

NHS Scotland Wheelchair & Seating Services

CHQS EVALUATION TOOL

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1. Introduction

This Evaluation Tool accompanies the Clinical Healthcare Quality Standards (CHQS) for Wheelchair and Seating Services in NHS Scotland. The standards apply to all territorial NHS Boards in Scotland, regardless of whether or not the board hosts a WSS centre. They apply to any care setting within an NHS Board where wheelchair services are provided including primary, secondary and tertiary care, and to anyone using the services regardless of a person's background or personal circumstances.

The questions in the Evaluation Tool are designed to help service providers gain a better understanding of the services they provide. For the most part, service providers will be NHS Boards, but other organisations may employ staff that undertake assessments of mobility and mobility needs¹. Providing detailed answers for each question will allow each NHS Board² to highlight areas of good practice, as well as determining if the standards have been met.

In the Evaluation Tool, some examples are given of evidence that could be provided to demonstrate that the standard is being met. These are not exhaustive and there may be other examples of evidence that the NHS Board can provide to show it is meeting a standard.

The Evaluation Tool can be used by NHS Boards to self-assess their service's performance and identify areas for development and improvement. It can also be used by other organisations to scrutinise services. NHS Boards that are part of a consortium may find that it is more efficient to undertaken self-assessment at the same time as other consortium members.

¹ For further details see the Scope section in the Clinical Standards.

² Board will be used throughout the document to cover all service providers.

2. Guidance Notes

This guidance has been developed to help NHS Boards complete the Evaluation Tool.

Layout of the evaluation tool

Each standard is clearly stated, along with its rationale³. Below each standard the response section of the tool is divided into two tables, one for essential criteria and one for desirable criteria. Each table consists of:

Criteria	Statements of what needs to be achieved for the standard to be met.
Evaluation questions/ information request	Outlines the evaluation questions or requested information that corresponds to the criterion.
Example evidence	Outlines examples of evidence that can be provided.
Evidence/progress	Provides space for the NHS Board to provide evidence or report on it's progress towards meeting the criterion.

Guidance

1. The Evaluation Tool is available in PDF and Microsoft Word 2003 format.
2. It is helpful to determine whether each criterion is met, not met or not applicable. For a standard to be met, all applicable essential criteria must be met. To help develop services, NHS Boards should include information of how unmet criterion will be met in the future and are encouraged to collate these into an Action Plan with timescales identified.
3. Information or data (text, figure, percentage etc) and, where appropriate, an explanation of what this information relates to, or how it was captured, should be included in the NHS Board's evidence/progress cell.

Where an NHS Board refers to a separate piece of supporting information (for example a copy of a protocol/policy or an example of a care plan) a reference number should be noted in the evidence/progress box.

Similarly, all additional written evidence/data should be referenced with an appendix number that corresponds to the criterion number to which it applies (e.g. policies provided in support of criterion 1.1 should be labelled appendix 1.1). Evidence which relates to multiple criteria can be cross-referenced rather than re-listed.

4. To ensure a true reflection of the current provision of services, it should be noted where no data/evidence is available.
5. In order to comply with information governance, all personal information should be anonymised or, where appropriate, blank examples of hospital forms, care plans, letters, etc should be provided.
6. For most simple audits, e.g. measuring whether processes are being followed as per the standards, a sample size of between 20 and 50 is considered sufficient.

³ The evidence base upon which the rationale is based can be found in the Clinical Standards.

7. When evidence cross-refers to a different criterion with multiple questions, it is helpful to consider all questions in the response.
8. Where a question asks for data for a specific group of patients over a specific time period, NHS Board's local data capture and audit processes need to support this.
9. To help ensure accuracy, incomplete and missing data must be included when calculating the total percentage. The number of patients whose data are missing or incomplete should be specified. For example:

Time period = April 2010 to March 2011 inclusive

- number of patients = 100
- data incomplete or missing for 10 patients
- 50 patients meet the criterion
- 40 patients do not meet the criterion

Therefore 50% of patients are known to meet the criterion for this time period.

10. Data provided to supporting waiting or provision time targets should include, as a minimum:
 - number and percentage of cases below and above target
 - minimum, maximum and mean times
11. The value of including data produced from a historical audit if this audit was conducted more than 2 years ago should be considered. However, it is acceptable to supply trend data covering up to 5 years.
12. When complete, the Evaluation Tool (with all necessary attachments and appendices) should be reviewed through the NHS Board's relevant quality and governance processes to gain an understanding of current provision and identify areas for improvement and development. To encourage sustained improvement, any identified strengths should be highlighted.
13. Regular use of the Evaluation Tool for self-assessment⁴ will not only help service providers to monitor and measure progress, but will also support any future assessments undertaken by external organisations. It is recommended that the Evaluation Tool be completed at least once every two years.

⁴ Self-assessment is also in keeping with Standard 5.

4. Evaluation Tool

Standard 1: Assessment of mobility and mobility needs

Standard Statement
The clinical assessment of mobility and mobility needs should be person-centred.
Rationale
<p>The population of disabled people with mobility impairments that require wheelchairs is highly diverse with a great variety of physical and sensory impairments, which along with other needs and expectations can be either stable or subject to change over time. Mobility impairments are varied and wide-ranging in their complexity and associated issues and a wheelchair may only be part of a solution. A timely, person-centred assessment that is responsive to clinical needs and made within a framework of the Social Model of Disability is fundamental to ensuring that an individual’s mobility needs are addressed.</p> <p>Disabled people may have carers who have different needs, capabilities and level of involvement. Assessments should cover the needs of carers with regular or substantial caring responsibility.</p> <p>Registered healthcare professionals assess mobility needs and identify or confirm the need for wheelchair assisted mobility, or a change to existing need. The initial assessment includes taking measurements and submitting a request for a wheelchair to be issued or for a specialist assessment. The initial assessor must be skilled in the assessment of mobility and mobility needs and aware of the range and type of wheelchair equipment available to meet the specific needs of the disabled person. Wheelchair need and provision should be recorded as part of the mobility assessment within the Single Shared Assessment (SSA) when the latter assessment is used.</p> <p>Children and young people are physically, mentally and socially distinct from their adult counterparts. The mobility impairments that they experience and the ways that certain illnesses and conditions can affect them are significantly different. Assessments of children and young people must be conducted by people trained in child development, employ multidisciplinary approaches and consider age-related transitions and educational needs.</p> <p>Accurate and clear information needs to be provided when wheelchair requests are made to ensure optimum outcomes and reduce unnecessary delays. Information governance and data protection standards, procedures and practises must be employed.</p>
Status: Met / Not Met / Not Applicable

Essential Criteria			
No.	Criteria statement		
1.1	Clinical assessments of mobility and mobility needs are person-centred and anticipatory.		
	Evaluation questions / information request		
	1.1.1	Please provide all assessment forms in use outside the specialist WSS centres.	
		Example evidence	Single Shared Assessment form with applicable parts highlighted.
		Evidence /progress	
	1.1.2	Please provide data from a case note audit to demonstrate a person-centred and anticipatory approach.	
		Example evidence	
Evidence /progress			

1.2	Assessments are conducted in accordance with evidence-based national or local good practice guidelines, where these exist.		
	Evaluation questions / information request		
	1.2.1	Please provide copies of all good practice guidelines in use.	
		Example evidence	Copies of guidelines or links to those available on internet.
		Evidence /progress	
1.2.2	Please provide data from a case note audit that addresses this criterion.		
	Example evidence		
	Evidence /progress		
1.3	Assessments are conducted by competent, registered clinical staff.		
	Evaluation questions / information request		
	1.3.1	Please provide evidence of a random check of referrers against HPC/GMC/NMA databases.	
		Example evidence	
		Evidence /progress	
1.3.2	Please provide evidence of how referrers are kept up to date with WSS practices.		
	Example evidence		
	Evidence /progress		
1.4	Assessments of children and young people should also: <ul style="list-style-type: none"> ▪ address physical and social development ▪ consider age-related transitions from pre-school to school, primary to secondary education, youth to adult services. 		
	Evaluation questions / information request		
	1.4.1	Please provide copies of good practice guidelines in use for children and young people.	
		Example evidence	Copies of guidelines or links to those available on internet.
		Evidence /progress	
1.4.2	Please provide all assessment forms in use for children and young people.		
	Example evidence	Forms with applicable areas highlighted.	
	Evidence /progress		
1.5	Assessments should consider the needs of primary carers.		
	Evaluation questions / information request		
	1.5.1	Please provide copies of good practice guidelines in use for carers.	
		Example evidence	Copies of guidelines or links to those available on internet.
Evidence /progress			
1.6	Wheelchair need is recorded within the mobility section of the SSA when this assessment is used.		
	Evaluation questions / information request		

	1.6.1	Please provide data from a case note audit that addresses this criterion.
		Example evidence
		Evidence /progress
1.7	Referral forms (and supporting guidance) should conform to the recommended content and format and be readily available.	
	Evaluation questions / information request	
	1.7.1	Please provide evidence that all essential data and format requirements listed in Appendix E (of the CHQS) are met.
		Example evidence
		Copies of forms or links to those available on internet.
		Evidence /progress
	1.7.2	Please provide copies of all supporting guidance for all prescription and referral forms in use.
		Example evidence
		Copies of guidance or links to those available on internet.
		Evidence /progress
	1.7.3	Please provide evidence of how the supporting guidance is made available to referrers.
		Example evidence
		Intranet or internet address if available online.
		Evidence /progress
1.8	Referral forms (and prescription forms if in use) can be submitted in a variety of formats, including electronically.	
	Evaluation questions / information request	
	1.8.1	Please outline in what formats prescriptions and/or referrals can be submitted.
		Example evidence
		Evidence /progress

Desirable Criteria		
No.	Criteria statement	
1.9	Any unmet mobility needs and/or any unresolved disagreements should be recorded.	
	Evaluation questions / information request	
	1.9.1	Please provide data from a case note audit that addresses this criterion.
		Example evidence
		Evidence /progress
1.10	Non-WSS Centre staff trained to an agreed level of competence should be able to directly prescribe from an agreed list of equipment.	
	Evaluation questions / information request	
	1.10.1	Please describe what training is made available to staff who undertake assessments of mobility and mobility needs to allow them to prescribe more specialist equipment.
		Example evidence

	Evidence /progress		
1.10.2	How is the ongoing competence of staff assessed and recorded?		
	Example evidence	Protocol for, and anonymised records of, staff training.	
	Evidence /progress		
1.10.3	Please provide a copy of the agreed list of more specialist equipment available to competent, non-specialist staff.		
	Example evidence		
	Evidence /progress		
1.10.4	Please provide a breakdown of the numbers of non-specialist staff that are able to access specialist equipment with their level of prescribing rights, including their professional background and work locations.		
	Example evidence		
	Evidence /progress		
1.11	Prescription forms (and supporting guidance) for use by non-WSS Centre staff should conform to the recommended content and format (Appendix E of the CHQS) and be readily available.		
	Evaluation questions / information request		
	1.11.1	Please provide evidence that all essential data and format requirements listed in Appendix E (of the CHQS) are met.	
		Example evidence	Copies of forms or links to those available on internet.
		Evidence /progress	
	1.11.2	Please provide copies of all supporting guidance for all prescription forms in use.	
		Example evidence	Copies of guidance or links to those available on internet.
		Evidence /progress	
	1.11.3	Please provide evidence of how the supporting guidance is made available to prescribers.	
		Example evidence	Intranet or internet address if available online.
Evidence /progress			

Standard 2: Specialist assessment

Standard Statement
The specialist assessment of wheelchair and seating needs should be person-centred, anticipatory and conducted in the context of a multidisciplinary team.
Rationale
<p>Disabled people’s mobility needs can be complex and diverse and referrals for specialist assessment need to be screened by registered healthcare staff trained to an agreed level of competence. To minimise adverse effects resulting from delays to assessment and subsequent provision, referrals should be screened, prioritised and subsequently actioned within reasonable timescales. If delays are anticipated, referrers and those referred should be advised so that they may take steps to take mitigating action.</p> <p>A timely, comprehensive and person-centred assessment is fundamental to ensuring that outcomes are improved. Specialist assessments should be conducted in accordance with evidence-based good practice guidelines by competent, registered clinical staff in the context of a Multidisciplinary Team (MDT) approach. Specialist knowledge and skills are required to assess disabled people who have complex clinical needs and/or require additional or complex technological solutions to address their mobility and associated seating needs effectively.</p> <p>Assessments must be outcome-focused with goals agreed with the disabled person, and, if relevant, a primary carer. These should be recorded and shared, and appropriate measures administered to evaluate the effectiveness of intervention.</p> <p>Healthcare clinical staff who assess for wheelchair mobility must have access to the necessary equipment. This may include portable investigative resources to support assessment at home or in other community settings. Disabled people with specific and complex needs should be seen in suitable clinic facilities with access to appropriate assessment resources and skills.</p> <p>People requiring complex equipment solutions and/or have complex needs should be managed collaboratively by relevant health and social care services using case management approaches. This ensures that an individual’s wheelchair mobility and their carer’s needs are managed appropriately in the most clinically effective and efficient way.</p>
Status: Met / Not Met / Not Applicable

Essential Criteria			
No.	Criteria statement		
2.1	Referrals for specialist assessment are screened by competent, registered clinical staff.		
	Evaluation questions / information request		
	2.1.1	Please provide a list of the names of clinical staff who undertake screening and their professions and registration numbers.	
		Example evidence	
		Evidence /progress	
	2.1.2	How is the ongoing competence of staff assessed and recorded?	
		Example evidence	Protocol for, and anonymised records of, staff training.
Evidence /progress			
2.2	Referrals for specialist assessment are prioritised in accordance with publicly available criteria based on clinical need.		

	Evaluation questions / information request	
	2.2.1	Please provide a copy of guidance used to prioritise referrals.
	Example evidence	Copies of guidance or links to those available on internet.
	Evidence /progress	
	2.2.2	Please provide data on the numbers and proportions of referrals during that most recently completed quarter broken down by priority and major pathways.
	Example evidence	
	Evidence /progress	
	2.2.3	Please provide evidence of how the criteria used to prioritise referrals is made publicly available.
	Example evidence	
	Evidence /progress	
2.3	Referrers and those referred are advised if a specialist assessment will not occur within 4 weeks of receipt of a referral.	
	Evaluation questions / information request	
	2.3.1	Please provide data on all specialist assessments that did not occur within four weeks of receipt of referral in the most recently completed quarter including how and when the referrers and those referred were contacted.
	Example evidence	
	Evidence /progress	
2.4	Specialist assessments are conducted within 4 weeks of referral in at least 95% of cases and within 8 weeks for 100% of cases, in each major pathway through the services.	
	Evaluation questions / information request	
	2.4.1	Please report the percentage of assessments conducted within 4 weeks and within 8 weeks for the most recently completed quarter, broken down by priority and major pathways.
	Example evidence	
	Evidence /progress	
2.5	Specialist assessments are person-centred and anticipatory, and based on the factors listed in Appendix F (of the CHQS).	
	Evaluation questions / information request	
	2.5.1	Please provide all assessment forms in use.
	Example evidence	
	Evidence /progress	
	2.5.2	Please provide data from a case note audit mapped against the assessment factors listed in Appendix F.
	Example evidence	
	Evidence /progress	

2.6	Specialist assessments are conducted in accordance with evidence-based national or local good practice guidelines, where these exist.		
	Evaluation questions / information request		
	2.6.1	Please provide copies of all good practice guidelines in use.	
		Example evidence	Copies of guidelines or links to those available on internet.
		Evidence /progress	
2.6.2	Please provide data from a case note audit that addresses this criterion.		
	Example evidence		
	Evidence /progress		
2.7	Specialist assessments are conducted by competent, registered clinical staff.		
	Evaluation questions / information request		
	2.7.1	Please provide a list of the names of clinical staff who undertake specialist assessments and their professions and registration numbers.	
		Example evidence	
		Evidence /progress	
	2.7.2	How is the ongoing competence of staff assessed and recorded?	
		Example evidence	Protocol for, and anonymised records of, staff training.
Evidence /progress			
2.8	Appropriate measures should be administered to evaluate the outcome of each intervention, covering both service users' and carers' needs.		
	Evaluation questions / information request		
	2.8.1	Please provide a copy of all the documentation used to support the outcome measure(s) employed.	
		Example evidence	
		Evidence /progress	
	2.8.2	Please provide data from a case note audit that addresses this criterion.	
		Example evidence	
Evidence /progress			
2.9	Any unmet mobility needs and/or any unresolved disagreements should be recorded.		
	Evaluation questions / information request		
	2.9.1	Please explain how unmet mobility needs and/or any unresolved disagreements are recorded.	
		Example evidence	
		Evidence /progress	
	2.9.2	Please provide data from a case note audit that addresses this criterion.	
		Example evidence	
Evidence /progress			

2.10	A written summary of the agreed specialist assessment outcome and prescription should be shared with users and, with their agreement, carers and other appropriate, interested parties.		
	Evaluation questions / information request		
	2.10.1	Please outline how agreed outcomes and prescriptions are shared.	
		Example evidence	Copy of template form/letter.
		Evidence /progress	
2.10.2	Please provide anonymised copies of at least five written summaries issued within the past three months.		
	Example evidence		
	Evidence /progress		
2.11	Clinic facilities should comply with the minimum requirements set out in Appendix G (of the CHQS).		
	Evaluation questions / information request		
	2.11.1	Please provide a list of all locations used for clinical events with a list of investigative resources available and type of activity undertaken at each location.	
		Example evidence	
		Evidence /progress	
2.12	At least 85% of users should be seen within their own local NHS Board area subject to the availability of suitable clinic facilities.		
	Evaluation questions / information request		
	2.12.1	Please provide a list of all locations used for clinical events by NHS board area.	
		Example evidence	
		Evidence /progress	
	2.12.2	Please provide data on the proportion of clinical events conducted outside of users' own local NHS Board area for the most recently completed quarter.	
		Example evidence	
		Evidence /progress	
	2.12.3	Please provide reasons for the clinical events conducted outside of users' own local NHS board area for the most recently completed month.	
		Example evidence	
Evidence /progress			

Standard 3: Clinical follow up and planned review

Standard Statement
Service users should be followed up after each significant clinical intervention and planned clinical reviews are offered to those who need one.
Rationale
<p>To ensure that any significant clinical intervention meets the needs identified at an initial or specialist assessment, a follow up should be undertaken. This should be done as soon as the user and/or carer(s) have had adequate time to assess whether or not the equipment provided meets the agreed assessment outcome. This is the responsibility of the initial assessor who identified or confirmed the need for wheelchair assisted mobility or, when a specialist assessment has been undertaken, the specialist clinician responsible.</p> <p>Wheelchair users have complex and changing needs caused by their underlying medical condition(s) and other health or social factors. Some users may require periodic, planned reviews to ensure that any changes in their impairment(s) or circumstances, that could be reasonably anticipated, can be addressed in a timely manner.</p> <p>Children also have rapidly changing needs as they grow and develop, both physically and cognitively. Developmental needs can be adversely affected if a child does not have the right wheelchair and seating provision. Services need to anticipate and plan for growth and changes in body shape, as well as transitions through the education, health and social care systems.</p> <p>The frequency of review should be determined individually to minimise any potential negative impact on user’s educational, vocational, health or social care arrangements. The progressive nature of their underlying medical condition(s), planned medical or surgical interventions, child development and growth, planned transitions or changes to domestic, vocational or social care arrangements should be taken into account when determining review periods.</p> <p>Existing users, and/or their family and carers, should be aware of how they can request a clinical review should their current wheelchair and/or seating provision no longer meet their mobility or postural support needs.</p>
Status: Met / Not Met / Not Applicable

Essential Criteria		
No.	Criteria statement	
3.1	Significant clinical interventions are followed up to ensure that these meet the agreed outcomes identified at an initial or subsequent assessment.	
	Evaluation questions / information request	
	3.1.1	Please provide evidence from a case note audit that demonstrates that this criterion is being met by initial assessors.
	Example evidence	
	Evidence /progress	
	3.1.2	Please provide evidence from a case note audit that demonstrates that this criterion is being met by specialist clinicians.
	Example evidence	
Evidence /progress		

3.2	Planned clinical reviews are offered to all users identified as having complex and changing needs, including:		
	<ul style="list-style-type: none"> ▪ those with progressive conditions ▪ children (< 16 years old) ▪ those with anticipated transitions ▪ those with anticipated changes to their domestic, vocational or social care arrangements. 		
	Evaluation questions / information request		
	3.2.1	Please provide copies of guidelines or other documents used to determine if users require a specialist clinical review.	
		Example evidence	
		Evidence /progress	
	3.2.2	Please provide number of users offered a clinical review in the most recently completed quarter and the percentage of total users that this represents.	
		Example evidence	
		Evidence /progress	
	3.2.3	Please provide details from a case note audit of users offered a specialist clinical review in the past year, including primary diagnosis, age, and clinical reasoning.	
Example evidence			
Evidence /progress			
3.3	The frequency of review will be agreed with the user taking into account, where appropriate:		
	<ul style="list-style-type: none"> ▪ progression of condition ▪ children’s physical and social development ▪ planned transitions or changes to domestic, vocational or social care arrangements. 		
	Evaluation questions / information request		
	3.3.1	Please provide copies of guidelines used to help determine the frequency of a review.	
		Example evidence	
		Evidence /progress	
	3.3.2	As 3.2.3 including details of review frequency.	
		Example evidence	
		Evidence /progress	
	3.4	Existing NHS wheelchair users, family and carers (where appropriate), are aware of how they can request a clinical review.	
Evaluation questions / information request			
3.4.1		Please provide copies of the information provided.	
		Example evidence	
		Evidence /progress	
3.4.2	Please provide evidence of how this information is made available to these groups.		

		Example evidence	
		Evidence /progress	

Standard 4: Equipment provision and management

Standard Statement	
Wheelchairs, seating and associated equipment are medical devices and should be safe and fit for purpose and provided in a timely manner in accordance with risk management principles.	
Rationale	
<p>Wheelchairs, seating and associated equipment are Class I medical devices and must comply with the Medical Devices Regulations (MDR) (2002) as regulated by the Medicines and Healthcare products Regulatory Agency (MHRA). Any risks associated with the equipment provision should be minimised. Adverse incidents, problems (or the potential for problems) should be managed in accordance with Medical Device Alert (MDA) recommendations.</p> <p>Provision should be conducted by or overseen by a competent, registered clinical staff member who is responsible for managing the case and acts as the contact person for the disabled person and/or their carers. The time from assessment to provision should be minimised to avoid the need for reassessment should needs change in the meantime (e.g. due to children growing).</p> <p>The introduction of new product lines and technologies to NHS provision must involve wheelchair users and be objectively evaluated to ensure that they fulfil their intended purpose from both clinical and device management perspectives. Their introduction should be managed to ensure that adequate spares are stocked and that they can be maintained and repaired. A planned approach to ensuring wheelchair and seating equipment responds to user needs and advancing technology must be in place.</p> <p>The modification of CE-marked medical devices, in-house manufacturing and off-label use of devices to meet particularly needs are subject to the requirements of the MDR. A risk assessment, which is necessary to minimise any potential hazards, should be conducted in accordance with the International Standards Organization's (ISO) risk management standard (ISO14971).</p> <p>The provision, and updating, of instructions, and if necessary training, that takes into account the knowledge and training of the intended user(s), is crucial to the safe and effective use of equipment. Adequate instructions, and if necessary training, should be provided to new and existing users and/or carers. These should, as a minimum, cover how to report faults and adverse incidents, how to carry out routine checks and basic maintenance, and general wheelchair management, such as how to negotiate kerbs.</p> <p>Maintenance and repair policies and procedures should ensure user safety and continuity of care using a risk management approach. The frequency and type of planned preventive maintenance (PPM) should be specified, taking account of the manufacturer's instructions, the expected usage and the environment in which the equipment is to be used.</p>	
Status: Met / Not Met / Not Applicable	

Essential Criteria		
No.	Criteria statement	
4.1	Provision of devices to individuals is conducted by or overseen by competent, registered clinical staff.	
Evaluation questions / information request		
4.1.1	Please provide a list of the names of clinical staff who conduct or oversee assessments and their professions and registration numbers.	
	Example evidence	

	Evidence /progress	
4.1.2	Please provide evidence of supervisory arrangements for elements of the service delivered by non-clinical staff in relation to device provision to individuals.	
	Example evidence	
	Evidence /progress	
4.1.3	How is the ongoing competence of staff assessed and recorded?	
	Example evidence	Protocol for, and anonymised records of, staff training.
	Evidence /progress	
4.2	Standard provision, for which a specialist assessment was not required, is provided within 2 weeks of referral in at least 95% of cases and within 3 weeks for 100% of cases.	
Evaluation questions / information request		
4.2.1	Please provide data of time (in days) between referral and provision for all standard provisions not requiring a specialised assessment in the most recently completed quarter.	
	Example evidence	
	Evidence /progress	
4.2.2	Please report the percentages achieved within 2 weeks and within 3 weeks.	
	Example evidence	
	Evidence /progress	
4.3	Standard provision, for which a specialist assessment was undertaken, is provided within 6 weeks of referral in at least 95% of cases and within 11 weeks for 100% of cases.	
Evaluation questions / information request		
4.3.1	Please provide data of time (in days) between referral and provision for all standard provisions following a specialised assessment in the most recently completed quarter.	
	Example evidence	
	Evidence /progress	
4.3.2	Please report the percentages achieved within 6 weeks and within 11 weeks.	
	Example evidence	
	Evidence /progress	
4.4	Specialist provision is provided within 14 weeks of referral in at least 95% of cases and within 18 weeks for 100% of cases.	
Evaluation questions / information request		
4.4.1	Please provide data of time (in days) between referral and provision for all specialist provisions in the most recently completed quarter.	
	Example evidence	
	Evidence /progress	

	4.4.2	Please report the percentage achieved within 14 weeks and within 18 weeks.
		Example evidence
		Evidence /progress
4.5		Services should adhere to local equipment management policies and procedures that are based on a risk management approach and conform to MHRA guidance.
		Evaluation questions / information request
	4.5.1	Please provide a copy of the local device management polices and procedures.
		Example evidence
		Evidence /progress
	4.5.2	Please map local polices and procedures against MHRA guidance.
		Example evidence
		Evidence /progress
	4.5.3	Please provide copies of all pre-handover checks lists currently in use.
		Example evidence
		Evidence /progress
	4.5.4	Please provide evidence that pre-handover checks are completed for all devices issued during the most recently completed calendar month.
		Example evidence
		Evidence /progress
4.6		In-house manufacturing and off-label use of devices should be in accordance with the MDR, including design and risk assessments records.
		Evaluation questions / information request
	4.6.1	Please provide a copy of procedures and other documentation used to ensure compliance with the MDR for the in-house manufacture and off-label use of devices.
		Example evidence
		Evidence /progress
	4.6.2	Please provide copies of the design records and risk assessments of all in-house manufactured and off-label use devices issued in the most recently completed quarter.
		Example evidence
		Evidence /progress
4.7		NHS wheelchairs are provided from national contract in accordance with policy and legislative requirements.
		Evaluation questions / information request
	4.7.1	Please provide the percentage of wheelchairs purchased in the most recent complete year bought from the NHS National Procurement contract.
		Example evidence

		Evidence /progress	
4.8	A model of equipment renewal is in place that responds to technological advances and involves users and carers.		
	Evaluation questions / information request		
	4.8.1	Please provide details of the equipment/fleet renewal strategy and evidence that the strategy is in place.	
		Example evidence	
		Evidence /progress	
	4.8.2	Please provide the percentage of wheelchairs that are over 5 years old in the fleet, that currently are on issue and that are in stock awaiting issue.	
		Example evidence	
		Evidence /progress	
	4.8.3	Please provide details of how users and carers are involved in this area.	
		Example evidence	Minutes/agendas of meetings/events.
Evidence /progress			
4.9	New product lines should only be introduced with adequate staff training.		
	Evaluation questions / information request		
	4.9.1	Please provide evidence of the staff training undertaken when new wheelchairs and seating are introduced.	
		Example evidence	
		Evidence /progress	
4.10	Adequate instructions, and if necessary training, should be provided for all devices in accordance with MHRA guidance.		
	Evaluation questions / information request		
	4.10.1	Please provide evidence that conditions of supply and instructions and, if necessary, training are provided.	
		Example evidence	
		Evidence /progress	
	4.10.2	Please provide copies of the instructions accompanying all in-house manufactured and off-label use devices that were issued in the most recently completed quarter.	
		Example evidence	
		Evidence /progress	
	4.10.3	Please provide evidence that there are processes in place for recording, tracking and issuing updated instructions.	
		Example evidence	Copy of standard operating procedures/equipment management policy.
Evidence /progress			
4.11	Adequate instructions, and if necessary training, should be provided on using wheelchairs and/or equipment for new and existing users and/or carers.		

	Evaluation questions / information request	
	4.11.1	Please provide evidence that adequate instructions and, if necessary, training are provided to users and/or carers on general wheelchair and equipment management.
		Example evidence
		Evidence /progress
4.12	Users and carers have information on how to report faults and adverse incidents, carry out routine checks and basic maintenance, and on the potential danger of inappropriate modifications or adjustments.	
	Evaluation questions / information request	
	4.12.1	Please provide copies of this information.
		Example evidence
		Evidence /progress
	4.12.2	Please provide evidence of how this information is made available to users and carers.
		Example evidence
		Evidence /progress
4.13	Repairs are prioritised and completed in accordance with publicly available criteria and targets.	
	Evaluation questions / information request	
	4.13.1	Please provide a copy of the locally agreed categories used to prioritise repairs.
		Example evidence
		Evidence /progress
	4.13.2	Please provide evidence of how the criteria used to prioritise referrals is made publicly available.
		Example evidence
		Evidence /progress
4.14	Planned Preventative Maintenance (PPM) is undertaken based on a risk management approach that conforms to MHRA guidance.	
	Evaluation questions / information request	
	4.14.1	Please provide a copy of procedures and other documentation used to ensure compliance with the MHRA guidance on PPM.
		Example evidence
		Evidence /progress
	4.14.2	Please provide evidence to demonstrate PPM is being completed.
		Example evidence
		Evidence /progress
4.15	Services should adhere to MHRA adverse incident guidance on the reporting of incidents and responding to alerts.	

	Evaluation questions / information request	
4.15	4.15.1	Please provide evidence that this criterion is being met.
	Example evidence	Any documented service procedures.
	Evidence /progress	
	4.15.2	Please supply a list of all applicable adverse incidents reported to MHRA by the service in past year.
	Example evidence	
	Evidence /progress	
4.15.3	Please supply a list of all applicable MHRA device alerts and details of the service's response.	
	Example evidence	
	Evidence /progress	
4.16	All service users with equipment on issue are contacted at least annually.	
	Evaluation questions / information request	
	4.16.1	Please provide evidence of the procedures for contacting users at least annually and copies of any standard letters in use.
	Example evidence	
	Evidence /progress	
	4.16.2	Please provide data on the number of patients contacted the past year and what proportion of the overall user number they represent.
Example evidence		
Evidence /progress		
4.17	Urgent repairs should be completed within one day in at least 75% of cases.	
	Evaluation questions / information request	
	4.17.1	Please provide the percentage of urgent repairs completed with one day during the most recently completed quarter.
	Example evidence	
4.18	Routine repairs should be completed within five days in at least 90% of cases.	
	Evaluation questions / information request	
	4.18.1	Please provide the percentage of routine repairs completed with five days during the most recently completed quarter.
	Example evidence	
4.19	Deliveries, repairs and PPM appointments are arranged at times to suit user's lifestyles as far as it is practical.	
	Evaluation questions / information request	
	4.19.1	Please provide a copy of procedures and other documentation used to ensure compliance with this criterion.

		Example evidence	
		Evidence /progress	
	4.19.2	Please provide evidence that this criterion is being met.	
		Example evidence	Outcomes from an independent survey of users and their carers' satisfaction.
		Evidence /progress	

Standard 5: Quality management and service improvement

Standard Statement
Services should, in partnership with all stakeholders, create and sustain a culture of continuous quality improvement to deliver a person-centred, clinically effective and safe service.
Rationale
<p>Better outcomes are achieved when services are provided in partnership with users, carers and staff. Clinical governance, evidence-based practice and quality assurance underpin person-centre, safe and effective service provision. Surveys of user and carer satisfaction can provide valuable insights to improve provision and outcomes.</p> <p>Quality Management Systems (QMSs) imbed quality assurance and encourage service improvement. These should conform to an internationally recognised standard for the providers of medical devices, for example, ISO13485. QMSs should be integral to the day to-day policies and procedures and culture of the service. This ensures that services are safe and effective and able to respond to the ever changing and challenging external environment.</p> <p>Leadership, user, carer and staff involvement and on-going, focused initiatives are critical to achieving and sustaining service and quality improvements. Staff training and education and adherence to evidence-based clinical practice are an underlying necessity. Research and development not only furthers the knowledge of the field, but is also a means of motivating and developing staff. Safety is a key driver of service change and development.</p> <p>The recording and sharing of outcomes from quality improvement, product evaluation and research and development activities promote further improvements and spreading of best practice. Collating and reporting unmet needs supports this endeavour.</p>
Status: Met / Not Met / Not Applicable

Essential Criteria			
No.	Criteria statement		
5.1	NHS Boards should integrate or link their local wheelchair user and carer groups or networks with their Patient Focus Public Involvement (PFPI) structures and processes.		
	Evaluation questions / information request		
	5.1.1	Please provide details of the remit, membership, meetings, etc. of these local groups and/or networks.	
		Example evidence	Terms of Reference, Minutes of Meetings.
		Evidence /progress	
	5.1.2	Please provide evidence of how these groups and/or networks are supported.	
		Example evidence	
Evidence /progress			
5.2	Services should commission an independent survey of users at least once every two years to check their and their carers' satisfaction with the service provided and how well their equipment meets their needs.		
	Evaluation questions / information request		
	5.2.1	Please provide evidence to support this criterion.	
Example evidence		Survey report, Survey questionnaire.	

		Evidence /progress	
5.3	Information made available to users and carers should comply with the Scottish Accessible Information Forum's (SAIF) standards and be provided in alternative formats consistent with equality and diversity duties.		
	Evaluation questions / information request		
	5.3.1	Please provide a copy of policies relating to this issue.	
		Example evidence	
		Evidence /progress	
	5.3.2	Please provide evidence of how any requests made for alternative formats have been dealt with in the past two years.	
		Example evidence	Details of requests with time taken to supply requested format.
		Evidence /progress	
5.4	Information (as outlined in Appendix H of the CHQS) should be readily available to disabled people, their families and carers, and other interested stakeholders.		
	Evaluation questions / information request		
	5.4.1	Please provide copies of this information.	
		Example evidence	Copies of documents or links to those available on internet.
		Evidence /progress	
	5.4.2	Please provide evidence of how this information is made available to these groups.	
		Example evidence	List of physical locations and internet addresses.
		Evidence /progress	
5.5	Each territorial NHS Board should have an identified and active strategic lead with a responsibility for WSSs.		
	Evaluation questions / information request		
	5.5.1	Please provide the name, post-held and profession of the lead.	
		Example evidence	
		Evidence /progress	
	5.5.2	Please provide evidence of their active involvement in the provision of WSSs over the past two years.	
		Example evidence	Minutes of meetings.
		Evidence /progress	
5.6	A comprehensive QMS should be in place that drives continuous service improvement.		
	Evaluation questions / information request		
	5.6.1	Please provide copies of Quality Manual or other similar documents.	
		Example evidence	
		Evidence /progress	

	5.6.2	Please provide evidence to demonstrate that system encourages service improvement.		
		Example evidence		
		Evidence /progress		
5.7	Each WSS should identify lead roles for quality and service improvement.			
	Evaluation questions / information request			
	5.7.1	Please provide the name, post-held and profession of the leads.		
		Example evidence		
		Evidence /progress		
5.8	Each WSS should identify lead roles for product evaluation, research and development.			
	Evaluation questions / information request			
	5.8.1	Please provide the name, post-held and profession of the leads.		
		Example evidence		
		Evidence /progress		
5.9	WSSs should report on their quality improvement, product evaluation and research and development activity.			
	Evaluation questions / information request			
	5.9.1	Please provide a copy of the most recent report(s) or other documents that are less than two years old.		
		Example evidence		
		Evidence /progress		
5.10	Records of unmet needs should be collated and reported on annually.			
	Evaluation questions / information request			
	5.10.1	Please provide a copy of the latest annual report.		
		Example evidence		
		Evidence /progress		
5.11	All staff should undergo wheelchair and seating specific induction training appropriate to their role.			
	Evaluation questions / information request			
	5.11.1	Please provide details of the content on the service's WSS specific induction training.		
		Example evidence		
			Evidence /progress	
	5.11.2	Please provide details of the percentage of staff who have joined the service in the past year who have undertaken WSS specific induction training broken down by professional groupings.		
	Example evidence			

		Evidence /progress	
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Desirable Criteria			
No.	Criteria statement		
5.12	QMSs should conform to an internationally recognised standard.		
	Evaluation questions / information request		
	5.12.1	Please state the internationally recognised standard that the quality management system conforms to.	
		Example evidence	
Evidence /progress			
5.13	Outcomes from quality improvement, product evaluation and research and development events and activities should be shared with other Scottish services and the wider field.		
	Evaluation questions / information request		
	5.13.1	Please provide copies of the information shared.	
		Example evidence	
		Evidence /progress	
	5.13.2	Please provide details of how this information was shared.	
		Example evidence	
		Evidence /progress	