

Quality Standards

Orthodontic Patient Pathway

Version 2.1

July 2021

These Quality Standards were developed in accordance with the International Standard ISO/IEC 17020:2012 - Conformity assessment – Requirements for the operation of various types of bodies performing inspection in line with our accreditation with UKAS as an Inspection Body (No 8831).

The Quality Review Service closed on 31st July 2021, UKAS have asked that the accreditation symbol now be removed.

The standards can be used until they reach their expiry date – July 2022.

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Whilst the Quality Review Service has taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services, this is not warranted, and the Quality Review Service will not have any liability to the service provider, service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: July 2022 at the latest

Version No	Date	Change from previous version
V1	08.07.2014	N/A
V2 D 1-5	21.11.2018 to 19.06.2019	D1 -2: Review of literature, Generic QS mapped to guidance D3: Amended following external expert advice. D4 -5: References updated, cross referencing to CQC KLOES and BSI PAS 16:16 CQC mapping
V2 D6		Version formatted. Distributed for pilot review visit of specialist orthodontic services
V2 D7	02.09.2019	Typo corrected. P10
V2 D8	30.09.2019	Typos corrected P9, 18, 21.
V2 D9	27.11.2020	QRS Contact details amended. Added in addition to CQC that other regulatory frameworks are in use in the devolved nations. QS XX- 499 IT systems updated and XX 601 amended to say ' not brought' rather than DNA and include use of systems and governance arrangements for virtual consultations
V2.1	31.07.2021	UKAS logo removed

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Introduction

About the Quality Review Service

The Quality Review Service (QRS) is a collaborative venture by NHS organisations to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved. More detail about the work of QRS is available on www.wmqrs.nhs.uk

The Quality Standards aim to improve the quality of children young people and adults requiring orthodontic care and to help answer the question: “At each point on the pathway, how will I know that national guidance and best practice have been implemented?” The Quality Standards are suitable for use in self-assessment, monitoring by commissioners and providers, and peer review visits. They describe what services should be aiming to provide and providers and commissioners should be moving towards meeting all applicable Quality Standards within the next two to five years.

Through use of the Quality Standards we hope that:

1. Patients and carers will know more about the services they can expect.
2. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
3. Service providers and commissioners will work together to improve service quality.
4. Service providers and commissioners will have external assurance of the quality of local services.
5. Reviewers will learn from taking part in review visits.
6. Good practice will be shared.
7. Service providers and commissioners will have better information to give to the Care Quality Commission, NHS England and NHS Improvement and other regulators

Quality Standards are cross-referenced to generic reference sources (**Appendix 1**) although other QRS Quality Standards form the source for many of the Standards. Cross-referencing to Care Quality Commission ‘Key Lines of Enquiry’ and BSI PAS is given in **Appendix 2**. **Appendix 3** provides a glossary of terms and abbreviations.

These Quality Standards refer throughout to ‘patients and carers’. In some pathways of care the term ‘service user’ may be more commonly used. Services for children and young people may usually refer to ‘parents and families’ rather than ‘carers’.

The Quality Standards also refer throughout to assessments, therapeutic and/or rehabilitation interventions offered by a service. This should be taken as referring to prevention (primary and secondary), assessments, therapeutic interventions, rehabilitation and reablement undertaken by the service. Services using these Quality Standards will therefore need to apply them to cover their usual case mix of patients.

Scope of the Quality Standards

These Quality Standards should sit within organisations’ overall clinical governance arrangements
All QRS Quality Standards are available to those who subscribe to QRS products.

These Quality Standards assume a patient pathway which is based in primary care but includes a specialist service. This specialist service is usually hospital or community-based or could work across both sectors. The service may provide care for children and young people or adults or both. Commissioning Standards are

included and will be required for each pathway, although the specific commissioners involved may be primary care, CCG or specialised service commissioners.

Pathway

These Quality Standards are based on the QRS Generic Patient Pathway Quality Standards (Version 2, 2018) which have been supplemented by the British Orthodontic Society Professional Standards for Orthodontic Practice 2014, NHS England, Guide for Commissioning Orthodontics 2015 and other key documentation.

These Quality Standards focus on the following orthodontic services:

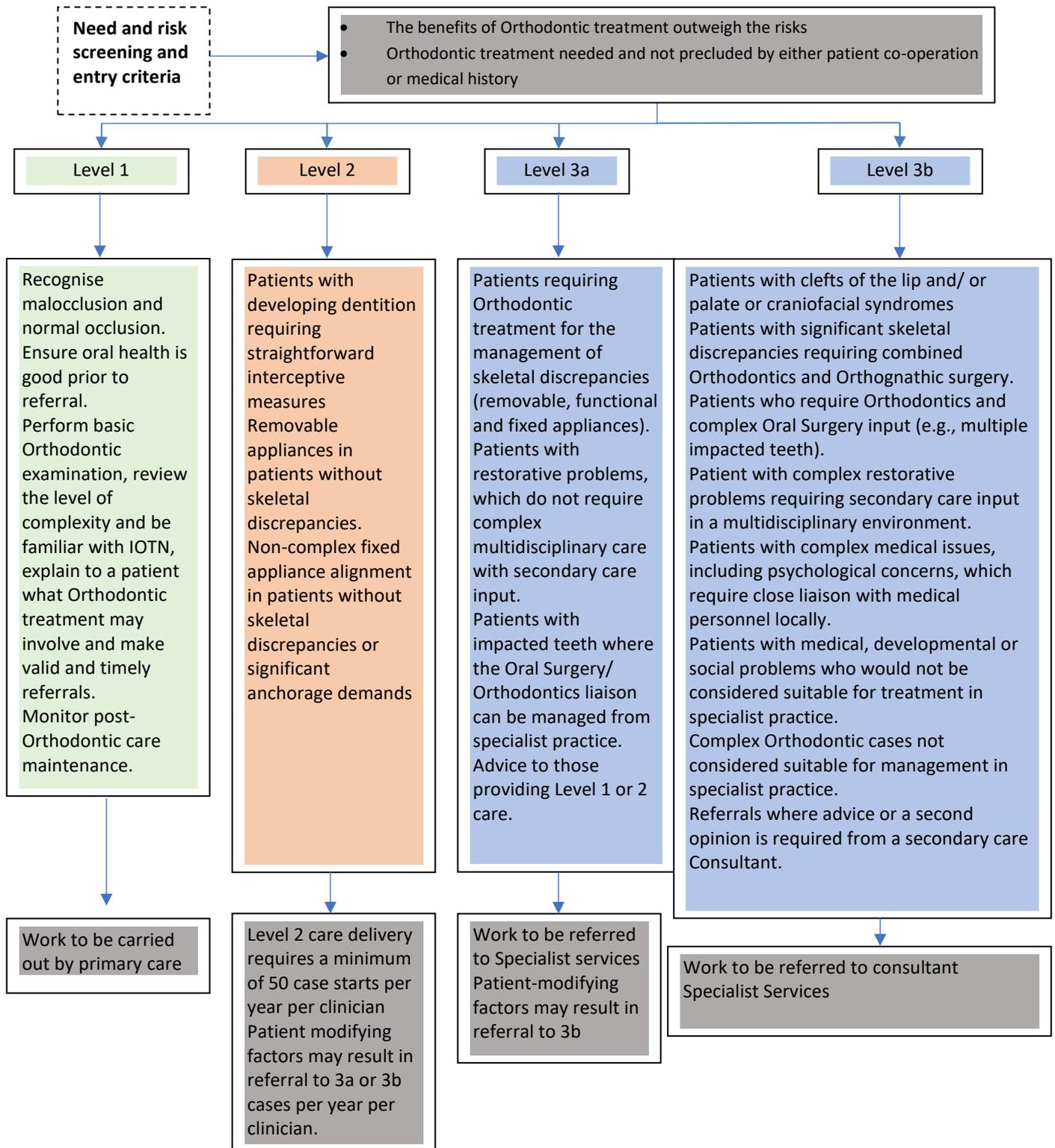
- a. Hospital Consultant service: Cases that require multidisciplinary care including patients with impacted teeth, severe skeletal problems that required a combination of orthodontics and surgery to correct and patients with complex medical histories.
- b. Community orthodontic service: similarly, to the hospital service will provide treatment for patients with complex medical and social problems

These Quality Standards exclude:

- a. Specialist orthodontic practitioners working from practice
- b. General dental practitioners with a special interest in orthodontics

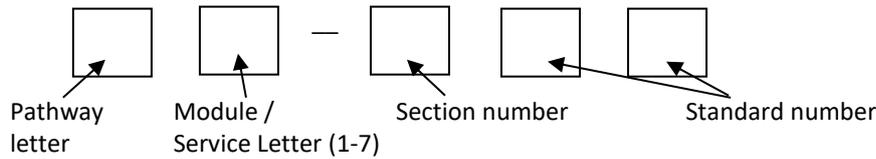
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Complexity Assessment – Orthodontic Treatment: NHS England, Guide for Commissioning Orthodontics 2015



Structure of the Quality Standards

QRS Quality Standard reference numbers have the following structure:



Each Standard is structured as follows:

Reference Number (Ref)	<p>This column contains the reference number for each Standard, which is unique to these Standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see above and below for more detail).</p> <p>The reference column also includes a guide to how the Standard will be reviewed:</p> <table border="1" data-bbox="419 750 1426 1019"> <tr> <td>BI</td> <td>Background information</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&S</td> <td>Meeting service users (children, young people, adults) and staff</td> </tr> <tr> <td>CNR</td> <td>Case note review or clinical observation</td> </tr> <tr> <td>Doc</td> <td>Documentation should be available. Documentation may be written or be in the form of a website or other social media</td> </tr> </table> <p>The shaded area indicates the approach that will be used to reviewing the Quality Standard. APPENDIX 4 summarises the evidence needed for review visits.</p>	BI	Background information	Visit	Visiting facilities	MP&S	Meeting service users (children, young people, adults) and staff	CNR	Case note review or clinical observation	Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media
BI	Background information										
Visit	Visiting facilities										
MP&S	Meeting service users (children, young people, adults) and staff										
CNR	Case note review or clinical observation										
Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media										
Quality Standard (QS)	<p>This describes the quality that services are expected to provide.</p>										
Notes	<p><i>The notes give more detail about either the interpretation or the applicability of the Standard.</i></p>										

Pathway and Service Letters:

The Orthodontic Patient Pathway Quality Standards use the pathway letter Y. The Standards are in the following sections:

YA-	Orthodontic Patient Pathway	Primary Care
YN-	Orthodontic Patient Pathway	Specialist Service (levels 3a,3b)
YZ-	Orthodontic Patient Pathway	Commissioning

Topic Sections: Each section covers the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

Within each section, each Standard has a unique two digit number. These are not always sequential, to ensure that similar standards in different pathways have the same two digit number.

The Quality Standards are cross-referenced to the British Standards Institution PAS16:16 and the Care Quality Commission Key Lines of enquiry in APPENDIX 2 .

Excel and PDF Versions

The full text of the Quality Standards and all Appendices are available in a PDF version. A self-assessment form is available in Excel and it is recommended that this is used by services when considering their compliance with the Standards. The Excel version has the following advantages:

- The spreadsheet includes a 'CQC' tab. This updates automatically when a self-assessment is completed and allows services to see, and demonstrate, the extent to which they are achieving the CQC Key Lines of Enquiry.
- Additional columns can be used for subsequent self-assessments, enabling progress to be seen without losing earlier information.

When using the Excel spread sheet it is useful to know the following:

- If the tabs at the bottom of the spreadsheet do not appear, please minimise the spreadsheet and then maximise it again and the tabs should be there.
- 'Alt' and 'Enter' (together) allows you to put a new line within an Excel cell.

The PDF version includes appendices 1 to 4 which are not included in the Excel version.

Comments on the Quality Standards

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use in peer review. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to grs@nhs.net

More information about QRS and its Quality Standards and reviews is available at www.wmqrs.nhs.net

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Quality Standards

Primary Care

Ref	Standard					
Guidelines and Protocols						
YA-501 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Primary Care Guidelines</p> <p>Guidelines on primary care management of orthodontics should be in use, covering at least the role of the primary care dentist in:</p> <ol style="list-style-type: none"> a. Indications for urgent and routine referral to a specialist service and information to be sent with each referral <ol style="list-style-type: none"> i. Early referral for those with cleft lip, palate or other craniofacial anomalies ii. Referral for children with maxillary/ mandibular disproportion. iii. Transfer and referral of difficult cases where there has been conflict or disagreement of treatment options available. b. Management of acute complications as well as longer term follow up. c. Integrated care arrangements <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>Primary care orthodontic guidelines should be consistent with the commissioned local pathway and with guidelines in use in other local services.</i> 2. <i>Guidelines should be consistent with the The Index of Orthodontic Treatment Need (IOTN) clinical assessment of malocclusion severity utilised within the NHS</i> 3. <i>Integrated care arrangements depend on locally agreed arrangements, but examples include arrangements for shared care.</i>
BI						
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Specialist Orthodontic Service

Ref	Standard					
Information and Support for Patients and Carers						
<p>YN-101</p> <table border="1" data-bbox="209 472 293 647"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Information</p> <p>Each service should offer patients and their carers written information covering:</p> <ol style="list-style-type: none"> Organisation of the service, such as opening hours and clinic times Staff and facilities available How to contact the service for help and advice, including out of hours arrangements Range of other services available locally <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).</i> <i>Information may be in paper or electronic/e-learning formats or in the form of a website or other social media. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters, then examples will need to be seen by reviewers.</i> <i>This may be general Trust-wide (or equivalent) information. If so, services or clinics which are specific to one condition should be clearly identified. If the information is provided only in individual patient letters, then examples of these will need to be available to reviewers.</i> <i>Information may be combined with condition-specific information (QS YN-102) and should be clear about information carers can receive with and without the patient's permission.</i>
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<p>YN-102</p> <table border="1" data-bbox="209 1261 293 1435"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Condition-Specific Information</p> <p>Information for patients and their carers should be available covering, at least:</p> <ol style="list-style-type: none"> Brief description of their condition and its impact Possible complications and how to prevent these Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service Possible side-effects of orthodontic interventions, especially if there is poor compliance with the treatment plan Symptoms and action to take if unwell Self-care and dental hygiene Health promotion, including smoking cessation and healthy eating Emotional health and wellbeing Sources of further advice and information including: <ol style="list-style-type: none"> how to access advice on alternative treatments obtaining a second opinion. costs of any treatment if applicable. after care arrangements and costs if applicable. <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>As QS YN-101 notes 1 and 2.</i> <i>Information may be combined with service information (QS YN-101).</i>
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<p>YN-103</p> <table border="1" data-bbox="209 293 293 472"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Plan of Care</p> <p>Each patient, and where appropriate, their carer should discuss agree and consent to the plan of care, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> a. Agreed goals b. Self-management c. Planned treatments d. Early warning signs of problems, and what to do if these occur e. Who to contact with queries or for advice f. Care after treatment including retention period. <p>The plan of care should be communicated to the patient’s primary care dentist and /or GP and to relevant other services involved in their care.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS is about a holistic view of the patient's needs and how they will be met. Plans of Care may be in the form of clinic letters or patient-held records so long as all aspects of the QS are covered.</i> 2. <i>Some patients may need additional detail in their Plan of Care, for example, people with learning disabilities.</i> 3. <i>Information on care after treatment and the period of retention should be discussed prior to and following treatment and documented in the clinical record.</i>
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<p>YN-105</p> <table border="1" data-bbox="209 1043 293 1223"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Contact for Queries and Advice</p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available, then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>The response by the end of the next working day means a response by, or following discussion with, a health or social care professional. It does not mean that a particular health or social care professional involved in the individual's care will respond by the end of the next working day.</i> 2. <i>Information may be combined with service information (QS YN-101).</i>
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<p>YN-193</p> <table border="1" data-bbox="209 1458 293 1637"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Communication Aids</p> <p>Communication aids should be available to enable patients to participate as fully as possible in decisions about their care.</p>
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<p>YN-194</p> <table border="1" data-bbox="209 293 293 472"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Environment</p> <p>The environment should be welcoming and suitable for all patients, carers and visitors including:</p> <ol style="list-style-type: none"> Appropriate signage Suitable lighting Wheel-chair accessibility <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Suitability of facilities is not strictly defined but should include clear signage, appropriate flooring, rooms for confidential conversations, and facilities for people with disabilities. New facilities should be compliant with the latest Health Building Note.</i> <i>For services providing community-based follow up and ongoing care, this QS applies to any facilities attended by service users and carers.</i> <i>This QS links to YN-401</i>
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<p>YN-195</p> <table border="1" data-bbox="209 786 293 965"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Transition to Adult Services and Preparation for Adult Life</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> Information and support on taking responsibility for their own care The opportunity to discuss the transfer of care with paediatric and adult orthodontic services A named coordinator for the transfer of care A preparation period prior to transfer Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards Advice for young people going away from home including: <ol style="list-style-type: none"> registering with a GDP and GP how to access emergency and routine care how to access support from their specialist service communication with their new GDP and GP <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS applies only to services where significant numbers of young people transfer from paediatric services or where the responsible clinical staff change when the young person becomes an adult.</i> <i>This QS may not be applicable to services where the same clinical staff provide care for both children and adults.</i>
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<p>YN-196</p> <table border="1" data-bbox="209 1498 293 1677"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Discharge Information</p> <p>On discharge from the service, patients and their carers should be offered written information covering at least:</p> <ol style="list-style-type: none"> Care after discharge Ongoing self-management of their condition Possible complications and what to do if these occur Who to contact with queries or concerns <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Information may be combined with the Plan of Care QS YN- 103</i>
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<p>YN-197</p> <table border="1" data-bbox="209 293 293 472"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice Spiritual support HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS YN-101 note 1. This QS is about signposting to relevant services. The actual services available may be different in different areas. Availability of support services should be appropriate to the case mix and needs of patients and their carers. Information should explain patients' rights under the NHS Constitution.
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<p>YN-198</p> <table border="1" data-bbox="209 1010 293 1189"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Access to a Carers' Programme (if appropriate) Services available to provide support <p><i>Notes:</i></p> <ol style="list-style-type: none"> Support for carers may include carer's breaks, emergency response, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services. The Carers' Programme should cover at least: carers' health, support available and how to get help.
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<p>YN-199</p> <table border="1" data-bbox="209 1498 293 1677"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from patients and carers about the treatment and care they received Mechanisms for involving patients and carers in decisions about the organisation of the service Examples of changes made as a result of feedback and involvement of patients and carers <p><i>Notes:</i></p> <ol style="list-style-type: none"> The arrangements for receiving feedback from patients and carers may involve surveys, including the national patient survey, focus groups and /or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.
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Staffing						
YN-201 <table border="1" data-bbox="209 398 293 573"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p>
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YN-202 <table border="1" data-bbox="209 645 293 819"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of patients usually cared for by the service and the usual case mix of patients Service's role in the patient pathway and expected timescales Assessments and therapeutic and/or rehabilitation interventions offered by the service Infection prevention and control to prevent physical, chemical and microbiological contamination in the surgery or laboratory Use of preparations and equipment required for these assessments and therapeutic interventions Urgent review within agreed timescales (if applicable). <p>An appropriate skill mix of staff should be available including dentists, orthodontic therapists, dental nurses, dental and clinical dental technicians and other staff required to deliver the range of assessments and therapeutic interventions offered by the service. Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> A clear methodology should, ideally, be used to determine appropriate staffing levels and skill mix. Staff should have time allocated for their role in the service, but roles may be part-time and staff may be shared with other services. Any orthodontic therapists should have completed appropriate training in line with the General Dental Council Scope of Practice (2013) and have clear supervision arrangements agreed in place with a supervising dentist competent in orthodontics. Reviewers should be concerned about the availability of staff with appropriate competences rather than management arrangements.
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Ref	Standard					
<p>YN-203</p> <table border="1" data-bbox="209 293 293 472"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Appraisals and PDRs are sufficient for maintenance of the individual's competence. Details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, in particular, where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual's usual clinical practice.</i> <i>For compliance with this QS the service should provide:</i> <ol style="list-style-type: none"> <i>A matrix of the roles within the service, competences expected and approach to maintaining competences</i> <i>A training and development plan showing how competences are being achieved and maintained.</i> <i>Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.</i>
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<p>YN-298</p> <table border="1" data-bbox="209 969 293 1149"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Competences – All Dental Staff</p> <p>All dental care professionals and staff, working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Safeguarding children and/or vulnerable adults Recognising and meeting the needs of vulnerable children and/or adults Dealing with challenging behaviour, violence and aggression Consenting patients for treatment Mental Capacity Act and Deprivation of Liberty Safeguards Resuscitation IR(ME)R regulations Infection prevention and control Information Governance including ensuring confidentiality of patient information and images <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Safeguarding training should comply with the requirements of the Local Safeguarding Boards for Children and Adults.</i>
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<p>YN-299</p> <table border="1" data-bbox="209 1565 293 1744"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>The amount of administrative, clerical and data collection support is not defined. However, Clinical staff should not, be spending unreasonable amounts of time which could be used for clinical work on administrative tasks.</i>
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<p>Support Services</p>						
<p>YN-301</p> <table border="1" data-bbox="212 398 293 573"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Timely is not strictly defined but should ensure that patient pathways are not unreasonably delayed and the service's timescales for assessments and therapeutic and/or rehabilitation interventions are not unreasonably delayed. Specific indications for referral to, and timescales for response by, support services may be agreed. Support services include imaging, pathology, pharmacy and other services relevant to the particular patient pathway. Ancillary services such as porters, security and cleaning should be included where they are specifically relevant to the service provided or the case mix of patients.</i> <i>For compliance with this QS, services should provide a list of essential support services, indications for urgent and routine referral and agreed response times (urgent and routine). An audit of compliance with referral indications and response times is desirable.</i>
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<p>Facilities and Equipment</p>						
<p>YN-401</p> <table border="1" data-bbox="212 1025 293 1200"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients. Facilities and equipment should comply with all relevant Standards and should ensure:</p> <ol style="list-style-type: none"> Appropriate privacy, dignity and security for patients Protection of other patients, staff and members of the public from radiation and radioactive sources Appropriate separation of children and adults <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Required facilities and equipment are not strictly defined but should be clean and appropriate for the usual number and case mix of patients cared for by the service.</i> <i>This QS links to YN-194</i>
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<p>YN-402</p> <table border="1" data-bbox="209 293 293 472"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. The service should have arrangements for equipment management covering:</p> <ol style="list-style-type: none"> Procurement and management of equipment and consumables Installation assurance Calibration, operation and performance of equipment Cleaning standards Equipment maintenance (service contracts and maintenance schedules) covering planned maintenance and breakdown or unscheduled maintenance Contingency plans in the event of equipment breakdown Monitoring and management of equipment failures and faults Ensuring safety warnings, alerts and recalls are circulated and acted upon within specified timescales Programme of equipment replacement and risk management of equipment used beyond its replacement date <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS YN-401. These arrangements should link with Trust-wide arrangements for governance of medical equipment. Timely is not strictly defined but availability of equipment, including consumables and process for decontamination should not unreasonably delay patient pathways or adversely affect patient outcomes and experience.
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<p>YN-499</p> <table border="1" data-bbox="209 1160 293 1339"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>IT System</p> <p>IT systems should:</p> <ol style="list-style-type: none"> Store, retrieve and transmit patient information for client/patient administration, clinical records and outcome information Provide mechanisms for the collection of other data to support service improvement, audit and revalidation If used to deliver online consultations, assessments and therapeutic interventions, meet audit and governance requirements. All clinical staff should be able, electronically and securely, to communicate person-identifiable data to other services involved in the patient/client's care. Business continuity plans should be in place covering potential IT systems failure, including arrangements for access to clients' records. <p><i>Note:</i></p> <p>IT and records systems should be easily accessible and integrated to ensure that all relevant information is readily available and avoid duplicate entry of data on individuals.</p>
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Guidelines and Protocols						
<p>YN-501</p> <table border="1" data-bbox="209 394 293 568"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Initial Referral and Assessment Guidelines</p> <p>Guidelines on referral and assessment should be in use covering the usual case mix of patients referred to the service. Guidelines should cover at least:-</p> <ol style="list-style-type: none"> Criteria for acceptance Oral health assessment Assessment of malocclusion and treatment need <p><i>Notes:</i></p> <ol style="list-style-type: none"> Guidelines should be based on national guidance, (including NICE, General Dental Council and British Orthodontic Society where available), and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS. Referral guidelines should be consistent with QS YA-501 This QS links to commissioning YZ-602 For newly diagnosed babies the guidelines should include referral to a cleft palate team within 24hrs
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<p>YN-502</p> <table border="1" data-bbox="209 1032 293 1216"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Clinical Guidelines</p> <p>Guidelines on management of the usual case mix of patients referred to the service should be in use covering, at least:</p> <ol style="list-style-type: none"> Therapeutic interventions offered by the service Monitoring and follow up, including retention period Arrangements for liaison with other services <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS YN-501. The retention period may vary depending on clinical need Services should be able to demonstrate that guidelines have considered 'parity of esteem' The Mandate, Department of Health 2017
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<p>YN-503</p> <table border="1" data-bbox="209 1480 293 1664"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Consent Procedure</p> <p>A Dental/Orthodontic Service consent procedure should be in use. This procedure should be based on the Trust (or equivalent) consent procedure and should have appropriate additional detail to ensure compliance with the British Orthodontic Society, Professional Standards for Orthodontic Practice 2014 and General Dental Council.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> This QS links with QS YN-102 about patient information.
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<p>YN-504</p> <table border="1" data-bbox="209 293 293 472"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Imaging Guidelines</p> <p>Imaging Guidelines should be in use covering: -</p> <ol style="list-style-type: none"> Roles and responsibilities of staff Use of equipment Initial and final reporting timescales Documentation Storage and retrieval <p><i>Notes:</i></p> <ol style="list-style-type: none"> Monitoring of agreed timescales is covered in QS YN-701. Guidelines should be consistent with the latest Ionising Radiation (Medical Exposure) Regulations.
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<p>YN-595</p> <table border="1" data-bbox="209 723 293 902"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Guidelines on Transition and Preparing for Adult Life</p> <p>Guidelines on transition of young people from paediatric to adult services should be in use covering, at least:</p> <ol style="list-style-type: none"> Involvement of the young person and, where appropriate, their carer in planning the transfer of care Involvement of the young person's primary care dentist and/or general practitioner in planning the transfer Joint meeting between paediatric and adult services in order to plan the transfer Allocation of a named coordinator for the transfer of care A preparation period prior to transfer Arrangements for monitoring during the time immediately after transfer. Advice for young people going away from home, including: <ol style="list-style-type: none"> registering with a GP or general dental practitioner how to access emergency and routine care how to access support from their specialist service. communication with the young person's new GP or general dental practitioner <p><i>Notes:</i></p> <ol style="list-style-type: none"> This QS may not be applicable to services where the same clinical staff provide care for both children and adults. It applies only to services where significant numbers of young people transfer from paediatric services or where the responsible clinical staff change when the young person becomes an adult. The QS applies to both paediatric and adult service and transition guidelines should be agreed between relevant paediatric and adult services. Joint meetings between paediatric and adult services may be in the form of a phone or video-conference, so long as the young person is involved. The General Dental Practitioner and GP should be informed / given the opportunity to be involved in the transition of young people from paediatric to adult services. Transition may be to the care of the general dental practitioner only, without involvement of specialist services (QS XA-101). Guidelines should specifically cover arrangements for students studying away from their local service.
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<p>YN-597</p> <table border="1" data-bbox="209 600 293 779"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>As QS YN-501. Guidelines should be based on criteria for discharge from the service agreed with commissioners (QS YZ-602).</i>
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<p>YN-599</p> <table border="1" data-bbox="209 824 293 1003"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ol style="list-style-type: none"> a. Use of sedation b. Consent, Mental Capacity Act and the Deprivation of Liberty Safeguards c. Safeguarding d. Information sharing <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>All patients may be vulnerable and deserve the highest possible quality of care. Some groups of patients are, however, particularly vulnerable and may be less able than others to voice their wishes and any concerns. These people need extra consideration. These groups include looked after children, people with learning disabilities, mental health problems or dementia, victims of neglect or of sexual or domestic violence, and those people who are particularly frail or nearing the end of their life.</i> 2. <i>This is a linking QS and will not be reviewed in detail. Any lack of compliance seen during review visits will, however, be noted.</i>
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Service Organisation and Liaison with Other Services						
<p>YN-601</p> <table border="1" data-bbox="209 398 293 568"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>a. Service Organisation</p> <p>The service should have an operational procedure describing the organisation of the service including, at least:</p> <ul style="list-style-type: none"> b. Expected timescales for the patient pathway, including initial assessment, start of therapeutic interventions and review, and arrangements for achieving and monitoring these timescales c. Responsibility for giving patient and carer information at each stage of the patient journey d. Arrangements for responding to patients' queries or requests for advice by the end of the next working day e. Arrangements for follow up of patients who 'do not attend' (Adults) or 'were not brought' (Children) f. Arrangements for multi-disciplinary discussion of appropriate patients g. Arrangements for accessing specialist advice and liaison with the Cleft Centre Team h. Arrangements for liaison with key support services (QS YN-301) i. Arrangements for maintenance of equipment (QS YN-402) j. Arrangements for risk management. k. Responsibilities for IT systems (QS YN-499) l. Governance arrangements for providing consultations, assessments and therapeutic interventions, virtually, in the home or in informal locations. (QS YN- 499)
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<p>YN-699</p> <table border="1" data-bbox="209 1093 293 1263"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key services to consider liaison arrangements and address any problems identified.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS relates to those services with which liaison is particularly important to ensure an efficient, high quality patient journey. These services should be listed in QS YN-301 but annual review meetings with all services required in QS YN-301 may not be necessary.</i> 2. <i>Meetings may be part of a Trust-wide meeting so long as operational issues specific to the service are discussed. This QS is in addition to day to day liaison arrangements and should involve staff with management responsibility for the service.</i>
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<p>YN-701</p> <table border="1" data-bbox="209 1608 293 1778"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ul style="list-style-type: none"> a. Referrals to the service, including source of appropriateness of referrals b. Number or assessments, urgent reviews and therapeutic interventions undertaken by the service c. Number of treatments started within 18 weeks of initial assessment if patient meets necessary referral criteria d. Types of appliance used e. Outcome of assessments and therapeutic interventions concluded (including number completed, abandoned and discontinued) f. Number of discharges from the service and type of care after discharge g. Key performance indicators appropriate to the service
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YN-702 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Audit <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> Evidence-based clinical guidelines (QS YN-500s) Standards of record keeping Timescales for key milestones on the patient pathway <p><i>Notes:</i></p> <ol style="list-style-type: none"> Timescales across the patient pathway may be nationally or locally agreed with commissioners.
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YN-703 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Key Performance Indicators <p>Key performance indicators (QS YN-701) should be defined which are specific for the service and should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> Regularly is not strictly defined but should ensure that key performance indicators are reviewed in line with the locally agreed assurance framework to ensure that the service is monitored, and actions taken.
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YN-704 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Research <p>The service should actively participate in research relevant to the care of their patients.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> Participation can include comparative analysis, benchmarking or similar outcome reviews
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YN-798 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Multi-disciplinary Review and Learning <p>The service should have multi-disciplinary arrangements for</p> <ol style="list-style-type: none"> Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' Review of and implementing learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency <p><i>Notes:</i></p> <ol style="list-style-type: none"> This QS is about staff within the service learning together. Uni-disciplinary meetings or management meetings are not sufficient for compliance with this QS. Arrangements for MDT review and learning should be formalised and clearly communicated to staff.
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YN-799 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	Document Control <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> Specific documentary evidence of compliance is not required. This QS will be determined from the other documentary information provided. Copies of the organisations document control policies are also required for compliance with this QS.
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Commissioning

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<h3>Service Organisation and Liaison with Other Services</h3>						
YZ-602 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<h4>Commissioning of Services</h4> <p>Services for each patient pathway should be commissioned including, for each service:</p> <ol style="list-style-type: none"> Range of assessments, therapeutic and/or rehabilitation interventions offered by the service Criteria for referral to and discharge from the service Whether the service cares for children, adults or both Key performance indicators <p><i>Notes</i></p> <ol style="list-style-type: none"> Services should be commissioned based on national guidance, (including NICE and Royal College guidance where available), and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS. This QS links to specialist service Qs YN-5**'s
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<h3>Governance</h3>						
YZ-701 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<h4>Quality Monitoring</h4> <p>The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> Clinical Quality Review Meetings are sufficient for compliance with this QS only if there is evidence of discussion of the specific service.
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APPENDIX 1 Reference Sources

Year	Publisher	Title	Reference
2019	NHS England	Long-term Plan	1
2018	Royal College of Paediatrics and Child Health	The State of Child Health: One Year On	2
2018	The Royal College of Radiologists	Standards for the Reporting and Interpretation of Imaging Investigations, 2nd edition	3
Accessed 2018	NHS Leadership Academy	Healthcare Leadership Model: The nine dimensions of leadership behaviour. Version 1.0 www.leadershipacademy.nhs.uk/	4
2017	British Orthodontic Society	Guidelines on Supervision of Orthodontic Therapists	5
2017	ICF Healthcare Consulting and Strategy Unit, Midlands & Lancashire CSU	Report commissioned by NHSE The Economics of Caring: a scoping review	6
2017	NHS Health Education England	Multi-professional framework for advanced clinical practice in England	7
2017	Public Health England	NHS RightCare: RightCare Pathway: Falls and Fragility Fractures	8
2017	Local Government Association Department of Health NHS England Directors of Adult Social Services (ADASS)	High impact change model Managing transfers of care between hospital and home	9
2017	NHS England	Seven Day Services Clinical Standards September 2017: Gateway reference: 06408	10
2017	NHS England	Standards for the communication of patient diagnostic test results on discharge from hospital	11
2017	National Institute for Health and Clinical Excellence	Intermediate care including reablement NICE Guideline 74	12
2017	National Institute for Health and Clinical Excellence	Patient experience in adult NHS services.	13
2017	Care Quality Commission	Key Lines of enquiry prompts and ratings characteristics for healthcare services	14
2017	Care Quality Commission	The state of care in NHS acute hospitals 2014-2016	15
2017	The King's Fund	Quality Improvement in Mental Health	16
2017	Care Quality Commission	The state of care in mental health services 2014-2017	17

Year	Publisher	Title	Reference
2017	Healthcare Quality Improvement Partnership	National Audit of Dementia, Care in General Hospitals 2016-2017 Third Round Audit report	18
2017	NHS England	Next Steps on the Five Year Forward View	19
2017	NHS England	Patient and public participation in commissioning health and care	20
2017	NHS Improvement	Developmental Reviews of Leadership and Governance using the Well-led Framework: Guidance for NHS Trusts and NHS Foundation Trusts	21
2017	NHS England	Leading large-scale change	22
2017	NHS National Quality Board	Quality Surveillance Groups –National Guidance	23
2017	NHS England	Implementation Guide and Resource Pack for Dementia Care	24
2017	Royal Pharmaceutical Society	Medicines, Ethics and Practice. The professional guide for pharmacists. Edition 41	25
2016	National Institute for Health and Care Excellence	Transition from children’s to adults’ services NG43	26
2016	NHS England	Leading Change, Adding Value	27
2016	National Audit Office	Discharging Older Adults from Hospital	28
2016	Healthcare Quality Improvement Partnership	Developing a clinical audit policy	29
2016	Infection Prevention Society and Royal College of Nursing	Infection Prevention and Control Commissioning Toolkit: Guidance and information for nursing and commissioning staff in England	30
2015	NHS England	Guides for commissioning dental specialties - Orthodontics	31
2015	British Orthodontic Society	Guidelines for the use of radiographs in Clinical Orthodontics	32
2015	Public Health England	All Our Health: Personalised care and population health. Updated December 2017	33
2015	Department of Health	Health Building Note 00-01 General Design Guidance for Healthcare Buildings March 2014 Health Building Note 08-02 Dementia-friendly Health and Social Care Environment	34

Year	Publisher	Title	Reference
2015	Think Local Act Personal (TLAP)	an online tool aimed at commissioners, planners, clinicians and practitioners involved in designing and delivering personalised care and support planning for people with a variety of health and social care needs.	35
2015	The King's Fund	Better value in the NHS: the role of changes in clinical practice	36
2015	Primary Care Workforce Commission /Health Education England	Integration, continuity of care, primary care role in mental health, nursing homes end of life. Primary care MDT	37
2015	NHS England	Commissioning Guidance: Commissioning Excellent Nutrition and Hydration 2015-2018	38
2015	NICE	NICE Guideline 21 Home Care: Delivering personal care and practical support to older people living in their own homes	39
2015	National Palliative Care and End of life Partnership	Ambitions of End of Life Care - A National Framework for local action 2015 – 2020. NHS gateway reference 03996	40
2015	National Institute for Health and Care Excellence	Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NG 5	41
2015	Department for Education	Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England	42
2015	Royal College of Physicians	Generic medical record keeping standards	43
2014	British Orthodontic Society	Professional Standards for Orthodontic Practice	44
2014	NHS England	Safer Staffing: A Guide to Care Contact Time	45
2014	NHS England	Putting Patients First: The NHS England Business Plan for 2014/15 – 2016/17	46
2014	Department of Health and Social Care	Care Act, updated February 2018	47
2013	General Dental Council	Scope of Practice	48
2013	Health and Social Care Information Centre Academy of Medical Royal Colleges	Standards for the clinical structure and content of patient records	49
2013	Robert Francis QC	Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry	50

Year	Publisher	Title	Reference
2013	NHS England	Patient-led Assessments of the Care Environment [PACE]	51
2013	NHS England	D07/S/a: NHS Standard Contract For Cleft Lip and / or Palate Services including Non-cleft Velopharyngeal Dysfunction (vpd) (all ages): Schedule 2 – the Services A. Service specifications	52
2012	Children and young people’s health outcomes forum	Children and young people’s health outcomes forum – report of the long-term conditions, disability and palliative care subgroup	53
2012	National Institute for Health and Clinical Excellence	Patient Experience in adult NHS services: Improving the experience of care for people using adult NHS services. NICE CG 138	54
2012	Department of Health and Social Care	NHS Constitution for England – updated 2015	55
2012	Department of Health	Local Healthwatch: A Strong Voice for People – the Policy Explained. Gateway ref:17286	56
2011	Department of Health	Quality Criteria for Young People Friendly Health Services	57
2011	The Kings Fund	Transforming Our Healthcare System; 10 Priorities for Commissioners.	58
2008	British Orthodontic Society	Guidelines for Referrals for Orthodontic Treatment	59
2008	The Royal College of Physicians, The Royal College of General Practitioners and The Royal College of Paediatrics and Child Health	Teams without Walls: The Value of Medical Innovation and Leadership	60
2009	Department of Health and Department for Children, Schools and Families	Healthy lives, brighter futures – The strategy for children and young people’s health.	61
2004	Department of Health	National Service Framework for Children, Young People and Maternity Services: Core Standards	62
2004	Department of Health	Every Child Matters: Change for Children	63

The table below shows the links between the Quality Standards and generic guidance documents. Quality Standards without a reference source are based on other QRS Quality Standards, taking into account comments received.

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
YA-501	1,11,14,27,37,44,46,47,58,59,61,62,63	YN-202	1,4,5,7,8,10,14,15,16,17,18,21,27,33,38,44,45,46,47,48,50,53	YN-596	9,12,14,30,33,44,47,57
YN-101	14,30,44,47,58	YN-203	1,3,4,5,7,8,10,14,15,16,17,18,21,27,30,33,38,44,45,46,47,48,50,53,62,63	YN-597	12,14,28,30,33,44,47
YN-102	8,10,12,14,25,33,38,39,40,41,42,44,46,47,53,54,57	YN-298	1,3,5,14,15,16,17,18,21,33,38,39,44,45,46,47,48,53	YN-599	3,12,14,18,28,39,40,47
YN-103	2,8,10,12,13,14,15,17,18,25,26,27,33,33,38,39,40,41,44,46,47,53,54,55,57	YN-299	14	YN-601	1,7,8,10,12,13,14,21,36,44,46,55
YN-105	12,13,14,44,47,54	YN-301	3,8,12,14,18,30,32,38,47	YN-699	1,14,12,33,40,46,47,53,55,58
YN-193	12,14,24,47,	YN-401	1,14,15,17,30,34,47	YN-701	14,21,29,30,44,46
YN-194	14,24,34,47,51	YN-402	9,14,30,44,47	YN-702	14,21,29,44,46
YN-195	1,2,12,14,25,26,27,41,44,47,53,57,62,63	YN-499	4,14,46	YN-703	12,14,21,29,30
YN-196	,8,9,12,13,14,25,27,38,41,44,47,53,54	YN-501	1,2,8,30,44,46,47,59	YN-704	14,21,55
YN-197	12,13,14,18,26,28,47,54,55	YN-502	2,14,15,17,24,30,44,59	YN-798	14,15,16,17,21,22,27,30,46,50
YN-198	6,12,14,25,47,54	YN-503	3,4,10,11,32,44	YN-799	14,43,49
YN-199	14,16,20,46,47,54,55,56,57,58	YN-504	3,31,32,	YZ-602	14,31,33,35,38,46,47,58
YN-201	4,5,14,16,21,44,45,46,48,50,53,60	YN-595	1,2,14,26,44,47,62,63	YZ-701	14,21,22,23,47,51,58

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APPENDIX 2 Cross-References to British Standards Institution PAS16:16 and Care Quality Commission Key Lines of enquiry

The tables below show with an 'x' where a QRS Quality Standard addresses one of the following:

1. British Standards Institution PAS1616:2016 Healthcare – Provision of Clinical Services Specification

Ref	Requirements for the provision of clinical services
3	Leadership, strategy and management
4	Operational delivery of the clinical service
5	Systems to support clinical service delivery
6	Person-centred treatment and/or care
7	Risk and safety
8	Clinical effectiveness
9	Clinical service users with complex needs
10	Staffing a clinical service
11	Improvement, innovation and transformation
12	Educating the future workforce

2. Care Quality Commission's Key Lines of Enquiry (June 2017)

Ref	CQC Five Key Line of Enquiry
S	Are they safe?
E	Are they effective?
C	Are they caring?
R	Are they responsive?
W	Are they well-led?

Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																											
		Safe						Effective						Caring			Responsive				Well-Led								
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 4	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	
YN-597	6,8,9			x	x	x		x			x				x			x											
YN-599	6,8,9	x	x					x		x			x	x	x		x												
YN-601	6, 7, 8, 9, 10, 11, 12		x	x		x	x	x			x	x		x	x		x	x	x					x	x				
YN-699	4, 6,9		x	x				x			x	x	x	x	x		x	x											
YN-701	3.2, 4, 7, 8,11					x	x	x	x			x	x	x	x							x		x	x	x	x	x	x
YN-702	3.2, 4, 7, 8,11					x	x	x	x															x	x	x	x	x	x
YN-703	3.2, 4, 7, 8,11					x	x	x	x															x	x	x	x	x	x
YN-704	8,11					x	x	x	x																x	x		x	x
YN-798	3.2, 4, 7, 8,11					x	x	x	x																x	x	x	x	x
YN-799	5					x																							
YZ-602	3,6,7,8,9,10,11					x	x																						
YZ-701	3.2, 4, 7, 8,11					x	x	x	x																				

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APPENDIX 3 Glossary of Terms and Abbreviations

Glossary of terms and abbreviations	
Advocacy	Advocacy means to speak up for someone. It is about making things change because people's voices are heard and listened to. It's about making sure that people can make their own choices in life and have the chance to be as independent as they want to be.
BI	Background information to review team.
Carer	Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.
CCG	Clinical Commissioning Group.
Commissioner	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
CNR	Case note review or clinical observation.
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
DH	Department of Health.
Doc	Documentation should be available. Documentation may be in the form of a website or other social media.
GDP	General dental practitioner
GP	A GP is a medical doctor, sometimes called a family doctor. They are usually the first-person patients see for their health care, and they help patients to access other services.
HealthWatch	The 'consumer champion' for both health and adult social care and should be the independent, influential and effective local voice of the public on health issues.
IOTN	The Index of Orthodontic Treatment Need clinical assessment of malocclusion severity utilised within the NHS
IR(MER)	Ionising Radiation (Medical Exposure) Regulations. Regulations cover the use of medical ionising radiation which is used widely in hospitals, dental care, and clinics to help diagnose and treat conditions e.g. X-rays and nuclear scans.
LBR	Learning beyond registration.
MP&S	Meeting patients, carers and staff.
NICE	National Institute for Health and Care Excellence.
NHS England and NHS Improvement	These two organisations work together and are at the head of the NHS in England. They set and drive delivery of NHS priorities that respond to the Government's strategic goals for health and care.
NVQ	National Vocational Qualification.
PDR	Performance Development Review.
Provider	A health or social care organisation which provides services to patients.
QS	Quality Standard.
QRS	Quality Review Service (formerly West Midlands Quality Review Service)
Service provider	See 'Provider'.

Glossary of terms and abbreviations

Service commissioner	See 'Commissioner'.
Trust	An NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.

APPENDIX 4 Presentation of Evidence for Peer Review Visits

Each Quality Standard reference column includes a box which illustrates how compliance will be reviewed.

Quality Standard reference column	
Background information	This means that the information should be included in the background report or self-assessment.
Visiting facilities	Reviewers will look for the information while they are visiting the service.
Meeting patients, carers and staff	These Standards will be discussed with patient, carers and /or staff as appropriate.
Case note review or clinical observation	A few Quality Standards require reviewers to look at case notes or other clinical information.
Documentation	These are policies, guidelines and other documentation that reviewers will need to see. Documentation may be in the form of a website or other social media.

The following table summarises the evidence needed for each Quality Standard.

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
YA-501	Primary Care Guidelines						Guidelines: Primary Care
YN-101	Service Information						Patient information about the service
YN-102	Condition- Specific Information						
YN-103	Plan of Care						
YN-105	Contact for Queries and Advice						
YN-193	Communication Aids						
YN-194	Environment						
YN-195	Transition to Adult Services and Preparation for Adult Life						
YN-196	Discharge Information						
YN-197	General Support for Patients and Carers						
YN-198	Carers' Needs						

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
YN-199	Involving Patients and Carers						Examples of changes made as a result of feedback
YN-201	Lead Clinician						
YN-202	Staffing Levels and Skill Mix						Examples of staff rotas
YN-203	Service Competences and Training Plan						Competence Framework and Training Plan: <ul style="list-style-type: none"> •Competence framework describing the competences expected for roles within the service. •Training and development plan to show how staff will achieve and maintain competences
YN-298	Competences – All Dental Staff						
YN-299	Administrative, Clerical and Data Collection Support						
YN-301	Support Services						
YN-401	Facilities						
YN-402	Equipment						
YN-499	IT System						
YN-501	Initial Referral and Assessment Guidelines						Guidelines: Initial Referral and Assessment guidelines
YN-502	Clinical Guidelines						Guidelines: Clinical guidelines
YN-503	Consent Procedure						
YN-504	Imaging Guidelines						Guidelines: Imaging
YN-595	Guidelines on Transition and Preparing for Adult Life						Guidelines: Transition and Preparation for Adult Life
YN-596	Transfer of Care						Protocol: Covering handover of care between clinical teams and transfer following in-patient admission

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
YN-597	Discharge Guidelines						Guidelines: Discharge guidelines
YN-599	Care of Vulnerable People						Guidelines: Guidelines as defined by the QS
YN-601	Service Organisation						Operational Procedure
YN-699	Liaison with Other Services				Documentation depends on local arrangements, for example, minutes of meetings held with key services		
YN-701	Data Collection						Examples of data showing compliance with the QS
YN-702	Audit						Audit programme or plan Examples of completed audits, action plans and monitoring
YN-703	Key Performance Indicators						Documentation depends on local arrangements, for example, minutes or reports
YN-704	Research						
YN-798	Multi-disciplinary Review and Learning						Documentation depends on local arrangements, for example, minutes of review and learning meetings held within the service
YN-799	Document Control						Organisations document control policies and compliance determined from documentation presented.
YZ-602	Commissioning of Services						Service Specification
YZ-701	Quality Monitoring						Documentation depends on local arrangements, for example, minutes of review and learning meetings involving all local services

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