

**nationalcarestandards**  
independent hospitals

dignity

privacy

choice

safety

realising potential

equality and diversity



SCOTTISH EXECUTIVE

**Making it work together**



national **care** standards  
independent hospitals

dignity —

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safety —

realising potential —

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# Introduction

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# Introduction

## Independent hospitals

Independent hospitals in Scotland employ more than 2,000 people with over 600 beds. Each year, over 150,000 outpatient appointments take place and the hospitals are responsible for treating over 30,000 inpatients undergoing 25,000 operations. The services range from acute psychiatry to all acute medical and surgical specialities, including cardiac surgery.

All the independent hospitals in Scotland are members of the Scottish Independent Hospitals Association (SIHA) and also members of the Independent Healthcare Association (IHA). The IHA represents independent healthcare and social care providers throughout the UK. Its members include acute hospitals, psychiatric hospitals, nursing homes and residential care homes. As a condition of membership, all acute hospitals have to be working towards an accreditation with an IHA-recognised quality programme.

## The national care standards

Scottish Ministers set up the National Care Standards Committee (NCSC) to develop national standards. The NCSC carried out this work with the help of a number of working groups. These groups had representation from providers, including clinicians and managers, people who use services, professional bodies including the Royal College of Nursing and registration and inspection staff. Many others were involved in the consultation process. As a result the standards have been developed from the point of view of the person using the service. They describe what the individual person can expect from the service provider.

Independent researchers were commissioned to hold two focus groups of patients to seek their views on the care provided within the independent healthcare sector and how closely it matched their expectations. The findings from the research have been included in these standards to make sure that they reflect the patient's expectations of the service.

## Using the national care standards

All providers must provide a statement of function and purpose when applying to register their service. On the basis of this statement, the Scottish Commission for the Regulation of Care ('the Care Commission') will determine which national care standards will apply to the service that the provider is offering.

**The national care standards for independent hospitals include specific standards for mental health services and services for children and young people. Standards 1-25 apply to all services. In addition, standards 26 and 27 apply to mental health services and standard 28 applies to children and young people's services.**

If you are thinking about using the services of an independent hospital, you will want to refer to the standards to help you decide. If things go wrong, you can refer to the standards to help you raise concerns or make a complaint. (See 'Expressing your views', standard 9.)

Providers will use the standards to find out what is expected of them in offering services. The standards make it clear that everything about the service should lead to you enjoying a good quality of life. They should guide the owner or manager over who to employ and how they should manage the service.

## Links to the Clinical Standards Board for Scotland (CSBS)

The Clinical Standards Board for Scotland (CSBS) has, and is developing, specific standards that apply to both clinical care and other clinically-related issues (for example, infection control). The independent hospitals are required by the Care Commission to participate in the accreditation process of the CSBS. The CSBS standards cover clinical components of care which are not addressed in detail in these standards. In addition, the CSBS generic standards relating to patient focus and safe clinical care have been incorporated into the national care standards for independent hospitals.

The national care standards are monitored by the Care Commission. Participation in the CSBS accreditation for specific standards means that independent hospitals are included in the CSBS programme of review visits

for specific standards. The relationship between the Care Commission and the CSBS is governed by a protocol which has been drawn up by the Scottish Executive and agreed between them.

### The principles behind the standards

The standards are based on a set of principles. The principles themselves are not standards but reflect the recognised rights which you enjoy as a citizen. These principles are the result of all the contributions made by the NCSC, its working groups and everyone else who responded to the consultations on the standards as they were being written. They recognise that services must be accessible and suitable for everyone who needs them, including people from black and ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

### The main principles

The principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

#### Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

#### Privacy

Your right to:

- have your privacy and property respected, and to receive the time, the space and the facilities you need and want; and
- be free from intrusion as long as it is safe for you and everyone else.

## Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same;
- know about the range of choices; and
- get help to fully understand all the options and choose the one that is right for you.

## Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

## Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

## Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your background, language, culture, and faith;
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

## The Scottish Commission for the Regulation of Care

The Regulation of Care (Scotland) Act 2001 ('the Act') set up the Care Commission, which will register and inspect all the services to be regulated against the national care standards issued by Scottish Ministers. The Care Commission will have its headquarters in Dundee, with regional offices across the country. It will assess applications from people who want to provide independent hospital services. It will inspect the services to make sure that they are meeting the standards and the regulations.

## The Scottish Social Services Council

The Act also created the Scottish Social Services Council ('the Council') which was established on 1 October 2001. It will also have its headquarters in Dundee. The Council will have the duty of promoting high standards of conduct and practice among social services workers, and in their education and training. To deliver its overall aims of protecting service users and carers and securing the confidence of the public in social services, the Council has been given four main tasks. These are: to establish registers of key groups of social services staff; to publish codes of practice for all social services staff and their employers; to regulate the training and education of the workforce; to undertake the functions of the National Training Organisation for the Personal Social Services.

## How standards and regulations work together

The Act gives Scottish Ministers the power to publish standards which the Care Commission must take into account when making its decisions. It also gives Scottish Ministers the power to make regulations imposing requirements in relation to independent hospitals.

The standards will be taken into account by the Care Commission in making any decision about applications for registration (including varying or removing a condition that may have been imposed on the registration of the service). All providers must provide a statement of function and purpose when they are applying to register their service. On the basis of that statement, the Care Commission will determine which standards will apply to the service that the provider is offering.

The standards will be used to monitor the quality of services and their compliance with the Act and the regulations. If, at inspection, or at other times, for example, as a result of the Care Commission looking into a complaint, there are concerns about the service, the Care Commission will take the standards into account in any decision on whether to take enforcement action and what action to take.

If the standards were not being fully met, the Care Commission would note this on the inspection report and require the service manager to address this. The Care Commission could impose an additional condition on the service's registration if the provider persistently, substantially or seriously failed to meet the standards or breached a regulation. If the provider does not then meet the condition, the Care Commission could issue an improvement notice detailing the required improvement to be made and the time scale for this. Alternatively, the Care Commission could move straight to an improvement notice. The Care Commission would move to cancel the registration of any service if the improvement notice does not achieve the desired result. In extreme cases (i.e. where there is serious risk to a person's life, health or wellbeing) the Care Commission could take immediate steps to cancel the registration of any service without issuing an improvement notice.

Regulations are mandatory. In some cases not meeting a regulation will be an offence. This means a provider may be subject to prosecution. Not meeting or breaching any regulation is a serious matter.

Decisions by the Care Commission on what to do when standards or regulations are not met will take into account all the relevant circumstances and be proportionate.

# 1-9

## Your pathway of care

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# Before you come for your outpatient appointment

## Standard 1

You can decide whether using the hospital services will meet your needs. You have access to accurate, clear and easy-to-understand information to help you to make an informed choice.

- 1 You receive information that is in plain English or in a language or format that you can easily understand.
- 2 You and your referring GP receive sufficient information to allow you to choose your consultant or the hospital services (or both).
- 3 Your GP is kept informed of the range of services available and will be invited to visit the facilities in order to give you the information you require.
- 4 You receive a contact number at the hospital for any questions regarding its services and facilities.
- 5 Your access to services is not compromised by any physical, language, cultural or other barriers. If your first language is not English or if you have any other communication needs, you will have help to use interpreting services, adaptations and equipment for communication.
- 6 You receive the following information from the hospital before your consultation:
  - hospital and clinic location;
  - directions on how to get to the hospital, including car parking and public transport;
  - appointment time and an indication of duration; and
  - any special instructions regarding the consultation, including (if necessary) meeting your need for an interpreter.

- 7 If you are a National Health Service patient treated under contract in an independent hospital, you have equal access to services, facilities and information.
- 8 You receive a guide to the charges you may expect. This includes both consultant and hospital services.
- 9 You receive information from the hospital on the cost of any investigation to be done before it is carried out.

## Your outpatient appointment

### Standard 2

Throughout your visit, all staff will treat you with dignity and respect. You are kept fully informed and involved and leave with an understanding of what will happen next.

- 1 Where possible, you are offered an appointment at a time which suits you.
- 2 You are asked by staff to confirm that all your personal details are correct in a manner which is sensitive to your privacy.
- 3 Your consultation is conducted in a private consulting room, which is furnished and equipped to meet the requirements of the consultation.
- 4 You are fully involved in all aspects of the assessment of your healthcare needs which take account of your preferences.
- 5 You have time to ask questions and receive information.
- 6 You can be confident that any examination or investigation will be carried out following a clear explanation of the procedure. A chaperone will be available if you want one.
- 7 You are seen on time. Where delay is unavoidable you receive a full explanation and apology.
- 8 You are given an indication of all likely costs, what these include and your payment choices.
- 9 If you want to discuss any aspects of your consultation, you receive contact details before you leave.
- 10 If you have to return for an investigation or admission to the hospital, you receive all the information you need.
- 11 Your consent is sought about the collection of any statistical information about your condition and treatment (including information that identifies you as the patient) and what it may be used for.

## Before you come into hospital

### Standard 3

You are actively involved in making decisions about your care and treatment. You feel fully prepared for your admission and have an understanding of your likely needs on discharge.

- 1 You receive all the information you need about your hospital admission in a language or format that you can easily understand. The information includes:
  - details about the hospital, how to find it, when to arrive and where to go;
  - what to bring for your stay (for example, suitable clothing, current medication, money and valuables);
  - details of any planned treatment;
  - guidance on financial arrangements;
  - the opportunity for a pre-admission visit;
  - contact information for you and your family;<sup>1</sup>
  - information on visiting arrangements;
  - how long you are likely to stay;
  - an indication of how you will feel and what you will be able to do when you leave the hospital, including any support arrangements you may need; and
  - the transport arrangements you will need on discharge.

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<sup>1</sup> The words 'you and your family' are used throughout the standards to refer to all those groups of people who may be involved in your care, including family, friends, carers, representatives and advocates.

# Your admission to hospital

## Standard 4

When you arrive at hospital you are welcomed and made to feel at ease. You can be confident that the staff will be prepared for your admission and will take time to settle you into the hospital.

- 1 You are asked to confirm that all your personal details are correct.
- 2 You have to wait no longer than 15 minutes before being shown to your care environment by a member of your care team. Anyone you choose is invited to accompany you.
- 3 You are introduced to members of your nursing team. You can tell them how you wish to be addressed.
- 4 You know that on each shift there is a nurse who will take particular responsibility for your care. The nurse introduces himself or herself to you.
- 5 You are made familiar with your care environment and its facilities to help you settle in. The environment and facilities include:
  - the nurse call system;
  - telephone facilities;
  - toilet and washing facilities;
  - television and radio;
  - the management of valuables;
  - arrangements for storage of personal medication;
  - ordering food, including any special dietary requirements; and
  - arrangements for smoking.

- 6 You are treated with respect as an individual for your ethnicity, gender, sexual orientation, faith, age, intellect and any disability, and your individual needs are recognised.
- 7 You can continue to follow your religious and spiritual practices as fully as possible.
- 8 You can be confident that all aspects of the financial management of your care will be discussed sensitively and agreement reached.

## Planning your care

### Standard 5

**You have a plan of care detailing your needs and preferences, showing how these will be met. You are fully involved in developing your plan and have access to it at all times.**

- 1 You take part in your assessment and your needs and preferences are taken into account.
- 2 You receive an explanation of the clinical assessments which may be carried out by different members of your healthcare team.
- 3 You have time to ask questions and are encouraged to be fully involved in all aspects of your care.
- 4 If information about your care is to be shared, this is done with your agreement whenever possible.
- 5 Your consultant specialist makes an initial visit to you, confirms again the reason for your admission and takes time to answer any questions.
- 6 Your consent to treatment is obtained in line with best-practice guidelines and current legal requirements.
- 7 If a consultant anaesthetist is going to be involved in your treatment, you will have a visit from him or her. He or she will discuss any anaesthetic to be used, and explain clearly any risks or side-effects.
- 8 You and your family receive information regarding enquiries and visiting arrangements.

## Your operation, investigation or treatment

### Standard 6

Your treatment is carried out to professional standards, when you expect it and in a manner designed to put you at ease. You are advised of the recovery process and options for the management of any pain.

- 1 You are accompanied to and from the treatment area by an appropriately qualified member of the healthcare team.
- 2 You can be confident that sufficient staff who are appropriately qualified will help you throughout your operation or investigation.
- 3 Following treatment, your condition is closely monitored by appropriately qualified staff within a recovery area. You do not return to your care environment until it is safe for you to do so.
- 4 You can be confident that information regarding your treatment, your recovery and any instructions for your care will be communicated to the relevant members of your healthcare team.

## Aftercare and ongoing care

### Standard 7

Following your operation, investigation or treatment, your after and ongoing care is designed with you to meet your needs. You are fully involved in planning your ongoing care and putting the plans into action.

- 1 When you are ready, you receive an explanation of your operation, investigation or treatment and are advised of any changes to your plan of care, if they occur.
- 2 Together, you and your healthcare team plan your aftercare, taking into account your individual needs and preferences.
- 3 In an acute hospital, your consultant specialist or named deputy will attend daily to monitor your recovery and discuss progress with you.
- 4 If you are not able to take part in planning your care, any wishes previously identified are taken into account. Whatever the circumstances, you are always told about changes to your plan of care.
- 5 You know that a range of services which may be required to support your recovery is available to you while you are in hospital.
- 6 You are involved with and kept advised of progress towards your recovery.

## Your discharge from hospital

### Standard 8

Planning for the end of your stay in hospital begins at an early stage. You are involved in the planning, and agree to the plans, so that you feel confident about leaving.

- 1 You can be confident that the hospital has comprehensive procedures for planning your discharge in partnership with yourself and others involved. Where you are in agreement this includes members of your primary care team (community, health and social care services).
- 2 Your plan of care includes planning in advance for your discharge.
- 3 You receive all relevant information, which will be communicated to you in good time, as do any others involved in your ongoing care, including your primary care team and your family.
- 4 You are discharged only when follow-up services (including aids and adaptations where required) have been arranged.
- 5 Where delay in discharge occurs, you and your family are told and any implications of this are discussed with you.
- 6 You and your family receive information on discharge about plans for your ongoing care, including your medication.
- 7 Following discharge, you and your family know how to contact the hospital for support and advice, in case you have any worries or concerns. Support and advice are available 24 hours a day.

## Expressing your views

### Standard 9

You can be confident that the hospital will actively seek and welcome your views on all its services, so that it can continuously improve its quality of care. If you feel unable to represent yourself, you receive support from a representative of your choice. If you have made a living will (or advance statement) all members of the healthcare team will take it into account.

- 1 You are supported in a safe and confidential manner to make known any views (positive or negative) on any aspect of your care.
- 2 You have access to a written policy for handling any complaint or concerns you may have. This will be in a language or format that you can easily understand. It will include the time-scales involved and the external options available to you, if you need them.
- 3 The hospital positively asks for your views and opinions to assist in finding ways to continuously improve the service.
- 4 You are told how to make complaints directly to the Care Commission or other relevant regulatory body.
- 5 You have access to the latest report on the hospital by the Care Commission, if you want to see it.
- 6 You can be confident that any concerns you have about your clinical treatment will be properly dealt with by the appropriate organisation.
- 7 Your family are given the same opportunities to make their views known.
- 8 If you have written a living will (or advance statement), it is taken into account by all members of the healthcare team.

# 10-17

Your safety

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## Staff

### Standard 10

**You can be confident that the hospital and its staff provide a safe and secure environment to support the delivery of professional standards of healthcare.**

- 1 You know that the hospital has the required procedures for recruitment of all staff, including checking their qualifications, skills and training.
- 2 You know that the hospital's recruitment and selection follow a clear written policy which complies with all relevant legislation.
- 3 You know that the hospital checks the qualifications and all necessary records of all staff before they start work, including criminal record checks, where required.
- 4 You know that the hospital has a procedure in place for checking the registration of professional staff, in line with the requirements of their regulatory bodies. Other records are checked in line with current legislation and guidance.
- 5 If the hospital has contracting arrangements with a nurse or medical agency, you know that they make sure that the agency makes all relevant checks on staff.
- 6 You have access to information regarding the rules which allow consultant specialists to work at the hospital.
- 7 You know that all new and temporary staff receive appropriate induction and other training that meets the needs of the staff and the services they provide.
- 8 You know that every member of staff has a personal professional development plan which reflects the recommendations of professional and regulatory bodies. This is regularly reviewed so that they can continue to develop professionally and to perform their duties safely and effectively.

- 9 You can be confident that the hospital has in place professional supervisory and clinical managerial structures.
- 10 You know that the hospital supports staff to have the opportunity to take part in training and to update knowledge relevant to their roles. This includes recommended training identified in best-practice guidelines and as required by legislation.
- 11 You know that mechanisms are in place to assist staff to raise concerns (in confidence) about any aspect of service delivery that they feel may harm your care and the care of others or the quality of the service.
- 12 You know that the hospital keeps a confidential record of all staff concerns and the action taken in response.
- 13 You know that the hospital promotes and monitors effective team work.

## Deciding on your treatment

### Standard 11

Your consultant specialist and the hospital provide you with information on the risks and benefits of your proposed treatment or investigation and available alternatives, so that you can make an informed decision. The information is in plain English or in a language or format that you can easily understand.

- 1 Your consultant specialist gives you information about the range of treatments available that are relevant to your needs. This includes an explanation of the advantages and disadvantages of any treatment as well as what may happen if you choose not to proceed.
- 2 You have the opportunity to ask questions or receive further advice from your consultant specialist or from an appropriate member of staff (or both). You may want a member of your family to ask questions on your behalf.
- 3 You have time to consider your choice of treatment or investigation.
- 4 You are asked by your consultant specialist to sign a consent form only after you have chosen and decided to proceed. The consent form details in writing the procedure to be carried out, as well as the risks involved. It is explained to you (in a way that you can easily understand) that your signature on the consent form authorises the named consultant specialist or registered practitioner to perform the agreed treatment or investigation.
- 5 You can request a copy of your consent form.
- 6 If you need emergency treatment and are able to give consent, you will be asked to do so, following a full explanation.
- 7 If at any time you are unable to express your wishes or views about your treatment, you know that any decision made by your healthcare team will be in line with best-practice guidance and relevant legislation.

- 8 If you are unable to consent to treatment that you need, you know that your consultant specialist will work in line with the Adults with Incapacity (Scotland) Act 2000.
- 9 If you are a patient who is detained under the provisions of mental health legislation, you know that your rights to treatment, and to refuse treatment, are in line with relevant legislation.

## Clinical effectiveness

### Standard 12

**You can be confident that the quality of your care will benefit from the regular review of clinical practice within the hospital.**

- 1 You know that there is a process for measuring and reviewing the performance of clinical treatment and care against best-practice guidelines.
- 2 You know that the process of review leads to changes in practice and improvements in the standards of care you receive.
- 3 You know that all healthcare staff take part in the process of review and the development of improvements to practice and you can request information about this.
- 4 You know that the hospital provides clinical care which reflects the participation in, and achievement of satisfactory reports, in the Clinical Standards Board for Scotland (CSBS) accreditation programme for its specific standards.

## Prevention of infection

### Standard 13

You know that the prevention and control of infection are vital to your care and recovery.

- 1 You can be confident that the environment in which you are treated will be clean.
- 2 You know that the hospital has a comprehensive policy and procedures for the prevention and control of infection, reflecting relevant legislation and professional guidance. This includes reporting hospital acquired infection to the public health team.
- 3 You know that the prevention and control of infection is part of the induction programme for all staff.
- 4 Whenever possible, you are fully involved with, and understand the need for, procedures designed to prevent and control infection.
- 5 If you have or acquire an infection, you are informed and receive an explanation of what this means to you and your care.
- 6 Staff treat you with dignity and consideration if you have an infection. They take account of your wishes in planning the most appropriate care for you as an individual.
- 7 You know that the hospital has in place a process for refreshing and updating its staff, and its policies, at least annually.
- 8 You know that staff always make sure that their hands are cleansed thoroughly before and after treating you.

## Information held about you

### Standard 14

You can be confident that the hospital will keep an accurate, up-to-date and comprehensive patient care record (including the medical component) of all aspects of your care. This will be available to you and those involved in your care.

- 1 You know that all personal information is stored securely.
- 2 You know that the hospital and all staff work within current legislative requirements and guidelines in regard to information held about you.
- 3 Only you and those involved in your care, or agreed by you, have access to information held about you.
- 4 You know that staff are aware of the need for confidentiality and that they do not disclose your personal information inappropriately.
- 5 You know that your patient care record (including the medical component):
  - is used by appropriate members of your healthcare team to ensure continuity of your care and treatment; and
  - contains up-to-date information recorded by all healthcare professionals about every aspect of your care on each visit or admission to hospital.
- 6 If you are unclear about any of the content in your patient care record (including the medical component), an appropriate member of the healthcare team can provide an explanation.
- 7 If you have any tests carried out, the hospital has a system for identifying and retrieving the results, so that your referring GP will receive full and up-to-date information.
- 8 If the hospital ceases to operate, you know that contingency arrangements are prepared and planned for the safe storage and retrieval of patient care records.

## Your environment

### Standard 15

**You can be confident that the design, layout and facilities of the hospital will support the safe and effective delivery of your treatment and your care.**

- 1 Your care environment is suitable to your needs, offers you privacy and ensures your comfort.
- 2 You can find your way about easily, with clear signs to guide you.
- 3 You know that the buildings, its services and grounds are maintained and reviewed in line with health and safety regulations and any other relevant laws and regulations.
- 4 You know that the hospital makes regular checks on services that carry additional risks (for example, water supply and ventilation systems). Where necessary, staff take prompt action to make sure that the care environment continues to be safe.
- 5 You know that all equipment used in support of your care and treatment is installed, checked and serviced according to the manufacturer's instructions, best-practice guidelines and legal requirements.
- 6 You are told what will happen and what to do if there is a fire or if you need to evacuate the building.
- 7 If there is a failure in any major service, you know that the hospital will provide back-up systems to allow care to continue safely.
- 8 If the hospital becomes unable to provide the treatment you require, you can be assured that prompt arrangements will be made for alternative suitable care.
- 9 You know that the hospital arranges provision of suitable continuing care if you need to be transferred to another hospital.

## Food safety

### Standard 16

**You receive a varied, nutritious diet which reflects your needs, preferences and ethnic, cultural and dietary requirements.**

- 1 Your food and drink preferences and ethnic, cultural and dietary requirements are recorded and made known to all relevant staff.
- 2 Your food and drink are prepared and served in line with current food and hygiene legislation and guidelines.
- 3 You have a choice of food, drinks and snacks available.
- 4 You choose from menus that are planned with you to offer a balanced diet. A dietitian is available to give advice if required.
- 5 You are not asked to choose your meals more than a day in advance. If you change your mind, you are offered alternatives.
- 6 You know that staff are sensitive to any practical help you may need to enjoy your food or drink. They make sure that your needs are met.

## Security

### Standard 17

**You feel safe and secure during your time in hospital.**

- 1 If you have a healthcare need that requires staff to monitor you closely, wherever possible this is discussed with you, and staff are sensitive to any expressed wishes regarding privacy.
- 2 You know that the hospital has arrangements for ensuring your personal safety which include:
  - security checks on the premises;
  - a system for monitoring people who may need access to the premises and its facilities;
  - a system that allows you to summon help when needed; and
  - arrangements for maintaining confidentiality about your presence in the hospital.
- 3 You have facilities available for the safekeeping of your valuables whilst in hospital.
- 4 Your wishes for privacy with visitors and in receiving telephone calls are respected by the hospital and its staff.



# 18-21

Your support services

18 Radiology

19 Pathology

20 Medicines management

21 Allied health and social care professionals

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## Radiology

### Standard 18

**You can be confident that the radiology department will take account of the safety and quality standards set out in current legislation and best-practice guidelines.**

- 1 You know that the radiology department follows agreed guidelines on the investigation and safety of all their patients.
- 2 You are told why your X-ray or scan is necessary and what to expect during the examination.
- 3 You know that any preparation needed to ensure a good result is explained to you before the examination and help is offered, if you need it.
- 4 Your X-ray or scan result is reported to you by a consultant radiologist with specialist accreditation in clinical radiology or by another consultant with appropriate accreditation.
- 5 You are told how long you may need to wait for a result. The result is made available to your consultant specialist or your GP to make sure that any treatment needed is followed up.
- 6 You will leave the department with an understanding of what is to happen next.
- 7 You know that all the equipment to support the radiology service is installed, checked and serviced according to manufacturers' instructions, best-practice guidelines and current legislation.
- 8 You know that the radiology department has a quality assurance programme to ensure your safety, which includes patient dosage and image quality.

## Pathology

### Standard 19

**You can be confident that all laboratories will have space, facilities and trained staff, consistent with safe and effective working practice and in line with current legislation.**

- 1 You know that any pathology specimens sent to the laboratory for examination or test will provide information to aid your diagnosis and treatment.
- 2 You know that all laboratories take part in a quality assurance programme and that all staff work in line with current best-practice guidance and legislation.
- 3 You know that all laboratories have operating procedures that ensure safe handling of specimens and accuracy of results.
- 4 You receive a full explanation of why a specimen is taken from you and sent to the laboratory for examination or test.
- 5 You know that all laboratories have policies and procedures to ensure that your specimen is correctly identified.
- 6 You are told how long you may need to wait for a result.
- 7 You know that the results of your examination or test are given to your consultant specialist or your GP to make sure that any treatment needed is quickly followed up.
- 8 You know that all the equipment used in examining or testing your specimen is checked and serviced according to the manufacturers' guidelines and legislation.

# Medicines management

## Standard 20

You know that medication can be an important part of your treatment. You can be confident that your medication will be managed by the hospital during your visit and at discharge to maximise the benefit and minimise the risk of harm from medicines.

- 1 Your medicines are managed within a comprehensive policy for the use and administration of medicines from admission to discharge. The policy is based on current legislation and relevant up-to-date guidance.
- 2 If you bring medicines into hospital, you know that they are stored safely and used, if necessary, only for your treatment. Any unused medicines are returned to you when you leave or disposed of safely with your agreement.
- 3 Your medicines are always available to you at the prescribed times.
- 4 You can be confident that all medication supplied to you will have been prepared for you and dispensed by qualified staff, under the supervision of a registered pharmacist in the appropriate manner and in a suitable environment.
- 5 You can discuss your medication, its benefits and side effects with your consultant specialist or the pharmacist (or both), so that you can make informed choices.
- 6 If you have specialist pharmaceutical treatment, it is provided by staff with specialist training.
- 7 You receive an appropriate supply of current medication on discharge which will give you time to obtain a repeat prescription, if needed.

- 8 Before you leave the hospital, you and your family receive instructions that explain:
  - how your medication will work;
  - the reasons for taking the medication; and
  - any side-effects likely to be experienced.
- 9 If you are unsure about any aspect of taking your medicines after discharge, the information may be shared with a representative of your choice who may help and support you at home.
- 10 You know that the pharmacy service is provided on site or through an alternative arrangement, and in both cases under the control of a registered pharmacist.
- 11 If you are capable of giving consent to medication and then refuse it and understand the consequences of refusal, staff must respect this.
- 12 You may not understand that you need to take medication and what will happen if you do not do so. If so, there are legal powers that allow other people to give permission for your to receive treatment if it is necessary for your health and welfare.<sup>2</sup> Staff will not give medication except in accordance with the law. Even where the law allows, medication is given without consent, it will not be given in a disguised form unless you have refused it and your health is at risk because of this.<sup>3</sup> This will be recorded.

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<sup>2</sup> Adults with Incapacity (Scotland) Act 2000; Mental Health (Scotland) Act 1984.

<sup>3</sup> UKCC Position statement on the covert administration of medicines 2001.

## Allied health and social care professionals

### Standard 21

**You can be confident that you will receive comprehensive services from the allied health and social care professionals.**

- 1 You receive care from practitioners registered with the appropriate professional bodies.
- 2 You know that all practitioners providing your care comply with the code, rules and standards of professional practice as set down by their professional bodies.
- 3 If you are to receive a programme of care, it is fully discussed and explained to you and your family before it begins, giving you the chance to ask questions.
- 4 You receive an indication of the demands of the programme, including how long it may last.
- 5 You know that the programme is designed to support your best possible recovery.
- 6 Your hospital provides therapy and rehabilitation services to support you throughout the full episode of your care. Where this is not directly provided by hospital staff, arrangements are in place to make sure that you have prompt access to high quality and effective care from an external provider.
- 7 You know that there is effective team-working, including communication between consultant specialists, doctors, nurses and allied health and social care professionals.

# 22-25

Critical care services

22 Intensive care

23 High dependency care

24 Resuscitation

25 Support and care in dying and death

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## Intensive care

### Standard 22

Whatever your needs for intensive care, you can be confident that the hospital and its staff will look after you safely. If you need constant nursing care, observation or life support equipment, this will be arranged for you in a hospital with intensive care facilities.

- 1 If you know beforehand that you are going to need intensive care nursing following your operation, you are admitted to a hospital that has a unit on site which satisfies best-practice principles and current guidelines.
- 2 You and your family can visit the unit and meet its staff before your operation.
- 3 You receive an explanation about the reasons for your stay in intensive care and the equipment to be used.
- 4 You and your family are encouraged to ask questions to allay any anxieties.
- 5 You and your family receive an update on your progress on a regular basis.
- 6 You know that all hospitals without intensive care facilities have arrangements to transfer patients to hospitals with these facilities, whenever the need arises.
- 7 If you unexpectedly need intensive care nursing in a hospital without this facility, you can be confident that life support equipment and suitably qualified staff will be available to stabilise and support you until transfer is arranged.
- 8 You and your family are kept closely informed about your transfer and the reasons for it.

- 9 You are accompanied by an appropriately qualified member of your healthcare team during your transfer.
- 10 You know that all professional staff working in the unit have critical care skills. You are treated under the guidance of a consultant who is a specialist in intensive care.
- 11 You know that the hospital offers open visiting to allow your family and friends to choose their times individually.

## High dependency care

### Standard 23

If you need close observation at any time during your admission to hospital, you can be confident that an area fully supplied with monitoring equipment will be provided, supported by professional staff with the appropriate skills.

- 1 You and your family (with your consent) are kept fully informed of the reasons for close observation.
- 2 You know how and when you can speak to your consultant specialist or any member of your healthcare team to discuss your progress.
- 3 You know that the hospital offers open visiting to allow your family and friends to choose their times individually.
- 4 You know that on each shift there is a nurse who takes particular responsibility for your care.
- 5 As soon as your condition is stabilised and it is safe to do so, you are moved back to your own care environment and encouraged to continue towards recovery.

## Resuscitation

### Standard 24

**You can be confident that the hospital will have a skilled resuscitation team on duty 24 hours a day.**

- 1 You know that the hospital follows a clear, written policy on the management of resuscitation. This takes account of best-practice guidelines, including those from the National Resuscitation Council.
- 2 You know that there is a team of clinical staff with the appropriate skills on duty at all times.
- 3 You know that the staff have regular drills to test their resuscitation skills which form the basis for future training programmes.
- 4 You know that all staff involved in your care have their resuscitation skills updated annually.
- 5 If your health status is such that resuscitation needs to be discussed, all the risks of resuscitation will be clearly set out to you and your family to enable you to reach decisions.
- 6 You know that your consultant specialist cannot make this decision without making every effort to involve you and your family.
- 7 Once a decision is reached, you can be confident that it will be communicated to all members of staff, both verbally and in a written record.
- 8 You know that any agreement regarding resuscitation will be reviewed.

## Support and care in dying and death

### Standard 25

**You can be confident that staff will handle any death in the hospital with dignity, sensitivity, discretion and support.**

- 1 If you are approaching death, you can say what you want to happen and who should be informed about your physical, personal and spiritual care in dying, death and funeral arrangements. You can be confident that your wishes will be carried out. The staff will make sure that your death is as free of pain as possible. You will be able to choose whether or not you wish to have someone with you when you die and who that person should be. Staff will make every effort to ensure this happens.
- 2 If you die, your body will be treated with dignity, sensitivity and respect, in accordance with your expressed social, cultural and religious preferences. Staff will make sure that your bereaved relatives, friends and carers can spend as much time with you after your death as they need to. They will support your relatives and friends through the formal processes relating to death, such as arrangements about belongings.

# 26-27

Mental Health Services

26 Mental healthcare

27 Making choices and understanding your rights

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## Mental healthcare

### Standard 26

Whatever your needs for psychiatric care, you can be confident that the hospital and its staff will look after you safely. If you are assessed as needing one-to-one nursing care and observation, the hospital will provide these facilities for you.

- 1 Your support and care are provided by management and staff whose professional training and expertise allows them to meet your needs. The service operates in line with all applicable legal requirements and best-practice guidelines.
- 2 Where an assessment of your needs indicates the need to protect you or others from harm, you know that the hospital makes arrangements which satisfy best-practice principles, current guidelines and national Clinical Resource and Audit Group (CRAG) recommendations.
- 3 You know that the need for any arrangements to protect you or others will be discussed with you and an explanation and the reasons for this given to you. You receive clear information regarding your observation level and any restrictions which may apply.
- 4 You know that the service has a written policy and procedures on the conditions under which restraint is used, and that staff are fully trained and supported in the use of restraint. The policy and procedures take account of relevant, current best practice guidance. If it is necessary to restrain you on certain occasions, this will be written into your plan of care and records kept of any incidents involving your restraint. You can expect to be supported after any incident of restraint.
- 5 You and your family are encouraged and given the opportunity to ask questions and receive information to allay any anxieties. Wherever possible, this is with your consent.
- 6 You know that all professional staff working in the hospital have the relevant qualifications, the necessary care skills and that you are being treated under the guidance of a consultant who is a specialist in psychiatric care.

- 7 You have easy access to your consultant or any member of your healthcare team to discuss your progress.
- 8 If you unexpectedly need more intensive nursing care and your hospital cannot meet this need, you can be confident that suitably qualified staff will be available to support you until transfer is arranged to another hospital.
- 9 You know that all hospitals without more intensive care facilities have arrangements to transfer patients to hospitals with these facilities, whenever the need arises.
- 10 You and your family (if you want) are kept closely informed about any transfer arrangements and the reasons why.
- 11 A member of your healthcare team accompanies you during your transfer.
- 12 As soon as it is safe for you to do so, you are moved back to your own care environment.
- 13 If you need electro-convulsive therapy (ECT), you know that the hospital has, or arranges for, a team of technical staff with appropriate skills to provide this treatment.
- 14 You know that the hospital follows a clear, written policy on providing ECT. This takes account of best-practice guidelines, including those from the Royal College of Psychiatrists.
- 15 You know that the hospital takes part in the national ECT audit, to make sure that ECT is carried out in line with all the relevant policies and procedures for its use and administration.
- 16 You know that there is a team of clinical staff with the appropriate skills on duty during ECT treatment.

# Making choices and understanding your rights

## Standard 27

**You receive information which clearly explains your rights, treatment and how to obtain independent advocacy.**

- 1 You receive information in plain English or in a language or format that you can easily understand. The information includes:
  - your rights and responsibilities;
  - your therapies; and
  - details of local organisations providing independent advocacy.
- 2 Your views are taken into account by hospital staff. They tell you the implications of all aspects of care being proposed, including diagnosis, treatment, aftercare and discharge.
- 3 You receive from the hospital a full range of information on your tests, treatment and medication, including known potential risks and side-effects.
- 4 You and your family are encouraged to ask questions to allay any anxieties, especially about the effects of medications.
- 5 If you are detained under the provisions of mental health legislation, the hospital will provide you with information on your detention. They will manage your care in line with the requirements of the mental health legislation. This will include:
  - your current legal position;
  - your right to appeal against your detention; and
  - contact numbers for the Mental Welfare Commission of Scotland.

# 28

Children and young people's services

28 Care and children and young people

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## Care of children and young people

### Standard 28

You can be confident that children and young people will be looked after in a safe and child-friendly environment. Their special physical, psychological and social needs will be met by appropriately trained staff in partnership with parents or guardians.

- 1 You know that a fully qualified children's nurse is on duty at all times during children's stay in hospital. He or she will involve parents and (where appropriate) children in all aspects of care planning.
- 2 You know that consultant specialists looking after children are regularly involved in the treatment of children and have the appropriate skills.
- 3 You know that staff are aware of the law<sup>4</sup> on whether children are able to agree to receive, and understand the consequences of, medical treatment.
- 4 You know that children's accommodation provides a safe and secure environment.
- 5 You know that parents are encouraged to stay at all times and invited to go with children to and from diagnostic and treatment areas, including the operating theatre.
- 6 You know that parents have accommodation provided in or close by their child's room.
- 7 You know that children's privacy is respected.
- 8 You know that all staff with access to children have a criminal record check before taking up their post at the hospital.

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<sup>4</sup> Age of Legal Capacity (Scotland) Act 1991. Children (Scotland) Act 1995 – Section 6 Part 1.

- 9 You know that child protection awareness and procedures is part of mandatory training for staff looking after children, which takes place at least once a year. Staff promote children's rights and are sensitive to any signs which may indicate possible neglect or abuse. They make sure that any concerns are quickly dealt with.
- 10 You know that the hospital provides an educationally-rich environment, with study facilities, where appropriate. Staff help children to manage study time effectively and work with children's nurseries, schools or colleges (if appropriate) to aid communication and provide continuity.



# Annex A

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## Annex A

### Glossary

#### Advance statement

Also called 'advance directive' or 'living will'. A statement made when a person is competent (has capacity), detailing how they wish to be treated if, in time, they become unable to express this for any reason. Advance statements are not legally binding but are taken into account by all members of the healthcare team.

#### Anaesthesia

Loss of feeling or sensation in part or the whole of the body.

#### Carer

A person who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

#### Clinical assessment

Assessments based on an individual's clinical need (for example, by nurse, physiotherapist, occupational therapist, etc.)

#### CNORIS

Clinical Negligence and Other Risks Indemnity Scheme.

#### CRAG

Clinical Resource and Audit Group.

#### Critical care

A service that supports all aspects of acute hospital care.

#### Electro-convulsive therapy (ECT)

The use of electrical current in the treatment of depressive illness.

#### High dependency care

A service provided to a patient needing close observation or who is stepping down from intensive care.

### **Intensive care**

A service provided to a patient needing one-to-one continuous close observation or respiratory support (or both).

### **Medication**

A substance administered for treatment purposes.

### **Occupational therapy**

Occupational therapy is the treatment of people with physical and psychiatric illness or disability through specific selected occupation for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life. The activities are selected after being related by the occupational therapist to individual personal, social, cultural and economic needs and will reflect the environmental factors which govern his or her lifestyle.

### **Pathology**

A branch of medicine which deals with the essential nature of disease, especially the structural and functional changes in tissues and organs of the body.

### **Patient care record**

A multi-disciplinary record of all care assessment and treatment, including the medical component.

### **Pharmaceutical**

Relating to drugs or medicines.

### **Physiotherapy**

Physiotherapy is concerned with human function and movement and maximising potential. It uses physical approaches (for example, electricity, heat, cold, sound and light), as well as physical activity, exercise and massage to promote, maintain and restore physical, psychological and social wellbeing, taking account of variations in health.

## Plan of Care

A plan to address individual healthcare needs.

## Radiology

The science of radiation referring to its use in the diagnosis and treatment of disease.

## Rehabilitation

The restoration of one who has been ill or injured to optimum activity levels.

## Resuscitation

Restoration to life or consciousness of one who has collapsed or stopped breathing.

## Restraint

Control to prevent a person from harming themselves or other people by the use of:

- physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action);
- mechanical means (for example, wrapping someone in a sleeping bag or strapping them to a chair);
- environmental means (for example, using cot sides to prevent someone from getting out of bed); or
- medication (using sedative or tranquillising drugs for the symptomatic treatment of restlessness or agitated behaviour).

## Therapy

The treatment of disorder or disease.

# Annex B

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## Annex B

### Useful reference material

#### Legal

##### **The Adults with Incapacity (Scotland) Act 2000**

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- benefit her or him;
- take account of the person's wishes and those of her or his nearest relative, carer, guardian or attorney; and
- achieve the desired purpose without unduly limiting the person's freedom.

##### **The Children (Scotland) Act 1995**

The Act puts children first. Each child has the right to:

- be treated as an individual;
- form and express views on matters affecting her or him; and
- be protected from all forms of abuse, neglect or exploitation.

Parents and local authorities have rights and responsibilities in achieving the balance of care.

##### **The Age of Legal Capacity (Scotland) Act 1991**

This Act identifies the circumstances in which children can act in a way that is legally competent. The Act defines when children and young people can consent to medical treatment.

##### **The Data Protection Act 1998**

The Act covers how information about living, identifiable people is used. All organisations that hold or process personal data must comply.

### **The Disability Discrimination Act 1995**

This wide-ranging Act, which came into force in 1996, makes it illegal to discriminate against disabled people in employment, access to goods, services, transport and education.

### **The Health and Safety at Work etc Act 1974**

The Act is the basic piece of health and safety law that covers everyone who is affected by work activity. It places the burden of legal responsibility for health and safety at work with the employer.

### **The Human Rights Act 2000**

The Act incorporates the European Convention on Human Rights into Scots and English law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- freedom of thought, conscience and religion;
- freedom of expression;
- freedom of assembly and association;
- the right to have respect for private and family life; and
- the right to marry.

### **The Mental Health (Scotland) Act 1984**

Currently under review, the Act provides for the compulsory detention and treatment of people with a mental disorder.

### **The Misuse of Drugs Act 1971**

The Act is the main law for drugs control in the UK. It prohibits the possession, supply and manufacture of medicinal and other products except where these have been made legal by the Misuse of Drugs Regulations 1985. The legislation is concerned with controlled drugs and puts these into five separate schedules. Anyone who is responsible for storing or administering controlled drugs should be aware of the content of the Misuse of Drugs Regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973.

### **The Police Act 1997**

Part V of the Police Act 1997 is expected to be implemented in April 2002. This provides for the Scottish Criminal Record Office to issue criminal record information certificates to individuals and organisations.

### **The Public Interest Disclosure Act 1998**

The Act protects workers who 'blow the whistle' about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

### **The Race Relations Act 1976**

The Act makes racial discrimination illegal in employment, service delivery, training and other areas.

### **The Race Relations (Amendment) Act 2000**

The Act makes racial discrimination illegal in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

### **The Regulation of Care (Scotland) Act 2001**

The Act establishes a new system of care regulation covering the registration and inspection of care services against a set of national care standards. The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

### **The Rehabilitation of Offenders Act 1974**

The Act enables some criminal convictions to become 'spent' or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

### **The Sex Discrimination Act 1975**

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

## **Policy**

### **Aiming for Excellence: Modernising Social Work Services in Scotland 1999**

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

### **Our National Health 2000**

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

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