



*Institute for Innovation  
and Improvement*

*National Library for Health*

# National Service Framework of Quality Improvement

for NHS funded library services in England



*align*

Aligning NHS libraries to NHS business

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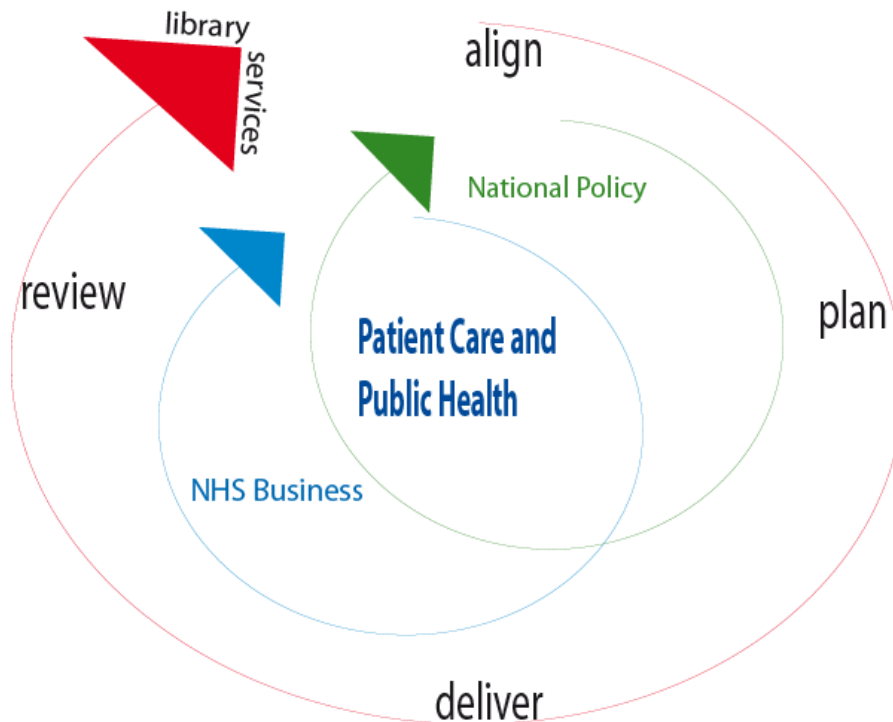
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## Foreword

## Introduction

The purpose of the NHS National Service Framework for Quality Improvement is to establish a quality cycle that will drive forward the modernisation of health library and knowledge services, enabling the delivery of a quality based integrated 'service offer' that is aligned with the business objectives of the National Health Service and that demonstrably meets both national and local requirements and expectations.



The underpinning aim is to put knowledge to work, to transform patient care and public health. This will be achieved by a quality led review of current service provision, followed by the redesign and development of library services to form a modern library/knowledge service. This will be characterised by explicit partnership working across health economies and the merger of services to widen the 'service offer' and achieve long term sustainability.

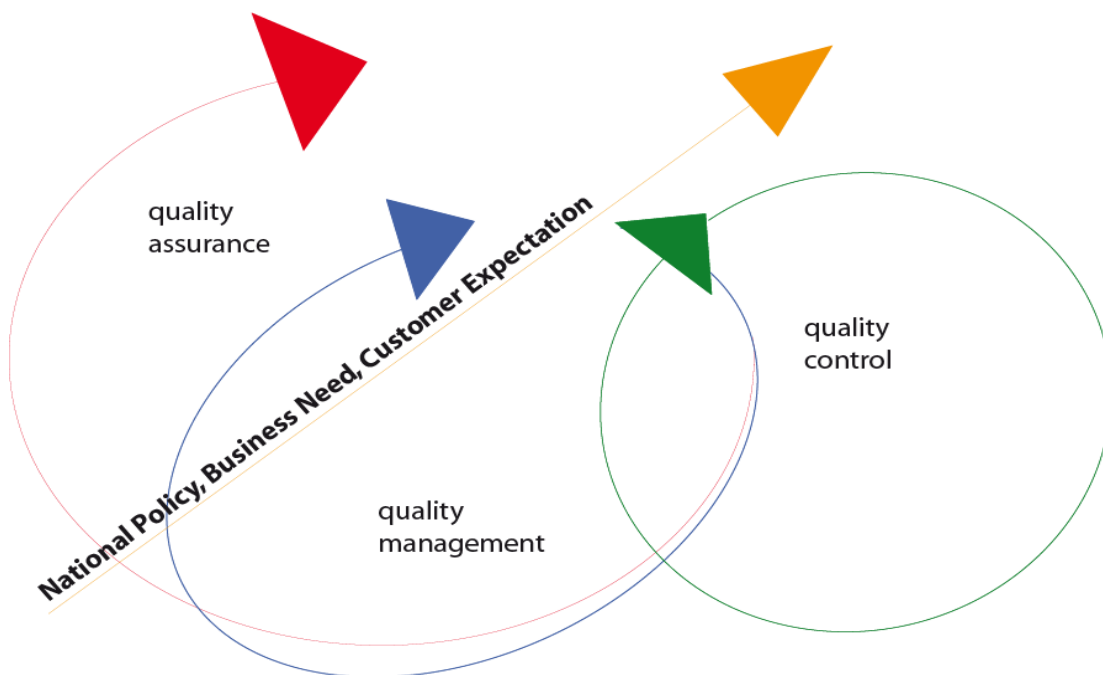
### Benefits of participation

The National Service Framework for Quality Improvement is intended to provide the mechanism for quality assurance, quality management and quality control for all library/knowledge services that support healthcare organisations. The Framework is generic to any type of knowledge service, whether a library, a resource centre, information unit or an individual in a specialised role.

It is intended that the Framework is implemented within all organisations that deliver care to NHS patients, providing a standardised approach to quality improvement and service modernisation for library/knowledge services across the whole local healthcare economy including Acute Trusts, Mental Healthcare Trusts, Primary Care Trusts, Primary Health Care Teams, Voluntary Agencies, Hospices, Independent Providers and virtual library/knowledge services providers.

# Quality Improvement

The National Service Framework for Quality Improvement provides a quality assurance tool for health library/knowledge services, establishing an infrastructure through which to deliver the outcomes defined in the Framework. National standards, which define the core services on offer and establish developmental standards, are needed to ensure the provision of a quality service which is delivered consistently to a uniformly high standard across the country.



## Quality Assurance

The Framework is aligned to national policy and aims to complement other quality initiatives, enabling the library/knowledge service to keep track of the basic building blocks of quality that all healthcare organisations need to be assured are in place.

Many of the criteria statements are referenced to legislation, statutory guidance, Department of Health guidance and other required assessments such as the Standards for Better Health. The references will help library/knowledge service staff to understand where the statements have come from and provide a guide as to where to go for further information about the issues covered in the criteria. The key assessment frameworks referenced include:

- ISO 9001:2000 International standard for quality management systems
- Improving Working Lives Accreditation
- Standards for Better Health
- NHS Litigation Authority

Working to implement these national standards for library/knowledge services will help in meeting other quality initiatives and awards. However, healthcare organisations need to be aware that assessments by each of the accrediting bodies concerned is dependent on the

interpretation of requirements by that scheme's assessors and their independent evaluation of the evidence provided.

## **Quality Management**

Quality management is the means of developing and implementing a quality policy that is informed by planning and monitoring (including quality control) activities and functions. The National Service Framework for Quality Improvement is an authoritative tool that healthcare organisations may use with confidence in order to establish a robust system for continuing quality improvement, which requires:

- alignment of the knowledge service with the goals and needs of the organisation
- integration of local provision with the national service offer
- defining and gathering key performance indicators
- using performance data to improve the service offer.

This approach to quality improvement will assist Trusts in delivering the outcomes defined in this Framework and enable the library/knowledge service to examine itself critically against national standards.

## **Quality Control**

Quality control is the process to ensure that the service is delivered in compliance with quality criteria and meets the requirements of the organisation and the customer. The process identifies compliance, with action planning to address non-compliance, thereby improving the quality of the service offer. Quality control is an ongoing process.

By using this Framework organisations can be sure that at all suitable points, staff within the library/knowledge service are questioning what is done, how they do it and how better results can be achieved, more efficiently and more effectively.

## The Framework

The library should focus on three key **business objectives**:

### **1. Commissioning**

*NHS library/knowledge services are commissioned to meet the needs and expectations of the customer base, support the business objectives of the NHS and are delivered to the workplace.*

#### **1.1 Managing Service**

*Library/knowledge services are designed and delivered to support the needs of all those who work to improve patient and population health, supporting clinical and non-clinical practice and staff development.*

#### **1.2 Managing Knowledge**

*Services and resources are high quality, timely, appropriate and safe, and provide value for money. Library/knowledge services contribute to the production, management and dissemination of corporate knowledge.*

#### **1.3 Service Infrastructure**

*The service infrastructure is in place to support the commissioned service and the needs of the customer base in a suitable environment.*

### **2. Access**

*Library/knowledge services should provide access to all those who work to improve patient and population health, supporting clinical and non-clinical practice and staff development.*

#### **2.1 Information Literacy**

*Library/knowledge services provide opportunities to develop information literacy and evidence based health skills.*

### **3. Library/Knowledge Service Staffing**

*Staff management is aligned with the principles of 'NHS Employers Improving Working Lives' and NHS library/knowledge services staff evolve new roles and develop new skills to meet the changing needs and expectations of the customer base and to support the business objectives of the NHS.*

## Outcomes

### Outcome 1 (Commissioning)

*NHS library/knowledge services are commissioned to meet the needs and expectations of the customer base, support the business objectives of the NHS and delivered to the workplace.*

#### Description

Strategic commissioning and management of both local services and the digital hub is vital. In commissioning the local components of the National Library for Health, the challenge is to transform dispersed service provision of variable quality, governed by postcode, by bringing together existing services and commissioning new services and products to create a knowledge service fit for purpose in the 21st century.

#### Goals

- Knowledge services are fully costed and funding is aligned with cost and business requirements
- All those that provide health care to NHS patients, directly or indirectly, have access to the knowledge resources and services they require/need to deliver evidence based health care and to support their decision making and learning.
- Commissioned knowledge services across a locally defined health economy are coordinated and planned. This should include enabling local networks, managing reduction in duplication and sharing best practice.
- The knowledge service must be planned and managed to provide seamless access to the knowledge base in compliance with local and national technical standards.
- Local contracts and service level agreements reflect local needs, expectation, and the cost of service provision and are aligned with the national service offer. This includes the commissioning of educational contracts for knowledge services.
- Access to online services, in particular via [www.library.nhs.uk](http://www.library.nhs.uk), must be available from all desktop PCs and via intranets and extranets.
- The environment, facilities and equipment enable efficient and effective provision of service

### Outcome 1.1 (Managing Service)

*Knowledge services are designed and delivered to support the needs of all those who work to improve patient and population health, supporting clinical and non-clinical practice and staff development.*

#### Description

The role of locally managed and delivered NHS library/knowledge services is to serve their parent/host organisations, and local health communities, while constituting an integral element of the National Library for Health. Library/knowledge services work collectively to provide a service within each locality supporting those who provide care for NHS patients.

Organisations will have different needs and demands and operate in different environments, serving different customer groups. Library/knowledge services must deliver to the needs of their organisation supporting informed decision-making for clinical and non-clinical staff as well as supporting work based learning and continuing professional development.

## Goals

- The local business plan should reflect and be aligned to local requirements
- The goal is to extend the focus of service delivery from the physical library space to the point of care, the workplace, to the desktop and at home.
- The library space is important for quiet study and reflective learning and an environment conducive for individuals and group work, for learning and reflection must be provided.
- Library space must also provide access to electronic resources for all customers.
- Library/knowledge services work collectively to provide a single networked service across local health communities, which may be a geographical community, a population based community or a specialist community.
- Some services, such as current awareness and alerting services, will be supported and coordinated nationally.
- These services will be managed and delivered by NHS librarians across the country on the principle of 'do once and share'. This collaborative model will free staff time at the local level, enabling library/knowledge services to concentrate on the delivery of tailored, targeted customer services, and to broaden their knowledge management roles.
- The expectation is that the majority of resources and services are delivered electronically via intranets, extranets and web services.

## Outcome 1.2 (Managing Knowledge)

*Services and resources are high quality, timely, appropriate and safe, and provide value for money. Library/knowledge services contribute to the production, management and dissemination of corporate knowledge.*

### Description

Knowledge is derived from three sources: research, data and the body of experience of patients and health professionals. Knowledge management is concerned with mobilising the knowledge base of health care in a form that health professionals can use and apply.

## Goals

- Library/knowledge services need to focus on mobilising the knowledge base of health care in a forms that health and social care staff can use
- Library/knowledge services need to focus on managing information, from both internal and external sources, to support corporate goals and priorities.
- Services must modernise, developing new products, services and roles, in order to support organisational planning, policy development and project work as well as patient care.
- Staff need to develop new roles in supporting the creation and sharing of knowledge, contributing to the production, management and dissemination of knowledge, exploiting information technologies to the full.

## Outcome 1.3 (Service Infrastructure)

*The service infrastructure is in place to support the commissioned service and the needs of the customer base in a suitable environment.*

## **Description**

Whether knowledge is accessed through a library space, via the web or in the workplace in the ward, clinic or in the community, the delivery of knowledge requires the infrastructure to be in place to enable safe, efficient and effective access.

## **Goals**

1. The technology does not prevent access to the knowledge base by blocking core resources and service. Instead, firewalls are configured to ensure staff have access to the knowledge they need to deliver improved care and decision making
2. The library space is clean and comfortable for the people who use the space. The number of study spaces and seating are adequate for the numbers using the service.
3. Library staff work in a safe and secure environment.

## **Outcome 2 (Access)**

*Library/knowledge services should support the needs of all those who work to improve patient and population health, supporting clinical and non-clinical practice and staff development.*

## **Description**

High quality, evidence-based knowledge is required to support the changing needs and priorities of the NHS and must be freely available to all staff at the point of need.

## **Goals**

- Systematic efforts must be made to identify and fill gaps in the evidence base.
- The range of online resources will increase; with reducing access to print collections. The range and availability of online resources will expand facilitated by the national procurement framework ensuring value for money.
- Locally purchased resources and open access resources will be integrated through the NLH search engine ([www.library.nhs.uk](http://www.library.nhs.uk)) and the search engine's dynamic directory.
- Establishing robust long-term arrangements for the national purchase of electronic content and archives will enable knowledge service managers to adopt new models of purchasing resources. National negotiation is required to address issues with licensing agreements and publisher supply models,
- Steps should be taken to strengthen partnerships and co-ordinated working with Public Libraries, Social Care Libraries, Higher and Further Education libraries to offer a broader range of knowledge resources available within local health communities.

## **Outcome 2.1 (Information Literacy)**

*Library/knowledge services provide opportunities to develop information literacy and evidence based health skills.*

## **Description**

All those who work to improve patient and population health are aware of pertinent services and resources and know how to use them.

## Goals

- All health workers should be given the opportunity to develop information literacy skills. Library/knowledge services must work within their local health community and within local organisations to deliver a co-ordinated programme of information-handling skills training.
- A national information literacy curriculum should be developed to ensure a consistent experience and a nationally accredited training programme. Training should be provided by staff that have completed a teaching skills course as part of a continuing learning programme.
- Close liaison is required with Higher Education providers to ensure that new staff benefit from the incremental acquisition of information literacy skills, and are able to progress from basic skills to more specialised information-handling skills as required.
- Local libraries must work in liaison with their local NHS Education and Training Departments and ensure that the library/knowledge service is an integral and recognised part of the resource for local work based learning.

## Outcome 3 (Library/Knowledge Service Staffing)

*Staff management is aligned with the principles of 'NHS Employers Improving Working Lives' and NHS library/knowledge services staff evolving new roles and developing new skills to meet the changing needs and expectations of the customer base and to support the business objectives of the NHS.*

## Description

The modernisation of knowledge service requires knowledge staff to extend their skills and expand their role.

## Goals

- Alignment of the organisation's Human Resources with the principles of 'NHS Employers Improving Working Lives'
- Knowledge staff must strive to make a full contribution to the work of healthcare teams, gaining full recognition as an integrated part of the team.
- Library/knowledge services should model best practice and innovate, developing new staff roles that better meet the needs and expectations of an increasingly technology-literate customer base.
- Use of either the Chartered Institute of Library and Information Professionals (CILIP) or UK Council for Health Informatics Professions (UK CHIP) professional development frameworks should be encouraged.
- Increased automation and collaborative service delivery (e.g. adopting the principles of 'do once and share') must be used to increase capacity.
- Knowledge service staff must be able to contribute to distributed authorship of local alerting, current awareness and news services, optimising their contribution to nationally coordinated services.

# Standards and Criteria

## DOMAINS

The standards have been developed through consultation with Health Accreditation Quality Service (now part of CHKS Ltd), National Library for Health, professional organisations and individuals representing the interests of Strategic Health Authorities, Acute and Primary Care Trusts, Mental Healthcare Trusts, knowledge services, health professionals, employers and statutory bodies.

The standards are derived from the framework and are set out in five domains:

Domain 1	Managing Services and Knowledge, Risk and Information Governance
Domain 2	Commissioning, Finance, Contracts and Partners
Domain 3	Human Resources and Staff Management
Domain 4	Infrastructure, Facilities and Safety
Domain 5	Customer Engagement

Each domain is an outcome defined in the National Service Framework and addresses an area of work, or activity, carried out by the healthcare organisation and the library/knowledge service and each is made up of statements of criteria for assessment.

## CRITERIA

### Definition of criteria

The criteria are designed to be measurable through self-assessment and survey processes. They are flexible and adaptable, applicable irrespective of the size and composition of each library/knowledge service. The criteria set out what needs to be achieved, implemented according to local circumstances, with staff teams within the local knowledge services decide and manage how this is to be done.

### Type of criteria

There are 2 types of criteria:

1. **Corporate** criteria reflect the requirements of the parent organisation (this may be a PCT, SHA, Trust or other healthcare provider.)
2. **Service** criteria reflect the requirement at library/knowledge service level

### Weighting of the criteria

To assist with prioritisation of the work, each criterion is weighted according to the following definitions:

- e Weighted criteria (Essential) relate to the alignment with National Library for Health strategy and good management practice that are essential and must be met in order to achieve compliance.
- c Weighted criteria (Core) reflect statutory and professional requirements, guidance, strategies and reports issued by the government, Department of Health and professional

bodies and sound organisational practice in health care.

- d Weighted criteria (Developmental) relate to enhanced practice that some trusts may already offer and others should be aiming to achieve given sufficient resources and a strong commitment to quality. Over time developmental criteria will become core.

## CRITERIA STRUCTURE

Each criterion defines a component towards compliance with the domain. Breaking the criteria down to basic components enables better measurement of compliance by the surveyor. For example, if the requirement is:

*'The service has a strategy, approved by the board, costed and reviewed annually'*

The criteria will be broken down into:

1. Has a strategy
2. Approved by the board
3. It is costed
4. It is dated
5. Reviewed annually

Describing the five elements will allow the surveyor to measure full compliance, partial compliance or non-compliance.

## COMPLIANCE

### Compliance

### Definition

Full Compliance:

The criterion is in place  
There is evidence to prove this  
There is written, observable, established practice  
All staff are aware

Partial Compliance

The criterion is not fully met  
It is being worked on (but this does not include draft documents, see below)  
There is evidence to show it is being actively addressed – resources identified, plans in place etc.

Non Compliance:

This has not been considered  
No work towards implementation  
May be a willingness to progress but no supporting action or plans to move forward  
What is observed falls far short of the guidance  
Draft documents  
Unsafe systems of practice

Not applicable:

Individual standards or criteria that do not apply to the knowledge service.  
These need to be agreed with the lead surveyor and documented as to why they are not applicable.

The information can be written on the pre-survey assessment form to ensure there is no ambiguity.

A service manager may find that some criteria are not relevant to the particular organisation or service. It will be possible to omit criteria from assessment as long as evidence is provided that demonstrates that the criteria do not apply. For example: For a knowledge service that comprises an individual with a computer supporting clinical teams the criteria related to book loans, reservations and study areas may not be relevant to the service and can therefore be omitted.

## **CORPORATE AND SERVICE CRITERIA**

The ability of library/knowledge service to be high quality, timely, appropriate and safe, and provide value for money requires commitment from the organisation to ensure policies and processes are in place to enable this to happen. Also the organisation needs to be able to demonstrate the library/knowledge service is part of the corporate body with regards to strategy, policy and legislative requirements.

It is not the role of the National Service Framework for Quality Improvement to assess other quality frameworks. However other quality frameworks may be crucial to the delivery of a quality library/knowledge service and are therefore referenced.

The organisation may have complied with a standard referenced in an NLH criterion or standard. For example, if the Trust has achieved Improving Working Lives Practice Plus, then achievement of the corporate elements of domain 3 will be accepted and considered compliant. Although Practice Plus is no longer mandated, the principles of Improving Working Lives Practice Plus are still in place.

The library/knowledge service manager cannot be responsible for the organisation not meeting corporate requirements. However, the library/knowledge service manager is responsible for ensuring the service is compliant with corporate policies and processes, that where appropriate these are implemented within the service and that library/knowledge service staff are aware of corporate policy and act accordingly.

## **STANDARDS REVIEW AND REVISION**

In order to ensure that library/knowledge service standards and criteria reflect changes in health care and are representative of best practice, the National Service Framework for Quality Improvement will be reviewed on an ongoing basis.

## Quality Improvement Domain 1 - Managing Services and Knowledge, Risk and Information Governance

Library/knowledge services are designed and delivered to support the needs of all those who work to improve patient and population health, supporting clinical and non-clinical practice and staff development. Services and resources are high quality, timely, appropriate and safe, and provide value for money. Library/knowledge services contribute to the production, management and dissemination of corporate knowledge.

				Criterion	Guidance	References
<b>Quality Improvement Domain 1.1 Strategy</b>						
Corporate	e	1.1a 1.1	There is a designated board member accountable for the library/knowledge service.	<p><i>This is documented in a job description and may also be included in responsibility charts. Where the library service is contracted out and not managed in-house, it would be expected that formal processes would be in place to ensure effective ongoing communication at senior level. This role should include responsibility for quality control of library/knowledge services, within the context of within local clinical governance arrangements. Every clinical or management team in the NHS should identify someone in the team as “Team Knowledge Officer” (or equivalent). The Team Knowledge Officer will have responsibility for ensuring the effective input of evidence to enable the team to function properly.</i></p>	<p><i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D4c, Department of Health, July 2004</i></p> <p><i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 11, 14 and 21</i></p> <p><i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.4.1</i></p>	
Corporate	e	1.1b 1.2	There is a dated, documented strategy for the provision of NHS funded library/knowledge services, which is reviewed on an annual basis.	<p><i>The strategy must ensure that the library/knowledge service is regarded as part of the core business of the NHS, all of whom need access to an appropriate service and an appropriately skilled librarian. In the NHS the following would need to be taken into account: national IT programmes; the need to support clinical governance, and in England, the local Strategic Health Authority (SHA) or library strategy. The strategy should be developed with input from a multi-professional team. The strategy must ensure that all staff/students who deliver care, or support the delivery of care, to NHS patients have access to the knowledge resources/services they require for evidence</i></p>	<p><i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 7, 20, 3, 31 and 36</i></p> <p><i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i></p> <p><i>Health Service Guideline (HSG) 97(47) section 1.1 and 3.1</i></p>	

				<i>based practice and life-long learning (including e-learning).It must also define how library/knowledge services are delivered to the point of need – in the ward, clinic, and department and in the community.</i>	
Corporate	c	1.1c 1.3	The strategy is formally approved by the parent organisation. Relevant staff are aware of the strategy and there is evidence of implementation.	<i>The parent organisation may be a Trust, PCT, SHA or another NHS organisation as appropriate. “Formally approved” normally means that the strategy would have Board approval. Where the knowledge service is contracted out, rather than directly managed in-house, (e.g. in the case of University health science libraries based within NHS Trusts), there should be a process of formal engagement with the principal customer organisations at Board level to identify how the service should support their organisational objectives. This should then be overtly identified in the knowledge service’s own strategy or business plan.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>
Corporate	c	1.1d 1.4	The strategy includes the mission statement for providing the library/knowledge service to meet the needs of all users.	<i>The organisation ensures that all staff have access to the knowledge base of health care and have access to knowledge services. (this includes. students registered on health profession courses or programmes)</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>
Corporate	c	1.1e 1.5	The strategy includes measurable aims and objectives of the library/knowledge service.	<i>The aims and objectives should be developed in accordance with national legislation and meet the requirements of local planning (e.g. the Local Delivery Plan). They should also include committee structures and accountabilities and individual responsibilities at senior level to ensure effective leadership.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>  <i>Health Service Guideline (HSG) 97(47) section 2.1 and section 3.1-3.4</i>
Corporate	c	1.1f 1.6	The strategy defines the networks which are involved in the provision of a library/knowledge service.	<i>Networks may be across a locally defined health economy where knowledge services work in partnership to deliver a single service. In all sectors this will include resources and services delivered nationally via the National Library for Health website <a href="http://www.library.nhs.uk">www.library.nhs.uk</a>. It may also include discussion lists or involvement in virtual networks. In the NHS this would also mean active involvement in SHA or national network activity relating to library/knowledge</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>

				<i>services and with local resource sharing and support networks.</i>	
Corporate	<b>d</b>	1.1g 1.7	The strategy describes how the organisation manages corporate library/knowledge to identify, create, represent, and distribute library/knowledge for reuse, awareness, sharing and learning.	<i>The strategy recognises the knowledge component of health care as an explicit concern impacting on strategy, policy and practice. It describes how knowledge across the organisation is mobilised in a form that all staff can access, use and apply. The organisation supports a culture of learning that facilitates the sharing of library/knowledge, supporting staff who are committed to sharing best practice and implementing evidence-based change. The library contributes expertise to the “corporate NHS” via collective/collaborative knowledge service provision at local, regional and national level.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 14, 40</i>
Corporate	<b>d</b>	1.1h 1.8	The strategy ensures the infrastructure is in place to enable the management and distribution of corporate library/knowledge.	<i>This may include intranets, knowledge support from knowledge service professionals, learning sets, discussion fora, access to national/local guidelines and protocols and research networks, public engagement and processes to manage ‘corporate memory’. The library contributes expertise to the “corporate NHS” via collective/collaborative knowledge service provision at local, regional and national level.</i>	
Corporate	<b>d</b>	1.1i 1.9	The strategy defines how library/knowledge service staff contribute to corporate library/knowledge.	<i>This includes the role of knowledge service staff contributing to corporate knowledge, within the context of delivering effective library/knowledge services.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 40</i>
Service	<b>c</b>	1.1j 6.6	The service policy references to other inspections assessments and quality improvement initiatives carried out within the wider organisation.		<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D4b, Department of Health, July 2004</i>
<b>Quality Improvement Domain 1.2 Policy</b>					
Service	<b>e</b>	1.2a 6.1	There is a dated, documented policy for the implementation of the strategy for the library/knowledge service. The plan is reviewed on an annual basis and as and when policy changes.	<i>The policy sets out how the service is managed in line with the strategy of the parent organisation. The policy describes how library/knowledge services/resources support</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>

				<i>delivery of healthcare, plus educational, professional and personal development. It describes how the knowledge service is delivered to the point of need such as the work place. It includes a plan for the integration of national and local electronic content and defines the expanding role of library/knowledge services staff - the Clinical Librarian, Outreach Librarian and Business Intelligence Support.</i>	
Service	<b>c</b>	1.2b 6.2	The policy contains an outline of the current work of the service and any plans for development.	<i>Development includes, for example, changes in the way services are provided, new services to be offered, changes in the physical environment such as building development and the purchase of new equipment. Plans may also include information on the capital and revenue costs as well as risk management. The policy should include how the knowledge service plans to deliver to the point of need such as the work place. It should define the expanding role of library/knowledge services staff - the Clinical Librarian, Outreach Librarian and Business Intelligence Support.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>
Service	<b>d</b>	1.2c 6.3	The business plan contains details of the costs associated with each service and resource.		
<b>Quality Improvement Domain 1.3 Operational Management</b>					
Service	<b>e</b>	1.3a 6.45	There are dated, documented operational procedures manuals, written and reviewed within the last three years for all aspects of work specific to the service. The relevant staff are aware of the procedures and there is evidence of implementation.		<i>ISO9001 Quality Management Systems – Requirements, 2000</i>
Service	<b>c</b>	1.3b 6.46	There are dated, documented work instructions specific to the service that have been developed in consultation with staff and representatives from other professions as appropriate. These have been written/reviewed within the last three years. The relevant staff are aware of the procedures and there is evidence of implementation.	<i>The procedures include: legislation relating to copyright and charging, data protection and confidentiality, health and safety, equal opportunities, disability discrimination and other relevant legislation.</i>	<i>ISO9001 Quality Management Systems – Requirements, 2000</i>
Service	<b>c</b>	1.3c 6.47	All documented procedures and work instructions are readily accessible in the service	<i>This may be in an indexed manual or accessible by a computerised system.</i>	<i>ISO9001 Quality Management Systems – Requirements, 2000</i>
Service	<b>c</b>	1.3d	All documented procedures and work instructions		<i>ISO9001 Quality Management Systems –</i>

		6.48	include the name of the post or group responsible for drafting and review.		Requirements, 2000
Service	c	1.3e 6.49	All documented procedures and work instructions are subject to a systematic review process.	<i>This includes, for example, the date of issue for each document, the date for review, stating who is responsible for the review of the document and the implementation of a rolling programme of review.</i>	ISO9001 Quality Management Systems – Requirements, 2000
Service	c	1.3f 6.50	There is a system for informing staff of changes to all documented procedures and work instructions.		ISO9001 Quality Management Systems – Requirements, 2000
Service	c	1.3g 6.51	There is a dated, documented procedure for document control within the service. The procedure has been written/reviewed within the last three years.	<i>The procedure should cover how the previous criteria on policy and procedure issues are controlled to ensure that the correct versions are in the correct locations.</i>	ISO9001 Quality Management Systems – Requirements, 2000
Service	d	1.3h 6.52	Working practices are audited to ensure that they are consistent with documented procedures and work instructions.	<i>There is a systematic audit schedule covering all policies and procedures to ensure the consistent application and implementation of the policies and procedures. Actual work practice is compared to monitor application and implementation of policies and procedures. The audit schedule must demonstrate that working practice is compared to policy and procedure on a rolling programme over three years. This may be linked to quality improvement objectives in the overall service plan. The audit schedule should include the frequency of the audit.</i>	ISO9001 Quality Management Systems – Requirements, 2000
Service	d	1.3i 6.53	Findings from procedures and work instruction audits are acted upon.		ISO9001 Quality Management Systems – Requirements, 2000
Service	d	1.3j 6.54	Reports from procedures and work instructions audits are reviewed and reported to staff.		
<b>Quality Improvement Domain 1.4 Performance Monitoring</b>					
Corporate	c	1.4a 2.12	There is a system in place to monitor service provision.	<i>Indicators from service level agreements and other performance targets should be used as part of the monitoring process.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 34, 37 and 50</i>
Corporate	c	1.4b 2.13	The knowledge service has information that shows who is accessing resources/services.	<i>This may be linked to performance indicators and data from Library/Learning Management Systems.</i>	
Corporate	c	1.4c	Local and national performance indicators are reviewed at defined periods, with national	<i>As part of quality management local service level agreements must define performance</i>	

		1.13	performance indicators annually reported to the NLH Coordinating Group.	<i>indicators. These will be monitored and reported. National performance indicators will inform policy and marketing at national level and local library/knowledge services must contribute data to this process.</i>	
Corporate	<b>c</b>	1.4d 1.14	There is evidence of action taken from the review of the performance indicators	<i>For example, local service managers can plan their services and national plans can be drawn up for the knowledge service.</i>	
Corporate	<b>c</b>	1.4e 2.14	The recommendations from inspection reports from training bodies, such as Royal Colleges and Specialist Advisory Committees are considered and actions taken.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.1.1</i>
<b>Quality Improvement Domain 1.5 Corporate Risk</b>					
Corporate	<b>c</b>	1.5a 1.12	There is a dated, documented risk management strategy for the NHS funded library/knowledge services which is reviewed on an annual basis.	<i>The strategy details aims, objectives, committee structures and accountabilities and individual responsibilities, and covers all types of risk including environmental and organisational (finance, human resources, legal compliance, health and safety). It should include the following elements: the process for reviewing the service's performance with regard to the management of risk, the identification of how risk is measured, key objectives for managing risk, guidance on what constitutes "acceptable" risk, links between the strategy and risk management policies and procedures and how staff are to be trained in risk management</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06-2007/08, Third Domain - Governance C7c, Department of Health, July 2004</i>  <i>NHSLA Risk Management Standards for Acute Trusts, Standard 1: 1.1, Standard 2: 2.5, NHS Litigation Authority, April 2007</i>
Service	<b>c</b>	1.5b 6.36	There is a nominated risk management lead for the service.		
Service	<b>e</b>	1.5c 6.37	Risk assessments are carried out in accordance with the parent organisation's risk management strategy, policies and procedures.	<i>Assessments are made of risks associated with moving and handling, COSHH, display screen equipment, and other risks as appropriate to the work of the service, such as lone workers. Risk assessments should also take into account the safety of customers. Clinical effectiveness in the absence of a knowledge service should be included in the corporate risk management log, as should risks associated with a reduction in the knowledge service offered.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06-2007/08, Third Domain - Governance C7c, Department of Health, July 2004</i>  <i>NHSLA Risk Management Standards for Acute Trusts, Standard 3: 3.4, NHS Litigation Authority, April 2007</i>
Service	<b>c</b>	1.5d	The service works with the action plan of identified	<i>The progress on implementing preventative and</i>	

		6.38	risks where preventative and protective measures need to be implemented.	<i>protective measures as a result of risk assessments is monitored to ensure action is taken within agreed timescales.</i>	
<b>Quality Improvement Domain 1.6 Information Governance</b>					
Corporate	<b>c</b>	1.6a 4.6	The organisation is registered under the Data Protection Act 1998.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.1.1</i>
Corporate	<b>c</b>	1.6b 4.7	There is a dated, documented confidentiality and management of information policy which sets out how the organisation ensures that personal information held is managed confidentially. The policy has been written/reviewed within the last three years. All relevant staff are aware of the policy and there is evidence of implementation.	<p><i>Personal information includes data of customers, staff and patients. The policy should include the mechanism for staff to report possible breaches or risk of breaches of confidentiality. Reference should be made to the Data Protection Act 1998. The policy should state the purpose of using confidential information:</i></p> <ul style="list-style-type: none"> <li><i>◦ Don't use personal identifiable information unless it is absolutely necessary</i></li> <li><i>◦ Use the minimum personal identifiable information that is necessary</i></li> <li><i>◦ Access to personal identifiable information should be on a strict 'need to know' basis</i></li> <li><i>◦ Everyone should be aware of and understand their responsibilities</i></li> <li><i>◦ Understand and comply with the law</i></li> </ul> <p><i>The Caldicott Guardian has been involved in the development of the organisation's confidentiality policy. The policy should describe how information is used, shared and managed to support the organisation's clinical governance agenda.</i></p>	<p><i>Protecting and Using Patient Information, A Manual for Caldicott Guardians, Department of Health 1999</i></p> <p><i>Confidentiality, NHS Code of Practice, Department of Health, November 2003</i></p>
Corporate	<b>c</b>	1.6c 4.8	There are dated, documented procedures for the creation, management, handling, secure storage and destruction of all records in accordance with the Data Protection Act 1998.	<i>The procedures have been written and reviewed within the last three years. Relevant staff are aware of the procedures and there is evidence of implementation. These records include patient health records, personnel records, records of dealings with contractors and records of responses to marketing exercises. It may be practical to have one overall records management policy but separate procedures for the different types of records, such as personnel</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.3.3, 2.4.1</i>

				<i>records and patients' health records.</i>	
Service	<b>c</b>	1.6d 9.5	Knowledge service staff whose primary role is concerned with managing information and/or records are aware of the organisation's confidentiality policy and the provisions of the Data Protection Act 1998 and the Freedom of Information Act 2000.		

## Quality Improvement Domain 2 – Commissioning, Finance, Contracts and Partners

NHS library/ knowledge services are commissioned to meet the needs and expectations of the customer base, support the business objectives of the NHS and are delivered to the workplace.

		Criterion	Guidance	References	
<b>Quality Improvement Domain 2.1 Commissioning</b>					
Corporate	<b>c</b>	2.1a 2.1	The organisation works with the commissioners to ensure library/knowledge services are delivered in line with an organisations strategic objectives and business needs.	<i>This will be through a combination of direct contributions at local planning meetings, submitting policy papers and service projections to inform the plan, commenting on drafts of the plan and through other meetings that contribute to the thinking behind the development of the plan. The plan is based on shared values and objectives, which aim to improve the health of the local population. Commissioning implements the Library Review recommendation that library/knowledge services are part of core business and that commissioners aim to systematise and unify initiatives to achieve consistency, efficiency and economies of scale</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 4, 7, 31, 33 and 35</i>
Corporate	<b>d</b>	2.1b 2.5	Lines of communication between the organisation and the commissioning department of the local commissioners are defined.	<i>This may be the role of the SHA/Trust</i>	
Corporate	<b>c</b>	2.1c 2.6	There is multi-professional involvement in the development of commissioning plans and specific service level agreements.	<i>This may be the role of the SHA</i>	
Corporate	<b>c</b>	2.1d 2.7	There are named individuals with responsibility for working with commissioning managers on the development of service level agreements.	<i>This may be the role of the SHA.</i>	
<b>Quality Improvement Domain 2.2 Finance and Budgets</b>					
Corporate	<b>c</b>	2.2a 1.15	An annual budget is set for the library/knowledge service in accordance with the aims and objectives of the organisation.	<i>Knowledge service staff are involved in the annual budget setting using information gathered from service activity and costs.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C7d, Department of Health, July 2004</i>
Service	<b>D</b>	2.2b	There are details of the costs associated with each		

Service	c	6.3 2.2c 6.17	service and resource There are documented responsibilities for budget management within the library/knowledge service.	<i>For example, this may be stated within policy documents as an appendix to the annual budget or in job descriptions.</i>	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C7d, Department of Health, July 2004
Service	c	2.2d 8.6	The director/manager of the service is involved in the preparation and monitoring of the budget for the service.	<i>The director/manager should be involved in the budget setting with the parent organisation and be responsible for the budget management within the knowledge service.</i>	
Service	c	2.2e 6.19	Budget holders receive financial training and guidance.	<i>The training and guidance should be based on the user friendly extracts from the financial policies and procedures.</i>	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C7d, Department of Health, July 2004
Service	c	2.2f 6.20	Each budget holder has a named finance officer to whom to refer.		National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C7d, Department of Health, July 2004
Service	c	2.2g 6.21	Reasons for budget variation in either income or expenditure are established.		National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C7d, Department of Health, July 2004

### Quality Improvement Domain 2.3 Service Level Agreements and Contracts

Corporate	d	2.3a 2.9	There are template documents for service level agreements and contracts, agreed with the commissioners.	<i>The templates should be drawn up with the benefit of legal advice, as the basis of the contract arrangements between the organisation and the commissioners. Staff responsible for delivering the service are involved in the development of all service level agreements.</i>	SHA and Local guidelines will be In force for education and resources commissioning as part of the Multi-Professional Education and Training budget guidance.
Corporate	c	2.3b 2.10	Internal and external service level agreements include clear specifications for the service being commissioned, including the type, cost and volume of the service, facilities and equipment.	<i>This should include aspects such as: a description of the service to be provided; provision of services by qualified and/ or trained staff; accessibility of the service; expected activity of the service over a defined time period. This may include timescales for delivery of information; level of information; method of</i>	External SLAs governed by organisation's Standing Financial Instructions

				<i>delivery of the information; access to services, hardware and software.</i>	
Corporate	c	2.3c 2.11	Internal and external service level agreements specify agreed performance indicators and mechanisms for monitoring performance.	<i>This includes a specification of the information to be routinely monitored and the frequency and means by which it is communicated to the commissioner. The agreement should also give an indication of the circumstances under which the commissioners may withdraw funding for under-performance.</i>	<i>External SLAs governed by organisation's Standing Financial Instructions</i>
Corporate	d	2.3d 2.15	Service delivery is monitored by the organisation in line with any agreed targets.	<i>The monitoring process consists of organisation level data collection, which is then submitted for central analysis. In addition, the organisation may make narrative reports direct to the service commissioner. Contracts should be reviewed in partnership between the provider organisation and the commissioning commissioners.</i>	
Corporate	c	2.3e 2.16	All internal and external service level agreements are signed by a representative of the organisation and a representative of the commissioners or other commissioning agency.		<i>External SLAs governed by organisation's Standing Financial Instructions</i>
Corporate	c	2.3f 2.17	Internal and external service level agreements are reviewed at defined intervals.	<i>Service level agreements should be reviewed during the course of the agreement and prior to each renewal. Depending on the service, this may be annually or once every three years as a minimum.</i>	<i>External SLAs governed by organisation's Standing Financial Instructions</i>
Service	c	2.3g 6.22	Where the library/knowledge service is a direct supplier of a service, service level agreements are drawn up between the library/knowledge service and the individual/department/ or other organisations receiving the service. Library/knowledge staff demonstrate they are aware of service level agreements.	<i>Examples would be where the personalised knowledge service supplies information to individuals, e.g. a nurse at a GP practice; higher education; independent health care providers; external organisations. All service level agreements should facilitate expansion of the knowledge service to be delivered at the point of need such as in the workplace. This may also include the expansion of the knowledge staff role, for example, Clinical Librarians, Outreach Librarian, and Business Intelligence Support. Where the library provides a service to an external organisation and where there is a service level agreement access to online library services (national and local) via the trust's network is permitted.</i>	

Service	d	2.3h 6.23	Each element of the service level agreement in terms of service and resource is fully costed.	<i>The cost will inform the price of the service level agreement. Even if there is no charge for the service level agreement the service manager must know the cost of providing the service.</i>	
Service	c	2.3i 6.24	A list is kept of all internal and external service level agreements.		
Service	c	2.3j 6.25	Staff responsible for delivering the service are involved in the development of service level agreements.		
Service	c	2.3k 6.27	Internal and external service level agreements include the frequency and content of reporting requirements.	<i>Both national and local performance indicators should be published in an annual report. This will be a developmental weighting.</i>	
Service	c	2.3l 6.28	Internal and external service level agreements include a requirement for the provision of services by trained and qualified staff and supervision of unqualified staff.	<i>The service should be managed by a professional Library/Knowledge Service manager, qualified In Librarianship, information Management or Information Science.</i>	
Service	c	2.3m 6.29	Internal and external service level agreements include quality monitoring arrangements for services.	<i>The arrangement for service delivery is jointly reviewed by the provider and user departments. The monitoring needs to be a cyclical process that includes monitoring against standards, performance indicators and asking the customer/stakeholder. Local performance indicators, such as opening hours, loans periods, response times to enquiries, librarian visits to, for example department of community health centres may be included as performance indicators/quality monitoring arrangements.</i>	<i>External SLAs governed by organisation's Standing Financial Instructions</i>
Service	c	2.3n 6.30	Internal and external service level agreements include arrangements for after hours and emergency services where applicable.		
Service		2.3o 6.33	Where services are provided under contract by external contractors, there is a detailed service specification.	<i>The list includes contact details of the contractor, the length of the contract and renewal dates.</i>	<i>External SLAs governed by organisation's Standing Financial Instructions</i>
Service	c	2.3p 6.34	Standards of delivery by external contractors are monitored against the service specification.		<i>External SLAs governed by organisation's Standing Financial Instructions</i>
Service	c	2.3q 6.35	There is a dated, documented list of approved suppliers to the library/knowledge service.	<i>This may include quality review meetings, response times from supplier down-time of technology.</i>	
<b>Quality Improvement Domain 2.4 Partnership Working</b>					
Corporate	c	2.4a	The organisation has made a public statement of	<i>This may be included in the organisation's</i>	<i>Peter Hill, REPORT OF A NATIONAL</i>

		2.19	commitment to partnership working.	<i>mission statement, annual business plan, annual report, or in another public document that sets out the organisation's position on this policy area, or on a number of related policy issues.</i>	<i>REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 44</i>
Corporate	<b>d</b>	2.4b 2.20	There is training for staff to develop and renew the competencies required for partnership working.	<i>These include facilitation, negotiation and mediation skills. These may be enhanced through multi-agency, multi-professional learning, clinical governance processes and personal development planning.</i>	
Corporate	<b>c</b>	2.4c 2.21	The organisation works with other organisations and agencies across the local health economy to modernise and develop services to meet customer needs, expectations and choice.	<i>The process for joint planning needs to be agreed between all stakeholders and include agreements for setting priorities and reporting progress. The organisation's involvement includes attendance at meetings by the most appropriate level organisation staff, taking a leadership role in developing plans and constructive dialogue in correspondence and reports to meetings and other forums. Joint planning should involve all stakeholders and include goals and objectives to meet the needs of vulnerable groups. Development options include consideration of the shift of service delivery from secondary to primary care, where appropriate, and the involvement of voluntary agencies to offer choice and flexibility in service delivery and to improve access.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 35</i>
Corporate	<b>c</b>	2.4d 2.22	The organisation has membership of local knowledge networks through nominated representatives.	<i>These will include the area cancer network, critical care network, supportive and palliative care network and all other clinical networks which relate to the organisation's appropriate provision of services.</i>	
Corporate	<b>d</b>	2.4e 2.23	The organisation works in partnership with other agencies and the commissioners to determine local priorities and the application of national guidance and standards in the local context.	<i>There should be evidence from meetings and reports of the working arrangements with the commissioners on the development of joint guidelines for collaborative planning and NSF implementation.</i>	
Corporate	<b>d</b>	2.4f 2.25	The organisation develops partnership arrangements with other agencies that reduce duplication, avoid gaps in knowledge service provision and improve services.	<i>The organisation's chief executive or senior designated person is an active participant in local strategic partnership arrangements. The organisation should be able to demonstrate partnership arrangements with other health</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 4 and 40</i>

				<i>service providers, social services, other local authority services and voluntary sector organisations, as appropriate, across a number of service areas. These are likely to include mental health services, learning disability services (depending on the clinical services provided by the organisation). There should be evidence of improved use of resources to meet joint objectives for health and social care.</i>	
Corporate	<b>d</b>	2.4g 2.26	The organisation ensures that opportunities for integrating service planning and delivery with local authorities are considered and developed where possible.	<i>This is in line with Health Act flexibilities and will involve appropriate delegation of functions between partner agencies.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 4 , 35 and 40</i>
Corporate	<b>d</b>	2.4h 2.27	Formal written agreements are in place for all partnership arrangements that identify the lead roles and responsibilities for delivery.	<i>Agreements set out the services to be provided under the partnership arrangement. These should also include governance and accountability, how the pooled budget is to work, who manages expenditure and how packages will be managed. Agreements should also include the level of financial contribution from each partner organisation and the contribution of accommodation, information systems, goods and services from each partner. Agreements may also reflect joint commissioning arrangements to support partnership working.</i>	
Corporate	<b>d</b>	2.4i 2.28	There are systems in place to encourage effective team working across organisations.	<i>Team working across organisations requires good communication systems and formal and informal networks of staff across agencies. A comparative analysis of terms and conditions in partner organisations is undertaken to ensure that action is in place to reduce anomalies in the terms and conditions of staff doing similar jobs but employed by different organisations.</i>	
Corporate	<b>d</b>	2.4j 2.29	The organisation makes joint appointments with partner agencies to strengthen the management of integrated services.	<i>Particular attention needs to be paid to the reporting and service management lines within integrated services. Wherever possible dual accountabilities are changed to single accountability. Where the service is managed by a partner organisation, the organisation nominates a manager as the liaison officer for</i>	

				<i>the service.</i>	
Corporate	<b>d</b>	2.4k 2.30	The organisation works with the voluntary sector and has a plan for the role of the voluntary sector in future knowledge service delivery.		

### Quality Improvement Domain 3 – Human Resources and Staff Management

Staff management is aligned with the principles of ‘NHS Employers Improving Working Lives’, with NHS library/knowledge services staff evolving new roles and developing skills to meet the changing needs and expectations of their customer base and to support the business objectives of the NHS.

			Criterion	Guidance	References
<b>Quality Improvement Domain 3.1 HR Strategy</b>					
Corporate	<b>e</b>	3.1a 3.2	Management responsibility for human resources is clearly defined, and there are clear lines of accountability for human resources matters throughout the organisation leading to the Board.		<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D7, Department of Health, July 2004</i>
Corporate	<b>c</b>	3.1b 3.3	There is a dated, documented human resources strategy in place for the organisation to deliver against the NHS Plan, National Priorities and Working Together targets. This has been written/reviewed within the last three years. The relevant staff are aware of the strategy and there is evidence of implementation.	<i>Issues include skills and qualifications required to run the organisation’s services; workforce planning and employee resourcing; recruiting and retaining staff; redundancy/outplacement of staff; staff training and development; employee health and welfare; employee relations; equal opportunities (including ethnic monitoring of staff); managing performance; pay and reward system, and milestones for the review of strategy.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D7, Department of Health, July 2004</i>
Corporate	<b>c</b>	3.1c 3.5	The organisation has a dated, documented strategy for the implementation and monitoring of the Improving Working Lives standard. This has been written/reviewed within the last three years. The relevant staff are aware of the strategy and there is evidence of implementation.	<i>This includes the setting up of a multi-disciplinary team with Board input, agreeing formal staff involvement and raising staff awareness of the initiative. The organisation demonstrates leadership from the top and board commitment to more flexible, supportive, family friendly and culturally sensitive ways of working and training. The organisation encourages managers to lead by example. Training and development is provided for managers to support the IWL standard. Senior and middle managers adopt flexible working practices.</i>	

<b>Quality Improvement Domain 3.2 Staff Structure</b>					
Service	c	3.2a 8.1	There is an up-to-date organisational chart for the service. Staffs demonstrate they are aware of the organisational chart.	<i>The chart accurately reflects posts and lines of responsibility.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005,</i>
Service	c	3.2b 8.2	The director/manager is responsible for the overall management of staff in the service.	<i>This includes, for example, being involved in recruitment of staff, grievance and disciplinary procedures, personal development planning and skill mix reviews.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D4c, Department of Health, July 2004</i>
Service	c	3.2c 8.3	The director/manager is responsible for developing and implementing operational policies and procedures to achieve service objectives.	<i>This is referenced in job descriptions, role profiles and other such documents.</i>	
Service	c	3.2d 8.10	Arrangements are in place for an individual to take responsibility for the service in the absence of its director/manager	<i>This is referenced in job descriptions, role profiles and other such documents.</i>	
Service	c	3.2e 8.12	A named person is responsible for the co-ordination of local quality improvement/management activities.	<i>The service quality co-ordinator should also link into organisation-wide quality initiatives and structures, both formally and informally. The responsibilities of this person may include leading on the implementation of the quality assurance/accreditation programme for the service.</i>	
<b>Quality Improvement Domain 3.3 Human Resources Policies</b>					
Corporate	c	3.3a 3.6	There is a range of dated, documented human resources policies and practical support in place to meet the specific needs of staff. The policies have been written/reviewed in the last three years. The relevant staff are aware of the policies and there is evidence of implementation.	<i>The organisation should consult with staff prior to implementation on the type of policies most valued by staff. Policies may include, for example: provision of child care facilities and school holiday clubs, extended leave for family crises, flexible shift patterns, annual hours contracts, term-time working, job-share.</i>	
Corporate	c	3.3b 3.58	There is a dated, documented policy and procedure on security of employment, redeployment and redundancy. The policy and procedure have been written/reviewed within the last three years. The relevant staff are aware of the policy and procedure and there is evidence of implementation.	<i>The policy and procedures include, for example, how the organisation plans to manage any reduction in the workforce to minimise financial and emotional costs to the individuals affected, how selection criteria are identified, consideration of alternatives to compulsory redundancy in exchange for employee flexibility, use of voluntary redundancy and redeployment, and the development of a severance package</i>	

				<i>which includes access to outplacement services. The policy and procedures are designed with staff involvement.</i>	
Corporate	c	3.3c 3.60	There is a dated documented policy and procedure, for the conduct of employee relations activities within the organisation. The policy and procedure has been written and reviewed within the last three years. The relevant staff are aware of the policy and procedure and there is evidence of implementation.	<i>These include, for example, a disciplinary procedure, a grievance procedure, a disputes procedure, and an appeals procedure arrangement for job evaluation.</i>	
Service	c	3.3d 8.40	Staff are aware of what human resources policies and support are available and how to access them.	<i>There should be corporate records of attendance at sessions together with an individual record of attendance given to the inducted staff.</i>	
Corporate	c	3.3e 3.59	There are documented channels of communication open to all staff in the event of grievance, disputes or complaints. Staff demonstrate that they are aware of the channels of communication.		
Corporate	c	3.3f 3.7	There is a dated, documented policy to address physical and non-physical assaults and staff harassment by other staff members, or users, members of the public. The policy has been written/reviewed within the last three years. The relevant staff are aware of the policy and there is evidence of implementation.	<i>The incidence of reported harassment is recorded. The policy should cover violence, non-physical aggression, verbal abuse and harassment. It may also include, for example, the right of staff to be treated by colleagues and patients with courtesy, dignity, fairness and respect at all time.</i>	<i>NHSLA Risk Management Standards for Acute Trusts, Standard 3: 3.8, 3.9, NHS Litigation Authority, April 2007</i>
Service	c	3.3g 8.13	There is information available for staff on reporting harassment, physical and non-physical assaults at work. Staff demonstrate that they are aware of the information available.	<i>Staff information should include the correct route(s) for reporting incidents and give guidance on the type of incident and information that should be reported.</i>	<i>NHSLA Risk Management Standards for Acute Trusts, Standard 3: 3.8, 3.9, NHS Litigation Authority, April 2007</i>
Corporate	c	3.3h 3.8	The incidence of harassment is monitored.		
Service	c	3.3i 8.23	The confidentiality of staff records is maintained.	<i>Staff records should be kept secure and in line with the Data Protection Act 1998.</i>	
Corporate	c	3.3j 3.10	Staff have access to a child care co-ordinator for advice and information on the provision of childcare support.		
Corporate	c	3.3k 3.11	The organisation has arrangements to support child care for staff.	<i>This may include on-site crèche arrangements, partnership crèche arrangements with other organisations, flexible working and shift patterns that can fit with child care commitments, such as term-time working.</i>	
Corporate	c	3.3l 3.56	There is a dated, documented sickness/absence policy that applies to all staff. The policy has been	<i>The policy should cover active absence management and rehabilitation to address</i>	

			written/reviewed within the last three years. The relevant staff are aware of the policy and there is evidence of implementation.	<i>short and long- term sickness, re-deployment and ill health retirement.</i>	
Corporate	c	3.3m 3.57	Managers receive training in the administration of the sickness absence policy.	<i>Training should cover managing absence for reasons other than sickness and managing return to work from long-term sick leave. It is important that the policy is administered consistently with all staff, and with some degree of flexibility and discretion to avoid alienating employees with genuine sickness.</i>	
Corporate	c	3.3n 3.62	Staff sickness absence rates are consistently recorded, monitored, costed, reported and reviewed.	<i>It is advised that sickness records should also indicate staff leaving or retiring on grounds of ill health.</i>	
Corporate	c	3.3o 3.61	Records of staff absenteeism are kept and monitored.		
Corporate	c	3.3p 3.63	Records of staff turnover are kept and monitored.		
Corporate	c	3.3q 3.65	Records of special leave, for example, maternity/paternity leave, are kept and monitored.		
Corporate	c	3.3r 3.73	On termination of employment, staff complete a questionnaire or exit interview.		
<b>Quality Improvement Domain 3.4 Recruitment</b>					
Corporate	c	3.4a  3.12	There is a dated, documented policy and procedure for the recruitment and selection of all staff, which is in line with the organisation's equal opportunities policy. This has been written/reviewed within the last three years. The relevant staff are aware of the policy and procedure and there is evidence of implementation.	<i>The procedure includes, for example, details of guidelines for advertising posts; writing job descriptions/role profiles or equivalent; determining person specifications; deciding selection criteria; obtaining references; health screening and issuing the letter of appointment. These points should also apply to the recruitment and screening of volunteers.</i>	<i>NHSLA Risk Management Standards for Acute Trusts, Standard 1: 1.10, NHS Litigation Authority, April 2007</i>
Corporate	c	3.4b  3.4	All staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory NHS requirements.	<i>This includes The Sex Discrimination Act 1975, The Race Relations Act 1976, The Disability Discrimination Act 1995, Employment Rights Act 1996, Data Protection Act 1998, Human Rights Act 1998, Working Time Regulations 1998, Employment Relations Act 1999, Maternity and Parental Leave Regulations 1999, Stakeholder Pension Scheme Regulations 2000, Employment Act 2002, Paternity and Adoption Leave Regulations</i>	

				<i>2002, Employment Equality (Religion or Belief) Regulations 2003, Employment Equality (Sexual Orientation) Regulations 2003.</i>	
Corporate	c	3.4c 3.13	All recruitment episodes start with a job description/role profile or equivalent and an associated person specification.	<i>The person specification states the necessary and desirable skills, experience, qualifications and criteria for selection or gives a competency framework which includes an indication of roles and responsibilities.</i>	
Corporate	c	3.4d 3.14	Job descriptions/role profiles or equivalent specify the job title and grade, job purpose, objectives, accountability, and the job holder's responsibilities for continuing self-development. They are dated and issued to staff on appointment.		
Corporate	c	3.4e 3.15	Recruitment procedures include an interview prior to employment. The interview record of a successful applicant is filed in their personnel record.	<i>Verification of identity before employment is a requirement – see Pre and Post Appointment checks for all persons working in the NHS in England, HSC 2002/008. This may be achieved by asking interviewees to bring their birth certificate and passport or driving licence so their identity can be formally checked .For professional posts requiring specific qualifications, the interviewees should be asked to bring the relevant certificate or award so the qualifications can be verified.</i>	
Corporate	c	3.4f 3.16	Data collection and monitoring of equal opportunity recruitment are carried out and the findings acted upon.	<i>This should be in line with Ethnic Monitoring of Staff in the NHS: A programme of action, EL (94) 12. Adherence to the policy is monitored.</i>	
Corporate	c	3.4g 3.17	Selection decisions are made using a range of tools that are relevant to the job and which reflect the selection criteria.	<i>For example, application interviews, psychological testing, work sampling exercises and group discussions.</i>	
Corporate	c	3.4h 3.18	All personnel involved in the selection process are trained in the application of the selection tool(s) they are using.	<i>For example, an interviewer should be trained in interview techniques.</i>	
Corporate	c	3.4i 3.19	Prior to making an offer of employment, written references are taken up from the two most recent employers and are retained in the personnel file.		<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C10a), Department of Health, July 2004</i>
Corporate	c	3.4j 3.20	Criminal convictions are checked prior to appointment.	<i>Under Part V of the Police Act 1997, a criminal records agency bureau has been established higher levels of disclosures are available from</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third</i>

				<i>the Criminal Records Bureau. Prospective employees and volunteers should be asked to produce a criminal conviction certificate (and should be reimbursed for any costs incurred). See also Pre and Post Appointment checks for all persons working in the NHS in England HSC 2002/008.</i>	<i>Domain – Governance C10a), Department of Health, July 2004</i>
Corporate	c	3.4k 3.21	Professional qualifications are checked prior to appointment. The relevant regulatory licensing body is asked to confirm whether the applicant is appropriately registered, whether that registration covers the duties to be undertaken and whether there are any restrictions in place or investigations under way.	<i>The library/knowledge service manager has a qualification recognised by the Chartered Institute of Library and Information Professionals. Or has obtained a related library/knowledge/information management qualification.</i>	
Corporate	c	3.4l 3.22	All employees receive a written contract of employment within eight weeks of appointment.		
Corporate	c	3.4m 3.23	All employees have access to written terms and conditions of service.		
<b>Quality Improvement Domain 3.5 Orientation and induction</b>					
Corporate	c	3.5a 3.27	There is a staff handbook that is made available to staff when they take up their appointment.	<i>The handbook may be in paper format or it may be electronic and posted on the organisation's intranet. All staff members should be informed when revised editions are issued, and provided with an updated copy.</i>	
Corporate	c	3.5b 3.28	There is a documented induction programme in place for all staff, whether full or part-time, in permanent posts or on temporary, casual, flexible or rotational contracts. Completion of the induction programme is recorded.	<i>All the following must be available in order to achieve full compliance. The induction programme covers:</i> <ul style="list-style-type: none"> <li>◦ <i>fire safety</i></li> <li>◦ <i>health and safety</i></li> <li>◦ <i>confidentiality</i></li> <li>◦ <i>accident and incident reporting</i></li> <li>◦ <i>security</i></li> <li>◦ <i>includes an introduction to the organisation's policies and procedures</i></li> <li>◦ <i>staff health and arrangements for sick leave</i></li> <li>◦ <i>performance review</i></li> <li>◦ <i>values and objectives</i></li> <li>◦ <i>customer care</i></li> <li>◦ <i>ATHENS registration</i></li> </ul>	<i>NHSLA Risk Management Standards for Acute Trusts, Standard 2: 2.1,2.2, Standard 3: 3.1, NHS Litigation Authority, April 2007</i>  <i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 3</i>

				<i>If just one of the above is not available only partial compliance can be achieved.</i>	
Corporate	c	3.5c 3.39	The content of the corporate induction programme is reviewed annually.		
Corporate	c	3.5d 3.40	The completion of the induction programme by staff is recorded.	<i>There should be corporate records of attendance at sessions together with an individual record of attendance given to the inducted staff.</i>	
<b>Quality Improvement Domain 3.6 Job Descriptions</b>					
Corporate	e	3.6a 8.14	All staff have an up-to-date, documented job description/role profile (or equivalent) which includes their roles and responsibilities. Staff demonstrate they are aware of their job description/role profile (or equivalent).		<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 40</i>  <i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.2</i>
Corporate		3.6b	The individual managing the library/knowledge service has a graduate or post graduate qualification in library/knowledge management.	<i>The library/knowledge service manager has a qualification recognised by the Chartered Institute of Library and Information Professionals. Or has obtained a related library/knowledge/information management qualification.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 7</i>
Service	c	3.6c 8.15	Job descriptions/role profiles (or equivalent) are reviewed annually as part of the performance review process.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.2</i>
Service	c	3.6d 8.16	Job descriptions/role profiles (or equivalent) are reviewed on vacation of the post.		
Service	c	3.6e 8.17	The post holder is consulted on any changes to the job description/role profile.		
<b>Quality Improvement Domain 3.7 European Working Directive</b>					
Corporate	c	3.7a 3.64	The director/manager has access to information that enables monitoring of compliance by the service with the Working Time Directive.		
Service	c	3.7b 8.11	Records of working hours are kept and monitored.	<i>Records on working hours should relate to the requirements of the Working Time Regulations 1998.</i>	<i>Working Time Regulations 1998</i>

Service	c	3.7c 8.19	There is a system for planning staff rotas and the allocation of work.	<i>The system should be used to collect data which can be used to inform decisions about recruitment and re-allocation of staff. The system can be manual or computer based.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.2.7</i>
Service	c	3.7d 8.21	The manager of the service has access to staff records and statistics concerning working hours, unauthorised absenteeism, sickness, turnover and special leave, such as maternity/paternity leave.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.2.4</i>
Service	c	3.7e 8.22	These statistics are monitored against agreed targets.	<i>The monitoring may be carried out centrally, in which case the directorate/service manager should have access to the data for the service.</i>	
<b>Quality Improvement Domain 3.8 Skill Mix</b>					
Service	c	3.8a 8.18	The number of qualified competent personnel and support staff required to ensure efficient operation of the service is determined by using a skill mix review to assess staffing levels. This is reviewed at defined intervals and whenever there are changes in the service.	<i>This should take into account recommendations from professional bodies on adequate staff numbers and grades to carry out duties.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.2.2</i>
Service	e	3.8b 10.8	Workload planning is undertaken to ensure that library/knowledge service staff are able to undertake customer education.	<i>It is recommended that the time knowledge service staff spend on customer education and training programmes should be included in quality indicators. Local indicators should be set and monitored.</i>	
Service	c	3.8c 8.20	Staffing levels reflect the commitments of staff undertaking additional duties.	<i>These include, for example local committee work, national committee work, teaching, supervising, receiving statutory training, mentoring or assessing.</i>	
Service	c	3.8d 8.24	There is a professional lead for each staff group (for example, a manager/advisor)	<i>The library/knowledge service manager has a qualification recognised by the Chartered Institute of Library and Information Professionals. Or has obtained a related library/knowledge/information management qualification.</i>	
Service	c	3.8e 8.25	Qualified members of staff oversee the work of all unqualified staff/students working with patients/users within the service.	<i>Unqualified staff may include volunteers.</i>	
<b>Quality Improvement Domain 3.9 Appraisal</b>					
Service	c	3.9a	The director/manager is responsible for ensuring that staff performance review takes place throughout the	<i>The annual appraisal and performance review of heads of NHS library services by their line</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY</i>

		8.5	service.	<i>managers should include the input of a senior experienced professional librarian: such a perspective could be provided by SHA library leads. All NHS library staff should have annual appraisals and performance reviews in the same way as other NHS staff. These will lead to Personal Development Plans.</i>	<i>SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 26 and 27</i>  <i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005,2.2.4</i>
Corporate	<b>c</b>	3.9b 3.46	There is a dated, documented performance review system for all staff, which is developed and implemented with the involvement of line managers. The system has been developed/reviewed within the last three years. The relevant staff are aware of the system and there is evidence of implementation.		
Corporate	<b>c</b>	3.9c 3.47	The performance review of individual staff is based on the staff member's job description/role profile or equivalent, which is reviewed annually as part of the performance review process.	<i>Training should include, as appropriate control of infection, food handling, waste management, Control of Substances Hazardous to Health Regulations (COSHH), Statutory Instrument 2002 No. 2677 and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995, general awareness of equal opportunities, the organisation's complaints procedure, health promotion, bereavement care, patients'/users' rights, updated care and treatment practices, the Data Protection Act 1998, Access to Health Records Act 1990.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005 2.2.4</i>
Corporate	<b>d</b>	3.9d 3.48	The performance review of individual staff reflects the stated individual, team, departmental and/or organisation objectives for the past twelve months.	<i>The annual appraisal and performance review of heads of NHS library services by their line managers should include the input of a senior experienced professional librarian: such a perspective could be provided by SHA library leads.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 27</i>
Corporate	<b>c</b>	3.9e 3.49	The performance review of individual staff identifies strengths in performance and areas for improvement.	<i>Depending upon an employee's previous experience and/or training, new training may need to relate to basic skills acquirement or updating of skills, including recruitment and selection or may simply focus on local custom and practice.</i>	
Service	<b>e</b>	3.9f 3.50	The performance review of individual staff identifies individual, team and/or department and/or organisation objectives to be achieved or contributed to, by the next review.	<i>This includes, for example training when relevant legislation changes such as Knowledge and Skills Framework, Chartership and Chartered Institute for Library and Information</i>	

				<i>Professionals' Framework .of Qualifications</i>	
Service	c	3.9g 3.51	The performance review is used to identify training needs. For individual staff, performance review is used as the basis for a personal development plan.		<i>NHSLA Risk Management Standards for Acute Trusts, Standard 2: 2.6, NHS Litigation Authority, April 2007</i>
Service	d	3.9h 3.52	The performance review system includes the date of the next review for an individual staff member. Review dates are not more than twelve months apart.	<i>This represents best practice.</i>	
Service	d	3.9i 3.53	The criteria to be used in evaluating performance are available to staff as part of the performance review system.	<i>The desired outcomes are identified at the planning stage of training activity and used as the basis for measuring success. Managers are responsible for reviewing whether skills and knowledge acquired are put into practice. Additional qualifications, course assessment reports, examples of performance improvement linked to specific training activities (for example, reduction of patient complaints about communication, employees' perceptions from staff surveys) all contribute to such evaluation. The increase in the "pool" of skills available may be communicated through team briefs, newsletters, notice boards. Staff are encouraged to present key points from development activities to departmental meetings and in-house training programmes. The review should include an evaluation of extent to which attendance at conferences, seminars and meetings aids the achievement of service, team and individual objectives.</i>	
Service	c	3.9j 3.54	The performance review system is monitored regularly and amended as necessary.		
Service	c	3.9k 3.55	Managers/supervisors responsible for performance review and training needs assessment have received training, or up-date training, within the last three years. Attendance at training is recorded.		<i>Trust requirements</i>
<b>Quality Improvement Domain 3.10 Training and Development</b>					
Corporate		3.10a 3.77	The organisation supports a culture of learning that facilitates the sharing of knowledge, supporting staff who are committed to sharing best practice and implementing evidence-based change		
Service		3.10b	The director/manager plans staff development and		<i>The Health Libraries and Information</i>

		8.8	training as an integral part of the service plan.		Confederation (HELICON) Accreditation Standards 2005 2.2.4
Service		3.10c 8.9	The director/manager is involved in training and development of staff as coach and mentor.		
Service		3.10d 8.41	Records of study leave are maintained.		The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.2.4
Service		3.10e 8.42	Each employee has a documented personal development plan, prepared annually with a copy held by both the employee and the line manager.		National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance C8b, Department of Health, July 2004 The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005 2.2.3
Corporate		3.10f 3.76	All staff have access to mandatory training which is carried out on an annual basis.	<p><i>All the following must be available in order to achieve full compliance</i></p> <ul style="list-style-type: none"> <li>◦ <i>All staff involved in the moving and handling equipment or other heavy loads receive training and thereafter updating in moving and handling</i></li> <li>◦ <i>Annual update training on health and safety issues pertinent to their work. Attendance at which is recorded</i></li> <li>◦ <i>Attend fire training annually (or more frequently if required by the fire certificate or local policies)</i></li> <li>◦ <i>Communication and customer care skills</i></li> <li>◦ <i>Health and safety issues in other areas outside of the knowledge service where they work</i></li> <li>◦ <i>Training in the prevention and control of hospital acquired infection.</i></li> <li>◦ <i>In other areas relevant to the service.</i></li> </ul> <p><i>If just one of the above is not available only partial compliance can be achieved. Attendance is recorded.</i></p>	<p>NHSLA Risk Management Standards for Acute Trusts, Standard 2: 2.9, NHS Litigation Authority, April 2007</p> <p><i>Clean, safe care. Reducing infections and saving lives, 4.27, Department of Health, 9/1/08</i></p>
Service	c	3.10g 8.49	All employees with new managerial or supervisory responsibilities attend training on managerial/ supervisory skills (including performance review and development of staff). Attendance at which is recorded.	Depending upon an employee's previous experience and/or training, new training may need to relate to basic skills acquirement or updating of skills including recruitment and selection or may simply focus on local custom	

				<i>and practice.</i>	
Service	<b>e</b>	3.10h 8.50	Continuing education and professional updating is in accordance with local and nationally agreed requirements (including mandatory requirements of professional bodies and institutions).	<i>This includes, for example training when relevant legislation changes such as Knowledge and Skills Framework, Chartership and chartered Institute for Library and Information Professionals' Framework. of Qualifications</i>	
Service	<b>c</b>	3.10i 8.51	Continuing education and professional updating is in accordance with the service's overall training and development plan and attendance is recorded.		
Service	<b>d</b>	3.10j 8.52	Staff keep up to date training portfolios (personal professional profiles).	<i>This represents best practice.</i>	<i>NHS Knowledge and Skills Framework</i>
Service	<b>d</b>	3.10k 8.53	The service evaluates the outcomes of specific training activities at individual and whole service levels.	<i>The desired outcomes are identified at the planning stage of training activity and used as the basis for measuring success. Managers are responsible for reviewing whether skills and knowledge acquired are put into practice. Additional qualifications, course assessment reports, examples of performance improvement linked to specific training activities (for example, reduction of patient complaints about communication, employees' perceptions from staff surveys) all contribute to such evaluation. The increase in the "pool" of skills available may be communicated through team briefs, newsletters, notice boards. Staff are encouraged to present key points from development activities to departmental meetings and in-house training programmes. The review should include an evaluation of extent to which attendance at conferences, seminars and meetings aids the achievement of service, team and individual objectives.</i>	
Service	<b>c</b>	3.10l 8.54	Information management staff are trained and supported to use, analyse, interpret and disseminate information and data.	<i>This should be included in their job descriptions</i>	
Corporate	<b>c</b>	3.10m 3.41	The organisation provides personal and professional life-long development and training opportunities, including refresher training, that are accessible and open to all staff.	<i>The organisation should demonstrate a learning environment that provides formal and informal learning opportunities for staff, with protected learning time. Opportunities may include vocational qualifications, secondments, mentoring and on the job development.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06-2007/08, Third Domain - Governance C8b), Department of Health, July 2004</i>

Corporate	c	3.10n 3.42	The training and development plan includes an outline of the development needs of the organisation, linked to organisational objectives.		
Corporate	c	3.10o 3.45	The human resources department provides ongoing support to managers throughout the service in their staff management and leadership roles.	<i>For example, managers and supervisors are kept up to date about the assistance available from the human resources department when considering job design, multi-skilling and new generic roles, and given the opportunity to attend in-house training on issues which relate to staff management. This can also be facilitated by the human resources department operating as an "in-house consultant".</i>	
Corporate	c	3.10p 3.43	The training and development plan includes identification of the resources available for training.	<i>Resources include money, facilities, equipment, expertise, people and time. Organisations may have a budget for training and development which is centrally controlled or devolved to individual managers. In either case, managers need to be aware of the resources available.</i>	
<b>Quality Improvement Domain 3.11 Staff Communication</b>					
Service	c	3.11a 8.26	The department staff meets at defined intervals at times which enable shift workers to participate.	<i>The frequency, location, timing and duration of meetings is discussed by the staff team and meetings are arranged to reflect as far as possible the preferred options. Matters discussed at team meetings may include, for example, service development issues, objective setting and monitoring, staff changes, training needs of the team and incident debriefing.</i>	
Service	c	3.11b 8.27	All staff members are notified of the dates of these meetings. The relevant staff are aware of the dates.	<i>This represents good practice.</i>	
Service	c	3.11c 8.28	Meeting notes are kept and made available to all members of staff, whether or not they attended the meeting.	<i>This represents good practice.</i>	
Service	c	3.11d 8.29	Communication between team members outside of meetings is facilitated through systems such as handover meetings, communication books, bulletin boards, e-mail and formal systems for taking and relaying messages.	<i>This represents good practice.</i>	
Service	c	3.11e 8.30	At the team 'base' there is an up-to-date list of contact numbers, including mobile telephone numbers, bleep	<i>This represents good practice.</i>	

			numbers, e-mail addresses and times/days regularly worked at other sites/organisations (as appropriate).		
<b>Quality Improvement Domain 3.12 Staff Involvement</b>					
Corporate	<b>c</b>	3.12a 3.66	Staff views and/or attitudes are monitored regularly on a local basis and include assessing staff perceptions as to whether they are treated with dignity and respect in the organisation, and whether staff feel they are involved in planning and delivering of the service.	<i>There may be local issues which are not covered sufficiently within the national survey of NHS staff. The use of locally designed standardised surveys and focus groups may be included in the process of obtaining staff views. Staff surveys may be organisation- wide or carried out in specific directorates, departments or services. Each exercise to monitor staff views should have documented objectives, be based on a census or sample basis, ensure respondent/participant confidentiality and examine areas which contribute towards a people-orientated culture. Surveys administered by an independent organisation may overcome the staff concern about confidentiality and help to improve response rates.</i>	
Corporate	<b>c</b>	3.12b 3.67	Questionnaires used in staff surveys are piloted prior to implementation and reviewed prior to repeat surveys.	<i>Questionnaire design is not simple. Consider whether questionnaire design, sampling and analysis skills exist in-house, or whether an independent organisation should be used to assist the survey process. Questionnaires used in staff surveys should state how the results will be disseminated.</i>	
	<b>c</b>	3.12c 3.68	The collated results from surveys or focus groups conducted to obtain staff views are reviewed and action plans developed in response to the findings.	<i>This includes planning at local level to take forward the outcomes of the national staff opinion survey. To get the most out of staff surveys, the right people must take action on the information obtained.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D7, Department of Health, July 2004</i>
Corporate	<b>c</b>	3.12d 3.69	The collated results from surveys or focus groups conducted to obtain staff views act as benchmarks against which improvements to the quality of working life are measured.	<i>This includes planning at local level to take forward the outcomes of the national staff opinion survey. To get the most out of staff surveys, the right people must take action on the information obtained.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D7, Department of Health, July 2004</i>
Corporate	<b>c</b>	3.12e 3.70	Key results of surveys, focus groups, and action plans are disseminated in appropriate detail to the board, senior managers, heads of departments and staff.		<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third</i>

					<i>Domain – Governance D7, Department of Health, July 2004</i>
Corporate	<b>c</b>	3.12f 3.71	Organisational changes made in response to staff views are widely publicised.	<i>For example, presentations can be made at staff meetings and bullet point summaries can be included in team briefs or newsletters.</i>	
Corporate	<b>c</b>	3.12g 3.72	There are informal systems for staff to contribute their ideas for service improvements and developments across all aspects of the service.	<i>For example, on notice boards, team brief, newsletter and the annual report.</i>	

## Quality Improvement Domain 4 - Infrastructure, Facilities and Safety

The service infrastructure is in place to support the commissioned service and the needs of the customer base in a suitable environment.

		Criterion	Guidance	References	
<b>Quality Improvement Domain 4.1 Information Technology</b>					
Corporate	e	4.1a 4.1	The organisation has a dated documented Board approved information technology strategy that includes the requirements of 'Enterprise Architecture' protocol. The strategy is reviewed on an annual basis.	<i>The 'Enterprise Architecture' protocol should be interpreted in order to meet the needs of the organisation, its services and its users. This should describe the current provision of IT services and, where applicable, identify the aspirations for information technology within the organisation.</i>	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D6, Department of Health, July 2004
Corporate	c	4.1b 4.4	The organisation is aware of the information technology systems that enable library/knowledge services to be accessed and delivered.	<i>Ideally the library/knowledge service has been involved in the formation of the information technology strategy so that the strategy reflects the needs of the service and that of its operational policy. The information technology strategy identifies the critical software applications and IT services which are required for the operation of the knowledge service.</i>	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Third Domain – Governance D6, Department of Health, July 2004
Corporate	c	4.1c 4.5	The information technology strategy identifies the disaster recovery process for the IT systems and data which are in place in the knowledge service.	<i>This should include the risk of computer virus infections, and state the measures in place to counter the threat.</i>	
Corporate	c	4.1d 4.15	There are dated, documented procedures for the backup of files from individual computers or a network-based system. The procedures have been written/reviewed within the last three years. All relevant staff are aware of the procedures and there is evidence of implementation.	<i>Systems and procedures will vary depending on the organisation and the risks identified. For example, where standalone workstations are in use a culture of backing up onto appropriate media is required; in a network environment routine overnight backup of file servers may be most effective. Where individual IT system users are responsible for backing up data on their computer the implementation of the back up routine should be audited annually as a minimum. Where critical information is backed up locally there should be secure, fireproof storage for the backup material.</i>	
Service		4.1e 9.2	Where critical information is held this is backed up in accordance with the organisation's procedure for	<i>Critical data stored on local computers i.e. for example, laptops are backed up to secure loss</i>	

			data back-up.	<i>of data.</i>	
Corporate	c	4.1f 4.14	There are documented procedures for recovering from a critical loss of a server, where the organisation has a server-based network. All relevant staff are aware of the procedures and there is evidence of implementation.	<i>Generally a network environment where data can be centrally managed and backed up is the best way of preventing critical data loss. However, this also means that the majority of the information is in one location and therefore vulnerable. Plans for recovering from total failure may include keeping details of any hardware replacement insurance, service agreements and the safe offsite storage of backup data.</i>	
Corporate	c	4.1g 4.11	The information technology strategy states who is responsible for ensuring that software is correctly licensed.		
Service	c	4.1h 9.1	The implementation of the organisation's information technology policies and procedures and systems are monitored and reviewed on a regular basis and the results fed back to the management.	<i>This should include, for example, systematically reviewing: the efficiency of the systems in place; the information for management decision-making; regularly seeking information users' views in order to improve the collection and dissemination of information.</i>	<i>National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06-2007/08, Third Domain – Governance D6, Department of Health, July 2004</i>
Service	c	4.1i 9.4	Knowledge service staff that use the information systems are trained and supported to use, interpret and disseminate information.		
Service	c	4.1j 9.7	Access management is managed in accordance with national and local licensing agreements.		
Corporate	c	4.1k 4.10	All information management and technology purchases are in line with the requirements of the organisation's information technology strategy and are aligned with the Enterprise Architecture.	<i>IT systems and equipment in use throughout the organisation should be purchased through the central department and purchased against documented specifications drawn up between the IT department and the service end-user.</i>	
Service	c	4.1l 9.3	There is information available for all library/knowledge services staff within the service on who to contact in event of system failure.	<i>This may be a named individual, a helpdesk, or an external organisation providing support services.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.3.3</i>
Corporate	c	4.1m 4.13	There is a dated, documented procedure for all additional software requested or installed by individual users to be authorised by the person responsible for licensing. The procedure has been written/reviewed within the last three years. All relevant staff are aware of the procedure and there is evidence of implementation.	<i>This may be a named individual, a helpdesk, or an external organisation providing support services. Use of unlicensed software can be illegal and company directors may be held criminally liable. Licences should either be kept with the workstations where the software is installed, or held centrally by a designated person in the organisation.</i>	

Corporate	c	4.1n 4.9	There are dated, documented procedures for safeguarding data held on computer systems by the organisation, which have been written and reviewed within the last three years. Relevant staff are aware of the procedures and there is evidence of implementation.	<i>For example, computer monitors for systems that have access to confidential data are not positioned in areas where they can be viewed by unauthorised persons are password protected and are not left unattended when confidential data is visible.</i>	
<b>Quality Improvement Domain 4.2 Facilities and Equipment Management</b>					
Corporate	c	4.2a 5.1	There is a designated Board member responsible for overseeing matters relating to the organisation's facilities.		<i>Organisational Estates and Facilities Strategy</i>
Corporate	c	4.2b 5.2	There is a designated individual at senior management level responsible for the management of the estate.	<i>Senior managers may need to access advice from an estate-qualified professional with the appropriate skills and qualifications in order to manage the complexity and diversity of the healthcare estate within the legislation, and to advise the board appropriately.</i>	<i>Organisational Estates and Facilities Strategy</i>
Corporate	c	4.2c 5.8	There is a dated, documented facilities strategy approved by the Board. The strategy is consistent with the area Strategic Services Development Plan (SSDP) and the service/organisation's business plan and objectives. This has been written/reviewed within the last three years.	<i>The strategy includes, for example estate investment programme; environmental management, functional suitability and space utilization performance targets for improving asset utilization building, plant and equipment maintenance programme, disposal of surplus facilities plans for site and sustainability issues identified by NHS Facilities. The strategy should be compatible with local capacity plans, local community strategies and capital investment plans for clinical equipment.</i>	
Corporate	c	4.2d 5.15	A Disability Discrimination Act audit has been undertaken and the actions identified reported to the Trust Board.	<i>This audit is in accordance with the Disability Discrimination Act 1995. The action plan for closure of the findings should include timescales and responsibilities for all actions required to ensure ease of access to Service/organisation buildings for people with disabilities. The audit includes internal and external wheelchair access, the provision made for patients/customers, visitors or staff with sensory or physical impairments throughout the Service/organisation's buildings and includes the adaptation of workstations to ensure that they are physically arranged to meet the needs</i>	<i>Disability Discrimination Act 1995</i>

				<i>of disabled employees. This includes, for example, access for staff in wheelchairs, access for staff with physical disabilities, provision of a disabled parking space close to the work area, provision of suitable visual display equipment and additional VDU screens for staff subject to epilepsy.</i>	
Corporate	c	4.2e 5.4	There is a routinely maintained capital asset register.	<i>This includes items costing less than £5,000 per item and more than £1,000, previously on the fixed asset register, and portable items such as computers, mobile telephones, and fax machines.</i>	Organisational Risk Management Strategy
Corporate	c	4.2f 5.6	There is a capital asset replacement programme.		
Corporate	c	4.2g 5.7	There is an up-to-date inventory system.		
Service	c	4.2h 7.3	There are designated individuals responsible for the maintenance of all facilities, and equipment within the library/knowledge service.	<i>See the NHS Facilities website for guidance and information on legislation and environmental issues.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2
Service	c	4.2i 7.33	There is a documented planned preventative maintenance and replacement programme for equipment within the service, which is regularly reviewed in line with the work of the service.	<i>This should ensure that all equipment conforms to health and safety regulations.</i>	
Service	c	4.2j 7.36	There are dated, documented procedures for the identification and reporting of equipment faults. The procedures have been written/reviewed within the last three years. The relevant staff are aware of the procedures and there is evidence of implementation.	<i>This includes fire safety equipment, computer equipment and any other equipment used by the service.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2
Service	c	4.2k 7.4	Equipment is in good order and maintained in accordance with organisational policy.	<i>Health and safety inspections differ from risk assessments and should be carried out regularly to ensure that facilities and equipment used are in a sound, safe condition and appropriate for use. A calendar of inspections may ensure they are carried out on a regular basis.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2
Service	c	4.2l 7.19	All electrical equipment brought into the service/organisation is subject to a safety inspection.	<i>To ensure compliance with health and safety and fire regulations.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2
Service	c	4.2m 7.34	All equipment in the service is installed, checked and serviced in compliance with the manufacturer's instructions.		The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2

Service	c	4.2n 7.35	Records are kept of the maintenance and servicing of equipment.		
Service	c	4.2o 7.21	Heat sensitive and/or light sensitive items are stored in a controlled environment which keeps the items in optimum condition.		
Service	c	4.2p 7.37	The service has access to backup equipment and emergency support for repairs in the event of equipment failure.	<i>This should include lighting and ventilation if it has a direct impact on the work of the service.</i>	
Service	c	4.2q 7.5	There are dated, documented procedures for disposal of surplus property. These have been written/reviewed within the last three years. The relevant staff are aware of the procedures and there is evidence of implementation.	<i>This includes, for example liaising with the local statutory authorities, including PCTs prior to closing facilities and declaring them surplus, co-operating with the local authority's Registers of Public Bodies' Land scheme and considering the priority purchase requirements of other NHS bodies, original owners and residential tenants.</i>	
Service	c	4.2r 7.8	The environment and facilities allow customer privacy.	<i>This refers to ensuring that Data Protection is complied with.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.3</i>
Corporate	c	4.2s 5.11	Facilities and equipment meet the needs of all those who access and use library/knowledge services.	<i>This includes for example seating and studying space availability proportionate to usage at the busiest periods, access to computers, printers and photocopiers. This must take into account disability access and health and safety.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.3</i>
<b>Quality Improvement Domain 4.3 Environmental Management</b>					
Corporate	c	4.3a 5.12	There is a dated documented environmental strategy for the organisation which has been approved by the board. This has been written/reviewed within the last three years. The relevant staff are aware of the strategy and there is evidence of implementation.	<i>The strategy should meet the requirements of The New Environmental Strategy for the NHS. NHS Estates Facilities (2002) and cover the guidance document: Guidance on the Development of an Environmental Procurement Strategy. NHS Purchasing and Supply Agency (2002).</i>	
Corporate	c	4.3b 5.13	The environmental management programme includes those responsible for achieving the objectives, the time frame for achievement and sources of independent assurance on environmental management.		
Corporate	d	4.3c 5.14	The organisation has a dated, documented energy policy which sets targets for consumption reductions and optimum procurement prices. This has been written/reviewed within the last three years.		

<b>Quality Improvement Domain 4.4 Work Space</b>					
Service	c	4.4a 7.13	There is office space for the designated manager and other senior staff.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.4</i>
Service	c	4.4b 7.14	There is office space for staff providing the service.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.4</i>
Service	c	4.4c 7.15	There is ventilation and temperature control to ensure a comfortable working environment.		
Service	c	4.4d 7.16	Where there is no natural light workstations are positioned to make the best possible use of the light provided.	<i>This ensures, for example, that seating and studying space is proportionate to usage at the busiest periods, and that access to computers, printers and photocopiers take into account disability access and health and safety requirements..</i>	
Service	c	4.4e 7.17	The service has access to equipped teaching/seminar rooms for staff/user training and development activities.		<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.3.8</i>
Service	c	4.4f 7.20	Storage space is available to meet service needs (for equipment, stationery, and archive, for example).		
Service	c	4.4g 7.39	The head of the service is involved in the process of equipment procurement.		
Service	c	4.4h 7.40	Furniture and equipment in need of repair are removed from use for repair/disposal.		
	c	4.4i 3.9	Premises are adapted and workstations physically arranged to meet the needs of disabled employees in accordance with the Disability Discrimination Act 1995.	<i>The organisation is working towards or has met the criteria to use the Employment Service Disability Symbol This includes (as required) items such as access for staff in wheelchairs, access for staff with physical disabilities, provision of a disabled parking space close to the work area, and provision of suitable visual display equipment.</i>	<i>Disability Discrimination Act 1995</i>
<b>Quality Improvement Domain 4.5 Health and Safety</b>					
Service	c	4.5a 8.7	The director/manager of the service is responsible for ensuring the health and safety of users and visitors to the service.	<i>This includes library staff visiting wards, department and clinics. They need to be aware of health and safety in those areas; in particular infection control and personal safety. The service may need to determine whether there is a need to develop an agreed protocol for library</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2</i>

				<i>staff working outside the library space that is part of the operational manual.</i>	
Service	c	4.5b 6.39	Health and safety inspections are carried out on a planned, systematic basis.	<i>Health and safety inspections differ from risk assessments and should be carried out regularly to ensure that facilities and equipment used are in a sound, safe condition and appropriate for use. A calendar of inspections may ensure they are carried out on a regular basis.</i>	
Service	c	4.5c 6.40	Copies of health and safety regulations are readily available to staff.	<i>This may be in an indexed manual or accessible by a computerised system.</i>	
Service	c	4.5d 6.41	There are nominated and trained individuals available to the service that are responsible for health and safety including COSHH assessments, first aid, moving and handling training. The names of these individuals are made known to staff.		
Service	c	4.5e 6.42	A COSHH assessment is carried out for all potentially hazardous substances used in the service.	<i>Potentially hazardous substances may include toner, ink, glue and other such substances.</i>	
Service	c	4.5f 6.43	Records of accidents, errors, untoward incidents and complaints are reported in accordance with the parent organisation's procedures. The relevant staff are aware of the procedures and there is evidence of implementation.	<i>All types of incidents should be included, for example, security, burglary, incidence of violence to staff, equipment failure, injury to staff and service customers. Details recorded should identify whether the incident is reported to the police and action taken to prevent recurrence. The service should be clear about who keeps local records and the process for reporting accidents, errors untoward incidents and complaints to the parent organisation.</i>	<i>NHSLA Risk Management Standards for Acute Trusts, Standard 5: 5.1, NHS Litigation Authority, April 2007</i>
Service	c	4.5g 6.44	The service ensures that actions identified from accidents, errors, untoward incidents and complaints are evaluated and acted upon.	<i>There is evidence of changes or review of practice arising from the identified actions.</i>	<i>NHSLA Risk Management Standards for Acute Trusts, Standard 5: 5.1, NHS Litigation Authority, April 2007</i>
Service	c	4.5h 7.22	Approved containers are located in all areas suitable for the type of waste generated.		
Service	c	4.5i 7.23	Corridors and doorways are kept free of obstruction.	<i>To ensure compliance with health and safety and fire regulations.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5j 7.24	Fire fighting equipment is available to the service and is appropriate to the type of fire most likely to occur in the area in which it is located.	<i>This should be prominently displayed and should state the essentials of the action to be taken on discovering a fire.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5k 7.25	Fire escape routes are accessible at all times and wide enough for the evacuation of non-ambulant customers and staff.		<i>Regulatory Reform Order requirements</i>

Service	c	4.5l 7.26	Fire doors are kept closed but not locked.	<i>It is acceptable for fire doors to be held open by magnetic catches which release automatically when the fire alarm sounds.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5m 7.27	Fire exit signs are clearly displayed.	<i>Employers have an obligation under the Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice (ACOP L74) to make adequate and appropriate first aid provision for their workforce. This is in conjunction with the trust policy on first aid.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5n 7.28	Fire instruction notices are clearly displayed throughout the service.	<i>These should be prominently displayed and should state the essentials of the action to be taken on discovering a fire and on hearing the fire alarm.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5o 7.29	Security of unoccupied offices/service areas is maintained at all times.	<i>This includes, for example, empty/disused rooms and buildings and areas which may be temporarily unoccupied during the day or at night.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5p 7.30	Special precautions are taken to minimise risk in high risk/vulnerable areas within the service.	<i>These areas include pharmacies and any drugs storage areas, and unoccupied rooms with computers and other electrical equipment. Precautions may include to mechanical security aids (for example, personal attack alarms, panic buttons).</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5q 7.31	The means of raising an alarm within the service are available for staff in high risk or vulnerable areas, if they are in difficulty.	<i>These include, for example panic buttons, personal alarms and mobile telephones.</i>	<i>Regulatory Reform Order requirements</i>
Service	c	4.5r 7.32	There is ready access to first aid materials.	<i>Employers have an obligation under the Health and Safety (First Aid) Regulations 1981 and Approved Code of Practice (ACOP L74) to make adequate and appropriate first aid provision for their workforce. This is in conjunction with the trust policy on first aid.</i>	
Service	c	4.5s 7.38	Lifting aids and manual handling equipment are provided as required with clear instructions detailing how they should be used.		
Service	c	4.5t 7.9	Lighting in the entrances, corridors, and reception areas of the service provide a safe environment for customers and staff.	<i>See the NHS Facilities website for guidance and information on legislation and environmental issues.</i>	
Corporate	c	4.5u 4.17	Information technology systems are implemented and used in line with current legislation on the use of visual display equipment.	<i>All staff using workstations should have a risk assessment which should be regularly reviewed.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.3</i>

## Quality Improvement Domain 5 - Customer Engagement

Library/knowledge services are designed and delivered to support the needs of all those who work to improve patient and population health, supporting clinical and non-clinical practice and staff development. Library/knowledge services provide opportunities to develop information literacy and evidence based health skills.

			Criterion	Guidance	References
<b>Quality Improvement Domain 5.1 Access</b>					
Service	<b>c</b>	5.1a 6.16	There is access to library/knowledge service for all staff and students working in the parent organisation and all organisations with which a service level agreement exists.	<i>Access should be defined in policy with access for the parent organisation equating to “equitable access”. It does not necessarily equate to “equitable access” for other organisations as this may be proportionate to the levels of investment by different stakeholders and determined by service level agreements etc. In the NHS it should be a whole NHS organisation. There does not have to be 24/7 access to the physical library resources provided that opening hours are adequate to meet customer needs and that customers have ready access to networked electronic resources.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 3 and 31</i>  <i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.2.1</i>
Service	<b>c</b>	5.1b 6.13	There is a documented plan for customer and stakeholder engagement. The plan is reviewed annually.		
Service	<b>e</b>	5.1c 6.12	The service gathers feedback and comments from customers and stakeholders and uses these to inform the development of the business plan.	<i>Stakeholders may include funding providers, educational establishments, organisations with a knowledge need to support NHS patients, such as care homes and walk-in centres. Feedback can be gathered through complaints, focus groups, comments and suggestions. Customers are engaged in evaluating the balance and relevance of the resources as well as advising on new materials.</i>	
Service	<b>c</b>	5.1d 6.14	The documented plan sets out how the feedback and comments from customers is collected, collated and reported and the frequency with which this is undertaken.		
Service	<b>c</b>	5.1e	An annual report is written on how customer and stakeholder feedback has been used for service	<i>The report should include how the data has been collected and how it has been used to</i>	

		6.15	improvement.	<i>inform service improvements. The report could be part of a wider annual report.</i>	
Service	c	5.1f 6.8	There is a dated, documented procedure to ensure that stock and electronic resources are selected and updated in consultation with customers. This has been written/reviewed within the last three years. The relevant staff are aware of the procedure and there is evidence of implementation.	<i>The procedure should ensure that customers are involved in the resource selection process. Customers should be encouraged to become actively involved and not just through suggestions. Evidence of the use of up-to-date guidelines or core lists may be given but these should not be used at the expense of customer consultation. Stock and resources must reflect the full workforce and the clinical, managerial, research and CPD needs of the organisation. The information should then be made available to customers. It is expected that the knowledge service should make full use of available networks and other suppliers to enable access to content. The most cost effective methods should be applied. The policy shows how the balance of the stock is maintained and justifies the retention of older material. Libraries have a "duty of care" and the policy should show how users are warned of the dangers of using out of date material. The policy should also define how frequently stock is reviewed and updated as well as the mechanisms employed (e.g. rolling programme of review, regular stock checks etc.).</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.1.1</i>
Service	d	5.1g 10.12	The library/knowledge service is fully integrated with national and regional services and resources and is accessible via the national web site ( <a href="http://www.library.nhs.uk">www.library.nhs.uk</a> )	<i>All electronic content is linked with the national search engine; the local knowledge service is listed on the Health Library and Information Services Directory and is accessible to individuals via the NLH MY Library service.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.1</i>
<b>Quality Improvement Domain 5.2 Customer Induction</b>					
Service	c	5.2a 10.1	The service has a dated, documented induction programme for new customers.	<i>The induction programme is aimed at raising awareness in the most appropriate way for the service customers. This may be through, web pages or a physical induction.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.3</i>
Service	c	5.2b 10.2	The induction programme includes how the customer is made aware of the facilities and services offered.	<i>These may include passwords, log-in processes, staff availability and contact details.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge</i>

					to health in the 21 <sup>st</sup> Century RECOMMENDATION 3
					The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.3
Service	d	5.2c 10.3	The induction programme includes 'managing knowledge' so the all staff are aware of the resources and services available and understand the context in which the library and knowledge is used and shared.	<i>Library/knowledge service staff may provide training in groups or with individuals and may make use of both printed and e-learning materials.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.3
Service	c	5.2d 10.4	The induction programme should be delivered in accordance with the parent organisation's induction policy.	<i>For example this may be part of the trust mandatory induction day, part of service level agreements and other contracting and commissioning arrangements.</i>	
Service	c	5.2e 10.5	There is written information for service customers to support them once the induction programme has been delivered.	<i>The information may be presented in the form of posters, leaflets and web based media.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.3
Service	c	5.2f 10.6	Feedback from the induction programme is gathered and used to inform future induction programmes.	<i>This can be gathered through the use of questionnaires.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.4
<b>Quality Improvement Domain 5.3 Customer Education</b>					
Service	e	5.3a 10.7	There is a dated, documented educational programme that library/knowledge service staff use to train the customer to ensure that they have information skills.	<i>Training should include how to formulate questions and search strategies, search techniques, using individual resources and retrieving information; guiding health and social care staff on evaluating resources; providing advice on referencing, copyright, plagiarism and intellectual property. Knowledge service staff may provide training in groups. They may make use of both printed and e-learning materials. Also, NHS health libraries should develop evidence based strategies that focus their limited training resources for maximum effect and efforts should be made to provide planned curricula across the health economy.</i>	Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 17
Service	c	5.3b 10.9	A formal customer education and training programme is reviewed and developed annually.	<i>The training programme should be planned for the year, building on customer feedback and service need. It should include some ad hoc training sessions.</i>	Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 18

Service	c	5.3c 10.10	There are documented links to other training courses within the host organisation.	<i>There should be good working relationships with others that have training roles (e.g. health and safety, management skills, resuscitation, return to nursing, postgraduate medical training, other clinical courses etc.) to ensure that course participants have adequate opportunities to learn knowledge service and information handling skills relevant to their training.</i>	Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 29  The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.4
Service	c	5.3d 10.11	Library/knowledge service staff are consulted in the planning processes for new courses to help identify resource implications such as reading list materials.	<i>Courses include both academic and training/vocational courses, which require knowledge as part of the learning process.</i>	Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 26
<b>Quality Improvement Domain 5.4 Customer Service</b>					
Service	c	5.4a 10.13	The library/knowledge service has systems in place to ensure the effective discovery of library/knowledge resources, including cataloguing, indexing, classification and OPAC (online public access catalogue).	<i>This includes recognised cataloguing, classification and taxonomy. Where online this may include username and password access.</i>	Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 3  The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.3.1
Service	c	5.4b 10.14	The library/knowledge service ensures customers have access to document delivery services.	<i>The service must ensure equity for all its customers. This will include remote users by, for example, including postal loans, on-line and telephone requesting.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.2.1
Service	c	5.4c 10.15	The library/knowledge service ensures customers have access to mediated searching services.	<i>The service must ensure equity for all its customers. This will include remote users by, for example, including postal loans, on-line and telephone requesting.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.2.1
Service	c	5.4d 10.16	The library/knowledge service ensures customers have access to stock lending, reservation and renewal.	<i>The service must ensure equity for all its customers. This will include remote users by, for example, including postal loans, on-line and telephone requesting.</i>	The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.2.1
Service	c	5.4e 10.17	The library/knowledge service ensures customers have access to reference and enquiry services.	<i>The service must ensure equity for all its customers. This will include remote user by, for example, including postal loans, on-line and</i>	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Seventh

				telephone requesting.	Domain – Public Health D13d, Department of Health, July 2004  The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.2.1
Service	c	5.4f 10.18	Alerting services are accessible and widely publicised to the library/knowledge service customer.	Alerting service should allow customers to keep up to date in their subject areas. They should be aware of the national collection of News and Alert Services. The local alerting service should make best use of technology provided by the National Library for Health and other providers. Local current awareness and news alerts are available through the national RSS directory.	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Seventh Domain – Public Health D13d, Department of Health, July 2004  The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 3.2.2
Service	c	5.4g 10.19	There is information for customers on the costs of chargeable services offered by the library/knowledge service.		National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Seventh Domain – Public Health D13d, Department of Health, July 2004
Service	d	5.4h 10.20	The library/knowledge service supports access to learning for all across the NHS.	This includes supporting, facilitating and signposting to learning opportunities including e-learning. See <a href="http://www.wideningparticipation.nhs.uk">http://www.wideningparticipation.nhs.uk</a>	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Seventh Domain – Public Health D13d, Department of Health, July 2004  Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 36
Service	e	5.4i 10.21	Library/knowledge service staff work directly with clinical teams and managers to support their knowledge needs and requirements.	This may include managing the dissemination of evidence and guidelines, promoting best practice, exploiting information management and ensuring access to directories, databases and documents. Every clinical or management team in the NHS should identify someone in the team as “Team Knowledge Officer” (or equivalent). The Team Knowledge Officer will have responsibility for ensuring the effective input of evidence to enable the team to function properly.	National Standards, Local Action Health and Social Care Standards and Planning Framework 2005/06–2007/08, Seventh Domain – Public Health D13d, Department of Health, July 2004  Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21 <sup>st</sup> Century RECOMMENDATION 14

Service	e	5.4j 10.22	Library/knowledge service staff work outside the library space in departments, wards, clinics and in the community. Ensuring that library/knowledge expertise is available at the point of need.	<i>Service level agreements with individuals, clinical teams and managers define the services to be provided by the knowledge service; these agreements are based on the needs and expectation of customers.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 14</i>
Service	d	5.4k 10.23	Library/knowledge service staff work in collaboration with those responsible for corporate knowledge.	<i>This may include managing the dissemination of evidence and guidelines, policy and protocols. Involvement with Map of Medicine, promoting best practice and exploiting information management. This also ensures access to directories, databases and documents. The library contributes expertise to the "corporate NHS" via collective/collaborative knowledge service provision at local, regional and national level.</i>	<i>Peter Hill, REPORT OF A NATIONAL REVIEW OF NHS HEALTH LIBRARY SERVICES IN ENGLAND: From knowledge to health in the 21<sup>st</sup> Century RECOMMENDATION 21</i>
<b>Quality Improvement Domain 5.5 Customer Facilities</b>					
Service	c	5.5a 7.2	The area available to the library/knowledge service is sufficient for current user levels.	<i>This includes for example seating and studying space availability proportionate to usage at the busiest periods, access to computers, printers and photocopiers. This must take into account disability access and health and safety.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.2</i>
Service	e	5.5b 7.1	The library/knowledge service, its branches and its web presence are readily accessible for all customers and potential customers.	<i>Web based 'signage' should be compliant with a recognized standard such as W3C or Bobby.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.1</i>
Service	c	5.5c 7.6	Signs inside and outside the library/knowledge service are designed to be clearly understood by customers.	<i>Signage should be in a colour, or combination of colours, that is suitable for those with impaired vision. It should also be positioned so that it is visible and easy to read.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.1</i>
Service	c	5.5d 7.7	The library/knowledge service has disabled access to all areas routinely visited.	<i>This is in accordance with the Disability Discrimination Act 1995.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 1.4.2</i>
Service	c	5.5f 7.10	The library/knowledge service facilities cater for the needs of customers with sensory impairments.	<i>This includes compliance with the Disability Discrimination Act 1995 and internet protocols on accessibility.</i>	
Service	c	5.5g 7.11	The library/knowledge service has sufficient seating to cater for the number and type of customers.	<i>The service should be aware of the type and number of service customers and use this data to plan user physical access.</i>	<i>The Health Libraries and Information Confederation (HELICON) Accreditation Standards 2005, 2.4.3</i>
Service	c	5.5h 7.12	There are toilet facilities located within easy reach of the library/knowledge service.	<i>These facilities should be accessible for disabled customers.</i>	

Service	c	5.5i 7.18	Notice boards are well sited, tidy and contain up-to-date information.		
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### National and International Quality

The National Service Framework for Quality Improvement has been developed in alignment to national and international standards and with expert guidance from the Health Accreditation Quality Unit (HAQU).

#### United Kingdom Accreditation Forum (UKAF)

The aim of UKAF is to provide an effective network of organisations which operate or have a practical interest in developing standards-based assessment, peer review and accreditation programmes in healthcare.

The objective is to establish a forum for the sharing of experience good practice and new ideas around the methodology for such programmes, covering issues such as developing healthcare quality standards, implementation of standards within healthcare organisations, assessment by peer review and exploration of the peer review techniques to include the recruitment, training, monitoring and evaluation of peer reviewers and the mechanisms for awards of accredited status to organisations.

As organisations engaged in the external review of healthcare providers, all members are encouraged to adopt best practice in the way that they run their internal organisational affairs. In order to provide the start of a more robust system for ensuring that member organisations are applying quality improvement principles to their own work, a key activity of the UKAF membership has been to create a set of generic standards to provide a framework for self-assessment and peer review.

#### The International Society for Quality in Health Care - ISQua

ISQua, the International Society for Quality in Health Care, is a non-profit, independent organisation with members in over 70 countries. ISQua works to provide services to guide health professionals, providers, researchers, agencies, policy makers and consumers, to achieve excellence in healthcare delivery to all people, and to continuously improve the quality and safety of care.

#### Health Accreditation Quality Unit

The Health Accreditation Quality Unit (HAQU) is an operating division of CHKS Ltd, a company specialising in healthcare knowledge systems. HQS aims to improve the quality of service offered by health care providers and other associated organisations. HAQU works with a wide range of health care providers and their standards-based quality assessment programmes have been developed for hospitals, primary health care teams, community health services, mental health and learning disability services, nursing and residential care homes, primary care trusts and hospice services. HAQU has also worked with many organisations in the healthcare field such as the National Cancer Action Team, Association of Community Health Councils, the Royal College of Speech and Language Therapists, The Human Fertilisation and Embryology Authority, the Independent Healthcare Association and the Prison Health Service on consultancy projects.

## Appendix 2

### Glossary of Terms

<b>Aim</b>	Overall purpose or goal of a department or service.
<b>Annual report</b>	A report, written every year, which details progress over the last year and plans for the following year. It includes financial and activity statements.
<b>Audit</b>	A cyclical process of setting or adopting standards and measuring performance against those standards. The aim of an audit is to identify both good and bad practice, implement changes to achieve unmet standards and monitor the effects of those changes.
<b>Business plan</b>	A plan which sets out how the strategic aims of an organisation or service are to be achieved. It is linked to income and expenditure budgets.
<b>Capital asset</b>	Land, property, plant or equipment owned by an organisation and whose value exceeds £5,000.
<b>Capital assets register</b>	A list of all the capital assets of an organisation. This contains information required to administer a capital asset replacement programme (such as each asset's purchase price, acquisition date and replacement date).
<b>Checklist</b>	A means of recording observations relating to fixed criteria, used to check compliance with agreed procedures or standards.
<b>Clinical audit</b>	A cyclical process of identifying a topic, setting or adopting standards and measuring performance against those standards with the aim of identifying both good and bad practice, implementing changes to achieve unmet standards and monitoring the effects of those changes.
<b>Clinical effectiveness</b>	The extent to which a specific clinical intervention, deployed in the field for a particular patient or population, does what it is intended to do – that is, maintains and improves health and secures the greatest possible health gain from the available resources.
<b>Clinical governance</b>	A framework which establishes a duty of clinical quality to ensure that clinical standards are met and that all clinicians work to continuously improve clinical quality and safeguard standards of care. Through clinical governance the organisation is accountable for continuously improving the quality of their services and safeguarding high standards of care.
<b>Clinical guidelines</b>	Systematically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical services.
<b>Commissioners</b>	Procurers of resources or services at organisational, departmental or at service level.

<b>Communication strategy</b>	A written statement of objectives for effective communication in the organisation, and a plan for meeting those objectives. The strategy should be consistent with the business plan.
<b>Continuing education</b>	Activities which provide education and training to staff. These may be used to prepare for specialisation or career development as well as facilitating personal development.
<b>Contract currencies</b>	Agreed units of measurement for contracting - for example, finished consultant episodes.
<b>Contract/agreement</b>	The document agreed between providers of healthcare and the purchasers of healthcare which details the activity levels, financial matters and quality levels to be achieved.
<b>Control measures</b>	Ways in which risk can be controlled. These include physical controls such as locking away drugs and valuable items and system controls such as checking professional registration for clinical services.
<b>Controls assurance</b>	The systematic review by boards, audit committees, managers, staff and auditors of the procedures, processes, practices and ethos within the organisation which taken together represent the corporate system of internal control. Controls assurance is built upon a continuous process of risk identification, analysis, prioritisation, action and monitoring.
<b>Corporate</b>	Relating to the whole of an organisation. For example, the corporate management is the management of an organisation.
<b>Corporate knowledge</b>	Information held within an organisation.
<b>COSHH</b>	Acronym for the Control of Substances Hazardous to Health legislation.
<b>Criterion</b>	A measurable component of performance. A number of criteria need to be met to achieve the desired standard.
<b>Demographic details</b>	Usually refers to the basic details collected by healthcare workers: name, address, age, occupation and religion.
<b>Disaster recovery (computer services)</b>	Mechanisms for recovering information and/or vital computer services.
<b>Enterprise Architecture</b>	Technology protocol for developing/commissioning technology that is interoperable with other NHS technology systems. An organisational infrastructure for information delivery.
<b>Equitable access</b>	A fair and equal opportunity for all, such as, to allow all users of a knowledge service exactly the same range of services and resources.
<b>Evaluation</b>	Review and assessment of the performance of a service (or element of treatment and care) with the aim of identifying successful areas and opportunities for improvement.
<b>Financial strategy</b>	A written statement of objectives relating to financial management and a plan for meeting those objectives. The financial strategy should be consistent with the business plan.
<b>Hazards</b>	The potential to cause harm, including ill health and injury, damage to property, plant, products or the environment, or to cause production losses or increased liabilities.

<b>Health and safety policy</b>	A plan of action for the health, safety and well being of staff, patients/users, residents and visitors.
<b>Health economy</b>	A range of organisations or services within a shared area of practice working together for mutual benefit.
<b>Healthcare professional</b>	A person who is registered as a member of any profession to which section 60(2) of the Health Care Act 1990 applies, or who is a clinical psychologist or child psychotherapist. The term is often used to mean a person qualified in medical or other allied healthcare.
<b>Health promotion</b>	Educating individuals and communities and enabling them to increase control over the determinants of health and thereby improve their health.
<b>Health record</b>	Information about the physical or mental health of someone, which has been made by, or on behalf of, a health professional in connection with the care of that person. Includes information in all media - for example, paper, fax, video, photographic and electronic. Health records must be kept for a statutory period of time after the patient/user is discharged from the service. Records are held in addition to care plans.
<b>Human resource strategy</b>	A written statement of human resource objectives and a plan for meeting those objectives. The strategy should be consistent with the business plan.
<b>Income and expenditure reports</b>	An accountancy tool which describes and analyses the flow of funds into and out of an organisation to assess liquidity. Also known as 'source and application of funds statements' or 'cash flow statements'.
<b>Induction programme</b>	Learning activities designed to enable newly appointed staff to function effectively in a new position.
<b>ISO</b>	International Organisation for Standardisation. In this publication ISO is used to denote those criteria which relate to the clauses of the ISO9002 quality assurance standard.
<b>Job description</b>	Details of accountability, responsibility, formal lines of communication, principal duties, entitlements and performance review. A guide for an individual in a specific position within an organisation.
<b>Local Development Agreement</b>	A single education and learning contract created by a Strategic Health Authority for each healthcare organisation within its area to define the commissioned services and education programmes within the Multi-professional Education and Training fund. This contract states auditable and quality monitoring requirements of the Strategic Health Authority from each organisation.
<b>Manual handling</b>	Any transportation of a load by hand or bodily force, including picking up, setting down, pushing, pulling, carrying or moving it.
<b>Mentor</b>	An experienced and trusted adviser.
<b>Minimum data sets</b>	A group of statistics or other information that together comprise the minimum amount of information required to inform a management process (for example, contract monitoring).
<b>Mission statement</b>	The statement of purpose of an organisation.

<b>Monitoring</b>	The systematic process of collecting information on clinical and non-clinical performance. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas.
<b>Multi-professional</b>	A combination of several professions working towards a common aim.
<b>Objective</b>	A specific and measurable statement which sets out how overall aims are to be achieved.
<b>OPCS</b>	Office of Population Censuses and Surveys.
<b>Organisation and management development strategy</b>	A written document which sets out the strategy for developing the organisational processes and management skills needed by an organisation.
<b>Organisation</b>	Used here to describe the entire organisation, as opposed to the term <i>service</i> , which is used to describe one part of the organisation (see also <b>Service</b> ).
<b>Organisational chart</b>	A graphical representation of the structure of the organisation including areas of responsibility, relationships and formal lines of communication and accountability.
<b>Organisational development (OD)</b>	An educational strategy aiming at changing the beliefs, attitudes, values and structures within an organisation so that it can better adapt to changing requirements. The emphasis is on interventions, rather than the objective assessment of services.
<b>Partnership working</b>	Collaborative activities between organisations to support shared aims and objectives.
<b>Performance indicator</b>	A standard of work which acts as a measurement of performance. Examples could include the response times to requests for maintenance work as a likely indicator of the performance of the service. (See also <b>Quality indicator</b> )
<b>Performance review</b>	The systematic check on the achievement of organisations and individuals compared to set objectives.
<b>Personnel</b>	All those who work in the organisation. Includes practitioners with practising privileges as well as staff.
<b>Planning</b>	The process by which the service determines how it will achieve its aims and objectives. This includes identifying the resources that will be needed to meet the aims and objectives.
<b>Policy</b>	A statement of intent that gives the organisation's approach to a particular situation.
<b>Procedure</b>	A set of established steps or methods for how work processes are performed. A procedure is carried out to accomplish a certain end, such as fulfilling a hospital/unit policy.
<b>Protocol</b>	The adoption by all staff of national or local guidelines to meet local requirements in a specified way.

<b>Quality Assurance (QA)</b>	A generic term to cover the review of the quality of services provided, along with interventions designed to improve quality through remedying deficiencies identified by the review process. The review may include both qualitative and quantitative measurements and may or may not relate to clearly stated standards.
<b>Quality Improvement Strategy</b>	A written statement of objectives relating to quality improvement and a plan for meeting those objectives. The strategy should be consistent with the business plan.
<b>Quality Indicator</b>	A standard of service which acts as a measurement of quality. Examples could include the incidence of infection as a likely indicator of the quality of care (see also <b>Performance indicator</b> ).
<b>Research and development</b>	The search for knowledge and evidence about the relationship between different factors in the provision of services. Research does not require action in response to findings.
<b>Review</b>	Examination of a particular aspect of a service or care setting so that problem areas requiring corrective action can be identified.
<b>Risk assessment</b>	A formal method of determining and measuring the potential risks for patients, healthcare staff and employees. It includes clinical risk, organisational risk, legal risk and financial risk.
<b>Risk management</b>	A systematic approach to the management of risk, to reduce loss of life, financial loss, loss of staff availability, staff and patient/user safety, loss of availability of buildings or equipment, or loss of reputation.
<b>Risk management strategy</b>	A written statement of objectives for the management of risk and a plan for meeting those objectives. The strategy should be consistent with the business plan.
<b>Satisfaction survey</b>	Seeking the views of service users through responses to pre-prepared questions, carried out through interview or self-completion questionnaires.
<b>Service contract</b>	A legally binding contract between an organisation and an external supplier of goods or services. The contract sets out the agreed cost and quality for a given period.
<b>Service level agreement</b>	This term is used generically to describe a document that is agreed between the organisations that will provide and receive a service, and sets out in details how the service will be provided.
<b>Service</b>	The term used to describe part of the organisation, as opposed to the entire organisation (see also <b>Organisation</b> ).
<b>Skill mix</b>	The balance of skill, qualifications and experience of nursing and other clinical staff delivering a service. Skill mix can refer to the grade mix within a profession, or the proportions of professional and assistant staff within a team, or the combination of multi-professional staff within a team.
<b>Staff</b>	Those employed by the organisation.
<b>Standard</b>	An overall statement of desired performance.

<b>Standing financial instructions</b>	Specific instructions issued by the board of a hospital or trust to regulate conduct of the organisation, its directors, managers and agents in relation to all financial matters.
<b>Standing orders</b>	A series of established instructions governing the manner in which business will be conducted.
<b>Strategy</b>	A medium to long term plan or policy for a broad area of work (for example, human resources or clinical governance). A strategy contains some broad goals and outlines the steps required to achieve those goals. It may also include responsibilities and time scales.
<b>Survey</b>	The collection of views from a sample of people in order to obtain a representative picture of the views of the total population being studied.
<b>Training and development strategy</b>	A written statement and objectives for the training and development of staff and a plan for meeting these objectives. The strategy should be consistent with the business plan.