



Corporate member of
Plain English Campaign
Committed to clearer communication.

317



National Standards ~ *October 2005*

Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services

© NHS Quality Improvement Scotland 2005

ISBN 1-84404-340-1

First published October 2005

You can copy or reproduce the information in this document for use within NHSScotland and for educational purposes. You must not make a profit using information in this document.

Commercial organisations must get our written permission before reproducing this document.

www.nhshealthquality.org

Contents

Introduction	2
1 Background on NHS Quality Improvement Scotland	3
2 Development of NHS Quality Improvement Scotland Standards	4
3 Clinical Governance and Risk Management in context	6
4 Purpose and scope of the Standards	8
5 Development of the Standards	10
6 Standards for Clinical Governance & Risk Management	11
Standard 1 – Safe and effective care and services	12
Standard 2 – The health, wellbeing and care experience	14
Standard 3 – Assurance and accountability	16
7 Appendices	19
Appendix 1 Glossary of terms	20
Appendix 2 Australian/New Zealand Risk Management Standard 4360:2004	28
Appendix 3 Membership of the Clinical Governance and Risk Management Project Group	29
Appendix 4 Background to the Standards	31
Appendix 5 Evidence base and key sources of information	32

Introduction

Every person using health services should expect these to be safe and effective. The NHS Quality Improvement Scotland (NHS QIS) *Standards for Clinical Governance & Risk Management* come into effect from November 2005. They have been developed to support NHSScotland to put in place the necessary systems and processes to ensure that safe and effective care and services are delivered across the country.

1 Background on NHS Quality Improvement Scotland

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland.

We achieve our objectives through four key functions that link together:

- setting standards
- reviewing and monitoring performance
- providing advice and guidance on effective practice
- supporting staff to improve services.

We deliver our commitments to the public and to NHSScotland by following an approach that is:

- **independent** - we reach our own conclusions and report on what we find
- **open and transparent** - we explain what we do, how and why we do it, and what we find, using language and formats that are easy to understand and to access
- **sensitive and professional** - we recognise needs, beliefs and opinions and respect and encourage diversity.

Our work is:

- **partnership-focused** - we work with patients and the public, NHSScotland and many organisations to improve the quality of care and avoid duplication
- **evidence-based** - we base our conclusions and recommendations on the best evidence available
- **quality-driven** - we make sure our own work is monitored and evaluated, internally and externally.

2 Development of NHS Quality Improvement Scotland Standards

Basic principles

A major part of our remit is to develop and run a national system of quality assurance of clinical services. Working in partnership with healthcare professionals and members of the public, we set standards for clinical services, assess performance throughout NHSScotland against these standards, and publish the findings. The standards are based on the patient's journey as he or she moves through different parts of the health service.

In fulfilling our responsibility to develop and run a system of quality assurance we take account of the principles set out in *Fair for All* and *Partnership for Care*, to ensure that, 'our health services recognise and respond sensitively to the individual needs, background and circumstances of people's lives'.

We will ensure that consideration of equality and diversity issues feature prominently in the design, development and delivery of all our functions and policies.

The standards are developed in accordance with the commitments of the *National Health Service Reform (Scotland) Act 2004* which state that, 'individual patients receive the service they need in the way most appropriate to their personal circumstances and all policy and service developments are shown not to disadvantage any of the people they serve.'

The standards are clear and measurable, based on appropriate evidence, and written to take into account other recognised standards and clinical guidelines. The standards are:

- written in simple language and available in a variety of formats
- focused on clinical issues and include non-clinical factors that impact on the quality of care
- developed by healthcare professionals and members of the public, and consulted on widely
- regularly reviewed and revised to make sure they remain relevant and up to date
- achievable but stretching.



Process

We have an annual work programme and for each project in the work programme, a group is established comprising clinical and non-clinical membership drawn from a range of backgrounds and representatives of the public to:

- oversee the development of, and consultation on, the standards and self-analysis framework
- recommend an external peer review process.

The way in which standards are developed is a key element of the quality assurance process. Project groups working on our behalf are expected to:

- adopt an open and inclusive process involving members of the public, voluntary organisations and healthcare professionals
- work within our policies and procedures
- test the measurability of draft standards by undertaking pilot reviews.

Assessment of performance against the Standards for Clinical Governance & Risk Management

The standards are supported by a self-analysis framework, which will be completed by every NHS Board. The information contained within the self-analysis and the supporting evidence will be reviewed by NHS QIS to assist the review team to undertake a peer review visit of each NHS Board.

A peer review team, made up of healthcare professionals and members of the public, will meet with the NHS Board to review and assess performance against the standards. The review team will reach consensus on the level of performance that an NHS Board achieves against the standards using a quality improvement scale.

We report the findings of the peer review for each NHS Board area, and publish a summary of findings for NHSScotland. Assessment of performance takes place at regular intervals in order to demonstrate progress against the standards.

Our processes are subject to internal and external evaluation to help improve the quality assurance system.

3 Clinical Governance and Risk Management in context

Overarching Context: Healthcare Governance

NHS Boards are required to have clearly defined governance arrangements in place to cover their financial, staff, corporate, and clinical aspects of healthcare services; this is collectively described as healthcare governance.

Good Governance means

- focusing on the NHS Board's purpose and on outcomes for patients and service users
- performing effectively in clearly defined functions and roles
- promoting values for the whole NHS Board and demonstrating the values of good governance through its practices
- taking informed, transparent decisions and managing risk
- developing the capacity and capability of the NHS Board as an effective governing body
- engaging stakeholders and making accountability real.

Adapted from *The Good Governance Standards for Public Services (2004)*.

Throughout these standards certain key terms are used, and these are listed below, together with the definitions applied by the project group. A full glossary of terms is provided in Appendix 1.

clinical effectiveness	The extent to which specific clinical interventions do what they are intended to do, ie maintain and improve the health of patients, securing the greatest possible health gain from the available resources.
clinical governance	The system through which NHS organisations are accountable for continuously monitoring and improving the quality of their services and safeguarding high standards of patient focused care and services.
equality and diversity	The promotion of equal opportunities across NHSScotland. The initiative seeks to ensure NHSScotland recognises and responds sensitively to the individual needs, background and circumstances of people's lives. As part of this initiative the Scottish Executive has produced an Equality & Diversity Impact Assessment Toolkit, to enable NHS organisations to improve how they design, develop and deliver their policies, functions and services.
healthcare governance	The overall framework through which NHS organisations are accountable for continuously improving clinical, corporate, staff and financial performance.

patient	A person who is registered with a doctor, dentist, or other healthcare professional, and is treated by him/her when necessary.
quality assurance	The process of improving performance and preventing problems through planned and systematic activities, including documentation, training, audit and assessment.
risk management	The systematic identification, evaluation and treatment of risk. A continuous process with the aim of reducing risk to organisations and individuals alike. ‘The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.’ (Australian/New Zealand Risk Management Standard 4360:2004).

Role of NHS Quality Improvement Scotland

We are responsible for setting standards for clinical governance and risk management, and assessing performance against these standards for NHSScotland. During the development of these standards we have worked in partnership with other agencies responsible for other aspects of healthcare governance in order to minimise duplication and avoid overlap.

Clinical governance

The concept of clinical governance was introduced to NHSScotland in the Scottish Executive white paper *Designed to Care* (SEHD, 1997) to ensure that quality of care is given the same prominence as other key drivers such as finance and staffing. It has been described as ‘corporate accountability for clinical performance’ and is the system for making sure that healthcare is safe and effective, and that patients and the public are involved.

Risk management

Risk management proactively reduces identified risks to an acceptable level by creating a culture founded upon assessment and prevention, rather than reaction and remedy. It plays a vital role supporting and informing decision-making in providing a safe and secure environment for patients, carers and staff. It should be embedded into all organisational processes and involve everyone in the organisation. Furthermore, as an integral component of the Statement on Internal Control, it is a mandatory requirement that NHS Boards have systems in place to manage risk.

Organisations that manage risk effectively and efficiently are more likely to achieve safe and effective care, and do so at lower overall cost.

Following broad consultation with NHSScotland, we are supporting a national approach to the management of risk and the Australian/New Zealand Risk Management Standard 4360:2004 is to be adopted throughout NHSScotland. (see Appendix 2).

4 Purpose and scope of the standards

Purpose of the Standards

The *Standards for Clinical Governance & Risk Management* will ensure that NHS Boards have clinical governance and risk management arrangements in place to support the delivery of safe, effective, patient-focused care and services.

Overarching Principle

The *Standards for Clinical Governance & Risk Management* underpin all care and services delivered by NHSScotland and provide the context within which our service and condition-specific standards apply.


Outcomes of Implementation

When the *Standards for Clinical Governance & Risk Management* are fully implemented the following outcomes are achieved:

- systems are in place to ensure that patient and staff safety underpins all aspects of healthcare delivery
- the principles of equality and diversity are embedded in the values, culture and behaviour of NHSScotland
- patients, carers and the public are treated with dignity, respect and empathy at all times
- individual patients and carers are involved in, and informed about, all decisions made during their journey of care
- information is used appropriately to support decision-making and facilitate the delivery of quality services
- the views and experiences of patients, carers, public and staff are taken into account in the planning and delivery of services
- staff are fully supported and adequately trained, both personally and professionally, to play a full and active role in providing safe, effective, patient-focused care and services
- processes are in place to enable review of service delivery and continuous quality improvement.

Scope of the Standards

We will use the *Standards for Clinical Governance & Risk Management* to assess the performance of all NHS Boards, and their constituent parts, at a strategic level. Clinical governance and risk management arrangements at operational levels will be assessed using our service and condition-specific standards.



As the new Scottish Health Council is established and undertakes its new role of quality assuring the patient focus and public involvement (PFPI) agenda, it will continue to monitor, with our support, each NHS Board's progress in delivering this agenda and indeed, in ensuring that the patients' experiences inform service design, planning and delivery.

These standards will complement, not duplicate, related standards and guidance from other organisations. We have worked, and will continue to work, in partnership with organisations who monitor other aspects of healthcare governance to inform the assessment process.

Following extensive discussion with public health representatives, it has been agreed that further work should be undertaken to ensure that this important subject is included in future and this work is already under way.

The standards cover the following core areas:

- Standard 1 - Safe and effective care and services
 - Risk management
 - Emergency and continuity planning
 - Clinical effectiveness and quality improvement
- Standard 2 - The health, wellbeing and care experience
 - Access, referral, treatment and discharge
 - Equality and diversity
 - Communication
- Standard 3 - Assurance and accountability
 - Clinical governance and quality assurance
 - Fitness to practice
 - External communication
 - Performance management
 - Information governance

5 Development of the Standards

In order to develop standards for clinical governance and risk management, a project group was established, chaired by Dr John Browning, Medical Director, NHS Lanarkshire. The Clinical Governance and Risk Management Standards Project Group had a broad membership, drawn from a range of backgrounds, reflecting all dimensions of healthcare governance and representatives from interest groups.

The remit of the Clinical Governance and Risk Management Project Group was to set standards for clinical governance and risk management, which integrated the healthcare risk management standards developed for NHSScotland by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and the generic standards (Clinical Standards Board for Scotland, 2002). These standards have, therefore, been designed to focus on clinical governance and risk management from the perspective of patient outcomes.

The group first met in September 2003 and its membership can be found in Appendix 3 and further information on the background to these standards can be found in Appendix 4.

As part of the consultation process, four focus groups were commissioned to ascertain public views on the standards. The groups were designed to capture a variety of perspectives from different geographical locations in Scotland.

Evidence base and key sources of information

The full evidence base for the *Standards for Clinical Governance & Risk Management* is referenced at Appendix 5.

The project group drew particularly from the following core documents:

- Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). 2003. (CNORIS) *Risk Management Standards for NHSScotland. Risk: Finance; Transfer; Management; Advice; Assessment; Accreditation [Version 4]*. Edinburgh: Scottish Executive.
www.cnoris.com/pdfs/riskmanagement/rmstandards/2003%20_rm_standards.pdf [full document] URL accessed 04/10/05.
- Clinical Standards Board for Scotland (CSBS). March 2002. *Clinical Standards: Generic [See Patient Focus Section]*. Edinburgh: CSBS.
www.nhshealthquality.org/nhsqis/files/Generic%20standards.pdf [full document]
URL accessed 04/10/05.

6 Standards for Clinical Governance and Risk Management

Standard 1 – Safe and effective care and services

Standard 2 – The health, wellbeing and care experience

Standard 3 – Assurance and accountability

Format of standards

All standards set by NHS QIS follow the same format.

- Each standard has a **title**, which summarises the area on which that standard focuses.
- This is followed by the **standard statement**, which explains the level of performance to be achieved.
- The **rationale** section provides the reasons why the standard is considered to be important.
- The standard statement is expanded in the section headed **criteria**, which states exactly what must be achieved for the standard to be reached. The criteria are numbered for the sole reason of making the document easier to work with, particularly for the assessment process. The numbering of the criteria is not a reflection of priority.

Standard 1 ~ Safe and effective care and services

Standard Statement 1: Care and services are safe, effective, and evidence-based.

Rationale

A safe and risk controlled environment is essential for delivering high quality care and services free from harm, injury and adverse events.

Care and services are safer and more effective when continuously monitored and systematically reviewed to improve activities that directly affect the safety of all those using and providing them. This will be achieved where staff are enabled and encouraged to learn from their experience and that of others, and patients and members of the public are partners in contributing to this process.


The review of clinical practice through audit is a well-established means of monitoring and improving the quality of care and supporting the implementation of changes in practice.

References: 1, 2, 4, 10, 16, 19, 24, 25, 37, 38, 42, 45

Essential Criteria

1a Risk management

- 1a.1 There is an open and responsive approach to risk management which actively involves patients, the public and other stakeholders.
- 1a.2 Strategic risk management objectives are in place and link to organisational objectives.
- 1a.3 Risk management is integrated into the organisation's decision-making arrangements to create an environment for learning and continuous improvement.
- 1a.4 Potential threats to, and challenges within systems are identified at strategic and operational levels, and a risk assessment of their impact undertaken in partnership with patients, the public and other stakeholders.
- 1a.5 The adequacy of risk assessments, including control measures, are reviewed at regular intervals.
- 1a.6 Risk action plans are prioritised and reviewed at regular intervals.
- 1a.7 Information generated from national and local experience is used to drive improvement, reduce risk and stimulate learning.
- 1a.8 The effectiveness of the risk management framework is reviewed at regular intervals and modifications are made as and when necessary.



1b Emergency and continuity planning

1b.1 Systems are in place to comply with statutory obligations conferred upon NHS Boards by the Civil Contingencies Act 2004 and any emergency planning standards issued by the SEHD Health Emergency Planning Unit.

1c Clinical effectiveness and quality improvement

1c.1 A prioritised, approved, co-ordinated and supported programme of clinical effectiveness and/or quality improvement activity is in place that reflects the local delivery plan and the scope of services provided by the NHS Board.

1c.2 Systems are in place to provide evidenced assurance of continuous improvement in patient care and outcomes.

1c.3 Systems are in place to provide evidenced assurance of continuous improvement in the health of the population.

1c.4 A system is in place to review, prioritise, implement and monitor national and local standards, guidance and policy.

1c.5 Formal and informal methods are used to seek information and feedback from patients, carers, public and staff to drive improvement.

Standard 2 ~ The health, wellbeing and care experience

Standard Statement 2: Care and services are provided in partnership with patients, carers and the public, treating them with dignity and respect at all times, and taking into account individual needs, preferences and choices.

Rationale

Care and services are provided on the basis of need, responsive to personal characteristics such as age, gender, sexual orientation, disability, race, faith/spirituality, socio-economic status or geographic location.

Patients, and with their consent, carers, are entitled to be involved as partners in decisions about their treatment and care.


Better outcomes are achieved when patients, carers, and staff all participate in decision-making.

References: 14, 15, 17, 22, 24, 25, 26, 28, 29, 32, 34, 35, 36, 39, 41, 48, 49

Essential Criteria

2a Access, referral, treatment and discharge

- 2a.1 Information on services provided by the NHS Board is available to patients, carers and the public.
- 2a.2 Care and services are provided that reflect the needs of those using them and there is a system in place to ensure accessibility, that gives consideration to such factors as individual needs, waiting times, response times, geographic location and availability.
- 2a.3 Referral guidance is available to enable admission and/or transfer within or between healthcare providers and other agencies. This guidance is monitored and fed back at regular intervals to those referring.
- 2a.4 There is a documented multidisciplinary assessment process, undertaken in partnership with other agencies where required, which includes diagnosis, and considers each individual's needs and preferences for care and treatment throughout his/her care experience.
- 2a.5 The needs of carers are identified and responded to.
- 2a.6 Patients, and with their consent, carers, are provided with a range of information about their condition, treatment options, outcomes, risks, side effects and rights on an on-going basis.



2a.7 Patients are enabled and supported to make decisions throughout their care experience.

2a.8 A consent policy is in place, which includes an explanation of relevant legislation and best practice guidance.

2a.9 Discharges and/or transfers are planned in partnership with the patient, their carers and other agencies as required, and address the need for aids, adaptations and support, and ensure that arrangements are in place to meet these needs where possible.

2b Equality and diversity

2b.1 All new and existing services are reviewed, equality and diversity impact assessed, developed, or improved, to ensure that every person has equal access to services.

2b.2 Systems are in place to identify, assess and respond to the needs of groups and individuals within the population, who have particular needs or preferences.

2c Communication

2c.1 There are policies, developed in partnership with other agencies, that guide, monitor and improve the way that staff communicate and engage with each other and with patients, carers and the public.

Standard 3 ~ Assurance and accountability

Standard Statement 3: NHSScotland is assured and the public are confident about the safety and quality of NHS services.

Rationale

NHS Boards have a statutory duty to establish effective governance arrangements that promote public assurance in the services they provide.

Service improvement is facilitated by engaging with patients, public and others, and learning from feedback. Public confidence is enhanced where the NHS Board demonstrates how it responds to this engagement and feedback.

The effectiveness of working together is enhanced when roles and responsibilities are clearly defined and communicated.

References: 9, 11, 12, 13, 20, 23, 24, 25, 30, 31, 33, 40, 43

Essential Criteria

3a Clinical governance and quality assurance

- 3a.1 Clinical governance and/or quality assurance arrangements are in place which comply with NHS Boards' statutory obligations, including a formal scheme of delegation.
- 3a.2 Systems are in place to ensure that patients, carers, the public, and staff are informed, involved, consulted and able to provide feedback when the NHS Board is planning, monitoring and improving services.
- 3a.3 There are effective organisational systems and processes for monitoring and reporting on the effectiveness of quality assurance and improvement processes at individual, team, operational unit/service (ie community health partnership, divisions) and corporate levels.
- 3a.4 Systems are in place to provide assurance of the quality of services provided by the NHS Board and those provided jointly with other agencies.
- 3a.5 There are arrangements for ethical review and research governance which comply with national guidance and are assured through clinical governance and/or quality assurance arrangements.



3b Fitness to Practice

- 3b.1 Systems are in place to ensure that all pre-employment and ongoing checks are undertaken, and that all employed or contracted professional staff are registered with appropriate bodies.
- 3b.2 Systems are in place to ensure that issues of staff governance impacting on service provision are reported and appropriately managed through the clinical governance arrangements.
- 3b.3 There are policies and standards on clinical supervision for each professional group.

3c External communication

- 3c.1 There is an external communication strategy in place which is monitored and reviewed at regular intervals.

3d Performance management

- 3d.1 There are established arrangements for performance management, fully aligned to local, regional and national planning, that enable the NHS Board to manage and drive performance across the whole organisation.
- 3d.2 Performance management arrangements are aligned to clinical governance systems and are underpinned by explicit organisational objectives, targets and indicators, which ensure prioritisation of decision-making.

3e Information governance

- 3e.1 A governance framework is in place which promotes the ethical and lawful use of information in enhancing decision-making to support and drive improvement.
- 3e.2 A comprehensive system is in place to ensure the secure and confidential management of personal information, including how it is obtained, recorded, used, shared, stored and disposed of, in line with current legislation.
- 3e.3 Patients are informed about how their personal information is recorded and used, how to access their personal information, and about their rights to determine how their personal information is shared and protected.
- 3e.4 Formal policies are in place to manage situations where consent to share information is withheld, and where disclosure of personal information is required without consent.

3e.5 Information management links clearly into clinical governance arrangements, and engages staff and patients in the development and application of information and communication technology.

3e.6 Systems are in place to ensure that staff have access to information to support decision-making and facilitate the delivery of quality of care and services.

7 Appendices

Appendix 1	Glossary of terms
Appendix 2	Australian/New Zealand Risk Management Standard 4360:2004
Appendix 3	Membership of the Clinical Governance and Risk Management Standards Project Group
Appendix 4	Background to the Standards
Appendix 5	Evidence base and key sources of information

Appendix 1: Glossary of terms

adverse event	An event, situation, incident or omission which causes physical or psychological harm.
advocacy	Where an individual acts independently on behalf of, and in the interests of a patient/service user, who may feel unable to represent themselves in their contact with staff. Throughout this document advocates have been included under the term of carer.
assessment	The process of measuring patients' needs or the quality of an activity, service or organisation.
assurance	A process which provides feedback on the efficiency, effectiveness, integrity and quality of an organisation's operations.
audit	The measuring and evaluation of performance against agreed standards.
carer	A person who looks after relatives, partners or friends in need of help because of age, physical or learning disabilities or illness on a voluntary basis. Within this document the term has been employed broadly to also include a patient's family and, where applicable, appointed advocates.
Civil Contingencies Act 2004	The Civil Contingencies Act 2004 is an important part of the Government's and Scottish Executive's strategy to enhance emergency preparedness and improve the reliance across the UK. The Act was developed following a major review of emergency planning by the Government, in partnership with the Scottish Executive, in 2000/2001 and came into force in November 2004. The Act places a range of statutory obligations and duties upon NHS Boards, including the requirement for Boards to produce emergency and continuity plans.
civil contingency planning	The process of planning for civil emergencies, such as natural disasters, terrorist incidents, security threats and attacks by foreign powers. Through the Civil Contingencies Act 2004 civil contingency planning is now a vital part of the everyday business of government and other public sector organisations. See also emergency and continuity planning.
clinical effectiveness	The extent to which specific clinical interventions do what they are intended to do, ie maintain and improve health, securing the greatest possible health gain from the available resources.
clinical governance	The system through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services and safeguarding high standards of care and services.

Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)	The insurance scheme through which NHSScotland collectively protects itself from both clinical and non-clinical risk. The scheme, managed by Willis Ltd, was introduced in April 2000, with membership mandatory for all NHS organisations. Following extensive liaison with the scheme manager, work on clinical risks has been integrated into the development and production of these standards. It has been further agreed that NHS QIS will assume future responsibility for the clinical dimensions of the scheme, whilst non-clinical risk will continue to remain within the CNORIS scheme. Website: www.cnoris.com
clinical risk	Risks arising directly from the provision and delivery of healthcare. This includes clinical errors and negligence, healthcare associated infection and failure to obtain consent.
clinical service	A service provided by a healthcare professional.
clinical supervision	The process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations.
community health partnerships (CHPs)	Have a statutory basis and a key role in the future of primary care and community based services. CHPs are part of the move to single system working in which NHS Boards maximise their ability to support integration across health, and between health and other agencies such as social services. All NHS Boards had a duty to set up their CHP(s) by 1 April 2005. CHPs are committees of an NHS Board with schemes of delegated authority setting out their operational responsibility. See NHS Board. Website: www.show.scot.nhs.uk/sehd/chp/index.htm
continuity planning	Arrangements to maintain provision of care and services in the event of a sudden and severe event, which affects the capability of the organisation to operate in the usual way.
control options	Methods for minimising and mitigating identified risks.
corporate governance	The system by which an organisation directs and controls its functions and relates to its stakeholders.
criterion/criteria	Provide more detailed and practical information on how to achieve an NHS QIS standard.
diagnosis	The identification of an illness or health problem by means of its signs and symptoms. This involves ruling out other illnesses and causal factors for the symptoms.

discharge	The formal end of an episode of care. Types of discharge include inpatient discharge, day-case discharge, day-patient discharge, outpatient discharge and discharge from the care of allied health professionals.
diversity	Recognising and valuing that society is composed of people with different characteristics, cultures, beliefs, values, talents, abilities and needs.
emergency	An event, situation or incident which requires the implementation of special arrangements by one or more of the emergency services, the NHS or local authority.
emergency planning	The process of ensuring NHSScotland is able to meet essential healthcare needs effectively when normal services become overloaded, restricted or non-operational for any reason. NHS Boards have a statutory duty under the Civil Contingencies Act (2004) to prepare emergency plans and be able to respond to the potential needs arising from major emergencies occurring within their area of responsibility.
equality	The principle of ensuring everyone can participate, regardless of their age, gender, sexual orientation, disability, race, faith/spirituality, socio-economic status, geographic location or any other personal characteristic, and has the same opportunity to fulfil their potential.
equality and diversity	The promotion of equal opportunities across NHSScotland. The initiative seeks to ensure NHSScotland recognises and responds sensitively to the individual needs, background and circumstances of people's lives. As part of this initiative the Scottish Executive has produced an Equality & Diversity Impact Assessment Toolkit, to enable NHS organisations to improve how they design, develop and deliver their policies, functions and services. Website: http://www.scotland.gov.uk/library5/health/eqdiat-00.asp
equal access	Access to the same quality of treatment and services regardless of age, sex, ethnicity, faith, disability, sexual orientation, social origin, geography, financial status or any other personal characteristic.
equal opportunities	The prevention, elimination or regulation of discrimination between people because of their age, gender, sexual orientation, disability, race, faith/spirituality, socio-economic status, geographic location or any other personal characteristic including beliefs and opinions.
essential criterion/ criteria	A criterion that should be met wherever a service is provided.

event	An occurrence of a particular set of circumstances at a particular point in time.
evidence-based	The process of systematically finding, appraising and using research findings as the basis for clinical decisions.
Fair for All	Published in 2002, Fair for All is the Scottish Executive's policy for ensuring NHSScotland is able to meet the challenge of achieving fairness for all who work within it, and for whom it provides care and services. It aims to develop a 'culturally competent NHSScotland' and from its foundations a range of equality and diversity initiatives have been developed.
generic standards	Standards that apply to most, if not all, clinical care and services.
governance	The system by which an organisation directs, controls and monitors its functions and interactions with its stakeholders.
guidelines (non-clinical)	A document which presents operational good practice in a way that can guide day-to-day activities within an organisation.
harm	Injury, damage, disease, suffering, disability or death to either an individual or an organisation.
health & safety	The legislative and regulatory framework designed to safeguard the health and safety of employees and all others who may be affected by work activities.
Health Department Letter (HDL)	A formal communication from the Scottish Executive Health Department to NHSScotland (previously known as a Management Executive Letter - MEL).
healthcare governance	The overall framework through which NHS organisations are accountable for continuously improving clinical, corporate, staff and financial performance.
healthcare professional	A person qualified in a health discipline.
impact assessment	Considering the difference of effect that a policy, decision or action have in practice.
implementation	Carrying out and completing a task, action or project.
information	Data that has been processed in such a way that it can increase the knowledge of the person who receives it. Information is the output of information systems which bring together and process data.
intervention	Healthcare action intended to benefit the patient.
legislation	Laws passed by a parliament, often referred to as an Act of Parliament.

monitoring	The systematic process of collecting information on the performance of clinical or non-clinical activities, actions or systems. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas.
multidisciplinary team	A group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients with a particular condition. The composition of multidisciplinary teams will vary according to many factors. These include: the specific condition; the scale of the service being provided; and geographical/socio-economic factors in the local area.
National Patient Safety Agency	A Special Health Authority, established in 2001, with responsibility for monitoring adverse events and near misses in the NHS in England and Wales and for spreading best practice for improving patient safety.
national risk alerts	<p>Alerts and notices issued by the National Patient Safety Agency to the NHS in England and Wales for awareness and action. These communications come in three forms:</p> <ul style="list-style-type: none"> • patient safety alerts - requiring prompt action to address high risk safety problems • safer practice notices - advise on the implementation of particular recommendations or solutions, and • patient safety information - suggesting effective techniques to consider and enhance safety. <p>National risk alerts confer no obligations upon NHSScotland organisations, however, they do help to inform NHS Boards' work to improve patient safety.</p>
Caring about Carers: the National Strategy for Carers	The first national government strategy, published in 1999 by the Department of Health, for supporting people who look after relatives, partners or friends in need of help because of age, physical or learning disabilities or illness on a voluntary basis.
near miss	An unwanted event, situation, incident or omission, however no physical or psychological harm resulted.
NHS Board	There are 23 NHS Boards in Scotland. 15 are territorial Boards, responsible for care and services in their areas and 8 are Special Health Boards, which provide national clinical and non-clinical care and services. See NHS Board (territorial) and Special Health Board.

NHS Board (territorial) There are 15 territorial boards, the mainland being covered by 12 and the island groups (Orkney, Shetland and the Western Isles) by three. They are responsible and accountable for strategic planning, service design, delivery, performance management and governance within their local areas. Each board uses the organisational building blocks of NHS direct care, such as community health partnerships or operating divisions, in a way which suits its geography and population. Boards work together in regional planning arrangements for those services which require that wider perspective. See community health partnership, operating division, and single system working.

Weblinks: www.showscot.nhs.uk/organisations/orgindex.htm

operating division NHS operating divisions are committees of an NHS Board, with schemes of delegated authority setting out their operational responsibility for the delivery of care and services. Operating divisions came into being after the abolition of NHS Trusts. See NHS Board, community health partnership and single-system working.

other agencies Other public bodies, organisations and stakeholders, such as local authority social work departments, local authority housing departments and the emergency services, who NHS Health Boards must liaise and work in partnership with to deliver joint services.

outcome The end result of a system, process or care, treatment and/or rehabilitation.

patient A person who is registered with a doctor, dentist, or other healthcare professional, and is treated by him/her when and where necessary.

patient focus and public involvement (PFPI) The Scottish Executive Health Department framework for involving patients and the public in the design, development and delivery of NHS services which are focused on meeting the needs of patients.

performance assessment framework (PAF) The method used by the Scottish Executive to measure the performance of NHSScotland and NHS Boards, using agreed indicators.

peer review A review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review. In the NHS Quality Improvement Scotland approach all members of a review team are equal.

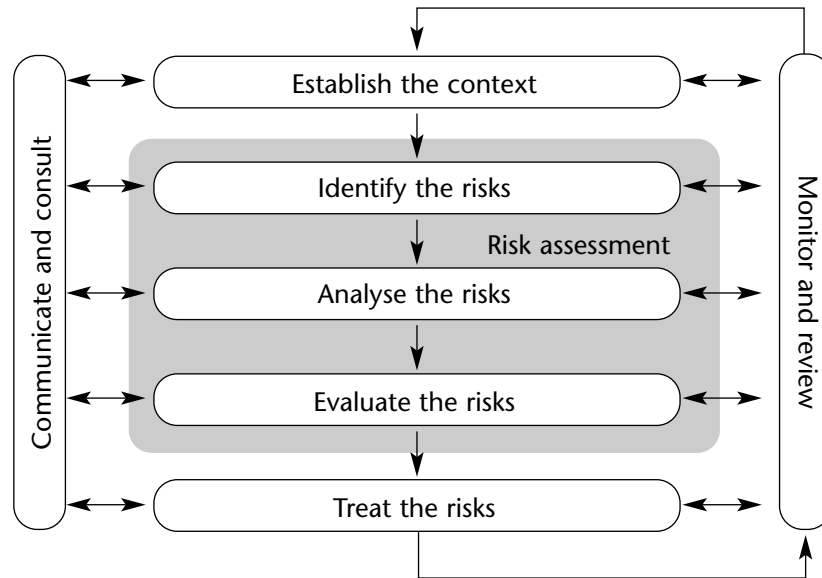
plan An operational tool which details a series of steps to be carried out or goals to be accomplished. A plan allows activity to be managed in the quest to achieve objectives.

policy	An operational statement of intent in a given situation.
procedure	The steps taken and processes followed to achieve a given policy.
protocol	Operational instructions which regulate and direct activity. Protocols may be national, or agreed locally, to take into account local requirements.
quality assurance	The process of improving performance and preventing problems through planned and systematic activities, including documentation, training, audit and assessment.
rationale	The reasoning/motivation for taking a specific action.
record	Any instrument which contains information, personal or non-personal, in any medium, which has been created, gathered, or retained as a result of any aspect of the work of NHS organisations.
referral	The process whereby a patient is transferred from one professional to another, usually for specialist advice and/or treatment.
regional planning	A systematic approach to fulfil the statutory duty of effective co-operation amongst NHS Boards to plan and deliver services for population groups which span more than one NHS Board area.
response time	The time taken for a service provider to react and take action to address the needs of a patient or a particular situation, event or incident.
risk	The likelihood, high or low, that somebody or something will be harmed by an unwanted event or incident, multiplied by the severity of the potential harm. Risks are measured in terms of their likelihood and consequences.
risk assessment	The systematic process to identifying risk and evaluating their potential likelihood and consequences.
risk management	The systematic identification, evaluation and treatment of risk. A continuous process with the aim of reducing risk to organisations and individuals alike. ‘The culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects.’ (Australian/New Zealand Risk Management Standard 4360:2004).
scheme of delegation	An agreed document setting out the way in which accountabilities and responsibilities should be assigned to groups and staff or escalated to a higher level.
Scottish Executive Health Department (SEHD)	The Scottish Executive Health Department is responsible for the central management of NHSScotland and the development and implementation of health and community care policy across Scotland.

single-system working	A way of working to improve service organisation and delivery throughout NHSScotland. The white paper Partnership for Care: Scotland's Health (2003) outlined proposals for removing barriers in local NHS systems. Health Department Letter HDL(2003)11 dealt further with the duties which had been placed on NHS Boards to improve integration, decentralisation, service redesign and patient focus. See NHS Board.
special health board	Special Health Boards provide national clinical and non-clinical care and services to NHSScotland. Weblink: www.show.scot.nhs.uk/organisations/specialhbs.htm
stakeholders	People and organisations who may affect, be affected by, or perceive themselves to be affected by, a decision or activity.
standard statement	An agreed statement of required performance within NHS QIS standards.
statement on internal control	Internal control is the process employed by an organisation to ensure that an organisation's established objectives are met. It involves identifying and evaluating risks to an organisation and stating how these will be managed and mitigated. A NHS organisation is required to produce an annual statement on internal control, alongside its annual accounts, summarising the process employed and the results of all evaluations undertaken on the organisation's abilities to meet its objectives and discharge its functions.
statutory obligations	A requirement, duty or function stipulated by an Act of Parliament.
strategy	A high-level document setting out the framework and vision for achieving objectives. A strategy will often incorporate a plan, outline the actions, initiatives and milestones required to deliver the strategy.
system	A set of interdependent elements interacting to achieve a common aim(s). These elements may be both human and non-human (equipment, technology etc.).
systematic	Methodical, according to plan and not casually or random.
treatment plan	Protocol of action, which specifies what should be done, when it should have been done and towards what aim.
waiting time	The length of time a patient is required to wait before receiving care, treatment, rehabilitation or another service.

Appendix 2: Australian/New Zealand Risk Management Standard 4360:2004

The standard defines the generic risk management process as follows:



Appendix 3: Membership of the Clinical Governance and Risk Management Standards Project Group

Name	Title	NHS Board Area/Organisation
Dr John Browning (Chair)	Medical Director	NHS Lanarkshire
Mr Alan Barn (until April 2004)	CNORIS Scheme Manager	Willis Ltd
Mrs Margo Biggs	Lay Representative	Forth Valley Health Council (until April 2005)
Dr A Fiona Bisset (from August 2004)	Consultant in Public Health Medicine	Scottish Executive Health Department
Ms Hazel Brooke	Lay Representative	Greater Glasgow
Ms Claire Brennan (from March 2004)	Partnership Associate	Scottish Executive Health Department
Ms Anne Bryce	Chief Internal Auditor	NHS Argyll & Clyde
Dr Doreen Campbell (until April 2004)	Senior Medical Officer	Scottish Executive Health Department
Mr Andy Crawford	Clinical Governance Manager	Greater Glasgow Primary Care Division
Mrs Deb den Herder (until September 2004)	Project Director, Planned Healthcare	NHS Grampian
Ms Kay Eastwood (until March 2005)	Director of Nursing	NHS Argyll & Clyde
Ms Heather Fiskin (from August 2004)	Practice Development Officer	Disability Rights Commission
Mr Wayne Gault	Head of Risk Management	NHS Grampian
Mr Steve Jack	Director of Patient Services	NHS Shetland
Mr Brian Kennedy	Former CNORIS Assessor	Willis Ltd
Mr Adrian Lucas	Chief Executive	Scottish Ambulance Service
Ms Liz Macdonald (from April 2004)	Policy Manager	Scottish Consumer Council
Mr Hector MacKenzie (from May 2004)	Head of Public and Patient Focus and Quality Branch	Scottish Executive Health Department
Ms Diane Murray (from March 2004)	Partnership Associate	Scottish Executive Health Department
Ms Donna O'Boyle	Former CNORIS Assessor	C3healthsolutions Ltd
Mrs Pat O'Connor	Head of Risk Management	NHS Tayside
Mr John Orr	Associate Medical Director	NHS Lothian - University Hospitals Division

Mr Ross Scott	Head of Policy Implementation & Development Branch	Scottish Executive Health Department
Dr Lesley Anne Smith	Clinical Risk Manager	NHS Highland
Mrs Rona Webster	Director of Human Resources	NHS Fife
Mr Ian Williamson (until May 2004)	Head of Planning and Risk Management	NHS Borders
Mrs Andrea Wilson	Clinical Governance Lead	NHS Fife

NHS Quality Improvement Scotland (NHS QIS) gratefully acknowledges the important contribution made to the development of these draft standards by:

- Ms Ann Clark, Project Manager, Scottish Health Council
- Mr Derek Feeley, Head of Planning, Scottish Executive Health Department
- Ms Elaine McRae, General Manager, Surgical Unit, NHS Forth Valley
- Mr Douglas Philp, Principal Inspector of Health & Safety, Health & Safety Executive

The Board member specifically working with the Clinical Governance and Risk Management Standards Project Group is the Very Reverend Graham Forbes.

Support from NHS QIS was provided by:

- Mrs Angela Balharrie, Project Officer (from January 2005)
- Mrs Hazel Borland, Head of Clinical Governance & Patient Safety
- Mrs Margaret Brown, Project Officer (until January 2005)
- Mrs Wendy Forbes, Project Administrator (until May 2005)
- Mrs Anne Hanley, Team Manager
- Mr Chris Harrop, Project Officer (from April 2005)
- Miss Abby McCall, Project Administrator (from June 2005)
- Miss Karen Tarn, Senior Project Officer
- Ms Jan Warner, Director of Performance Assessment and Practice Development

Appendix 4: Background to the Standards

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

CNORIS, managed on behalf of the Scottish Executive Health Department by Willis Ltd, was established in April 2000 with the aim of allowing NHSScotland to collectively protect itself from clinical and non-clinical risks and develop rigorous risk management systems. In January 2003, updated CNORIS healthcare risk management standards were published. The CNORIS standards were designed to evolve and incorporate good practice as it developed within NHSScotland and elsewhere. Therefore, they referred to the work, amongst others, of NHS QIS, the Royal Colleges, the Health & Safety Executive, and expert working groups.

In August 2002, a short-life working group was set up to revise the generic standards, taking into account areas that overlapped with other related standards and systems, and with the aim of learning from the experience of reviewing performance against the standards to date. These standards were issued in June 2003 to a limited distribution list as part of a pre-consultation exercise. Following this exercise, the decision to integrate the CNORIS standards with the generic standards was made (see below), therefore, the revised generic standards were not widely distributed but were used to inform the development of the *Standards for Clinical Governance & Risk Management*.

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

In January 2004, *Draft Standards for Healthcare Governance: Working Towards Safe and Effective, Patient-Focused Care* were issued for consultation and a pilot exercise was undertaken. The key messages taken from the consultation were to reclaim the patient and clinical focus of the standards. It was anticipated that these final standards would be published in late autumn 2005.

Given the timescales associated with finalising these standards, and the elapsed time since the last peer review against the generic standards and CNORIS assessments, it was considered important to conduct an interim review of governance arrangements within NHS Boards. The findings of the interim review are presented in the NHS QIS *National Overview: Safe and Effective Care: Interim Review of Clinical Governance and Risk Management arrangements in NHSScotland*.

Appendix 5: Evidence base and key sources of information

- 1 Business Continuity Institute (BCI). 2003. *10 Certification Standards for Professional Practitioners*. BCI.
<http://www.thebci.org/10%20Standards%20Intro.htm> URL accessed 20/04/01.
- 2 Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). 2003. *(CNORIS) Risk Management Standards for NHSScotland. Risk: Finance; Transfer; Management ; Advice; Assessment; Accreditation [Version 4]*. Edinburgh: Scottish Executive.
www.cnoris.com/pdfs/riskmanagement/rmstandards/2003%20_rm_standards.pdf [full document] URL accessed 04/10/05.
- 3 Clinical Standards Board for Scotland (CSBS). March 2002. *Clinical Standards: Generic [See Patient Focus Section]*. Edinburgh: CSBS.
www.nhshealthquality.org/nhsqis/files/Generic%20standards.pdf [full document] URL accessed 04/10/05.
- 4 Department of Health (DoH) and National Patient Safety Agency (NPSA). August 2001. *Doing Less Harm: Improving the Safety and Quality of Care through Reporting Analysing and Learning from Adverse Incidents Involving NHS Patients - Key Requirements for Health Care Providers*. London: DoH and NPSA.
- 5 NHS Quality Improvement Scotland (NHS QIS). June 2005. *National Overview: Safe and Effective Care: Interim Review of Clinical Governance and Risk Management arrangements in NHSScotland*. Edinburgh: NHS QIS.
www.nhshealthquality.org/nhsqis/files/NO_CGRM_June05v2.pdf [full document] URL accessed 08/09/05.
- 6 Reason J. 1990. *Human Error*. New York: Cambridge University Press.
- 7 Reason J. 2000. Human Error: Models and Management. *British Medical Journal*, 320 (7237): 768-770.
<http://bmj.bmjournals.com/cgi/content/full/320/7237/768>? URL accessed 20/01/04.
- 8 Royal Institute of Public Health. 2001. *National Standards for Specialist Practice in Public Health*. London: Royal Institute of Public Health.
www.riph.org.uk/detailed.html [full document] URL accessed 16/03/05.
- 9 Scottish Executive. 2001. *Clinical Governance Arrangements. Amendment to MEL(1998)75 and MEL(2000)29. NHS HDL(2001)74*. Edinburgh: Scottish Executive.
www.show.scot.nhs.uk/sehd/mels/HDL2001_74.htm [full document] URL accessed 16/03/05.
- 10 Scottish Executive. 2000. *Clinical Negligence and Other Risks Indemnity Scheme (CNORIS): Amendment Regulations and Scheme Standards. NHS HDL(2000)2*. Edinburgh: Scottish Executive.
www.show.scot.nhs.uk/sehd/mels/HDL2000_02.pdf [full document] URL accessed 16/03/05.

-
- 11 Scottish Executive. 2002. *Corporate Governance: Statement on Internal Control (SIC). NHS HDL(2002)11*. Edinburgh: Scottish Executive.
www.show.scot.nhs.uk/sehd/mels/HDL2002_11.pdf [full document] URL accessed 16/03/05.
 - 12 Scottish Executive. 2000. *Data Protection Act 1998. NHS MEL(2000)17*. Edinburgh: Scottish Executive.
www.show.scot.nhs.uk/sehd/mels/2000_17.doc [full document] URL accessed 16/03/05.
 - 13 Scottish Executive. 2003. *Draft Guide to the Production and Provision of Information About Health and Healthcare Interventions*. Edinburgh: Scottish Executive.
www.scotland.gov.uk/library5/health/gppi-00.asp [full document] URL accessed 16/03/05.
 - 14 Scottish Executive. 2000. *Equality Strategy: Working Together for Equality*. Edinburgh: Scottish Executive.
www.scotland.gov.uk/library3/social/wtem-00.asp [full document] URL accessed 16/03/05.
 - 15 Scottish Executive. 2002. *Fair for All: Working Together Towards Culturally Competent Services*. NHS HDL(2002)1. Edinburgh: Scottish Executive.
www.show.scot.nhs.uk/sehd/mels/HDL2002_51.pdf [HDL]
www.scotland.gov.uk/library3/society/ffar-00.asp [full report] URLs accessed 16/03/05.
 - 16 Scottish Executive. 1999. *Goals for Clinical Effectiveness. NHS MEL (1999)76*. NHS MEL. Edinburgh: Scottish Executive.
www.show.scot.nhs.uk/sehd/mels/1999_76.doc [full document] URL accessed 16/03/05.
 - 17 Scottish Executive. 2003. *Improving Health in Scotland - the Challenge*. Edinburgh: Scottish Executive.
www.scotland.gov.uk/library5/health/ihis-01.asp [full document] URL accessed 16/03/05.
 - 18 Scottish Executive. 2003. *Interventional Procedures NHS HDL (2004)4* Edinburgh: Scottish Executive.
http://www.show.scot.nhs.uk/sehd/mels/HDL2004_04.pdf URL accessed 15/08/05
 - 19 Scottish Executive. 2002. *'Learning from Experience'. How to Improve Safety for Patients in Scotland. A Consultation Paper*. Edinburgh: Scottish Executive.
www.scotland.gov.uk/consultations/health/learnexperience.pdf [full document] URL accessed 16/03/05.
 - 20 Scottish Executive. 1999. *Learning Together. A Strategy for Education, Training and Lifelong Learning for All the National Health Service in Scotland: December 1999*. Edinburgh: Scottish Executive. www.scotland.gov.uk/learningtogether/leto-00.htm [full document] URL accessed 16/03/05.
 - 21 Scottish Executive. 2003. *Moving Towards Single-System Working NHS HDL (2003)11*. Edinburgh: Scottish Executive.
http://www.show.scot.nhs.uk/sehd/mels/HDL2003_11.pdf URL accessed 15/08/05

- 22 Scottish Executive. 2003. *A New Public Involvement Structure for NHSScotland. Patient Focus and Public Involvement. A Draft for Consultation*. Edinburgh: Scottish Executive. www.scotland.gov.uk/library5/health/npis.pdf [full text] URL accessed 16/03/05.
- 23 Scottish Executive. 2002. *NHS Scotland: Guidance on Regional Planning for Health Care Services. NHS HDL (2002)10*. Edinburgh: http://www.show.scot.nhs.uk/sehd/mels/HDL2002_10.pdf URL accessed 15/08/05.
- 24 Scottish Executive. 2000. *Our National Health: a Plan for Action, a Plan for Change*. Edinburgh: Scottish Executive. www.scotland.gov.uk/library3/health/onh-00.asp [full document] URL accessed 16/03/05.
- 25 Scottish Executive. 2003. *Partnership for Care: Scotland's Health White Paper*. Edinburgh: Scottish Executive Health Department (SEHD). www.scottishexecutive.gov.uk/library5/health/pfcs-00.asp [full document] URL accessed 16/03/05.
- 26 Scottish Executive. 2001. *Patient Focus and Public Involvement*. SEHD. www.scotland.gov.uk/library3/health/pfpi-00.asp [full text] URL accessed 16/03/05.
- 27 Scottish Executive. 2002. *Performance Assessment Framework. NHS HDL(2002)78*. Edinburgh: Scottish Executive. www.show.scot.nhs.uk/sehd/mels/HDL2002_78.pdf [full document] URL accessed 16/03/05.
- 28 Scottish Executive. 2003. *Reforming the NHS Complaints Procedure. Patient Focus and Public Involvement. A Draft for Consultation*. Edinburgh: Scottish Executive. www.scotland.gov.uk/library5/health/rtcp-00.asp [full document] URL accessed 16/03/05.
- 29 Scottish Executive. 2002. *Spiritual Care in NHSScotland. NHS HDL(2002)76*. Edinburgh: Scottish Executive. www.show.scot.nhs.uk/sehd/mels/HDL2002_76.pdf [full document] URL accessed 16/03/05.
- 30 Scottish Executive. 2002. *Staff Governance - Self Assessment Audit Tool. NHS HDL(2002)84*. Edinburgh: Scottish Executive.
- 31 Scottish Executive. 2003. *The Use of Personal Health Information in NHSScotland to Support Patient Care. NHS HDL(2003)37*. Edinburgh: Scottish Executive. www.show.scot.nhs.uk/sehd/mels/HDL2003_37.pdf [full document] URL accessed 16/03/05.
- 32 Scottish Executive Health Department (SEHD). 2005. Can I help you? Learning from Comments, Concerns and Complaints. Edinburgh: SEHD. <http://www.show.scot.nhs.uk/publications/me/complaints/docs/1guidance010405.pdf> [full document] URL accessed 01/09/05.

-
- 33 Scottish Executive Health Department (SEHD). 2000. *Clinical Governance. NHS MEL(2000)29*. Edinburgh: SEHD. www.show.scot.nhs.uk/sehd/mels/2000_29final.htm [full document] URL accessed 16/03/05.
- 34 Scottish Executive Health Department (SEHD). 2005. Equality and Diversity Impact Assessment Toolkit: Interim Guidance. NHS HDL(2005)09. Edinburgh: SEHD. http://www.show.scot.nhs.uk/sehd/mels/HDL2005_09.pdf [full document] URL accessed 09/08/05.
- 35 Scottish Executive Health Department (SEHD). September 2000. *Independent Advocacy: a Guide for Commissioners: a Guide for Health Boards, NHS Trusts, Local Authorities and Anyone Involved with Advocacy*. Edinburgh: SEHD. www.scotland.gov.uk/library3/health/iagc-00.asp [full document] URL accessed 16/03/05.
- 36 Scottish Executive Health Department (SEHD). October 2004. *Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services*. [Draft interim guidance replacing NHS HDL (2002)42]. Edinburgh: SEHD.
- 37 Scottish Executive Health Department (SEHD). July 2004. *Standards for Emergency Response*. Edinburgh: SEHD.
- 38 Scottish Executive Health Department (SEHD). 1999. *Towards a Safer Healthier Workplace. NHS MEL(1999)85. NHS MEL*. Edinburgh: SEHD. www.show.scot.nhs.uk/sehd/mels/1999_85.doc [full document] URL accessed 16/03/05.
- 39 Scottish Intercollegiate Guidelines Network (SIGN). 2003. *SIGN Guideline 65: The Immediate Discharge Document*. Edinburgh: SIGN. www.sign.ac.uk/guidelines/published/index.html [access to full document] URL accessed 16/03/05.
- 40 Scottish Office. Department of Health. NHS Management Executive. 1998. *Clinical Governance. NHS MEL(1998)75*. Edinburgh: Scottish Office. www.show.scot.nhs.uk/sehd/mels/1998_75.htm [full document] URL accessed 16/03/05.
- 41 Scottish Parliament. *Adults with Incapacity (Scotland) Act 2000*. Edinburgh: HMSO. www.scotland.gov.uk/health/cmo/incapacity_act_toc.asp [official website for the incapacity act] / www.scotland-legislation.hmsogov.uk/legislation/scotland/acts2000/20000004.htm [full document] www.scotland.gov.uk/Topics/Justice/Civil/16360/5005 [Code of Practice].
- 42 Scottish Parliament. 2004. Civil Contingencies Act 2004. Edinburgh: HMSO. www.opsi.gov.uk/acts/acts2004/20040036.htm [full document] URL accessed 17/08/05.

- 43 Scottish Parliament. 2002. *Freedom of Information (Scotland) Act 2002*. Edinburgh: HMSO.
www.scotland-legislation.hmsogov.uk/legislation/scotland/acts2002/20020013.htm [full document] URL accessed 16/03/05.
- 44 Scottish Parliament. 2004. *National Health Service Reform (Scotland) Act 2004*. Edinburgh: HMSO.
www.opsi.gov.uk/legislation/scotland/acts2004/20040007.htm [full document] URL accessed 10/08/05.
- 45 Standards Australia International Limited and Standards New Zealand. AS/NZS 4360:2004 Risk Management. Sydney: Standards Australia International Limited and Standards New Zealand (2004).
- 46 The Comptroller and Auditor General [Sir John Bourn]. 2003. *Achieving Improvements through Clinical Governance: a Progress Report on Implementation by NHS Trusts*. London: The Stationery Office.
http://www.nao.org.uk/publications/nao_reports/02-03/02031055.pdf [full document] URL accessed 16/03/05.
- 47 The Independent Commission for Good Governance in Public Services. 2004. *The Good Governance Standard for Public Services*. London: The Independent Commission for Good Governance in Public Services.
www.opm.co.uk/ICGGPS/download_upload/Standard.pdf [full text] URL accessed 17/03/05.
- 48 UK Parliament. 1995. *Disability Discrimination Act 1995*. London: HMSO.
www.legislation.hmsogov.uk/acts/acts1995/Ukpga_19950050_en_1.htm [full document] URL accessed 16/03/05.
- 49 UK Parliament. 2000. *Race Relations (Amendment) Act 2000*. London: HMSO.
www.legislation.hmsogov.uk/acts/acts2000/20000034.htm [full document] URL accessed 16/03/05.

You can read and download this document from our website.
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille, and
- in community languages.

NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316

