

Regulator Overlap

Document Purpose : To clearly demonstrate the extent of overlap between the standards of various NHS regulators. Regulators in this context means the various organisations that undertake some form of inspection, accreditation or audit in the NHS.

Approach : Being the key standards for the NHS, the SfbH were used as the foundation for this review. Each SfbH is highlighted in blue. Below each SfbH are the standards or assessment criteria of other regulators that are covered by the SfbH.

For the sake of brevity, only level 3 of the NHSLA CNST was included. At the end is a second table that details all the standards that do not explicitly overlap any SfbH.

All standards were secured from each regulator's website.

Scope / Limitations : Both mandatory and voluntary regulators were included in the review.

Standards that are statutory or mandatory are detailed in bold italic font. The NHSLA CNST is treated as mandatory for the purposes of this exercise.

Key (Regulators and oversight scheme)

AIMS - Accreditation for Acute Inpatient Mental Health Services

ALE - Auditor's Local Evaluation

BACP - British Association for Counselling and Psychotherapy

CFSMS - Counter Fraud and Security Management Service

CPA - Clinical Pathology Accreditation UK Ltd

CSCI - Commission for Social Care Inspection

DOH - Dept. of Health

HFEA - Human Fertilisation and Embryology Authority

HPA - Health Protection Agency

IAS - Information Accreditation Scheme

IGT - Information Governance Toolkit

IIP - Investors in People

MHPRA - Medicines and Healthcare Products Regulatory Agency

NAO - National Audit Office

NHSBSP - NHS Breast Screening Programme

NHSLA - NHS Litigation Authority

NHSPA - NHS Pensions Agency

NPSA - National Patient Safety Agency

PEAT - Patient Environmental Action Team

PMETB - Postgraduate Medical Education Training Board

QINMAC - Quality Improvement Network for Multi-Agency CAMHS

QNIC - Quality Network for Inpatient CAMHS

QUADS - Quality in Alcohol and Drugs Services

SfBH - Standards for Better Health (Healthcare Commission)

SHPH - Standard for Health Promotion in Hospitals

SMAS - Substance Misuse Advisory Service

SSATC - Service Standards for Addictive Therapeutic Communities

SSTC - Service Standards for Therapeutic Communities

| Std. Ref. | Standard | Regulator |
|-----------|---|-----------|
| C1a | Health care organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents | SfBH |
| 5.3.5.7 | <i>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.</i> | NHSLA |
| 5.3.5.6 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring a systematic approach to the analysis of incidents, complaints and claims on an aggregated basis.</i> | NHSLA |
| 3.3.3.5 | <i>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.</i> | NHSLA |
| 3.3.3.6 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with inoculation incidents.</i> | NHSLA |
| 5.3.5.1 | <i>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.</i> | NHSLA |
| 320 | <i>Does the Practice have documented incident management and reporting procedures?</i> | IGT |
| 11 | <i>Does the Organisation have documented procedures for reporting, investigating and managing information security events or incidents?</i> | IGT |
| C1b | Health care organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales | SfBH |
| C2 | Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations | SfBH |
| 3.3.3.2 | <i>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 children.</i> | NHSLA |
| Std 36 | Services for children and young people | QuADS |

| Std. Ref. | Standard | Regulator |
|-------------|---|-----------|
| Std 37 | Services for drug and alcohol-misusing parents and their children | QuADS |
| 6.6 | Young people are protected from abuse through clear safeguarding policies and procedures that are consistent with the Local Safeguarding Children Board | QINMAC |
| 2 | Children's units and adolescent units are separate from adult units | QNIC |
| 43 | Restriction of liberty of the young person occurs within the appropriate legal framework, under the provision of the Mental Health Act, Children Act or common law | QNIC |
| 50 | The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside England and Wales) and with the guidance contained in the "What to do if you're worried a child is being abused" (2006) document | QNIC |
| 51 | Unit staff work with the local authority to safeguard and promote the welfare of longer staying young people | QNIC |
| Std 7 | Commissioners ensure that the treatment needs of young people who are misusing drugs and or alcohol are met by child-centred services | SMAS |
| C3 | Health care organisations protect patients by following NICE Interventional Procedures guidance | SfBH |
| C4a | Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA | SfBH |
| 2.3.2.8 | <i>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 relevant permanent staff groups.</i> | NHSLA |
| 4.3.4.9 | <i>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.</i> | NHSLA |
| All Stds. | Standards for Cleanliness | NPSA |
| Element 1 | Specific cleanliness: all elements Infection control: all scored elements Environment: linen and waste handling | PEAT |
| Element 1 | Cleanliness: patient equipment | PEAT |
| Criterion 5 | Management and administration | BACP |
| Std 34 | 34. Needle exchange | QuADS |
| Std 12 | Commissioners ensure comprehensive local coverage of needle exchange facilities to contribute to public health measures to keep HIV transmission rates at low levels and to impact on hepatitis B and C levels | SMAS |

| Std. Ref. | Standard | Regulator |
|----------------|--|--------------|
| C4b | Health care organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised | SfBH |
| 2.3.2.7 | <i>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.</i> | NHSLA |
| Element 1 | Cleanliness: patient equipment | PEAT |
| Std 37 | Specific equipment | AIMS |
| Criterion 5 | Management and administration | BACP |
| All Stds. | All National Stds / Indicators including equipment standards | NHSBSP |
| D1 | The proper procurement and management of equipment ensures that the laboratory can fulfil the needs and requirements of users. | CPA |
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 34 | 34. Needle exchange | QuADS |
| C4c | Health care organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed | SfBH |
| 3.3.3.7 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing risks associated with the maintenance of reusable medical devices and equipment.</i> | NHSLA |
| Criterion 5 | Management and administration | BACP |
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 34 | 34. Needle exchange | QuADS |
| Std 12 | Commissioners ensure comprehensive local coverage of needle exchange facilities to contribute to public health measures to keep HIV transmission rates at low levels and to impact on hepatitis B and C levels | SMAS |
| C4d | Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely | SfBH |
| 4.3.4.6 | <i>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 medicines in all care environments.</i> | NHSLA |
| Std 31 | Safety – medicines management | AIMS |
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 34 | 34. Needle exchange | QuADS |

| Std. Ref. | Standard | Regulator |
|-----------|--|-----------|
| C4e | Health care organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment | SfBH |
| Element 1 | Specific cleanliness: all elements Infection control: all scored elements Environment: linen and waste handling | PEAT |
| Element 1 | Specific cleanliness: waste receptacles Environment: waste handling, supports Safe management of healthcare waste | PEAT |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 34 | 34. Needle exchange | QuADS |
| Std 12 | Commissioners ensure comprehensive local coverage of needle exchange facilities to contribute to public health measures to keep HIV transmission rates at low levels and to impact on hepatitis B and C levels | SMAS |
| D1 | Health care organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another | SfBH |
| 1.1 | LD CAMHS advise primary services and other relevant services on how to refer young people with learning disabilities and mental health needs | QINMAC |
| 7.2 | The service makes arrangements to ensure that young people experience continuity of care when they move on from the service | QINMAC |
| 7.4 | LD CAMHS work closely with inpatient services to arrange effective handovers and joined-up provision of continuing care | QINMAC |
| 7.5 | LD CAMHS work closely with adult services to arrange effective handovers of care | QINMAC |
| 10.1 | Commissioner-provider relationships are collaborative and effective | QINMAC |
| 61 | The inpatient unit liaises effectively within the Health Service and has a good working relationship between disciplines, departments and levels of care | QNIC |
| 68 | Commissioner-provider relationships are collaborative and effective | QNIC |
| Std 5 | The organisation has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis. | SHPH |
| Std 10 | Commissioners ensure that providers are aware of the need to identify and respond to problems of combined psychiatric illness and substance misuse (dual diagnosis) | SMAS |

| Std. Ref. | Standard | Regulator |
|-----------------|---|--------------|
| C5a | Health care organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care | SfBH |
| Criterion 4 | Delivery | BACP |
| Criterion 6 | Delivery | BACP |
| All Stds. | All National Stds / Indicators including equipment standards | NHSBSP |
| All Stds. | Whole of SMAS Commissioning Standards | SMAS |
| Std 25 | 25. The treatment approach – general | QuADS |
| Std 26 | 26. Care planning | QuADS |
| Std 27 | 27. Care review | QuADS |
| Std 28 | 28. Case closure/transfer | QuADS |
| Std 30 | 30. Counselling and psychotherapy services | QuADS |
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 33 | 33. Outreach services | QuADS |
| C5b | Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership | SfBH |
| 2.3.2.4 | <i>Supervision of medical staff in training</i> | NHSLA |
| Domain 1 | <i>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors</i> | PMETB |
| Domain 8 | <i>The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum</i> | PMETB |
| Std 4 | Staff appraisal, supervision and individual development plans | AIMS |
| Std 18 | Effective leadership | AIMS |
| Std 4 | The capabilities managers need to lead, manage and develop people effectively are clearly defined and understood | IIP |
| Std 5 | Managers are effective in leading, managing and developing people | IIP |
| Std 8 | People learn and develop effectively | IIP |
| Criterion 4 | Delivery | BACP |
| Criterion 6 | Delivery | BACP |
| B1 | Laboratory direction is essential for the proper performance of a laboratory. | CPA |
| 8.3 | Staff are regularly appraised and supervised and know how to gain additional advice and support when they need it | QINMAC |
| 15 | All staff receive regular supervision from a person with appropriate experience and qualifications | QNIC |
| Std 25 | 25. The treatment approach – general | QuADS |
| Std 26 | 26. Care planning | QuADS |
| Std 27 | 27. Care review | QuADS |
| Std 28 | 28. Case closure/transfer | QuADS |
| Std 30 | 30. Counselling and psychotherapy services | QuADS |

| Std. Ref. | Standard | Regulator |
|-------------|---|-----------|
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 33 | 33. Outreach services | QuADS |
| 2 | Staff | SSTC |
| C5c | Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work | SfBH |
| Std 11 | Assessment and care planning – trained, skilled and adequate staff | AIMS |
| Std 14 | Review procedures – MDT working | AIMS |
| Std 16 | Discharge planning – trained, skilled and adequate staff | AIMS |
| Std 42 | Trained, skilled and adequate staff | AIMS |
| Std 2 | Learning and development is planned to achieve the organisation's objectives | IIP |
| Std 8 | People learn and develop effectively | IIP |
| Std 9 | Investment in people improves the performance of the organisation | IIP |
| Criterion 4 | Delivery | BACP |
| Criterion 6 | Delivery | BACP |
| B2 | The staff are the single most important asset in any laboratory | CPA |
| 64 | Unit staff are involved in clinical audit | QNIC |
| Std 25 | 25. The treatment approach – general | QuADS |
| Std 26 | 26. Care planning | QuADS |
| Std 27 | 27. Care review | QuADS |
| Std 28 | 28. Case closure/transfer | QuADS |
| Std 30 | 30. Counselling and psychotherapy services | QuADS |
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 33 | 33. Outreach services | QuADS |
| Std 8 | People learn and develop effectively | IIP |
| 8.7 | Staff have the necessary competencies and knowledge to work with young people who have learning disabilities and mental health needs | QINMAC |
| 2 | Staff | SSTC |
| 120 | <i>Does the Organisation have assurance that its registration authority managers, agents and sponsors have sufficient knowledge and skills(including latest software, operational process, guidance and its integration into the Organisation's policies and procedures) to discharge their RA responsibilities.</i> | IGT |
| 6 | <i>Does the Organisation assess staff training needs and ensure job/role specific information governance training is provided to all staff? (Worded differently for single site Pharmacies)</i> | IGT |
| NMS 31-36 | <i>Staff in the home are trained, skilled and in sufficient numbers to support the people who use the service, in line with their terms and conditions, and to support the smooth running of the service</i> | CSCI |

| Std. Ref. | Standard | Regulator |
|------------------------------|--|----------------|
| Std 6 | Commissioning staff and agencies have clear objectives and access to up-to-date knowledge, experience and expertise in planning and delivering services | SMAS |
| C5d | Health care organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services | SfBH |
| Std 13 | Review procedures | AIMS |
| Std 6 | People's contribution to the organisation is recognised and valued | IIP |
| Std 7 | People are encouraged to take ownership and responsibility by being involved in decision making | IIP |
| Criterion 4 | Delivery | BACP |
| Criterion 6 | Delivery | BACP |
| Std 25 | 25. The treatment approach – general | QuADS |
| Std 26 | 26. Care planning | QuADS |
| Std 27 | 27. Care review | QuADS |
| Std 28 | 28. Case closure/transfer | QuADS |
| Std 30 | 30. Counselling and psychotherapy services | QuADS |
| Std 31 | 31. Prescribed interventions for drug users | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Std 33 | 33. Outreach services | QuADS |
| H1 | Ongoing evaluation and improvement processes are essential to ensure that the service provided by the laboratory meets the needs and requirements of users. | CPA |
| Std 4 | Service delivery is based on agreed service plans and written service agreements and on service specifications that reflect the needs identified from population information, shared service goals and drug (and alcohol) action team (D(A)AT) plans | SMAS |
| Std 5 | Evaluation, monitoring and review are carried out as an essential tool for developing evidence-based and innovative services | SMAS |
| Std 6 | Commissioning staff and agencies have clear objectives and access to up-to-date knowledge, experience and expertise in planning and delivering services | SMAS |
| C6 | Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met | SfBH |
| Governance Risk (vii) | Cooperation with other NHS bodies and local authorities | Monitor |
| KLoE 5.2 | The trust has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community | ALE |
| Std 12 | 12. Working with other providers | QuADS |
| Criterion 5 | Management and administration | BACP |
| Criterion 6 | Delivery | BACP |
| 7.2 | The service makes arrangements to ensure that young people experience continuity of care when they move on from the service | QINMAC |

| Std. Ref. | Standard | Regulator |
|-----------|--|-----------|
| 7.4 | LD CAMHS work closely with inpatient services to arrange effective handovers and joined-up provision of continuing care | QINMAC |
| 7.5 | LD CAMHS work closely with adult services to arrange effective handovers of care | QINMAC |
| 9.1 | LD CAMH staff work closely with, and have good access to, a range of services and agencies to meet the needs of young people. | QINMAC |
| 9.2 | The service has clear, up-to-date, documented agreements with a range of local services and agencies | QINMAC |
| 10.1 | Commissioner-provider relationships are collaborative and effective | QINMAC |
| 27 | The inpatient team has good access to a range of services, as appropriate to the needs of the young people. | QNIC |
| 51 | Unit staff work with the local authority to safeguard and promote the welfare of longer staying young people | QNIC |
| 61 | The inpatient unit liaises effectively within the Health Service and has a good working relationship between disciplines, departments and levels of care | QNIC |
| 68 | Commissioner-provider relationships are collaborative and effective | QNIC |
| 5 | External Relations | SSTC |
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| Std 14 | Commissioners ensure that there are shared care arrangements between general practitioners (GPs) and primary health care teams (PHCTs), specialist providers and other agencies | SMAS |
| D2a | Patients receive effective treatment and care that conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery | SfBH |
| 5.3.5.8 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that agreed best practice as defined in the NICE clinical guidelines, national confidential enquiries and nationally agreed guidance is taken into account in the context of the clinical services provided by the organisation.</i> | NHSLA |

| Std. Ref. | Standard | Regulator |
|------------------------------|---|----------------|
| 5.3.5.9 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that agreed best practice as defined in the National Service Frameworks 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.</i> | NHSLA |
| Criterion 5 | Management and administration | BACP |
| All Stds. | All National Stds / Indicators including equipment standards | NHSBSP |
| All Stds. | All Commissioning Standards | SMAS |
| Std 12 | 12. Working with other providers | QuADS |
| D2b | Patients receive effective treatment and care that take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences | SfBH |
| Criterion 5 | Management and administration | BACP |
| Std 12 | 12. Working with other providers | QuADS |
| NMS 11-17 | <i>People who use services are able to make choices about their life style, and supported to develop their life skills. Social, educational, cultural and recreational activities meet individual's expectations</i> | CSCI |
| NMS 18-21 | <i>The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice</i> | CSCI |
| D2c | Patients receive effective treatment and care that are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations | SfBH |
| Governance Risk (vii) | Cooperation with other NHS bodies and local authorities | Monitor |
| Criterion 5 | Management and administration | BACP |
| 3.3 | Assessments are effectively co-ordinated with other agencies so that young people and their parents are not repeatedly asked to give the same information | QINMAC |
| 7.2 | The service makes arrangements to ensure that young people experience continuity of care when they move on from the service | QINMAC |
| 7.4 | LD CAMHS work closely with inpatient services to arrange effective handovers and joined-up provision of continuing care | QINMAC |
| 7.5 | LD CAMHS work closely with adult services to arrange effective handovers of care | QINMAC |
| 9.1 | LD CAMH staff work closely with, and have good access to, a range of services and agencies to meet the needs of young people. | QINMAC |
| 9.2 | The service has clear, up-to-date, documented agreements with a range of local services and agencies | QINMAC |

| Std. Ref. | Standard | Regulator |
|------------------------------|---|----------------|
| 10.1 | Commissioner-provider relationships are collaborative and effective | QINMAC |
| 27 | The inpatient team has good access to a range of services, as appropriate to the needs of the young people. | QNIC |
| 61 | The inpatient unit liaises effectively within the Health Service and has a good working relationship between disciplines, departments and levels of care | QNIC |
| 68 | Commissioner-provider relationships are collaborative and effective | QNIC |
| Std 5 | The organisation has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis. | SHPH |
| Std 12 | 12. Working with other providers | QuADS |
| 5.1 | Young people are provided with a comprehensive and effective range of care and intervention, co-ordinated across agencies where necessary | QINMAC |
| 60 | The inpatient unit contributes to effective multi-disciplinary and multi-agency working, between health, education, and social services | QNIC |
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| D2d | Patients receive effective treatment and care that is delivered by health care professionals who make clinical decisions based on evidence-based practice | SfBH |
| Criterion 6 | Delivery | BACP |
| All Stds. | All Commissioning Standards | SMAS |
| Std 12 | 12. Working with other providers | QuADS |
| C7a | Health care organisations apply the principles of sound clinical and corporate governance | SfBH |
| Governance Risk (i) | Legality of constitution | Monitor |
| Governance Risk (ii) | Growing a representative membership | Monitor |
| Governance Risk (iii) | Appropriate board roles and structures | Monitor |
| Governance Risk (v) | Clinical Quality | Monitor |
| KLoE 1.2 | The trust promotes external accountability | ALE |
| Criterion 5 | Management and administration | BACP |
| A3 | A quality policy provides the basis for running a laboratory in a manner that will fulfil the needs and requirements of its users | CPA |

| Std. Ref. | Standard | Regulator |
|-----------------------------|---|----------------|
| A4 | A quality management system provides the integration of organisational structure, processes, procedures and resources needed to fulfil a quality policy and thus meet the needs and requirements of users | CPA |
| A5 | Implementation of a quality policy requires the establishment of quality objectives and plans | CPA |
| 8.2 | There is an up-to-date line management structure and clear and agreed lines of responsibility and accountability | QINMAC |
| Std 1 | The organisation has a written policy for health promotion. The policy is implemented as part of the overall organisation quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff | SHPH |
| 1.3.1.2 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for developing organisation-wide procedural documents.</i> | NHSLA |
| Std 1 | 1. The management body | QuADS |
| Std 4 | 4. Financial strategy and management | QuADS |
| Std 13 | 13. Performance monitoring | QuADS |
| 8.9 | There are policies and procedures on whistleblowing | QINMAC |
| Governance Risk (iv) | Service Performance | Monitor |
| 1.3.1.3 | <i>The organisation can demonstrate that there are processes in place to monitor the performance of the board sub-committee(s) with overarching responsibility for risk.</i> | NHSLA |
| 511 | <i>Does the Organisation have sufficient process and governance arrangements in place to ensure adherence to the principles enshrined in the Code of Conduct for Payment by Results?</i> | IGT |
| C7b | Health care organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources | SfBH |
| KLoE 4.3 | <i>The trust has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business</i> | ALE |
| KLoE 5.4 | <i>The trust has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved</i> | ALE |
| 5.1.5.10 | <i>The organisation has 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.</i> | NHSLA |
| 5.2.5.10 | <i>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.</i> | NHSLA |

| Std. Ref. | Standard | Regulator |
|----------------------|---|-----------|
| 5.3.5.10 | <i>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.</i> | NHSLA |
| Criterion 5 | Management and administration | BACP |
| Std 1 | 1. The management body | QuADS |
| Std 4 | 4. Financial strategy and management | QuADS |
| Std 13 | 13. Performance monitoring | QuADS |
| NMS 37-43 | <i>The management and administration of the home is based on openness and respect, has effective quality assurance systems developed by a qualified, competent manager</i> | CSCI |
| C7c | Health care organisations undertake systematic risk assessment and risk management | SfBH |
| 1.3.1.1 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved organisation-wide risk management strategy.</i> | NHSLA |
| 1.3.1.4 | <i>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.</i> | NHSLA |
| 1.3.1.5 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the systematic risk management process.</i> | NHSLA |
| 2.3.2.5 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring a systematic approach to risk management training for all permanent staff.</i> | NHSLA |
| 2.3.2.6 | <i>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.</i> | NHSLA |
| KLoE 4.1 | <i>The trust manages its significant business risks</i> | ALE |
| Governance Risk (vi) | <i>Risk Management Processes</i> | Monitor |
| 1.3.1.6 | <i>The organisation can demonstrate that the organisation-wide risk register is a dynamic document.</i> | NHSLA |
| Criterion 5 | Management and administration | BACP |
| 63 | Unit staff learn from information collected on clinical risks | QNIC |
| Std 25 | Risk assessment and management | AIMS |
| Std 1 | 1. The management body | QuADS |
| Std 4 | 4. Financial strategy and management | QuADS |
| Std 13 | 13. Performance monitoring | QuADS |

| Std. Ref. | Standard | Regulator |
|-----------------------------|---|----------------|
| 121 | <i>Does the Organisation have a Board level Senior Information Risk Officer (SIRO) who takes ownership of the Organisation's information risk policy, acts as advocate for information risk on the board and provides written advice to the accounting officer on the content of their Statement of Internal Control in regard to information risk?</i> | IGT |
| 301 | <i>Does the Organisation have a formal information security risk assessment and management programme that is implemented and regularly reviewed?</i> | IGT |
| C7d | Health care organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources | SfBH |
| KLoE 4.3 | <i>The trust has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business</i> | ALE |
| KLoE 5.4 | <i>The trust has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved</i> | ALE |
| KLoE 3.1 | <i>The trust manages its spending within the available resources</i> | ALE |
| KLoE 4.2 | <i>The trust has arrangements in place to maintain a sound system of internal control</i> | ALE |
| Financial Risk (iii) | No regulatory concerns regarding financial efficiency | Monitor |
| Criterion 5 | Management and administration | BACP |
| Std 1 | 1. The management body | QuADS |
| Std 4 | 4. Financial strategy and management | QuADS |
| Std 13 | 13. Performance monitoring | QuADS |
| C7e | Health care organisations challenge discrimination, promote equality and respect human rights | SfBH |
| Domain 3 | Postgraduate training must be fair and based on principles of equality | PMETB |
| Std 3 | Strategies for managing people are designed to promote equality of opportunity in the development of the organisation's people | IIP |
| Criterion 5 | Management and administration | BACP |
| 6.5 | The rights and individual needs of young people and their families are recognised and responded to, regardless of their gender, ethnicity, religion, ability, culture, or sexuality | QINMAC |
| 20 | There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence | QNIC |
| 44 | The inpatient unit is patient-centred and young people have their rights respected | QNIC |
| Std 1 | 1. The management body | QuADS |
| Std 13 | 13. Performance monitoring | QuADS |

| Std. Ref. | Standard | Regulator |
|---------------------|---|-----------|
| 17 | <i>Does the Organisation have a publicly available and easy to understand patient information leaflet that informs patients how their information is used, who may have access to that information, and their own rights to see and obtain copies of their records?</i> | IGT |
| NMS 37-43 | <i>The management and administration of the home is based on openness and respect, has effective quality assurance systems developed by a qualified, competent manager</i> | CSCI |
| C7f | Health care organisations meet the existing performance requirements. | SfBH |
| KLoE 2.2 | <i>The trust manages performance against budgets</i> | ALE |
| KLoE 5.3 | <i>The trust has put in place proper arrangements for monitoring and reviewing performance, including arrangements to ensure data quality</i> | ALE |
| Financial Risk (ii) | <i>No regulatory concerns regarding underlying financial performance</i> | Monitor |
| KLoE 1.1 | <i>The trust produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers</i> | ALE |
| KLoE 2.1 | <i>The trust's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities</i> | ALE |
| KLoE 2.3 | <i>The trust manages its asset base (applicable to trusts with a significant asset base only)</i> | ALE |
| KLoE 3.1 | <i>The trust manages its spending within the available resources</i> | ALE |
| KLoE 5.1 | <i>The trust has put in place proper arrangements for securing strategic and operational objectives</i> | ALE |
| Financial Risk (i) | <i>No regulatory concerns regarding achievement of financial plan</i> | Monitor |
| Financial Risk (iv) | <i>No regulatory concerns regarding financial liquidity</i> | Monitor |
| Std 1 | A strategy for improving the performance of the organisation is clearly defined and understood | IIP |
| Criterion 5 | Management and administration | BACP |
| 52 | All available information is used to evaluate the performance of the unit | QNIC |
| Std 1 | 1. The management body | QuADS |
| Std 4 | 4. Financial strategy and management | QuADS |
| Std 13 | 13. Performance monitoring | QuADS |
| 11 | There is a clear framework for service review and performance management that is agreed between the commissioning and provider agencies | QINMAC |
| 74 | There is a clear framework for service review and performance management that is agreed between the commissioning and provider agencies | QNIC |

| Std. Ref. | Standard | Regulator |
|--------------------------|--|----------------------|
| Proposed Data Collection | 18 Weeks Performance Sharing Report (/MONTHLY/42 person days) | Department of Health |
| C8a | Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services | SfBH |
| Criterion 5 | Management and administration | BACP |
| B3 | Personnel management ensures that staff contribute fully and effectively to the service, while receiving fair and consistent treatment from laboratory management | CPA |
| Std 7 | 7. Human resource performance management systems | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| C8b | Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups | SfBH |
| Domain 3 | <i>Postgraduate training must be fair and based on principles of equality</i> | PMETB |
| Std 2 | Learning and development is planned to achieve the organisation's objectives | IIP |
| Std 6 | People's contribution to the organisation is recognised and valued | IIP |
| Criterion 5 | Management and administration | BACP |
| B3 | Personnel management ensures that staff contribute fully and effectively to the service, while receiving fair and consistent treatment from laboratory management | CPA |
| 8.6 | Continuing professional development is facilitated | QINMAC |
| Std 7 | 7. Human resource performance management systems | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| C9 | Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required | SfBH |
| 1.3.1.8 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with clinical records in all media.</i> | NHSLA |

| Std. Ref. | Standard | Regulator |
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| 4.3.4.2 | <i>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 procedures.</i> | NHSLA |
| 4.3.4.4 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with the quality of written and electronic clinical records.</i> | NHSLA |
| Element 1 | Privacy and dignity: confidentiality | PEAT |
| Criterion 5 | Management and administration | BACP |
| 42 | The inpatient unit maintains useful and informative health records about the young people | QNIC |
| 107 | <i>Does the Organisation have in place comprehensive Information Lifecycle Management (ILM) Policy and associated Strategy and Improvement Plans all signed off by the Board?</i> | IGT |
| 211 | <i>Does the Practice ensure that all correspondence, faxes, e-mail, telephone messages, transfer of patient records and other communications are conducted in a secure and confidential manner?</i> | IGT |
| 317 | <i>Does the Practice/Organisation prevent unauthorised access to the Practice premises, equipment, records and other assets?</i> | IGT |
| 402 | <i>Does the Organisation have documented and implemented procedures for the identification and resolution of duplicate or confused patient records (i.e. where two or more patients share a record)?</i> | IGT |
| 404 | <i>Does the Organisation have paper health records of a standard design within the Organisation, combined with a locally agreed standard format for filing within the health record?</i> | IGT |
| 406 | <i>Does the Organisation have procedures and processes in place to enable it to regularly monitor, measure and trace paper health records?</i> | IGT |
| 601 | <i>Does the Organisation have documented and implemented procedures for the creation and filing of electronic corporate records to enable efficient retrieval and effective records management?</i> | IGT |
| 602 | <i>Does the Organisation have documented and implemented procedures for the creation, filing and tracking/tracing of paper corporate records to enable efficient retrieval and effective records management?</i> | IGT |
| C10a | Health care organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies | SfBH |

| Std. Ref. | Standard | Regulator |
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| 1.1.1.10 | <i>The organisation has approved documentation which describes the process for ensuring that all appropriate employment checks are undertaken for all staff (temporary and permanent).</i> | NHSLA |
| 1.2.1.10 | <i>The organisation can demonstrate implementation of the approved documentation which describes the process for ensuring that all appropriate employment checks are undertaken for all staff (temporary and permanent).</i> | NHSLA |
| 1.3.1.9 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that all clinical staff (temporary and permanent) are registered with the appropriate professional body.</i> | NHSLA |
| 1.3.1.10 | <i>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).</i> | NHSLA |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 30 | 30. Counselling and psychotherapy services | QuADS |
| C10b | Health care organisations require that all employed professionals abide by relevant published codes of professional practice | SfBH |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 30 | 30. Counselling and psychotherapy services | QuADS |
| C11a | Health care organisations ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake | SfBH |
| 2.3.2.7 | <i>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.</i> | NHSLA |
| Domain 1 | <i>The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care. There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors</i> | PMETB |
| Domain 2 | <i>Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which deans are responsible</i> | PMETB |
| Domain 4 | <i>Processes for recruitment, selection and appointment must be open, fair, and effective</i> | PMETB |

| Std. Ref. | Standard | Regulator |
|-----------------|--|---|
| Domain 6 | <i>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn. Trainers must provide a level of supervision appropriate to the competence and experience of the trainee. Trainers must be involved in and contribute to the learning culture in which patient care occurs. Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees. Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.</i> | PMETB |
| Domain 7 | <i>Education and training must be planned and maintained through transparent processes which show who is responsible at each stage</i> | PMETB |
| All Stds. | All Training & Development Standards | Royal College of Anaesthetists |
| All Stds. | All Training & Development Standards | Royal College of GPs |
| All Stds. | All Training & Development Standards | Royal College of Midwives |
| All Stds. | All Training & Development Standards | Royal College of Nursing |
| All Stds. | All Training & Development Standards | Royal College of Obstetricians & Gynaecologists |
| All Stds. | All Training & Development Standards | Royal College of Ophthalmologists |
| All Stds. | All Training & Development Standards | Royal College of Paediatrics & Child Health |
| All Stds. | All Training & Development Standards | Royal College of Pathologists |
| All Stds. | All Training & Development Standards | Royal College of Anaesthetists |
| All Stds. | All Training & Development Standards | Royal College of Physicians |
| All Stds. | All Training & Development Standards | Royal College of Psychiatrists |
| All Stds. | All Training & Development Standards | Royal College of Radiologists |
| All Stds. | All Training & Development Standards | Royal College of Speech & Language Therapists |
| All Stds. | All Training & Development Standards | Royal College of Surgeons |

| Std. Ref. | Standard | Regulator |
|------------------|--|--------------|
| Std 2 | Staff support, training and development | AIMS |
| Std 3 | Timely and effective recruitment of staff | AIMS |
| Criterion 4 | Policy | BACP |
| Criterion 5 | Management and administration | BACP |
| 11 | All staff undertake 'essential training' as per Trust/organisation guidelines | QNIC |
| 12 | The training needs of inpatient unit staff have been formally assessed | QNIC |
| 13 | Training has been provided for all staff groups | QNIC |
| 14 | Appropriate training methods are used to ensure staff training is effective | QNIC |
| 16 | There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates | QNIC |
| All Stds. | Standards for curricula and assessment systems | PMETB |
| All Stds. | Standards for deaneries | PMETB |
| Domain 5 | The requirements set out in the approved curriculum must be delivered and assessed. The approved assessment system must be fit for purpose. | PMETB |
| Std 1 | 1. The management body | QuADS |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 6 | 6. Recruitment and selection procedures | QuADS |
| Std 8 | 8. Human resource development | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 2 | Learning and development is planned to achieve the organisation's objectives | IIP |
| Std 8 | People learn and develop effectively | IIP |
| 2 | Staff | SSTC |
| 113 | Does the Organisation assess staff training needs and ensure job/role specific information governance training is provided to all staff? | IGT |
| 117 | Does the Practice ensure that staff members are provided with awareness and training across the Information Governance agenda? | IGT |
| 510 | Does the Organisation use training programmes for clinical coding staff entering coded clinical data that are comprehensive and conform to National Standards? | IGT |
| 6 | Does the Organisation assess staff training needs and ensure job/role specific information governance training is provided to all staff? (Worded differently for single site Pharmacies) | IGT |
| NMS 31-36 | Staff in the home are trained, skilled and in sufficient numbers to support the people who use the service, in line with their terms and conditions, and to support the smooth running of the service | CSCI |
| Std 6 | Commissioning staff and agencies have clear objectives and access to up-to-date knowledge, experience and expertise in planning and delivering services | SMAS |

| Std. Ref. | Standard | Regulator |
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| C11b | Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in mandatory training programmes | SfBH |
| 2.3.2.1 | <i>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.</i> | NHSLA |
| 2.3.2.2 | <i>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.</i> | NHSLA |
| 2.3.2.3 | <i>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.</i> | NHSLA |
| 2.3.2.9 | <i>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.</i> | NHSLA |
| Domain 6 | <i>Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn. Trainers must provide a level of supervision appropriate to the competence and experience of the trainee. Trainers must be involved in and contribute to the learning culture in which patient care occurs. Trainers must be supported in their role by a postgraduate medical education team and have a suitable job plan with an appropriate workload and time to develop trainees. Trainers must understand the structure and purpose of, and their role in, the training programme of their designated trainees.</i> | PMETB |
| Criterion 4 | Policy | BACP |
| Criterion 5 | Management and administration | BACP |
| B4 | A comprehensive orientation and induction programme is an important element in the introduction of new members of staff | CPA |
| 3.3.3.4 | <i>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.</i> | NHSLA |
| Std 1 | 1. The management body | QuADS |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 6 | 6. Recruitment and selection procedures | QuADS |
| Std 8 | 8. Human resource development | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| 2 | Staff | SSTC |

| Std. Ref. | Standard | Regulator |
|------------------------------|---|----------------|
| 112 | <i>Do the Organisation's staff induction procedures effectively raise the awareness of Information Governance?</i> | IGT |
| C11c | Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in further professional and occupational development commensurate with their work throughout their working lives | SfBH |
| Std 2 | Learning and development is planned to achieve the organisation's objectives | IIP |
| Std 10 | Improvements are continually made to the way people are managed and developed | IIP |
| Criterion 4 | Policy | BACP |
| Criterion 5 | Management and administration | BACP |
| B2 | The staff are the single most important asset in any laboratory | CPA |
| B7 | Achievement of laboratory and personal objectives is facilitated by regular staff appraisal. | CPA |
| B9 | Access to continuing education and training is important for all grades of laboratory staff and participation in Continuing Professional Development schemes is a method of achieving this for relevant staff groups. | CPA |
| Std 1 | 1. The management body | QuADS |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 6 | 6. Recruitment and selection procedures | QuADS |
| Std 8 | 8. Human resource development | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 2 | Learning and development is planned to achieve the organisation's objectives | IIP |
| Std 8 | People learn and develop effectively | IIP |
| 2 | Staff | SSTC |
| Std 6 | Commissioning staff and agencies have clear objectives and access to up-to-date knowledge, experience and expertise in planning and delivering services | SMAS |
| C12 | Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied | SfBH |
| D3 | Integrated governance arrangements representing best practice are in place in all health care organisations and across all health communities and clinical networks | SfBH |
| D4a | Health care organisations work together to ensure that the principles of clinical governance are underpinning the work of every clinical team and every clinical service | SfBH |
| Governance Risk (vii) | <i>Cooperation with other NHS bodies and local authorities</i> | Monitor |
| Std 14 | 14. Quality assurance | QuADS |
| D4b | Health care organisations work together to implement a cycle of continuous quality improvement | SfBH |

| Std. Ref. | Standard | Regulator |
|------------------------------|---|----------------|
| Governance Risk (vii) | Cooperation with other NHS bodies and local authorities | Monitor |
| Std 14 | 14. Quality assurance | QuADS |
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| D4c | Health care organisations work together to ensure effective clinical and managerial leadership and accountability | SfBH |
| Std 14 | 14. Quality assurance | QuADS |
| D5a | Health care organisations work together and with social care organisations to meet the changing health needs of their population by having an appropriately constituted workforce with appropriate skill mix across the community | SfBH |
| Governance Risk (vii) | Cooperation with other NHS bodies and local authorities | Monitor |
| Std 19 | Skill mix and staff deployment – general | AIMS |
| Std 20 | Skill mix and staff deployment – non-clinical | AIMS |
| Std 21 | Skill mix and staff deployment – clinical | AIMS |
| Std 22 | Skill mix and staff deployment – nursing | AIMS |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 8 | 8. Human resource development | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| 8.1 | There are sufficient numbers of appropriately skilled staff | QINMAC |
| 5 | External Relations | SSTC |
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| D5b | Health care organisations work together and with social care organisations to meet the changing health needs of their population by ensuring the continuous improvement of services through better ways of working | SfBH |
| Governance Risk (vii) | Cooperation with other NHS bodies and local authorities | Monitor |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 8 | 8. Human resource development | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| 9.3 | Staff engage in activities and initiatives to improve jointworking and liaison | QINMAC |
| 10.2 | There are mechanisms for joint commissioning and joint pooling of budgets across the relevant health, education and social services | QINMAC |
| 5 | External Relations | SSTC |

| Std. Ref. | Standard | Regulator |
|-----------|---|------------------|
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| D5c | Health care organisations work together and with social care organisations to meet the changing health needs of their population by ensuring clinicians continuously update skills and techniques relevant to their clinical work | SfBH |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 8 | People learn and develop effectively | IIP |
| D5d | Health care organisations work together and with social care organisations to meet the changing health needs of their population by ensuring clinicians participate in regular clinical audit and reviews of clinical services | SfBH |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| D6 | Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning | SfBH |
| Std 23 | Provision of information | AIMS |
| Std 1 | The information producer shall record its commitment to using the Scheme to maintain and improve its information production system and the quality of information | The IAS Standard |
| Std 2 | The information producer shall describe how the production of information relates to its main business. | The IAS Standard |
| Std 3 | The information producer shall describe how its information production staff and volunteers are aware of the Scheme and how it will affect their work | The IAS Standard |
| Std 4 | The information producer shall describe who has responsibility for information production in the organisation, and the person who holds overall accountability | The IAS Standard |
| Std 5 | The information producer shall describe its aims in producing information | The IAS Standard |
| Std 6 | The information producer shall describe how they plan for the right number of people with the right skills to meet the Standard | The IAS Standard |
| Std 7 | The information producer shall describe the information products currently planned | The IAS Standard |

| Std. Ref. | Standard | Regulator |
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| Std 8 | information producer shall describe how it will include requests for information or take on opportunities for unplanned information production | The IAS Standard |
| Std 9 | The information producer shall describe the use of tools and resources used in producing information | The IAS Standard |
| Std 10 | If third parties are used, the information producer shall describe how it outsources services and manages those services | The IAS Standard |
| Std 11 | The information producer shall describe how they will record and maintain an archive of the information produced and references to any source material | The IAS Standard |
| Std 12 | The information producer shall describe the target audiences for the information produced and how it has identified that target audience. It should include special or unique needs of that audience | The IAS Standard |
| Std 13 | The information producer shall describe the processes it uses to make sure information is well designed, easy to read and use | The IAS Standard |
| Std 14 | The information producer shall describe how they involve users in producing information | The IAS Standard |
| Std 15 | The information producer shall describe the process they use to select information sources in line with the principles detailed in Appendix A of the Standard | The IAS Standard |
| Std 16 | The information producer shall describe how people using the information are made aware of any conflict of interest | The IAS Standard |
| Std 17 | The information producer shall describe its programme of internal audit to monitor compliance with the requirements of the Standard | The IAS Standard |
| Std 18 | The information producer shall describe how it meets each of the criteria set out in Appendix B of the standard to make sure the activities required by this Standard produce quality information | The IAS Standard |
| Std 19 | The information producer shall describe how it deals with errors and target times for correcting them | The IAS Standard |
| Std 20 | The information producer shall record all errors and feedback along with the corrective action taken when an error is identified | The IAS Standard |
| 312 | <i>Does the Organisation have in place appropriate procedures for ensuring that the development and introduction of any new local information systems, software, IT projects and, more generally IT support activities are conducted in a secure and structured manner?</i> | IGT |
| D7 | Health care organisations work to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction | SfBH |
| Std 1 | 1. The management body | QuADS |
| Std 5 | 5. Human resource management – general | QuADS |
| Std 6 | 6. Recruitment and selection procedures | QuADS |

| Std. Ref. | Standard | Regulator |
|------------------|--|--------------|
| Std 8 | 8. Human resource development | QuADS |
| Std 9 | 9. Volunteers | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 3 | Strategies for managing people are designed to promote equality of opportunity in the development of the organisation's people | IIP |
| B5 | Written job descriptions and contracts enable staff to know their duties, responsibilities and rights. | CPA |
| C13a | Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect | SfBH |
| Element 1 | Privacy and dignity: confidentiality | PEAT |
| Element 1 | Privacy and dignity: modesty, dignity and respect, sleeping accommodation, toilets and bathrooms, and privacy | PEAT |
| Criterion 4 | Policy | BACP |
| Criterion 6 | Delivery | BACP |
| 6.3 | Young people and their parents are treated with dignity and respect | QINMAC |
| 3 | Premises are designed and managed so that young people's rights, privacy and dignity are respected | QNIC |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 17 | 17. Confidentiality and the right of access to information | QuADS |
| Std 21 | 21. Privacy, decency and respect | QuADS |
| Std 35 | 35. Residential services | QuADS |
| NMS 18-21 | <i>The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice</i> | CSCI |
| C13b | Health care organisations have systems in place to ensure that appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information | SfBH |
| 4.3.4.3 | <i>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.</i> | NHSLA |
| Element 1 | Privacy and dignity: confidentiality | PEAT |
| Std 32 | Safety – confidentiality | AIMS |
| Criterion 4 | Policy | BACP |
| Criterion 6 | Delivery | BACP |
| 4.2 | Staff follow clear procedures for gaining consent and ensure that young people and their parents are well informed of their rights regarding consent | QINMAC |
| 40 | All examination and treatment is conducted with the appropriate consent | QNIC |
| 4.3 | Personal information about young people is kept confidential unless this is detrimental to their well-being | QINMAC |
| 39 | Personal information about young people is kept confidential, unless this is detrimental to their care | QNIC |

| Std. Ref. | Standard | Regulator |
|-------------|---|-----------|
| Std 15 | 15. Policy and procedures | QuADS |
| Std 17 | 17. Confidentiality and the right of access to information | QuADS |
| Std 21 | 21. Privacy, decency and respect | QuADS |
| Std 35 | 35. Residential services | QuADS |
| 202 | <i>Does the Organisation ensure that patients are generally asked before their personal information is used in ways that do not directly contribute to, or support the delivery of, their care and that patients' decisions to restrict the disclosure of their personal information are appropriately respected?</i> | IGT |
| 203 | <i>Does the Organisation ensure that patients are informed about the proposed uses of their personal information and the importance of providing accurate information to NHS staff?</i> | IGT |
| 204 | <i>Does the Organisation have effective procedures for ensuring that detailed questions, raised by patients about how their information may be used, can be answered?</i> | IGT |
| 205 | <i>Does the Organisation have appropriate procedures for recognising and responding to patient requests for access to their health records?</i> | IGT |
| 207 | <i>Has the Organisation agreed protocols governing the routine sharing of patient-identifiable information with other organisations where this is required?</i> | IGT |
| 212 | <i>Does the Practice ensure that patients are generally asked before their personal information is used in ways that do not directly contribute to, or support the delivery of, their care and that patients' decisions to restrict the disclosure of their personal information are appropriately respected?</i> | IGT |
| C13c | Health care organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary | SfBH |
| Element 1 | Privacy and dignity: confidentiality | PEAT |
| Criterion 4 | Policy | BACP |
| Criterion 6 | Delivery | BACP |
| 4.3 | Personal information about young people is kept confidential unless this is detrimental to their well-being | QINMAC |
| 39 | Personal information about young people is kept confidential, unless this is detrimental to their care | QNIC |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 17 | 17. Confidentiality and the right of access to information | QuADS |
| Std 21 | 21. Privacy, decency and respect | QuADS |
| Std 35 | 35. Residential services | QuADS |
| 102 | <i>How would you assess your Organisation's ability to access expertise across the Confidentiality and Data Protection assurance agenda?</i> | IGT |
| 115 | <i>Does the Practice have an Information Governance policy that addresses the overall requirements of information quality, security and confidentiality?</i> | IGT |

| Std. Ref. | Standard | Regulator |
|-----------|---|-----------|
| 116 | <i>Do all Practice contracts (staff, contractor and third party) contain clauses that clearly identify responsibilities for confidentiality, data protection and security?</i> | IGT |
| 201 | <i>Does the Organisation have a confidentiality code of conduct that provides staff with clear guidance on the disclosure of patient personal information?</i> | IGT |
| 202 | <i>Does the Organisation ensure that patients are generally asked before their personal information is used in ways that do not directly contribute to, or support the delivery of, their care and that patients' decisions to restrict the disclosure of their personal information are appropriately respected?</i> | IGT |
| 203 | <i>Does the Organisation ensure that patients are informed about the proposed uses of their personal information and the importance of providing accurate information to NHS staff?</i> | IGT |
| 204 | <i>Does the Organisation have effective procedures for ensuring that detailed questions, raised by patients about how their information may be used, can be answered?</i> | IGT |
| 205 | <i>Does the Organisation have appropriate procedures for recognising and responding to patient requests for access to their health records?</i> | IGT |
| 206 | <i>Has the Organisation established appropriate confidentiality audit procedures to monitor access to confidential patient information?</i> | IGT |
| 207 | <i>Has the Organisation agreed protocols governing the routine sharing of patient-identifiable information with other organisations where this is required?</i> | IGT |
| 210 | <i>Does the Organisation ensure that all new processes, software and hardware, comply with confidentiality and data protection requirements?</i> | IGT |
| 211 | <i>Does the Practice ensure that all correspondence, faxes, e-mail, telephone messages, transfer of patient records and other communications are conducted in a secure and confidential manner?</i> | IGT |
| 212 | <i>Does the Practice ensure that patients are generally asked before their personal information is used in ways that do not directly contribute to, or support the delivery of, their care and that patients' decisions to restrict the disclosure of their personal information are appropriately respected?</i> | IGT |
| 1 | <i>Does the Organisation have adequate arrangements in place to ensure safe and secure handling of information (e.g. policies and procedures and access to expert advice on Confidentiality, Data Protection and Information Security)? (Worded differently for single site Pharmacies)</i> | IGT |
| 5 | <i>Do the Organisation's contractual arrangements with staff, contractors and external parties include compliance with information governance requirements for confidentiality, data protection and security?</i> | IGT |

| Std. Ref. | Standard | Regulator |
|-------------|--|-----------|
| 8 | <i>Does the Organisation audit the effectiveness of its controls over confidentiality?</i> | IGT |
| C14a | Health care organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services | SfBH |
| 5.3.5.2 | <i>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.</i> | NHSLA |
| 5.3.5.3 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints.</i> | NHSLA |
| 5.3.5.5 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for investigating all incidents, complaints and claims.</i> | NHSLA |
| Std 43 | Complaints | AIMS |
| Criterion 4 | Policy | BACP |
| Criterion 6 | Delivery | BACP |
| 45 | Young people and their parents are informed about how to make complaints and seek independent advice | QNIC |
| H2 | The purpose of assessing user satisfaction and monitoring complaints is to establish that the service provided by the laboratory meets the needs and requirements of users. | CPA |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 18 | 18. Complaints procedures | QuADS |
| NMS 22-23 | <i>People who use the service are able to express their concerns and have access to a robust, effective complaints procedure, are protected from abuse, and have their rights protected</i> | CSCI |
| C14b | Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made | SfBH |
| Criterion 4 | Policy | BACP |
| Criterion 6 | Delivery | BACP |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 18 | 18. Complaints procedures | QuADS |
| NMS 22-23 | <i>People who use the service are able to express their concerns and have access to a robust, effective complaints procedure, are protected from abuse, and have their rights protected</i> | CSCI |

| Std. Ref. | Standard | Regulator |
|-------------|---|-----------|
| C14c | Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery | SfBH |
| Criterion 4 | Policy | BACP |
| Criterion 6 | Delivery | BACP |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 18 | 18. Complaints procedures | QuADS |
| C15a | Where food is provided, health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet | SfBH |
| Element 1 | Food and food service: choice, availability and menu | PEAT |
| Element 2 | Food and food service: temperature | PEAT |
| 66 | All young people at the unit are given a choice of healthy, balanced food | QNIC |
| Std 38 | Catering | AIMS |
| Std 35 | 35. Residential services | QuADS |
| C15b | Where food is provided, health care organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day | SfBH |
| Element 1 | Food and food service: availability | PEAT |
| Element 2 | Food and food service: choice, nutritional screening policy | PEAT |
| Element 3 | Food and food service: service, protected meal times | PEAT |
| 66 | All young people at the unit are given a choice of healthy, balanced food | QNIC |
| Std 38 | Catering | AIMS |
| Std 35 | 35. Residential services | QuADS |
| C16 | Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care | SfBH |
| Element | Access and external areas: signage and information | PEAT |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 22 | 22. Accessibility | QuADS |
| Std 24 | 24. Assessment | QuADS |
| Criterion 4 | Policy | BACP |
| 1.3 | Young people and their parents are involved and informed during the referral process and know what to expect | QINMAC |
| 3.2 | Young people and their parents are fully involved and informed before the assessment | QINMAC |

| Std. Ref. | Standard | Regulator |
|-----------|--|-----------|
| 4.1 | Young people and their parents are provided with information that is accessible and appropriate for their use | QINMAC |
| 33 | Young people and parents have good access to information | QNIC |
| Std 3 | The organisation provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways | SHPH |
| 213 | <i>Does the Practice have a publicly available and easy to understand patient information leaflet that informs patients how their information is used, who may have access to that information, and their own rights to see and obtain copies of their records?</i> | IGT |
| D8 | Health care organisations continuously improve the patient experience, based on the feedback of patients, carers and relatives | SfBH |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 1 | 1. The management body | QuADS |
| Std 2 | 2. Mission statement | QuADS |
| Std 11 | 11. Working with commissioning bodies | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 16 | 16. Involving and empowering service users | QuADS |
| Std 26 | 26. Care planning | QuADS |
| D9a | Patients, service users and, where appropriate, carers receive timely and suitable information, when they need and want it, on treatment, care, services, prevention and health promotion and are encouraged to express their preferences | SfBH |
| 6.2 | Young people can express their preferences about who they are seen by | QINMAC |
| Std 20 | 20. Self help and advocacy | QuADS |
| E1 | To facilitate proper use of the services, departmental policies, procedures and repertoire should be provided in a readable and manageable form. Users particularly require information about the availability of clinical advice, as well as the scope and limitations of the service | CPA |
| 5.1 | Young people are provided with a comprehensive and effective range of care and intervention, co-ordinated across agencies where necessary | QINMAC |
| 6.1 | Young people with learning disabilities are made aware of their rights and are able to express their wishes | QINMAC |
| 36 | Young people and parents can find out about the inpatient unit before the admission | QNIC |
| 3.6 | Young people and their parents experience assessment as collaborative and are fully involved in agreeing the next steps | QINMAC |
| 5.4 | Young people and their parents are helped to make well informed decisions about the interventions they are offered | QINMAC |

| Std. Ref. | Standard | Regulator |
|-----------------|--|-------------|
| 7.1 | Young people and their parents are involved in agreeing arrangements for leaving the service and know how to reaccess help if they need it | QINMAC |
| 5 | Young people are consulted about the unit environment and have choice when this is appropriate | QNIC |
| 37 | Young people and parents are involved in decisions about their treatment | QNIC |
| Std 20 | 20. Self help and advocacy | QuADS |
| 5.1 | Young people are provided with a comprehensive and effective range of care and intervention, co-ordinated across agencies where necessary | QINMAC |
| NMS 1-6 | <i>People who may use the service and their representatives have the information needed to choose a home that will meet their needs</i> | CSCI |
| NMS 6-10 | <i>Individuals are involved in decisions about their lives, and play an active role in planning the care and support they receive</i> | CSCI |
| D9b | Patients, service users and, where appropriate, carers receive timely and suitable information, when they need and want it, on treatment, care, services, prevention and health promotion and are supported to make choices and shared decisions about their own health care | SfBH |
| 3.6 | Young people and their parents experience assessment as collaborative and are fully involved in agreeing the next steps | QINMAC |
| 5.4 | Young people and their parents are helped to make well informed decisions about the interventions they are offered | QINMAC |
| 5 | Young people are consulted about the unit environment and have choice when this is appropriate | QNIC |
| 37 | Young people and parents are involved in decisions about their treatment | QNIC |
| Std 20 | 20. Self help and advocacy | QuADS |
| NMS 6-10 | <i>Individuals are involved in decisions about their lives, and play an active role in planning the care and support they receive</i> | CSCI |
| D10 | Patients and service users, particularly those with long-term conditions, are helped to contribute to planning of their care and are provided with opportunities and resources to develop competence in self-care | SfBH |
| Std 20 | 20. Self help and advocacy | QuADS |
| 10.8 | Young people and their parents are involved in commissioning the local services and are consulted about service delivery | QINMAC |
| 5.8 | Staff provide support and guidance to enable young people and their parents to help themselves | QINMAC |
| NMS 6-10 | <i>Individuals are involved in decisions about their lives, and play an active role in planning the care and support they receive</i> | CSCI |

| Std. Ref. | Standard | Regulator |
|-------------|--|-----------|
| C17 | The views of patients, their carers and others are sought and taken Related into account in designing, planning, delivering and improving health care services | SfBH |
| App.8 | Appendix 8: Service Users' Rights | SMAS |
| Std 1 | 1. The management body | QuADS |
| Std 2 | 2. Mission statement | QuADS |
| Std 11 | 11. Working with commissioning bodies | QuADS |
| Std 15 | 15. Policy and procedures | QuADS |
| Std 16 | 16. Involving and empowering service users | QuADS |
| Std 26 | 26. Care planning | QuADS |
| A2 | It is an essential prerequisite of a quality service that the organisation and management of the laboratory relates to the needs and requirements of its users and that any formal agreements are documented | CPA |
| 5.5 | Young people and their parents are actively involved in developing plans for intervention | QINMAC |
| 10.8 | Young people and their parents are involved in commissioning the local services and are consulted about service delivery | QINMAC |
| 72 | Children, young people and their parents or carers are involved in commissioning the local services and are consulted about service delivery | QNIC |
| Std 2 | The organisation ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities | SHPH |
| C18 | Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably | SfBH |
| Std 19 | 19. Equal opportunities | QuADS |
| Std 32 | 32. Alcohol detoxification | QuADS |
| Criterion 4 | Policy | BACP |
| All Stds. | All National Stds / Indicators | NHSBSP |
| Std 7 | Commissioners ensure that the treatment needs of young people who are misusing drugs and or alcohol are met by child-centred services | SMAS |
| Std 8 | Commissioners ensure that services are tailored to the special needs of women with drug and or alcohol problems and that these are reflected in service agreements and service specifications | SMAS |
| Std 9 | The particular service needs of minority ethnic problem alcohol and drug users are reflected in service agreements, service specifications and broader purchasing agreements and monitoring requirements | SMAS |
| C19 | Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services | SfBH |

| Std. Ref. | Standard | Regulator |
|-----------|--|-----------|
| D11a | Health care organisations plan and deliver health care which reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice | SfBH |
| Std 12 | 12. Working with other providers | QuADS |
| Std 22 | 22. Accessibility | QuADS |
| Std 23 | 23. Referral | QuADS |
| Std 5 | Evaluation, monitoring and review are carried out as an essential tool for developing evidence-based and innovative services | SMAS |
| D11b | Health care organisations plan and deliver health care which maximises patient choice | SfBH |
| Std 12 | 12. Working with other providers | QuADS |
| Std 22 | 22. Accessibility | QuADS |
| Std 23 | 23. Referral | QuADS |
| D11c | Health care organisations plan and deliver health care which ensures access (including equality of access) to services through a range of providers and routes of access | SfBH |
| 1.4 | All young people with learning disabilities have easy access to appropriate child and adolescent mental health services | QINMAC |
| Std 12 | 12. Working with other providers | QuADS |
| Std 22 | 22. Accessibility | QuADS |
| Std 23 | 23. Referral | QuADS |
| Std 7 | Commissioners ensure that the treatment needs of young people who are misusing drugs and or alcohol are met by child-centred services | SMAS |
| Std 8 | Commissioners ensure that services are tailored to the special needs of women with drug and or alcohol problems and that these are reflected in service agreements and service specifications | SMAS |
| Std 9 | The particular service needs of minority ethnic problem alcohol and drug users are reflected in service agreements, service specifications and broader purchasing agreements and monitoring requirements | SMAS |
| Std 13 | Commissioners ensure that drug users who inject or who are at risk of injecting have access to hepatitis B vaccination, with the aim of providing universal coverage. Commissioners ensure that hepatitis and HIV testing is available | SMAS |
| Std 19 | Commissioners ensure that opiate users have access to substitute treatment through well-managed and structured reduction and maintenance programmes | SMAS |
| Std 20 | Commissioners ensure access to residential rehabilitation and structured day programmes for problem drug and alcohol users who may benefit | SMAS |
| D11d | Health care organisations plan and deliver health care which uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services | SfBH |

| Std. Ref. | Standard | Regulator |
|-------------|--|-----------|
| 4.1.4.10 | <i>The organisation has approved documentation which describes the process for managing the risks associated with the discharge of patients.</i> | NHSLA |
| 4.2.4.10 | <i>The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the discharge of patients.</i> | NHSLA |
| 4.3.4.10 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with the discharge of patients.</i> | NHSLA |
| Std 7 | TIMELY AND PURPOSEFUL ADMISSION | AIMS |
| Std 9 | Admission systems and procedures | AIMS |
| Std 15 | Discharge planning | AIMS |
| Std 17 | Discharge planning – MDT working | AIMS |
| 1.2 | There are clear referral pathways for young people with mental health needs and learning disabilities | QINMAC |
| Std 12 | 12. Working with other providers | QuADS |
| Std 22 | 22. Accessibility | QuADS |
| Std 23 | 23. Referral | QuADS |
| 3 | Joining & Leaving | SSTC |
| 3 | Joining & Leaving | SSATC |
| C20a | Health care services are provided in environments which promote a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation | SfBH |
| Element 2 | Environment: maintenance, tidiness, furnishings, floors | PEAT |
| Std 24 | Safety – property and environment | AIMS |
| Std 34 | THERAPEUTIC ENVIRONMENT - General | AIMS |
| Criterion 6 | Delivery | BACP |
| C1 | A department requires sufficient space to ensure that work is performed safely and efficiently. | CPA |
| 2.3 | Centres used for LD CAMHS work provide safe environments | QINMAC |
| 4 | The unit provides a safe environment for staff and young people | QNIC |
| 1 | Physical Environment | SSTC |
| 4 | Therapeutic Environment | SSTC |
| 1 | Physical Environment | SSATC |
| 4 | Therapeutic Environment | SSATC |
| 1 | The inpatient unit is well designed and has the necessary facilities and resources to meet service needs | QNIC |
| 3.3.3.1 | <i>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.</i> | NHSLA |
| Std 33 | Safety – storage of possessions | AIMS |

| Std. Ref. | Standard | Regulator |
|------------------|---|-------------|
| Std 10 | 10. Managing service environments for care provision | QuADS |
| Std 35 | 35. Residential services | QuADS |
| C4 | The provision of sufficient storage space, under the correct conditions, is important in maintaining the integrity of samples, reagents and records | CPA |
| NMS 24-30 | <i>The physical design and layout of the home enables people who use the service to live in a safe, well maintained and comfortable environment, which encourages independence</i> | CSCI |
| C20b | Health care services are provided in environments which promote supportive of patient privacy and confidentiality | SfBH |
| Element 1 | Privacy & dignity: sleeping accommodation, privacy & confidentiality, modesty, dignity & respect, toilet environment & bathroom environment | PEAT |
| Std 35 | Adequate and accessible facilities | AIMS |
| Std 40 | Privacy – patients | AIMS |
| Criterion 6 | Delivery | BACP |
| C3 | The facilities available for patients should provide for privacy during reception and sampling and be suitable for the examination being performed. | CPA |
| 2.2 | Centres used for LD CAMHS work are designed and managed so that the rights, privacy and dignity of young people and their families are respected | QINMAC |
| Std 10 | 10. Managing service environments for care provision | QuADS |
| Std 35 | 35. Residential services | QuADS |
| NMS 18-21 | <i>The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice</i> | CSCI |
| C21 | Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises | SfBH |
| Element 1 | Environment: maintenance, Décor, lighting, furnishings and floor, bathroom environment, toilet environment, linen, tidiness, waste handling | PEAT |
| Element 2 | Specific cleanliness: all elements Toilet & bathroom cleanliness: all elements | PEAT |
| Std 10 | 10. Managing service environments for care provision | QuADS |
| Std 35 | 35. Residential services | QuADS |
| Criterion 6 | Delivery | BACP |
| C2 | All staff need facilities, within the department, to ensure personal safety, comfort and hygiene. | CPA |
| NMS 24-30 | <i>The physical design and layout of the home enables people who use the service to live in a safe, well maintained and comfortable environment, which encourages independence</i> | CSCI |
| D12a | Health care is provided in well-designed environments that promote patient and staff well-being, and meet patients' needs and preferences, and staff concerns | SfBH |

| Std. Ref. | Standard | Regulator |
|------------------------------|---|----------------|
| Std 28 | Safety – ward layout and design | AIMS |
| 1 | The inpatient unit is well designed and has the necessary facilities and resources to meet service needs | QNIC |
| Std 36 | Communal space | AIMS |
| Std 10 | 10. Managing service environments for care provision | QuADS |
| Criterion 6 | Delivery | BACP |
| 8.5 | Staff have sufficient office facilities and robust administrative and technological support systems, including ITC | QINMAC |
| D12b | Health care is provided in well-designed environments that are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections | SfBH |
| Std 10 | 10. Managing service environments for care provision | QuADS |
| Criterion 6 | Delivery | BACP |
| C4 | The provision of sufficient storage space, under the correct conditions, is important in maintaining the integrity of samples, reagents and records | CPA |
| C22a | Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations | SfBH |
| Governance Risk (vii) | Cooperation with other NHS bodies and local authorities | Monitor |
| Std 12 | 12. Working with other providers | QuADS |
| Std 29 | 29. Health promotion and advice | QuADS |
| 5 | External Relations | SSTC |
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| C22b | Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices | SfBH |
| Std 12 | 12. Working with other providers | QuADS |
| Std 29 | 29. Health promotion and advice | QuADS |
| C22c | Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships | SfBH |
| Std 12 | 12. Working with other providers | QuADS |
| Std 29 | 29. Health promotion and advice | QuADS |

| Std. Ref. | Standard | Regulator |
|-----------|---|-----------|
| Std 1 | Commissioning authorities work together to assess local needs in order to inform decisions on treatment and care priorities and to target resources | SMAS |
| Std 3 | Agencies involved in the commissioning of treatment and care work together to optimise the impact of funding of drugs and alcohol services | SMAS |
| C23 | Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections | SfBH |
| Std 6 | Smoking policies | AIMS |
| All Stds. | All Commissioning Standards | SMAS |
| Std 29 | 29. Health promotion and advice | QuADS |
| Std 34 | 34. Needle exchange | QuADS |
| C24 | Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services | SfBH |
| 106 | <i>Does the Organisation have up to date and tested business continuity plans for all critical infrastructure components and core information systems?</i> | IGT |
| 310 | <i>Does the Organisation have procedures in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error?</i> | IGT |
| 319 | <i>Does the Practice have documented plans and procedures to support business continuity in the event of power failures, system failures, natural disasters and other disruptions?</i> | IGT |
| 2 | <i>Does the Organisation have up to date and tested business continuity plans for all critical infrastructure components and core information systems?</i> | IGT |
| D13a | Health care organisations identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role | SfBH |
| Std 34 | 34. Needle exchange | QuADS |
| Std 9 | The particular service needs of minority ethnic problem alcohol and drug users are reflected in service agreements, service specifications and broader purchasing agreements and monitoring requirements | SMAS |
| D13b | Health care organisations implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health | SfBH |

| Std. Ref. | Standard | Regulator |
|-----------|---|-----------|
| 5.3.5.8 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for ensuring that agreed best practice as defined in the NICE clinical guidelines, national confidential enquiries and nationally agreed guidance is taken into account in the context of the clinical services provided by the organisation.</i> | NHSLA |
| Std 34 | 34. Needle exchange | QuADS |
| D13c | Health care organisations protect their populations from identified current and new hazards to health | SfBH |
| Std 34 | 34. Needle exchange | QuADS |
| D13d | Health care organisations take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services | SfBH |
| Std 34 | 34. Needle exchange | QuADS |

Standards of Other Regulators not Explicitly Covered under SfBH

| Std. Ref. | Standard | Regulator |
|-----------|---|-----------|
| Std 1 | Policies and Procedures | AIMS |
| Std 10 | Assessment and care planning – procedures | AIMS |
| Std 12 | Assessment and care planning – MDT (Multi-Disciplinary Team - all health professionals involved in patient care) working | AIMS |
| Std 26 | Safety – use of observation | AIMS |
| Std 27 | Safety – the prevention and management of violence | AIMS |
| Std 29 | Safety – the provision and use of alarms | AIMS |
| Std 30 | Safety – management of alcohol and illegal drugs | AIMS |
| Std 39 | Privacy – staff | AIMS |
| Std 41 | The provision of therapies and activities | AIMS |
| Std 44 | Ward meetings/groups | AIMS |
| Std 5 | Provision of advocacy services | AIMS |
| Std 8 | Control of bed occupancy | AIMS |
| A7 | The quality manager is the individual who ensures, on behalf of laboratory management, that the quality management system functions correctly | CPA |
| B8 | Regular staff meetings are a mechanism for maintaining good communications and disseminating information on all aspects of the laboratory service | CPA |
| D2 | The proper management of data and information in the laboratory is essential for the provision of the service. | CPA |
| D3 | It is essential to have proper management of all the materials used in the provision of the service. | CPA |

| Std. Ref. | Standard | Regulator |
|-----------|---|-----------|
| E2 | Correctly designed and properly completed request forms are essential for the performance of all laboratory tests to the benefit of the patient and the satisfaction of the requesting physician. | CPA |
| E3 | Proper preparation of the patient, specimen collection and handling are essential for the production of valid results by a laboratory. | CPA |
| E4 | Specimen transportation systems need to ensure the timely arrival of specimens at the correct destination at minimum risk to both laboratory and non-laboratory personnel. | CPA |
| E5 | For examinations to be correctly performed, specimens have to be received into the laboratory efficiently and safely. | CPA |
| E6 | Procedures are required to ensure that specimens/data sent to referral laboratories, and to consultants for second opinions in, are efficiently handled | CPA |
| F1 | The selection of examination procedures needs to be clear, appropriate and subject to regular evaluation with the users | CPA |
| F2 | Adherence to examination procedures is essential to ensure a quality diagnostic laboratory service. | CPA |
| G1 | The purpose of the laboratory is to produce the results of examinations in reports that are correct, timely, unambiguous and clinically useful. | CPA |
| G2 | The main method of communicating the results of examinations to the users of the laboratory is by the production of a report. | CPA |
| G3 | Laboratories are frequently required to telephone reports to users. The method by which this is done needs to be clearly defined to minimise the risk of error. | CPA |
| G4 | A process is required in the laboratory to ensure that amended reports are issued when necessary. | CPA |
| G5 | The provision of interpretive comments on reports is an essential role of the laboratory service. The frequency of such comments may vary between specialties | CPA |
| H5 | Participation in External Quality Assessment (sometimes known as Proficiency Testing) schemes is an essential element in informing both providers and users of the quality of the service provided. Such schemes have a major educational component and may include either the analytical service of a laboratory and/or the interpretations provided by individual members of staff. | CPA |
| H6 | Continual quality improvement is an essential part of maintaining and improving laboratory services. | CPA |
| H7 | Procedures are required that ensure that non conformities in pre examination, examination and post examination processes are effectively managed to minimise the risks to users | CPA |

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| 3 | <i>Has the Organisation implemented its IG management arrangements to ensure the NHS Connecting for Health (NHS CFH) Statement of Compliance (SoC) is satisfied?</i> | IGT |
| 4 | <i>Does the Organisation ensure that it complies with the terms and conditions set out on the Registration Authority (RA01) form?</i> | IGT |
| 7 | <i>Does the Organisation ensure that service users are informed about the proposed uses of their personal information and the importance of providing accurate information to NHS organisations? (Worded differently for CTPs)</i> | IGT |
| 9 | <i>Has the Organisation put in place safe haven procedures which support data protection requirements for all routine flows of service user personal information? (Worded differently for CTPs and single site Pharmacies)</i> | IGT |
| 12 | <i>Does the Organisation have an information asset inventory or register, encompassing information, software, hardware and services?</i> | IGT |
| 13 | <i>Does the Organisation have appropriate procedures in place to ensure that communication networks within its control operate in a secure manner?</i> | IGT |
| 14 | <i>Does the Organisation control and monitor the use of mobile computing and teleworking to ensure they are conducted in a secure manner?</i> | IGT |
| 15 | <i>Does the Organisation ensure that the NHS Number is used routinely on all communications and active patient/service user records</i> | IGT |
| 16 | <i>Does the Organisation ensure that operating and application information systems under its control, support appropriate access control functionality?</i> | IGT |
| 101 | <i>Does the Organisation have adequate governance in place to support the current and evolving Information Governance agenda?</i> | IGT |
| 103 | <i>How would you assess your Organisation's ability to access expertise across the Information Security agenda?</i> | IGT |
| 104 | <i>How would you assess your Organisation's ability to access expertise across the Information Quality and Records Management agenda?</i> | IGT |
| 105 | <i>Does the Organisation have in place comprehensive Information Governance Policy and associated Strategy and Improvement Plans all signed off by the Board?</i> | IGT |
| 108 | <i>Has the Organisation implemented its IG management arrangements to ensure the NHS CFH Statement of Compliance (SoC) is satisfied?</i> | IGT |
| 109 | <i>Does the Organisation ensure that staff and those working on behalf of the organisation comply with the terms and conditions set out on the RA01 form?</i> | IGT |

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| 110 | <i>Does the Organisation ensure that it has formal contractual arrangements that include compliance with information governance requirements, with all contractors and support organisations?</i> | IGT |
| 111 | <i>Does the Organisation ensure that all individuals carrying out work on behalf of the Organisation have employment contracts which require compliance with information governance standards?</i> | IGT |
| 114 | <i>Has the Practice assigned responsibility for Information Governance to an appropriate member, or members, of the practice team?</i> | IGT |
| 118 | <i>Has the Practice implemented its IG management arrangements to ensure the NHS CFH Statement of Compliance (SoC) is satisfied?</i> | IGT |
| 119 | <i>Does the Practice ensure that staff and those working on behalf of the organisation comply with the terms and conditions set out on the RA01 form?</i> | IGT |
| 208 | <i>Has the Organisation mapped all flows of person identifiable information, assessed risks in line with Department of Health guidelines and put in place safe haven procedures for all routine flows of person identifiable information to the organisation?</i> | IGT |
| 209 | <i>Does the Organisation comply with data protection requirements in respect of transfers of personal data about patients or staff to countries outside of the UK?</i> | IGT |
| 303 | <i>Has the Organisation established business processes that ensure all staff smartcards and access profiles issued are appropriate and satisfy their obligations as Registration Authorities?</i> | IGT |
| 305 | <i>Does the Organisation ensure that operating and application information systems under its control, support appropriate access control functionality?</i> | IGT |
| 306 | <i>Are there defined, documented and agreed access rights for all users of Organisation based information systems and services?</i> | IGT |
| 307 | <i>Has the Organisation established a register of all its major information assets and assigned responsibility or 'ownership' for each asset?</i> | IGT |
| 308 | <i>Does the Organisation ensure that digital information shared with other organisations is secured in transit?</i> | IGT |
| 309 | <i>Does the Organisation have adequate procedures in place to ensure the availability of information processing facilities, communications services and data?</i> | IGT |
| 311 | <i>Does the Organisation ensure that its information systems are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code?</i> | IGT |

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| 313 | <i>Does the Organisation have appropriate procedures in place to ensure that communication networks under the Organisation's control operate in a secure manner?</i> | IGT |
| 314 | <i>Does the Organisation have appropriate procedures for ensuring that mobile computing and teleworking are conducted in a secure manner?</i> | IGT |
| 315 | <i>Does the AMT satisfy its security management requirements to protect the Airwave communications service?</i> | IGT |
| 316 | <i>Does the Practice have an information asset register, encompassing information, software, hardware and services?</i> | IGT |
| 318 | <i>Does the Practice control, monitor and audit the use of mobile computing systems to ensure their correct operation and to prevent unauthorised access?</i> | IGT |
| 322 | <i>Does the Organisation ensure that Registration Authority equipment (hardware and software) and consumables meet current specifications, is adequately maintained and securely stored?</i> | IGT |
| 401 | <i>Does the Organisation have a strategy to ensure the correct NHS Number is recorded for each active patient and ensure that it is used routinely in clinical communications?</i> | IGT |
| 403 | <i>Does the Organisation have an organisation-wide, multi-professional audit of clinical record keeping standards, including accuracy, for all professional groups in all specialties?</i> | IGT |
| 405 | <i>Does the Organisation have robust procedures and processes for monitoring all data collection activities across the Organisation?</i> | IGT |
| 407 | <i>Does the Organisation ensure that Accident and Emergency records are contained within the main record for patients who are subsequently admitted and is there a system to ensure that the GP is routinely sent a copy of the A&E record?</i> | IGT |
| 408 | <i>Does the Organisation have procedures in place to ensure that when new services are provided, or where changes within the system are made, that these do not adversely impact on information quality?</i> | IGT |
| 501 | <i>Does the Organisation ensure that NHS standard definitions, values and validation programmes are incorporated within key systems and that local documentation is updated as standards develop?</i> | IGT |
| 502 | <i>Does the Organisation use external data quality reports for monitoring and improving data quality?</i> | IGT |
| 503 | <i>Does the Organisation have procedures to ensure that staff routinely checks information about patients with the source so that corrections are made as necessary to appropriate records, and does the Organisation routinely undertake activity reconciliations between the patient record and data on PAS?</i> | IGT |

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| 504 | <i>Does the Organisation have documented procedures for using both local and national benchmarking to identify possible data quality issues and to analyse trends in information over time to ensure that large changes are investigated and explained?</i> | IGT |
| 505 | <i>Does the Organisation have in place a robust programme of internal and external data quality/clinical coding audit in line with the requirements of NHS Connecting for Health and the Audit Commission?</i> | IGT |
| 506 | <i>Does the Organisation have a documented procedure and a regular audit cycle for accuracy checks on patient data?</i> | IGT |
| 507 | <i>Has the Organisation completed and passed the Completeness and Validity check for data as detailed in the guidance document?</i> | IGT |
| 508 | <i>Is the Organisation involving clinical staff in validating information derived from the recording of clinical activity?</i> | IGT |
| 509 | <i>Does the Organisation have (or access) a formal, targeted training programme for all staff involved in the collection and management of patient-related data covering the operation of key systems?</i> | IGT |
| 512 | <i>Has the PCT established working arrangements with its main commissioning partners to develop processes to assure itself of the validity of the Organisation's data?</i> | IGT |
| 513 | <i>Has the PCT engaged fully with the Audit Commission's Payment by Results (PbR) data assurance framework, in accordance with the requirements of the Audit Commission and NHS Connecting for Health?</i> | IGT |
| 603 | <i>Does the Organisation have publicly available, documented and implemented procedures to ensure compliance with the Freedom of Information Act 2000?</i> | IGT |
| 604 | <i>Has the Organisation carried out an inventory of its corporate records and information as part of the information lifecycle management strategy?</i> | IGT |
| 1.3.1.7 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for responding to the recommendations and requirements arising from external agency visits, inspections and accreditations specific to the organisation.</i> | NHSLA |
| 2.1.2.10 | <i>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.</i> | NHSLA |
| 2.2.2.10 | <i>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.</i> | NHSLA |

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| 2.3.2.10 | <i>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 staff involved in traumatic/stressful incidents, complaints or claims are adequately supported.</i> | NHSLA |
| 3.1.3.10 | <i>The organisation has approved documentation which describes the process for managing the risks associated with work-related stress.</i> | NHSLA |
| 3.2.3.10 | <i>The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with work-related stress.</i> | NHSLA |
| 3.3.3.10 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with work-related stress.</i> | NHSLA |
| 3.3.3.3 | <i>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.</i> | NHSLA |
| 3.3.3.8 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with the harassment and/or bullying of staff.</i> | NHSLA |
| 3.3.3.9 | <i>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 prevention and management of violence and aggression.</i> | NHSLA |
| 4.3.4.1 | <i>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.</i> | NHSLA |
| 4.3.4.5 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with the transfer of patients.</i> | NHSLA |
| 4.3.4.7 | <i>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 blood transfusion process.</i> | NHSLA |
| 4.3.4.8 | <i>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 resuscitation.</i> | NHSLA |

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| 5.3.5.4 | <i>The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing all claims in accordance with NHSLA requirements.</i> | NHSLA |
| Domain 9 | <i>The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards</i> | PMETB |
| 2.1 | Centres used for LD CAMHS work meet the needs of young people with learning disabilities | QINMAC |
| 3.1 | Young people with learning disabilities receive timely mental health assessments | QINMAC |
| 3.4 | Staff have the necessary competencies and resources to conduct assessments and arrange the next steps | QINMAC |
| 3.5 | Young people's assessments are individual and comprehensive, according to each young person's needs and those of their family | QINMAC |
| 4.4 | Young people and their parents are well-informed about confidentiality and their rights to access information held about them | QINMAC |
| 5.2 | Young people and their families are provided with timely, flexible and reliable treatment sessions | QINMAC |
| 5.3 | Young people and their parents experience consistent contact with a named member of staff | QINMAC |
| 5.6 | Intervention is person-centred, taking into account the individual needs of the young person and their family | QINMAC |
| 5.7 | Interventions are monitored and adapted to meet the needs of young people with learning disabilities | QINMAC |
| 5.9 | Young people with learning disabilities are helped to continue their school or college work throughout their treatment | QINMAC |
| 7.3 | Young people who require inpatient care are referred to services that meet their individual needs | QINMAC |
| 7.6 | LD CAMHS evaluate levels of satisfaction amongst those who use or have used the service | QINMAC |
| 8.4 | Staff morale is monitored by the clinical and general manager | QINMAC |
| 8.8 | Staff work effectively as a team or network | QINMAC |
| 10.3 | Each commissioning agency can demonstrate that it has the organisational capacity necessary for effective commissioning | QINMAC |
| 10.4 | There is a clear role for Learning Disability CAMHS that is explicitly set in the context of the four-tier strategic framework for CAMHS | QINMAC |
| 10.5 | A multi-agency commissioning strategy is in place to develop and improve services for young people with learning disabilities and mental disorders. This is based on a comprehensive, multi-agency assessment of need, capacity and effectiveness | QINMAC |

| Std. Ref. | Standard | Regulator |
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| 10.6 | Adequate resources are made available to meet the needs of young people with learning disability and mental health problems | QINMAC |
| 10.7 | Commissioners ensure that services are provided for young people with learning disabilities, including those who have particularly complex needs or who belong to specific at risk or need groups | QINMAC |
| 10.9 | Frontline staff are involved in commissioning the local services and are consulted about service delivery | QINMAC |
| 7 | The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times | QNIC |
| 9 | The inpatient unit comprises a core multi-professional team | QNIC |
| 10 | Unit staff work effectively as a multi-disciplinary team | QNIC |
| 17 | Referrers and other related professionals have ready access to information about the unit | QNIC |
| 18 | Provision and procedures ensure that appropriate and timely inpatient care is available to all those who would benefit | QNIC |
| 19 | Assessment and treatment are offered without unacceptable delay | QNIC |
| 21 | Families are involved throughout assessment and treatment | QNIC |
| 23 | Before discharge, decisions are made about meeting any continuing needs | QNIC |
| 24 | All young people are assessed for their health and social care needs | QNIC |
| 25 | A comprehensive range of treatments is available at the inpatient unit. This will depend upon the nature of the group of young people. | QNIC |
| 28 | All young people have a written care plan as part of the Care Programme Approach (CPA) | QNIC |
| 29 | Young people and parents can meet easily with members of staff, and particularly the key worker | QNIC |
| 31 | Drugs are administered according to the relevant guidelines | QNIC |
| 32 | Young people can continue with their education when admitted | QNIC |
| 34 | Each young person has a key worker or care co-ordinator | QNIC |
| 35 | Young people know the names of the staff team looking after them | QNIC |
| 38 | Young people and parents have access to their health records | QNIC |
| 41 | There is a review of any placement in secure accommodation (only applicable to Secure Services) | QNIC |
| 46 | The unit operates within the appropriate legal framework in relation to control and discipline | QNIC |
| 47 | The unit operates within the appropriate legal framework in relation to the use of physical restraint | QNIC |
| 48 | Practitioners are kept well informed with up-to-date information on legal issues | QNIC |
| 49 | All staff – permanent and temporary – are aware of the legal status of young people at the unit | QNIC |

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| 56 | The unit has a comprehensive range of policies and procedures | QNIC |
| 57 | There are written and signed service level agreements for child and adolescent psychiatric inpatient units. | QNIC |
| 58 | The Health Authority has a recent written strategy, developed in consultation with all relevant parties, which addresses the provision of child and adolescent services | QNIC |
| 59 | Adequate levels of local inpatient services are provided for those who require it | QNIC |
| 62 | There is a structured programme of care and treatment | QNIC |
| 65 | Outcome measurement is undertaken routinely using validated outcome tools (e.g. HoNOSCA, C-GAS, SDQ) | QNIC |
| 69 | Each commissioning agency can demonstrate that it has the organisational capacity necessary for effective commissioning | QNIC |
| 70 | There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy | QNIC |
| 71 | The CAMHS commissioning strategy is underpinned by a comprehensive, multi-agency assessment of need, capacity and effectiveness | QNIC |
| 73 | Frontline staff are involved in commissioning the local services and are consulted about service delivery | QNIC |
| Std 4 | The management establishes conditions for the development of the hospital as a healthy workplace | SHPH |
| Std 11 | Service specifications state the need for providers to identify and respond to overlapping alcohol and drug problems | SMAS |
| Std 15 | Commissioners ensure that counselling is a core component of drug and alcohol treatment and care | SMAS |
| Std 16 | Commissioners ensure that detoxification services are available in a variety of settings and are an essential part of the pattern of services for problem drug and alcohol users | SMAS |
| Std 17 | Commissioners ensure that a comprehensive range of alcohol treatment and care services are provided to the local population | SMAS |
| Std 18 | Commissioners ensure that interventions aimed at stimulant users are in place | SMAS |
| Std 2 | There is a strategic approach to the development of a comprehensive range of primary and specialised drug and alcohol treatment and care services | SMAS |
| 5 | Treatment Programme | SSATC |