analysis staff training, as identified in the training needs analysis and TNA	С	3053	risk assessments for the management of slips, trips and falls involving staff and others (including		No	COR/043 ood Jan 2010		
e 3055 process for raising awareness about preventing and reducing the number of slips, trips and falls involving patients, staff and others e No No No COR/043 ood Jan 2010 e <td>d</td> <td>3054</td> <td>staff training, as identified in the training</td> <td></td> <td>No</td> <td>and the second</td> <td></td> <td></td>	d	3054	staff training, as identified in the training		No	and the second		
all of the above.			process for raising awareness about preventing and reducing the number of slips, trips and falls involving patients, staff and others		No			
Compliant No Compliant Compliant	f	3058			No	COR/043 ood Jan 2010		
				Compliant	No	Compliant		

1.3.6 3		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:							
		duties reporting arrangements in relation to			Yes Yes	COR/041 COR/041			
		inoculation incidents			103				
с 3	li	process for the management of an inoculation incident (including prophylaxis)			Yes	COR/041			
d 3	3065	organisation's requirements in relation to staff training, as identified in the			Yes	COR/041, PER/037 and TNA			
e 3	3068	training needs analysis process for monitoring compliance with all of the above.			Yes	COR/041			
	I'			Compliant	Yes	Compliant			
		-		-		·			
1.3.7 3	1	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:							
		duties			Yes	INC/009			
b 3	i	requirement to have a systematic inventory of all reusable medical devices and equipment used within the organisation			Yes	INC/009			
с 3	i	process for ensuring that all reusable medical devices and equipment are properly maintained and repaired			Yes	INC/009			
d 3	i	process for checking that calibration of all reusable medical devices are completed within the specified time frames			Yes	INC/009			
e 3		process for monitoring compliance with all of the above.			Yes	INC/009			
	I'			Compliant	Yes	Compliant		1	
1.3.8		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:							
	3081	duties			Yes	PER/010			
b 3		statement by the organisation that harassment and/or bullying are not acceptable			Yes	PER/010			
	3083	process for raising concerns about harassment and/or bullying			Yes	PER/010			
d 3		process to be followed once a concern has been raised			Yes	PER/010			
е 3	3085	organisation's requirements in relation to staff training, as identified in the training needs analysis			Yes	PER/010, PER/037 and TNA			
	11		 						
f 3	3088	process for monitoring compliance with all of the above.			Yes	PER/010			

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1.3.9		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:							
		duties				Yes	PER/010		
b		requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression				Yes	PER/010		
С		arrangements for ensuring the safety of lone workers				Yes	PER/010		
d		organisation's expectations in relation to staff training, as identified in the training needs analysis				Yes	PER/010, PER/037 and TNA		
е		process for monitoring compliance with all of the above.				Yes	PER/010		
					Compliant	Yes	Compliant		
1.3.10		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 description of the:							
а		duties				Yes	PER/027 and PER/009 ood		
đ		process for accessing information on the management of work-related stress				Yes	PER/027 and PER/009 ood		
с		process for identifying workplace stressors				Yes	PER/027 and PER/009 ood		
d		requirement to undertake appropriate risk assessments for the prevention and management of work-related stress				Yes	PER/027 and PER/009 ood		
е	3118	process for monitoring compliance with all of the above.				Yes	PER/027 and PER/009 ood		
					Compliant	Yes	Compliant		
			The following summa	ry will be populated automatically f	rom information ent	ered on the wo	prksheet.		
					1.3.1	No	0		
					1.3.2	No	0		
					1.3.4	Yes Yes	0 0		
					1.3.5	No	0		
					1.3.6 1.3.7	Yes Yes	0		
					1.3.7	Yes	0		
					1.3.9	Yes	0		
					1.3.10	Yes	0	All Standards Total	
					Total		0	0	

Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost					

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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	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change Rationale
1.4.1		The organisation has approved documentation which describes the process for managing the risks associated with the identification of all patients.												
		As a minimum, the approved documentation must include a description of the:												
	4010.1	definition of all patients groups process for identifying all patients						No		CLN/018 ood Jan 2010 CLN/018 ood Jan 2010				
b		process for identifying an patients						No		ULIN/U 10 UUU JAH 20 10				
С		process for ongoing checks throughout						No		CLN/018 ood Jan 2010				
d	4013	the patient care episode procedure to be followed in cases where patient misidentification occurs						No		CLN/018 ood Jan 2010				
е		process for monitoring compliance with all of the above.						No		CLN/018 ood Jan 2010				
							Compliant	No		Compliant				
1.4.2	4020	The organisation has approved												
		documentation which describes the process for developing patient information associated with care, treatments and procedures.												
		As a minimum, the approved documentation must include a description of the:												
а		process for the development of patient information						No		COR/040 ood Jan 2010				
b	4023	list of the essential content to be included in leaflets or other media i.e. risks, benefits and alternatives, where appropriate						No		COR/040 ood Jan 2010				
С		reviewing process, including review date	\$					No		COR/040 ood Jan 2010				
d		archiving arrangements		ļ 				No		COR/040 ood Jan 2010				
е		process for monitoring compliance with all of the above.						No		COR/040 ood Jan 2010				
							Compliant	No		Compliant				
1.4.3		The organisation has approved documentation which describes the process for managing the risks associated with consent. As a minimum, the approved documentation must include a												
а		description of the: process for obtaining consent						No		CLN/002 ood Oct 2009		\square		
b	4032	process for recording consent process for identifying staff who are						No No		CLN/002 ood Oct 2009 CLN/002 ood Oct 2009				
		not capable of performing the procedure but are authorised to obtain consent for that procedure						an underse						
d	4034	generic training on the consent process						No		CLN/002 ood Oct 2009				

е	4035	process for the delivery of procedure			No	CLN/002 ood Oct 2009	
Ŭ		specific training on consent, for staff					
		to whom the consent process is					
		delegated and who are not capable of performing the procedure					
f	4038	process for monitoring compliance with all of the above.			No	CLN/002 ood Oct 2009	
				Compliar	t No	Compliant	
	40.40						
1.4.4	4040	The organisation has approved documentation which describes the					
		process for managing the risks					
		associated with the quality of clinical records in all media.					
		As a minimum, the approved					
		documentation must include a					
	40.44	description of the:			Nia		
a	4041	duties			No	COR/022 needs updating for safeguarding and auditing	
b	4042	criteria against which the clinical records			No	COR/022 needs updating for	
		must be audited for all healthcare professionals				safeguarding and auditing	
с	4043	frequency of audit of clinical records			No	COR/022 needs updating for	
						safeguarding and auditing	
d	4044	format for all audit reports i.e. methodology, conclusions, action			No	COR/022 needs updating for safeguarding and auditing	
		plans, etc.					
е	4045	arrangements for the review of action			No	COR/022 needs updating for	
6	4040	plans			Nia	safeguarding and auditing	
I	4040	process for monitoring compliance with all of the above.			No	COR/022 needs updating for safeguarding and auditing	
				Compliar	it No	Compliant	
1.4.5	4050	The organisation has approved documentation which describes the					
		process for managing the risks					
		associated with the transfer of patients.					
		As a minimum, the approved					
		documentation must include a					
	4054						
a b		description of the:			Vea		
		duties			Yes	CLN/020 CLN/020	
	4052	duties transfer requirements which are specific to each patient group			Yes	CLN/020	
с	4052	duties transfer requirements which are specific to each patient group documentation to accompany the					
	4052 4053	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred			Yes Yes	CLN/020 CLN/020	
c d e	4052 4053 4054	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with			Yes	CLN/020	
d	4052 4053 4054	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours			Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	
d	4052 4053 4054	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with		Compliar	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020	
d	4052 4053 4054 4058	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above.		Compliar	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	
d e	4052 4053 4054 4058	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above.		Complian	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	Image: second
d e	4052 4053 4054 4058	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. The organisation has approved documentation which describes the process for managing the risks		Complian	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	
d e	4052 4053 4054 4058	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above.		Complian	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	
d e	4052 4053 4054 4058	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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		Compliant	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	
d e	4052 4053 4054 4058	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. The organisation has approved documentation which describes the process for managing the risks associated with medicines in all care environments.		Image: second	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020	
d e	4052 4053 4054 4058 4060	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all		Image: Second second	Yes Yes Yes Yes	CLN/020 CLN/020 CLN/020 CLN/020 CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/011(ood Jun 2010), CLN/016 & CLN/016 &	
d e 1.4.6	4052 4053 4054 4058 4058 4060 4060	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all care environments	Image: second	Image: Image:	Yes Yes Yes Yes t Yes	CLN/020	Image: second
d e 1.4.6	4052 4053 4054 4058 4058 4060 4060	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all care environments process for ensuring the accuracy of	Image: second	Image: Second second	Yes Yes Yes Yes t Yes	CLN/020 CLN/020 CLN/020 CLN/020 CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/011 (ood Jun 2010), CLN/016 & CLN/016 &	
d e 1.4.6	4052 4053 4054 4058 4060 4060 4061 4061.1	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all care environments process for ensuring the accuracy of all prescription charts	Image: second	Image: Image:	Yes Yes Yes Yes t Yes No	CLN/020 CLN/020 CLN/020 CLN/020 CLN/020 Compliant COMPLIANT COMPLIANT CLN/011(cod Jun 2010), CLN/016 & CLN/017 CLN/011(cod Jun 2010), CLN/016 & CLN/017 CLN/011(cod Jun 2010), CLN/016 & CLN/017 CLN/017	
d e 1.4.6	4052 4053 4054 4058 4060 4060 4061 4061.1	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all care environments process for ensuring the accuracy of all prescription charts process for the administration of	Image: second	Image: Image:	Yes Yes Yes Yes t Yes	CLN/020 CLN/020 CLN/020 CLN/020 CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/011 Compliant CLN/011 CLN/010 CLN/017 CLN/016 & CLN/016 & CLN/017 CLN/011 CLN/010 CLN/011 CLN/010 CLN/011 CLN/010	
d e 1.4.6	4052 4053 4054 4058 4060 4060 4061 4061.1 4062	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all care environments process for ensuring the accuracy of all prescription charts process for the administration of medication in all care environments	Image: second		Yes Yes Yes Yes t Yes No	CLN/020 CLN/020 CLN/020 CLN/020 CLN/020 Compliant CLN/020 Compliant CLN/011 Compliant CLN/011 CLN/010 CLN/011 CLN/010 CLN/017 CLN/016 & CLN/016 & CLN/017 CLN/011 CLN/017 CLN/011 CLN/010 CLN/017 CLN/016 & CLN/016 & CLN/017	
d e 1.4.6	4052 4053 4054 4058 4060 4060 4061 4061.1 4062	duties transfer requirements which are specific to each patient group documentation to accompany the patient when being transferred process for transfer out of hours process for monitoring compliance with all of the above. 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: process for prescribing medicines in all care environments process for ensuring the accuracy of all prescription charts process for the administration of	Image: second	Image: Section of the section of th	Yes Yes Yes Yes t Yes No No	CLN/020 CLN/020 CLN/020 CLN/020 CLN/020 Compliant CLN/020 Compliant CLN/020 Compliant CLN/011 Compliant CLN/011 CLN/010 CLN/017 CLN/016 & CLN/016 & CLN/017 CLN/011 CLN/010 CLN/011 CLN/010 CLN/011 CLN/010	

е	4064	procedure for the safe disposal of			No	CLN/011(ood Jun 2010), CLN/016 & CLN/017		
f	4065	controlled drugs training requirements for all staff, as			No	CLN/017 CLN/011(ood Jun 2010), CLN/016 &		
	4005	identified in the training needs analysis				CLN/017, PER/037 and TNA		
g	4068	process for monitoring compliance with all of the above.			No	CLN/011(ood Jun 2010), CLN/016 & CLN/017		
				Compliant	No	Compliant		
1.4.7	4070	The organisation has approved						
		documentation which describes the						
		process for managing the risks						
		associated with the blood transfusion						
		process.						
		As a minimum, the approved						
		documentation must include a						
-	4074	description of the:				Net Applicable		
a k		duties	$\left \right $			Not Applicable		
b	4072	process for the request of blood samples for pre-transfusion						
		compatibility testing						
с		process for the administration of						
		blood and blood products						
d	4074	care of patient(s) receiving	+					
		transfusion						
е	4075	training requirements of all staff, as						
		identified in the training needs analysis						
f	4076	requirements for the competency						
		assessment of all staff involved in the						
	1 1070	blood transfusion process						
g	4078	process for monitoring compliance with all of the above.						
				Compliant	Vee	Osmaliant		
				Compliant	Tes	Compliant		
1 4 9	4080	The organisation has approved						
1.4.8	4080	The organisation has approved documentation which describes the						
1.4.8	4080	documentation which describes the						
1.4.8	4080	-						
1.4.8	4080	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved						
1.4.8	4080	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a						
		documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the:						
1.4.8 a	4081	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties			No	CLN/006 ood Jun 2009		
	4081	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for						
	4081	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of			No	CLN/006 ood Jun 2009		
a b	4081 4082	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest			No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009	Image: Image:	
a b c	4081 4082 4083	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care			No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
a b	4081 4082 4083	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care do not attempt resuscitation orders			No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009	Image: Image:	
a b c	4081 4082 4083 4083	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care do not attempt resuscitation orders (DNAR)			No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009	Image: Image:	
a b c d	4081 4082 4083 4083	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care do not attempt resuscitation orders			No No No No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
a b c d	4081 4082 4083 4084 4085	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment			No No No No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
a b c d	4081 4082 4083 4084 4085	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment training requirements for all staff, as			No No No No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
a b c d	4081 4082 4083 4084 4085	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest post-resuscitation care do not attempt resuscitation orders (DNAR) process for ensuring the continual availability of resuscitation equipment			No No No No No No No No No No No No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
a b c d f	4081 4082 4083 4084 4085 4085	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest 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			No No No No No No No No No No No No No No No No No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
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a b c d f	4081 4082 4083 4084 4085 4085	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest 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			No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
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a b c d e f g	4081 4082 4083 4084 4085 4086 4086 4088	documentation which describes the process for managing the risks associated with resuscitation. As a minimum, the approved documentation must include a description of the: duties early warning systems in place for the recognition of patients at risk of cardio-respiratory arrest 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			No No	CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009 CLN/006 ood Jun 2009		
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b	4093	details of, or cross reference to,						No	INC/001 ood Jan 2010			
265		appropriate core policies						0 172252				
С	4094	information available to patients and the						No	INC/001 ood Jan 2010			
		public about the organisation's general										
		processes and arrangements for										
		preventing and controlling healthcare										
		acquired infections										
d	4095	training requirements for all staff, as						No	INC/001 ood Jan 2010, PER/037 and			
		identified in the training needs analysis							TNA			
	4000	in the second second second second second second second second second second second second second second second					-	N -				
е	4098	process for monitoring compliance with all of the above.						No	INC/001 ood Jan 2010			
							Compliant	No	Complian			
							Compliant	NG.	Complian	•		
1 4 10	4100	The organisation has approved										
1.7.10		documentation which describes the										
		organisation-wide process for										
		developing local policies to manage the										
		risks associated with the process of										
		clinical diagnostic tests and screening										
		procedures.										
		As a minimum, the approved										
		documentation must include a										
		description of the:										
а	4101	procedures for requesting clinical tests						No	Draft 'Diagnostics' policy DR S			
b	4102	and screening process for taking action on clinical						No	Jamieson Draft 'Diagnostics' policy DR S			
D	4102	tests and screening results							Jamieson			
		tests and screening results							bannesen			
с	4103	process for recording the actions taken						No	Draft 'Diagnostics' policy DR S			
Ū									Jamieson			
d	4104	process for the communication of						No	Draft 'Diagnostics' policy DR S			
		test and screening results							Jamieson			
е	4108	process for monitoring compliance with						No	Draft 'Diagnostics' policy DR S			
		all of the above.							Jamieson			
							Compliant	No	Complian	t		
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							1.4.1 1.4.2	No No		0		
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							1.4.5	Yes		0		
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Actior	ns required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost

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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: H104 Comment: Patient identification

Cell: H105 **Comment:** Patient information

Cell: H106 Comment: Consent

Cell: H107 Comment: Clinical record-keeping standards

Cell: H108 Comment: Transfer of patients

Cell: H109 Comment: Medicines management

Cell: H110 Comment: Blood transfusion

Cell: H111 Comment: Resuscitation

Cell: H112 Comment: Infection control

Cell: H113 **Comment:** Diagnostic testing and screening procedures

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Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact n for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
1.5.1	5010	The organisation has approved													
1.5.1		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:													
а		duties						No		COR/010 ood Dec 2009					
	5012	process for reporting all incidents/near misses, involving staff, patients and others						No		COR/010 ood Dec 2009					
с	5013	process for reporting to external agencies						No		COR/010 ood Dec 2009					
d		reference to the processes for staff to raise concerns e.g. whistle blowing/open disclosure						No		COR/010 ood Dec 2009, PER/012 OOD Jun 2009					
e		process for monitoring compliance with all of the above.						No		COR/010 ood Dec 2009					
							Compliant	No		Compliant	t				
152	5020	The organisation has approved													
		documentation which describes the process for ensuring that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to raise concerns informally.													
		As a minimum, the approved documentation must include a description of the:													
		duties						No		COR/001 ood Mar 09					
b		process for raising concerns (informal complaints/Patient Advice and Liaison Services)						No		COR/001 ood Mar 09					
		process for ensuring that patients, relatives and their carers are not treated differently as a result of raising a concern						No		COR/001 ood Mar 09					
d		process by which the organisation aims to make changes as a result of concerns being raised						No		COR/001 ood Mar 09					
е		process for monitoring compliance with all of the above.						No		COR/001 ood Mar 09					
							Compliant	No		Compliant	t				
1.5.3	5030	The organisation has approved													
		documentation which describes the process for ensuring that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints.													
		As a minimum, the approved documentation must include a description of the:													

а	5031	duties		No	COR/001 ood Mar 09			
		complaints management process,		No	COR/001 ood Mar 09			
		which includes internal and external						
		communication, and collaboration						
		with other organisations when						
		necessary						
c	5033	procedure to ensure that patients,		No	COR/001 ood Mar 09			
		relatives and their carers are not treated						
		differently as a result of a complaint						
4	5024			No	COR/001 ood Mar 09			
d	5034	process by which the organisation aims to make changes as a result of		NO	COR/001 800 Mar 09			
		formal complaints						
е	5038	process for monitoring compliance with		No	COR/001 ood Mar 09			
		all of the above.						
			Compliant	No	Compliant			
1.5.4	5040	The organisation has approved						
		documentation which describes the						
		process for managing all claims in accordance with NHSLA requirements.						
		As a minimum, the approved						
		documentation must include a						
		description of the:						
а	5041	duties		Yes	COR/023 may need update for			
h	5040			Vaa	changes to org			
b	5042	NHSLA schemes relevant to the organisation (i.e. CNST, LTPS and		Yes	COR/023 may need update for changes to org			
		PES)						
с	5043	action to be taken, including		Yes	COR/023 may need update for			
		timescales		1013 MONORAN	changes to org			
d	5044	communication with relevant		Yes	COR/023 may need update for			
		stakeholders			changes to org			
е	5048	process for monitoring compliance with		Yes	COR/023 may need update for			
		all of the above.			changes to org			
			Compliant	Yes	Compliant			
1.5.5	5050	The organisation has approved						
1.0.0		documentation which describes the						
		process for investigating all incidents,						
		complaints and claims.						
		As a minimum, the approved						
		documentation must include a						
	5051	description of the:		No	COP/011 and Ion 2010			
a b		duties organisation's expectations in relation to		No No	COR/011 ood Jan 2010 COR/011 ood Jan 2010			
v		staff training, as identified in the training						
		needs analysis						
С	5053	different levels of investigation		No	COR/011 ood Jan 2010			
		appropriate to the severity of the						
		event(s)						
d	5054	process for involving and		No	COR/011 ood Jan 2010			
		communicating with internal and external stakeholders to share safety lessons						
е	5055	process for following up relevant		No	COR/011 ood Jan 2010			
		action plans						
f	5058	process for monitoring compliance with		No	COR/011 ood Jan 2010			
		all of the above.					3	
			Compliant	No	Compliant			
4	5005							
1.5.6	5060	The organisation has approved documentation which describes the						
		process for ensuring a systematic						
		approach to the aggregation of						
		incidents, complaints and claims on an						
		ongoing basis.						
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documentation which describes the proproted promoting improvements in practice. based on individual anagengate analysis of incidents, complaints and propried describes for encouraging teaming and suggengate analysis of incidents, complaints and propried describes the improvements in practice. Biologies of the improvements in practice. B							
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е		process for ensuring that recommendations are acted upon	No	Need NICE implementation policy	
f	5086	throughout the organisation Image: constraint of the organisation process for documenting any decision Image: constraint of the organisation not to implement NICE Image: constraint of the organisation recommendations Image: constraint of the organisation	No	Need NICE implementation policy	
g	5088	process for monitoring compliance with all of the above.	No	Need NICE implementation policy	
			Compliant	Compliant	
.5.9	5090	The organisation has approved			
.3.9		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:		Need National Quidance ratio	
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		process for disseminating relevant documents	No	Need National Guidance policy	
d		process for conducting an organisational gap analysis	No	Need National Guidance policy	
е	5095	process for ensuring that recommendations are acted upon throughout the organisation	No	Need National Guidance policy	
f		process for monitoring compliance with all of the above.	No	Need National Guidance policy	
			Compliant No	Compliant	
5 10	5100	The organisation has approved			
.5.10		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:			
а	5101	process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers	No	COR/032 ood Dec 2009	
b		process for acknowledging, apologising and explaining when things go wrong	No	COR/032 ood Dec 2009	
с		requirements for truthfulness, timeliness and clarity of communication	No	COR/032 ood Dec 2009	
d		provision of additional support as required	No	COR/032 ood Dec 2009	
е	5105	requirements for documenting all communication	No	COR/032 ood Dec 2009	
f	5108	process for monitoring compliance with all of the above.	No	COR/032 ood Dec 2009	
			Compliant	Compliant	
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The following summary will be populated automatically from information entered on the worksheet.										
	1.5.1	No	0							
	1.5.2	No	0							
	1.5.3	No	0							
	1.5.4	Yes	0							
	1.5.5	No	0							
	1.5.6	No	0							
	1.5.7	No	0							
	1.5.8	No	0							
	1.5.9	No	0							
	1.5.10	No	0	All Standards Total						
	Total	1	0	0						

Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost				
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Cell: H102 Comment: Incident reporting

Cell: H103 Comment: Raising concerns

Cell: H104 Comment: Complaints

Cell: H105 Comment: Claims

Cell: H106 Comment: Investigations

Cell: H107 Comment: Analysis

Cell: H108 Comment: Improvement

Cell: H109 Comment: Best practice - NICE

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

Cell: H111 Comment: Being open

Criterion number	Index	Criterion and minimum requirements	Document submitte	ed Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment for report?	Assessor's comments	Proposed Future Change	Rationale
2.1.1		The organisation can demonstrate implementation of the approved organisation-wide risk management strategy.												
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:												
Level 1		the management of risk locally, which reflects the organisation-wide risk management strategy.				0			0					
						Compliant			Compliant					
2.1.2		The organisation can demonstrate implementation of the approved documentation which describes the process for developing organisation- wide procedural documents.												
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:												
Level 1		ratification process												
Level 1		control of documents, including archiving arrangements.												
						Compliant			Compliant					
2.1.3		The organisation can demonstrate that the high level committee(s) with overarching responsibility for risk is performing as described in the approved terms of reference.												
		The organisation can demonstrate compliance with the objectives set out within the terms of reference described at Level 1, in relation to the:												
		reporting arrangements to the board reporting arrangements into the high									+			
Level 1		level committee(s).												
						Compliant			Compliant					
2.1.4		The organisation can demonstrate implementation of the approved documentation which describes the process for delivering risk management awareness training for all board members, executives and senior managers.												
		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 board members and senior managers receive relevant risk management awareness training												

Level 1	1044	following up non-attendance.								
					Complian	t		Compliant		
2.1.5	1051	The organisation can demonstrate								
		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, in relation to the								
		process for:								
Level 1	1052	assessing strategic risks								
		ensuring a continual, systematic								
Level 1		approach to all risk assessments is								
		followed throughout the organisation								
					Complian	t	1	Compliant		
2.1.6	1061	The organisation-wide risk register is		l				s		
		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:								
Level 1		incident reports								
Level 1		risk assessments								
	22 Protector and an analysis	significant risks from directorate risk								
Level 1	1002	registers.								
					Complian	+		Compliant		
					Complian			Compliant		
047	1070	The exercise tion can demonstrate								
2.1.7		The organisation can demonstrate implementation of the approved								
		documentation which describes the								
		process for responding to the								
		recommendations and requirements								
		arising from external agency visits,								
		inspections and accreditations specific								
		to the organisation.								
		The organisation can demonstrate								
		compliance with the objectives set out								
		within the approved documentation								
		described at Level 1, in relation to the								
		process for:								
Lange 14		maintaining action plans to implement								
Level 1		any recommendations made as a result of reviews.								
					0	4				
	1				Complian	τ		Compliant		
2.1.8		The organisation can demonstrate								
		implementation of the approved								
		documentation which describes the								
		process for managing the risks								
		associated with 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 the								
		process for:								
Level 1		tracking records								
Level 1		retaining and disposing of records.								
					Complian	t		Compliant		
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2.1.9	1090											
		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, in relation to the										
		process for:										
		ensuring ongoing registration checks are made directly with the relevant										
		professional body, in accordance with										
Level 1		their recommendations, in respect of all										
		permanent clinical staff.										
					Compliant			Compliant				
2110	1100	The organisation can demonstrate										
2.1.10		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										
		compliance with the objectives set out								The assessor will record below the two		
		within the approved documentation								elements of the emmployment checks		
		described at Level 1, in relation to the:								min. data set selected at random to test		
										the implementation of the bullet points:		
Level 1	1102	types of check required.							_			
		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				
l			The following sum	mary will be populated automatical	ly from informat	ion enter	ed on the wo	rksheet.				
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Cell: H66 Comment: Risk management strategy

Cell: H67 Comment: Policy on procedural documents

Cell: H68 Comment: Risk management committee(s)

Cell: H69 Comment: Risk awareness training for senior management

Cell: H70 Comment: Risk management process

Cell: H71 Comment: Risk register

Cell: H72 Comment: Responding to external recommendations specific to the organisation

Cell: H73 Comment: Clinical records management

Cell: H74 Comment: Professional clinical registration

Cell: H75 Comment: Employment checks

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
2.2.1		The organisation can demonstrate implementation of the approved documentation which describes the corporate induction arrangements for all new permanent staff.													
		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		checking that all new permanent staff complete corporate induction													
Level 1		following up those who fail to attend corporate induction.													
							Compliant			Compliant					
2.2.2		The organisation can demonstrate implementation of the approved documentation which describes the local induction arrangements for all new permanent staff.													
		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		checking that all new permanent staff complete local induction													
Level 1	2024	following up those who fail to complete local induction.													
							Compliant			Compliant					
2.2.3		The organisation can demonstrate implementation of the approved documentation which describes the local induction arrangements for all temporary staff. 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		checking that all temporary staff complete local induction													
Level 1		following up those who fail to complete local induction.					Complement			0					
							Compliant			Compliant					
2.2.4		The organisation can demonstrate implementation of the approved documentation which describes the process for ensuring that the organisation undertakes the appropriate regulatory checks via the NHSLA Family Health Service Appeal Unit on all primary care performers (temporary and permanent).													

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k compliance with the objectives set out within the approved documentation of described at Level 1, in relation to the process for: k	Level 1 2064	above minimum requirements. above minimum requirements. The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1. The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1. The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1 by: producing an annual training prospectus which reflects the training needs analysis. The organisation can demonstrate implementation of the approved documentation which describes the process for ensuring that all permanent staff are trained to safely use diagnostic and therapeutic equipment appropriate						
within the approved documentation described at Level 1, in relation to the process for: e	Level 1 2064	above minimum requirements. Image: Constraint of the second s						
abscribed at Level 1, in relation to the process for: abscribed at L	Level 1 2064	above minimum requirements.above minimum requirements.The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1.The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1 by:producing an annual training prospectus which reflects the training needs analysis.The organisation can demonstrate implementation of the 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.The organisation can demonstrate						
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2073 identifying which permanent staff are authorised to use the equipment authorised to use the equipmen	Level 1 2064	above minimum requirements.above minimum requirements.Image: Constraint of the second of t						
Level 1 authorised to use the equipment	Level 1 2064	above minimum requirements. Image: Complex Compliance with the objectives set out within the approved documentation above minimum requirements. Image: Complex Complex Compliance with the objectives set out within the approved documentation The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1. The organisation can demonstrate the provision of the risk management training required by all permanent staff as identified in the training needs analysis at Level 1 by: producing an annual training prospectus which reflects the training needs analysis. Image: Complex C						
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	Level 1 2064 Level 1 2070 2.2.7 2070 2073 2073	above minimum requirements.						
	Level 1 2064 Level 1 2070 2.2.7 2070 2073 2073	above minimum requirements. Image: Constraint of the con						

	2074	determining the training required to use						
Transfer 1		the equipment identified on the inventory						
Level 1	1	and the frequency of updates required						
	2075	ensuring that the identified training						
Level 1		needs of all permanent staff are met.						
				Compliant	Compliant			
	0000							
2.2.8	2080	The organisation can demonstrate						
		implementation of the approved documentation which describes the						
		process for ensuring the delivery of						
		effective hand hygiene training to all						
		relevant permanent staff groups.						
		The organisation can demonstrate						
		compliance with the objectives set out						
		within the approved documentation						
		described at Level 1, in relation to the process for:						
		•						
		checking that all relevant permanent staff groups, as identified in the training						
Level 1		needs analysis, complete hand hygiene						
		training						
	2083	following up those who fail to attend						<u> </u>
Level 1	1	hand hygiene training.						
				Compliant	Compliant			
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						
		all permanent staff.						
		The organisation can demonstrate						
		compliance with the objectives set out						
		within the approved documentation						
		described at Level 1, in relation to the						
		process for:						
	2092	checking that all permanent staff, as identified in the training needs analysis,						
Level 1		complete relevant moving and handling						
		training						
	2093	following up those who fail to attend					<u> </u>	+
Level 1		relevant moving and handling training.						
				Compliant	Compliant			
2.2.10	2100	The organisation can demonstrate						
		implementation of the approved						
		documentation which describes the						
		process for ensuring that all staff involved in traumatic/stressful incidents,						
		complaints or claims are adequately						
		supported.						
		The organisation can demonstrate						
		compliance with the objectives set out						
		within the approved documentation						
		described at Level 1, in relation to the:						
	0.100							
1.00	2102	immediate support offered to staff						
Level 1	1	(internally and, if necessary, externally)						
	2105	action for managers or individuals to					<u> </u>	+
		take if the staff member is experiencing						
Level 1	8	difficulties associated with the event.						
				Compliant	Compliant			

The following summary will	be populated automatically from informat	ion entered	on the worksheet.			
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	2.2.9	0		0		
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Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost					

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Cell: H69 **Comment:** Corporate induction

Cell: H70 Comment: Local induction of permanent staff

Cell: H71 Comment: Local induction of temporary staff

Cell: H72 Comment: Fitness to practice

Cell: H73 Comment: Risk management training

Cell: H74 Comment: Training needs analysis

Cell: H75 Comment: Medical devices training

Cell: H76 Comment: Hand hygiene training

Cell: H77 Comment: Moving & handling training

Cell: H78

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

Criterion number	Index	Criterion and minimum requirements	Baber or Ectronic copy Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance
2.3.1		The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the physical security of premises and other assets.													
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:													
Level 1		requirement to undertake appropriate risk assessments regarding the physical security of premises and assets													
Level 1		arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets.													
						Compliant			Compliant						
2.3.2		The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with sickness absences.													
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:													
Level 1		process for analysing sickness absence data													
Level 1		arrangements for the organisational overview of sickness absence.													
						Compliant			Compliant						
2.3.3		The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with safeguarding adults.													
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:													
Level 1		local arrangements for managing the risks associated with safeguarding adults.				Comeliant			O come li cont						
						Compliant			Compliant						
2.3.4		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:							
	3044	requirement to undertake appropriate							
Level 1		risk assessments for the moving and handling of patients and objects							
		arrangements for the organisational overview of the risk assessments for							
Level 1		the moving and handling of patients and objects.							
				Compli	ant	Compliant			
2.3.5	3050	The organisation can demonstrate implementation of the approved							
		documentation which describes the process for managing the risks							
		associated with slips, trips and falls involving patients, staff and others.							
		The organisation can demonstrate compliance with the objectives set out							
		within the approved documentation described at Level 1, in relation to the:							
	3052	requirement to undertake appropriate risk assessments for the management							
Level 1		of slips, trips and falls involving patients (including falls from height)							
	3053	requirement to undertake appropriate risk assessments for the management							
Level 1		of slips, trips and falls involving staff and others (including falls from height).							
		,							
				Compli	ant	Compliant			
2.3.6	3060	The organisation can demonstrate		Compli	ant	Compliant			
2.3.6	3060	implementation of the approved documentation which describes the		Compli	ant	Compliant			
2.3.6	3060	implementation of the approved		Compli	ant	Compliant			
2.3.6		implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate		Compli	ant	Compliant			
2.3.6		implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents.		Compli	ant	Compliant			
2.3.6 Level 1		 implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: the management of an inoculation 		Compli	ant	Compliant			
		implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:		Compli		Compliant			
Level 1	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: the management of an inoculation incident (including prophylaxis). The organisation can demonstrate							
Level 1	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: the management of an inoculation incident (including prophylaxis). The organisation can demonstrate implementation of the approved documentation which describes the							
Level 1	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: the management of an inoculation incident (including prophylaxis). The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the maintenance of							
Level 1	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: The management of an inoculation incident (including prophylaxis). 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.							
Level 1	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: the management of an inoculation incident (including prophylaxis). 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							
Level 1	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: The management of an inoculation incident (including prophylaxis). 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 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	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: The management of an inoculation incident (including prophylaxis). The organisation can demonstrate implementation of the approved documentate implementation 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 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 2.3.7	3063	implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents. The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for: The management of an inoculation incident (including prophylaxis). The organisation can demonstrate implementation of the approved documentates 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 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:			ant				

2.3.8		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: for raising concerns about harassment									
Level 1		and/or bullying to be followed once a concern has been									
Level 1		raised.									
					Compliant		Compliant				
2.3.9		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:									
Level 1		requirement to undertake appropriate risk assessments for the prevention and management of violence and aggression									
Level 1		arrangements for ensuring the safety of lone workers.									
					Compliant		Compliant				
2.3.10		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:									
Level 1	3113	process for identifying workplace									
Level 1	3114	stressors requirement to undertake appropriate risk assessments for the prevention and management of work-related stress.									
					Compliant		Compliant				
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Person/ Committee responsible	Target Date	Associated Cost						

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Cell: H63 Comment: Secure environment

Cell: H64 Comment: Sickness absence

Cell: H65 Comment: Safeguarding adults

Cell: H66 Comment: Moving & handling

Cell: H67 Comment: Slips, trips & falls

Cell: H68 Comment: Inoculation incidents

Cell: H69 Comment: Maintenance of medical devices & equipment

Cell: H70 Comment: Harassment & bullying

Cell: H71 Comment: Violence & aggression

Cell: H72 Comment: Stress

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
2.4.1		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 Level 1	4013	process for identifying inpatients procedure to be followed in cases where patient misidentification occurs.													
							Compliant			Compliant					
							Compliant			Compilant					
2.4.2		The organisation can demonstrate implementation of the approved documentation which describes the process for developing patient information associated with care, treatments and procedures.													
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:													
Level 1		list of the essential content to be included in leaflets or other media i.e. risks, benefits and alternatives, where appropriate													
Level 1	4025	archiving arrangements.					Compliant			Compliant					
2.4.3		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: process for identifying staff who are not													
Level 1		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.													
							Compliant			Compliant					

2.4.4	4040	The organisation can demonstrate							
		implementation of the approved							
		documentation which describes the							
		process for managing the risks							
		associated with the quality of clinical							
		records in all media.							
		The organisation can demonstrate							
		compliance with the objectives set out							
		within the approved documentation							
		described at Level 1, in relation to:							
(a) () () () () () ()	4044	format for all audit reports i.e.							
Level 1		methodology, conclusions, action plans,							
		etc.							
Level 1	4045	arrangements for the review of action							
		plans.							
							Compliant		
2.4.5	4050	The organisation can demonstrate							
		implementation of the approved							
		documentation which describes the							
		process for managing the risks associated with the transfer of patients.							
		The organisation can demonstrate							
		compliance with the objectives set out within the approved documentation							
		described at Level 1, in relation to the:							
			1			1			
	4052	transfer requirements which are specific							
Level 1	4002	to each patient group							
	4053	documentation to accompany the							
Level 1	4000	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		
							oompilant		
2.4.6	4060	The organisation can demonstrate							
2.1.0		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:							
	4061.1	process for ensuring the accuracy of all							
Level 1		prescription charts.							
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2.4.7	4070	The organisation can demonstrate							
		implementation of the approved							
		documentation which describes the							
		process for managing the risks							
		associated with the blood transfusion							
		process.							
		The organisation can demonstrate							
		compliance with the objectives set out							
		within the approved documentation							
		described at Level 1, in relation to the:							
	4073	process for the administration of blood							
Level 1		and blood products							
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		The assessor will select two patient	
		groups at random to assess the	
		organisation's compliance with the above minimum requirements.	
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	4074									
Level 1	4074	care of patient(s) receiving transfusion.								
				Compliant			Compliant			
				piant						
2.4.8		The organisation can demonstrate						*		
		implementation of the approved								
		documentation which describes the process for managing the risks								
		associated with resuscitation.								
		The organisation can demonstrate								
		compliance with the objectives set out								
		within the approved documentation								
		described at Level 1, in relation to the:								
	4082	early warning systems in place for the								
Level 1		recognition of patients at risk of cardio-								
		respiratory arrest								
Level 1		do not attempt resuscitation orders								
		(DNAR).								
				Compliant			Compliant			
2.4.9	4090	The organisation can demonstrate								
2.4.5		implementation of the approved								
		documentation which describes the								
		process for managing the risks								
		associated with infection prevention and control.								
		The organisation can demonstrate								
		compliance with the objectives set out								
		within the approved documentation								
		described at Level 1, in relation to the:								
	4002									
Level 1	4092	infection control assurance framework.								
				Compliant			Compliant			
2.4.10		The organisation can demonstrate								
		implementation of the approved documentation which describes the								
		organisation-wide process for								
		developing local policies to manage the								
		risks associated with the process of								
		clinical diagnostic tests and screening procedures.								
		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		taking action on test and screening results								
1.4.474		the communication of clinical test and							+ +	
Level 1		screening results.								
				Compliant			Compliant			
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Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost					

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Cell: H67 Comment: Patient identification

Cell: H68 **Comment:** Patient information

Cell: H69 Comment: Consent

Cell: H70 Comment: Clinical record-keeping standards

Cell: H71 Comment: Transfer of patients

Cell: H72 Comment: Medicines management

Cell: H73 Comment: Blood transfusion

Cell: H74 Comment: Resuscitation

Cell: H75 Comment: Infection control

Cell: H76 **Comment:** Diagnostic testing and screening procedures

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Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
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:													
Level 1	5012	all incidents/near misses, involving staff, patients and others													
Level 1	5013	to external agencies.													
							Compliant			Compliant					
2.5.2	5020	The organisation can demonstrate 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 raise concerns informally. The organisation can demonstrate compliance with the objectives set out													
	5000	within the approved documentation described at Level 1, in relation to the process:													
Level 1		for raising concerns (informal complaints/PALS)													
Level 1		by which the organisation aims to make changes as a result of concerns being raised.					Compliant			Compliant					
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2.5.3	5030	The organisation can demonstrate 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, in relation to the:													
Level 1	5032	complaints management process, which includes internal and external communication, and collaboration with other organisations when necessary													

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		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				
	5074	ensures:				
Level 1		measures.				
			 Compliant	Compliant		
2.5.8	5080	The organisation can demonstrate				
2.3.0		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.Image: Clinical services and services are services and services are services and services are serv				
		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 assessor will select two clinical guidelines from the list to assess the organisation's compliance with the above minimum requirement.	
Level 1	5085	ensuring that recommendations are acted upon throughout the organisation.				
		The assessor will select two clinical guidelines from the list to assess the organisation's compliance with the above minimum requirement.				
			Compliant	Compliant		
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:				
Level 1		ensuring that recommendations are acted upon throughout the organisation.				
			Compliant	Compliant		
2.5.10	5100	The organisation can demonstrate 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		process for encouraging open communication between healthcare organisations, healthcare teams, staff and patients and/or their carers requirements for documenting all										
		communication.										
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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	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	ationale
3.1.1		The organisation can demonstrate that there are processes in place to monitor compliance with the approved organisation-wide risk management strategy.													
		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:													
Level 1		the management of risk locally, which reflects the organisation-wide risk management strategy.													
	1019	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
							Compliant			Compliant					
24.0	1020	The organisation can demonstrate that													
3.1.2		there are processes in place to monitor compliance with the approved documentation which describes the process for developing organisation- wide procedural documents.													
		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		ratification process													
Level 1		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 changes implemented accordingly.													
							Compliant			Compliant					
3.1.3		The organisation can demonstrate that there are processes in place to monitor the performance of the high level committee(s) with overarching responsibility for risk.													
		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		reporting arrangements to the board													
Level 1		reporting arrangements into the high level committee(s).													

		Where the monitoring has identified				
		deficiencies, there must be evidence				
		that recommendations and action plans				
		have been developed and changes				
		implemented accordingly.				
				Compliant	Compliant	
3.1.4		The organisation can demonstrate that				
		there are processes in place to monitor				
		compliance with the approved				
		documentation which describes the				
		process for delivering risk management				
		awareness training for board members, executives and senior managers.				
		executives and senior managers.				
		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 board members and				
Level 1		senior managers receive relevant risk				
		management awareness training				
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Level 1		following up non-attendance. Where the monitoring has identified	<u> </u>	 	 +	 <u> </u>
		deficiencies, there must be evidence				
		that recommendations and action plans				
		have been developed and changes				
		implemented accordingly.				
				Compliant	Compliant	
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3.1.5	1050	The organisation can demonstrate that				
		there are processes in place to monitor				
		compliance with the approved				
		documentation which describes the				
		organisation-wide systematic risk				
		management process.				
		The experiencian can domenstrate that it				
		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:				
Level 1	1055	assessing strategic risks				
		ensuring a continual, systematic				
Level 1		approach to all risk assessments is				
		followed throughout the organisation.				
		Where the monitoring has identified				
		deficiencies, there must be evidence				
		that recommendations and action plans				
		have been developed and changes				
		implemented accordingly.				
	1			Compliant	Compliant	
316	1060	The organisation can domonstrate that				
3.1.6		The organisation can demonstrate that the organisation-wide risk register is a				
		dynamic document.				
		The organisation can demonstrate that it				
Level 1		is monitoring the approved organisation-				
		wide risk register.				
		vvnere the monitoring has identified				
	1069	Where the monitoring has identified deficiencies, there must be evidence				
	1069	deficiencies, there must be evidence that recommendations and action plans				
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1092 ensuring registration checks are made	1									
directly with the relevant professional										
body, in accordance with their										
Level 1 recommendations in respect of all	Level 1									
permanent clinical staff both on initial										
appointment and ongoing thereafter										
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	1093.1	monitoring/receiving assurance that										
		registration checks are being carried out										
		by all external agencies (e.g. NHS										
Level 1		Professionals, recruitment agencies,										
		etc.) used by the organisation in respect										
		of all temporary clinical staff.										
	1099	Where the monitoring has identified					1					
		deficiencies, there must be evidence										
		that recommendations and action plans										
		have been developed and changes										
		implemented accordingly.										
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2 1 10	1100	The organization can domonstrate that										
3.1.10		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 appropriate										
		employment checks are undertaken for all staff (temporary and permanent).										
		an starr (terriporary and permanent).										
		The organisation can demonstrate that it								The assessor will select two elements of		
		is monitoring compliance with the								the Employment Checks Minimum Data		
		minimum requirements contained within								Set at random to assess the		
		the approved documentation described								organisation's compliance with the		
		at Level 1, in relation to the:								above minimum requirement.		
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	1107											
Level 1		types of check required.										
		Where the monitoring has identified										
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Cell: H74 Comment: Risk management strategy

Cell: H75 Comment: Policy on procedural documents

Cell: H76 Comment: Risk management committee(s)

Cell: H77 Comment: Risk awareness training for senior management

Cell: H78 Comment: Risk management process

Cell: H79 Comment: Risk register

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

Cell: H81 Comment: Clinical records management

Cell: H82 Comment: Professional clinical registration

Cell: H83 Comment: Employment checks

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
3.2.1		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 permanent 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:													
Level 1		checking that all new permanent staff complete corporate induction													
Level 1		following up those who fail to attend corporate induction.													
		Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
							Compliant			Compliant					
3.2.2	2020	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the local induction arrangements for all new permanent 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:													
Level 1		checking that all new permanent staff complete local induction													
Level 1		following up those who fail to complete local induction.													
	2029	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
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3.2.3	2030	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the local induction arrangements for all temporary 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:													

Level 1 203		hecking that all temporary staff omplete local induction							
Level 1 203		ollowing up those who fail to complete							
203	39 V c t f	Vhere the monitoring has identified leficiencies, there must be evidence hat recommendations and action plans ave been developed and changes mplemented accordingly.							
				 Compliant		Compliar	nt		
3.2.4 204	ti c p c r r F p	The organisation can demonstrate that mere are processes in place to monitor ompliance with the approved ocumentation which describes the process for ensuring that the organisation undertakes the appropriate egulatory checks via the NHSLA Family lealth Service Appeal Unit on all rimary care performers (temporary and permanent).							
	i: n ti	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described t Level 1, in relation to the:							
Level 1 204	42 p	rocess for ensuring checks are made							
204	F	rocedure for notifying the NHSLA amily Health Service Appeal Unit in the vent of concern.							
204	c t t	Vhere the monitoring has identified leficiencies, there must be evidence nat recommendations and action plans ave been developed and changes mplemented accordingly.							
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3.2.5 203	ti c p a	The organisation can demonstrate that here are processes in place to monitor ompliance with the approved ocumentation which describes the process for ensuring a systematic pproach to risk management training or all permanent staff.							
203	i: r t 2 57	The organisation can demonstrate that it is monitoring compliance with the ninimum requirements contained within ne approved documentation described t Level 1, in relation to the process for:						The assessor will select two elements of risk management training from the TNA Minimum Data Set at random to assess the organisation's compliance with the above minimum requirements.	
	54 c c F	hecking that all permanent staff omplete the relevant training rogrammes in accordance with the raining needs analysis							
Level 1 20	55 f	ollowing up those who fail to attend elevant training programmes.							
20	59 V c t r	Vhere the monitoring has identified leficiencies, there must be evidence nat recommendations and action plans ave been developed and changes mplemented accordingly.							

		The assessor will select two elements of				
		risk management training from the TNA				
		Minimum Data Set at random to assess				
		the organisation's compliance with the				
		above minimum requirements.				
		above minimum requirements.				
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3.2.6	2060	The organisation can demonstrate that				
		there are processes in place to monitor				
		the risk management training needs				
		analysis identified at Level 1 for all				
		permanent staff.				
		The organisation can demonstrate the				
		risk management training needs analysis				
		for all permanent staff by:				
		producing an annual training report				
Level 1		covering all the topics identified within				
		the TNA Minimum Data Set.				
	2069	Where the monitoring has identified				
1		deficiencies, there must be evidence				
1		that recommendations and action plans				
1		have been developed and changes				
		implemented accordingly.				
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3.2.7		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 use diagnostic				
		and therapeutic equipment appropriate				
		to their role.				
		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:				
	2073	identifying which permanent staff are				
Level 1		authorised to use the equipment				
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Level 1		and the frequency of updates required				
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	2075	ensuring that the identified training				
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	2080	deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring the delivery of effective hand hygiene training to all		Compliant Compliant	Compliant	
	2080	deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring the delivery of		Compliant	Compliant	
	2080	deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly. The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring the delivery of effective hand hygiene training to all		Compliant	Compliant	

	·	The organisation can demonstrate that it								
		s monitoring compliance with the								
		minimum requirements contained within								
		the approved documentation described								
		at Level 1, in relation to the process for:								
2	2082	checking that all relevant permanent								
		staff groups, as identified in the training								
Level 1		needs analysis, complete hand hygiene								
		training								
	2.0	-	· · · · · · · · · · · · · · · · · · ·							
Level 1		following up those who fail to attend								
2		hand hygiene training.								
2		Where the monitoring has identified deficiencies, there must be evidence								
		that recommendations and action plans								
		have been developed and changes								
		mplemented accordingly.	<u> </u>	8			 -			
						Compliant	Compliant			
3.2.9 2		The organisation can demonstrate that								
		there are processes in place to monitor								
		compliance with the approved								
		documentation which describes the								
		process for ensuring the delivery of								
		effective moving and handling training to								
		all permanent staff.								
	·	The organisation can demonstrate that it								
		s monitoring compliance with the								
		minimum requirements contained within								
		the approved documentation described								
		at Level 1, in relation to the process for:								
		,								
2	2092	checking that all permanent staff, as								
-		dentified in the training needs analysis,								
Level 1		complete relevant moving and handling								
		training								
		following up those who fail to attend	<u> </u>							
Level 1		relevant moving and handling training.								
		cicvant moving and handling training.								
2	2099	Where the monitoring has identified	<u> </u>							
-		deficiencies, there must be evidence								
		that recommendations and action plans								
		have been developed and changes								
		mplemented accordingly.								
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2240	2100	The organization can demonstrate that							1	1
3.2.10 2		The organisation can demonstrate that								
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	i i	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately								
	i i	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents,								
		there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.								
		there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. The organisation can demonstrate that it								
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		there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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 Level 1	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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:								
	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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> 2	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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: immediate support offered to staff (internally and, if necessary, externally)								
Level 1	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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: immediate support offered to staff (internally and, if necessary, externally) action for managers or individuals to								
<u>Level 1</u> 2	2102	there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims are adequately supported. 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: immediate support offered to staff (internally and, if necessary, externally) action for managers or individuals to take if the staff member is experiencing								

2109 Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.	Compliant			Compliant			
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Cell: H79 **Comment:** Corporate induction

Cell: H80 Comment: Local induction of permanent staff

Cell: H81 Comment: Local induction of temporary staff

Cell: H82 Comment: Fitness to practice

Cell: H83 Comment: Risk management training

Cell: H84 Comment: Training needs analysis

Cell: H85 Comment: Medical devices training

Cell: H86 Comment: Hand hygiene training

Cell: H87 Comment: Moving & handling training

Cell: H88

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

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance
3.3.1	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:														
Level 1	2012	requirement to undertake appropriate risk assessments regarding the physical security of premises and assets														
Level 1	3014	arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets.														
	3019	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.														
							Compliant			Compliant						
3.3.2	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		process for analysing sickness absence data														
Level 1	2026	arrangements for the organisational 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.					Compliant									
							Compliant			Compliant						
3.3.3	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:							
Level 1	3032	risks associated with safeguarding adults.							
	3039	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
				Compliar	nt	Compliant			
3.3.4	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:							
Level 1	0011	requirement to undertake appropriate risk assessments for the moving and handling of patients and objects							
Level 1	3045	arrangements for the organisational overview of the risk assessments for the moving and handling of patients and objects.							
	3049	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.							
				Compliar	nt	Compliant			
3.3.5	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:							
Level 1	3052	requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height)							
Level 1	3053	requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving staff and others (including falls from height).							

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3.3.8	0	0	
3.3.9	0	0	
3.3.10	0	0	All Standards Total
Total	0	0	0

Person/ Committee responsible	Target Date	Associated Cost						


NHSLA Risk Management Standards for Primary Card Evidence Template
3.3.


NHSLA Risk Management Standards for Pr	rimar
Evidence Template	
3.3.	

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	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
3.4.1		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.													
		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 Level 1	4014	process for identifying inpatients procedure to be followed in cases 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.													
							Compliant			Compliant					
3.4.2		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.													
		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		list of the essential content to be included in leaflets or other media i.e. risks, benefits and alternatives, where appropriate													
Level 1	4029	archiving arrangements. Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
							Compliant			Compliant					
3.4.3		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:							
	1000								
		process for identifying staff who are not							
Level 1		capable of performing the procedure but are authorised to obtain consent for that							
		procedure							
		process for the delivery of procedure							
		specific training on consent, for staff to							
Level 1		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.			0		<b>•</b>	┢───┧	
	-				Compliant		Compliant		
3.4.4	4040	The organisation can demonstrate that							
		there are processes in place to monitor							
1		compliance with the approved							
1		documentation which describes the							
		process for managing the risks							
		associated with the quality of clinical							
		records in all media.				 			
		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:							
	4044	format for all audit reports i.e.							
Level 1		methodology, conclusions, action plans,							
		etc.							
Level 1		arrangements for the review of action							
		plans.				 			
		Where the monitoring has identified							
		deficiencies, there must be evidence that recommendations and action plans							
		have been developed and changes							
		implemented accordingly.							
					 Compliant		Compliant		
3.4.5	4050	The organisation can demonstrate that	Í						
		there are processes in place to monitor							
		compliance with the approved							
		documentation which describes the							
1		process for managing the risks							
		associated with the transfer of patients.							
		The organisation can demonstrate that it							The assessor will select two patient
		is monitoring compliance with the							groups at random to assess the
		minimum requirements contained within							organisation's compliance with the
		the approved documentation described							above minimum requirements.
		at Level 1, in relation to the:							
	4057				ĺ				
	4057								
Level 1		transfer requirements which are specific						[	
		to each patient group documentation to accompany the				 		+	
Level 1		patient when being transferred.							
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	4082	early warning systems in place for the									
Level 1		recognition of patients at risk of cardio-									
		respiratory arrest									
Level 1		do not attempt resuscitation orders									
		(DNAR).									
	4089	Where the monitoring has identified									
		deficiencies, there must be evidence									
		that recommendations and action plans									
		have been developed and changes									
		implemented accordingly.									
						Compliant		Compliant			
						Compliant	1	Compliant			
3.4.9	4090	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 infection prevention and									
		control.									
		The organisation can demonstrate that it									
		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	4092	infection control assurance framework.									
LEVEL I											
	4099	Where the monitoring has identified									
		deficiencies, there must be evidence									
		that recommendations and action plans									
		have been developed and changes									
		implemented accordingly.									
			<b></b>			Compliant	1	Compliant		-	
								Compliant			
3.4.10	4100	The organisation can demonstrate that									
		there are processes in place to monitor									
		compliance with the approved									
		compliance with the approved documentation which describes the									
		compliance with the approved documentation which describes the organisation-wide process for									
		compliance with the approved documentation which describes the organisation-wide process for developing local policies to manage the									
		compliance with the approved documentation which describes the organisation-wide process for developing local policies to manage the									
		compliance with the approved documentation which describes the organisation-wide process for developing local policies to manage the risks associated with the process of									
		compliance with the approved documentation which describes the organisation-wide process for developing local policies to manage the risks associated with the process of clinical diagnostic test and screening									
		compliance with the approved documentation which describes the organisation-wide process for developing local policies to manage the risks associated with the process of clinical diagnostic test and screening procedures.									
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Level 1	4102	compliance with the approved documentation which describes the organisation-wide process for developing local policies to manage the risks associated with the process of clinical diagnostic test and screening procedures. 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: taking action on test and screening results									
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Actions required to achieve compliance	Person/ Committee responsible	Target Date	Associated Cost						


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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: H77 Comment: Patient identification

Cell: H78 **Comment:** Patient information

Cell: H79 Comment: Consent

Cell: H80 Comment: Clinical record-keeping standards

Cell: H81 Comment: Transfer of patients

Cell: H82 Comment: Medicines management

Cell: H83 Comment: Blood transfusion

Cell: H84 Comment: Resuscitation

Cell: H85 Comment: Infection control

Cell: H86 **Comment:** Diagnostic testing and screening procedures

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale
3.5.1		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		all incidents/near misses, involving staff,										$\square$			
		patients and others to external agencies.	$\left  \right $												
		Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.					Compliant			Compliant					
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3.5.2		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 concerns 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		for raising concerns (informal complaints/PALS)													
Level 1	5024	by which the organisation aims to make changes as a result of concerns being raised.													
		Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and changes implemented accordingly.													
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is monitoring compliance with the minimum requirements contained within the approved documentation described			complaints and claims.					
is monitoring compliance with the minimum requirements contained within the approved documentation described								
minimum requirements contained within       Image: Contained within         the approved documentation described       Image: Contained within			The organisation can demonstrate that it					
the approved documentation described			is monitoring compliance with the					
			at Level 1, in relation to the:					

	5053	different levels of investigation		1			[			
Level 1		appropriate to the severity of the								
		event(s)								
		~ 1					I			
Level 1		process for following up relevant action								
Section 1. Const.		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		1						
0.0.0		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:								
	5000									
Level 1		coordinated approach to aggregation of								
PLP1		incidents, complaints and claims								
	5064	minimum content required within the								
Level 1		analysis report, including qualitative and								
		quantitative analysis.								
		Where the monitoring has identified								
		deficiencies, there must be evidence								
		that recommendations and action plans								
		have been developed and changes								
		implemented accordingly.								
					Compliant			Compliant		
					•			•		
257	5070	The organization can domonstrate that								
3.5.7		The organisation can demonstrate that								
		there are processes in place to monitor								
		compliance with 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.								
		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 by								
		which the organisation ensures:								
	5074	the implementation of risk reduction								
Level 1		measures.								
		Where the monitoring has identified	┟──┼							 
		deficiencies, there must be evidence								
		that recommendations and action plans								
		have been developed and changes								
		implemented accordingly.								
	$\vdash$		┞──╀		Compliant			Compliant		1
ļ	┝──┝		<u> </u>		Compliant	3		Compliant		
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			1		-			1	
			Сог	npliant		Compliant			
	have been developed and changes implemented accordingly.								
	that recommendations and action plans								
5099	Where the monitoring has identified deficiencies, there must be evidence								
evel 1	acted upon throughout the organisation.								
	ensuring that recommendations are								
	at Level 1, in relation to the process for:								
	minimum requirements contained within the approved documentation described								
	is monitoring compliance with the								
	The organisation can demonstrate that it								
	provided by the organisation.								
	for patient safety, is taken into account in the context of the clinical services								
	Enquiries that make recommendations								
	Frameworks, National Confidential Enquiries and other High Level								
	practice, as defined in nationally agreed guidance, the National Service								
	process for ensuring that agreed best								
	compliance with the approved documentation which describes the								
,	there are processes in place to monitor								
<b>5.9</b> 5090	The organisation can demonstrate that								
			Сог	npliant		Compliant			
	organisation's compliance with the above minimum requirement.								
	guidelines from the list to assess the								
	implemented accordingly. The assessor will select two clinical								
	that recommendations and action plans have been developed and changes								
	deficiencies, there must be evidence								
5080	Where the monitoring has identified								
evel 1	ensuring that recommendations are acted upon throughout the organisation.								
5087	,								
5087									
	at Level 1, in relation to the process for:								
	minimum requirements contained within the approved documentation described						organisation's compliance with the above minimum requirement.		
	is monitoring compliance with the						guidelines from the list to assess the		
	The organisation can demonstrate that it						The assessor will select two clinical		
	organisation.								
	is taken into account in the context of the clinical services provided by the								
	practice as defined in all NICE guidance								
	documentation which describes the process for ensuring that agreed best								
	compliance with the approved								
	The organisation can demonstrate that there are processes in place to monitor								

3.5.10 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			
Level 1 organisations, healthcare teams, staff			
and patients and/or their carers			
Level 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.			
	Compliant	Compliant	
The following summary will	Il be populated automatically from information entered on the w	arkshoot	
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	3.5.2 0	0	
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Actions required to achieve compliance responsible	Target Date	Associated Cost				

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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

Туре	Reference	Title	Policy Manager	NHSLA Ref:
ToR		Risk Management Committee	J.Vinall	1.1.3
			J.VIIIall	1.1.3
Strategy		Business Assurance	S.Long	1.1.1, 1.1.3, 1.1.5, 1.1.6
Strategy		Risk Management	B.Smith	1.1.1, 1.1.3, 1.1.5, 1.1.6
Junutogy		Not Management	<b>D.OMM</b>	
Policy	COR/001	Complaints	M.Wood	1.5.2, 1.5.3
Policy	COR/006	Risk Management	B.Smith	1.1.1, 1.1.4, 1.1.5, 1.1.6, 1.3.1
Policy	COR/009	Medical Devices Management	B.Smith	1.2.7
Policy	COR/010	Reporting & Management of Adverse	B.Smith	1.1.1, 1.5.1
Folicy	CORJUID	Events and Significant Adverse Events (incl SUIs)	D.SHIU	1.1.1, 1.3.1
Policy	COR/011	Adverse Event, Complaints and	B.Smith	1.1.1, 1.2.10, 1.5.5, 1.5.6, 1.5.7
<b>,</b>		Claims Investigation, Analysis & Organisational Learning		·····, ·····, ·····
Policy	COR/012	Health & Safety	F.Regan	1.1.5
Policy	COR/022	Records Management	B.Carter	1.1.8, 1.4.4
Policy	COR/023	Claims Management	B.Smith	1.5.4
Policy	COR/025	Management of Security	C.Hill / S.Zammit	1.3.1
Policy	COR/032	"Being Open"	B.Smith	1.5.10
Policy	COR/033	Safeguarding Adults	F.Williams	1.3.3
	COR/040	Producing Information for Patients	D.Barker	1.4.2
Policy Policy	COR/040 COR/041	Safe Handling & Disposal of Sharps		1.3.6
Policy		Sale handling a Disposal of Sharps	F.Regan /	1.3.0
	000/040	Moving 9 Lindling	A.Bishop	120 124
Policy	COR/042	Moving & Handling	B.Smith	1.2.9, 1.3.4
Policy	COR/043	Slips, Trips & Falls	B.Smith	1.3.5
Policy	COR/045	Display Screen Equipment	F.Regan	1.1.5
Policy	PER/004	Locum Medical Staff Employment	S.Jamieson	1.1.9, 1.1.10, 1.2.3, 1.2.4
Policy	PER/006	Employee References	A.Smith	1.1.10
Policy	PER/009	Management of III Health & Disability	A.Smith	1.3.2, 1.3.10
Policy	PER/010	Dignity at Work	A.Smith	1.3.8, 1.3.9
Policy	PER/012	Whistleblowing	A.Smith	1.5.1
Policy	PER/019	Use and Management of Locum and Agency Workers	A.Smith	1.1.9, 1.1.10, 1.2.3
Policy	PER/021	Recruitment & Selection	A.Smith	1.1.9, 1.1.10
Policy	PER/022	Verification & Maintenance of Professional Registration	A.Smith	1.1.9, 1.1.10
Policy	PER/026	Induction and Re-orientation	A.Smith	1.2.1, 1.2.2, 1.2.3
Policy	PER/027	Wellness Management	C.Curtis	1.3.2, 1.3.10
Policy	PER/036	Criminal Records Bureau (CRB) Disclosures	A.Smith	1.1.10
Policy	PER/037	Learning & Development	A.Axford	1.1.4, 1.2.1, 1.2.2, 1.2.3, 1.2.5, 1.2.6, 1.2.8, 1.2.9, 1.3.3, 1.3.5, 1.3.6, 1.3.8, 1.3.9, 1.4.6, 1.4.8, 1.4.9
Policy	PER/039	Volunteer, Work Experience & Student Placements	K.Haylett	1.2.3
Policy	GOV/003	Policy on Policies	J.Cullen	1.1.2
Policy	GOV/004	Management of External Agency Visits, Investigations & Accreditations	J.Jeffs	1.1.7
Policy	INC/001	Infection Control Framework	A.Bishop	1.4.9
Policy	INC/003	Hand Hygiene	S.Marshall / A.Bishop	1.2.8
Policy	INC/009	Decontamination	S.Marshall	1.3.7
Policy	CLN/002	Consent	S.Marshall /	1.4.3
			J.Cullen	
Policy	CLN/006	CPR	S.Marshall / E.Fennimore	1.4.8
Policy	CLN/011	Care & Control of Medicines	K.Hovenden	1.4.6
Policy	CLN/011	Non-Medical Prescribing	K.Hovenden	1.4.6
	\$	Management of Controlled Drugs	K.Hovenden	1.4.6
Policy	CLN/017			
Policy Policy	CLN/018 CLN/020	Patient Identification Transferring Patients	S.Marshall S.Marshall / J.Cullen	1.4.1 1.4.5
Policy	GAP	Staff support		1.2.10
Policy	GAP	Lockdown	J.Brown	1.3.1
Policy	GAP	Diagnostics	S.Jamieson	1.4.10
Policy	GAP	NICE implementation	U.Jamesun	1.5.8
	3			
Policy Tool	GAP -	National Guidance implementation	A.Axford	1.5.9 1.1.4, 1.2.5, 1.2.6, 1.2.8, 1.2.9, 1.3.3, 1.3.5,
				1.3.6, 1.3.8, 1.3.9, 1.4.6, 1.4.8, 1.4.9
Tool		Risk Assessment Pack	B.Smith	1.1.5
Tool	-	H&S Risk Assessment Pack	\$	1.1.5
	-		F.Regan	
Tool	-	HSE Risk Assessment Pack	F.Regan	1.1.5