



Healthcare
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Scotland

Evidence
Advice, guidance
and intelligence

Core Screening Standards

September 2023

We are committed to advancing equality, promoting diversity and championing human rights. These standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socioeconomic status or any other status. Suggested aspects to consider and recommended practice throughout these standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider if everyone accessing health and social care services will experience the intended benefits of these standards in a fair and equitable way. A copy of the EQIA is available on request.

Healthcare Improvement Scotland is committed to ensuring that our standards are up-to-date, fit for purpose and informed by high quality evidence and best practice. We consistently assess the validity of our standards, working with partners across health and social care, the third sector and those with lived and living experience. We encourage you to contact the standards and indicators team at his.screeningstandards@nhs.scot to notify us of any updates that might require consideration.

Healthcare Improvement Scotland 2023

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Introduction

Background to the core screening standards

Healthcare Improvement Scotland, in partnership with stakeholders, develops [national standards](#) for the six national screening programmes in Scotland:

- abdominal aortic aneurysm screening
- bowel screening
- breast screening
- cervical screening
- diabetic eye screening
- pregnancy and newborn screening.

To date, each programme had its own set of standards which covered technical aspects of the screening programme and a core section. Each core section covered leadership and governance, training and education, information and support and was tailored to the relevant screening programmes.

In 2018, the Scottish Government reviewed screening programmes and made recommendations which included a request to consider the methodology for developing screening standards. Healthcare Improvement Scotland worked collaboratively with stakeholders from across the screening programmes to revise the approach for standards development.¹ It was agreed that Healthcare Improvement Scotland would develop one set of core screening standards that apply across all screening programmes.

These core screening standards have been coproduced with stakeholders from across the six programmes. They have been informed by each of the six programmes' extant core sections. They apply to all programmes and support consistency in approach across screening. They will minimise duplication across screening quality assurance approaches.

Scottish screening programmes

Population-based screening is a process of identifying who may be at increased risk of a disease or condition.² Screening can reduce the risk of developing a condition or its complications. It has the potential to save lives or improve quality of life through early diagnosis and treatment of serious conditions.

Each screening programme has its own eligibility criteria which are evidence-informed and approved by the UK National Screening Committee (UK NSC). Four screening programmes are population-based and informed by the person's age or sex (abdominal aortic aneurysm, bowel, breast and cervical) and two relate to an existing specific medical condition or service

(diabetic eye and pregnancy and newborn screening). All [eligible people](#) should be able to access national population-based screening programmes.

No screening test is 100% accurate. In any screening, there may be false positive results where someone is wrongly reported as having the condition and false negative results where someone is wrongly reported as not having the condition.

Participation in screening is a choice and it is important that people are given unbiased, balanced information, in a timely manner and in a language and format they can understand to help make an informed choice.

Screening policy and strategy in Scotland

Many stakeholders are involved in the strategic and operational delivery of screening programmes across Scotland, including the Scottish Government and the Scottish Screening Committee (SSC). The Scottish Government sets screening policy for Scotland and approves policy changes, taking into consideration recommendations for new and existing programmes from the UK NSC and the advice of the SSC. Key partners include Healthcare Improvement Scotland (HIS), NHS National Services Scotland (NSS), Public Health Scotland (PHS) and NHS Education for Scotland (NES). Further information on the roles and responsibilities of these stakeholders and on national screening governance structures can be found in the [NSO guide to national population screening in Scotland](#).

Related guidance and policy

The core screening standards complement existing legislation, [national screening standards](#) and guidelines. References to appropriate professional guidance, policy and best practice are provided throughout the standards. These include, but are not limited to:

- Adults with Incapacity (Scotland) Act 2000³
- Health and social care standards⁴
- Healthcare Improvement Scotland’s learning from adverse events framework⁵
- NHS Scotland climate emergency and sustainability strategy 2022-2026⁶
- National health and wellbeing outcomes⁷
- National Screening Oversight: A guide to national population screening in Scotland⁸
- Organisational duty of candour guidance⁹
- Realising realistic medicine¹⁰
- Scotland’s public health priorities
- other related Healthcare Improvement Scotland guidance, including Scottish Intercollegiate Guidelines Network (SIGN)¹¹ and Cancer Quality Performance Indicators (QPIs).¹²

Scope of the core screening standards

The Healthcare Improvement Scotland core screening standards cover:

- leadership and governance in screening programmes
- quality assurance
- screening incident management and reporting
- staff training and education
- informed decision making
- equity in screening.

Format of the standards

All Healthcare Improvement Scotland standards follow the same format. Each standard includes:

- an overarching standard statement
- a rationale explaining why the standard is important
- a list of criteria describing what is needed to meet the standard
- what the standards mean if you are a person taking part in screening (or in the case of newborn hearing, the parent or guardian)
- what the standards mean if you are a member of staff
- what the standards mean for organisations
- examples of what meeting the standard looks like in practice.

Information about the development of the standards is set out in [Appendix 1](#), the standards development group membership is in [Appendix 2](#) and steering group membership is in [Appendix 3](#).

Implementation

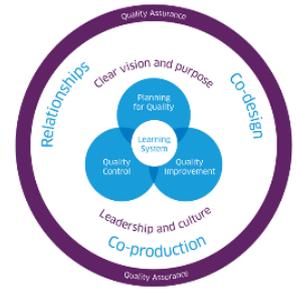
All national screening programmes and NHS boards will implement the standards to assure themselves and relevant governance structures that they are delivering safe, effective and person-centred services across all the screening pathways.

The core screening standards also support implementation of the [programme specific technical standards](#) and should be considered in conjunction with them.

Quality of care approach and framework

External quality assurance (EQA) of screening programmes will be delivered using the Healthcare Improvement Scotland quality of care approach and the quality framework. This approach specifies how Healthcare Improvement Scotland will design and deliver EQA activity to support improvement in healthcare.

More information about this approach is available on the [HIS website](#).



Healthcare Improvement Scotland quality management system

The Healthcare Improvement Scotland Quality Management System Framework supports health and social care organisations to apply a consistent and coordinated approach to the management of the quality of health and care services. More information about this framework is available on the [HIS website](#).

Terminology

Wherever possible, we have incorporated generic terminology which can be applied across all the screening pathways. The [glossary](#) provides definitions and examples.

Summary of standards

Standard 1: Leadership and governance in screening programmes

Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of high quality screening programmes across Scotland.

Standard 2: Quality assurance

Each screening programme has robust quality assurance systems.

Standard 3: Screening incident management and reporting

Each organisation demonstrates robust processes for screening incident management and reporting.

Standard 4: Staff training and education

Organisations ensure staff are trained, skilled, knowledgeable and competent.

Standard 5: Informed decision making

People invited for screening receive information and support to enable informed choice and decision making.

Standard 6: Equity in screening

Screening programmes demonstrate commitment to equity in screening.

Glossary

Term	Definition in relation to screening programmes
Call-recall	Call-recall is the process of inviting and re-inviting eligible people to attend for screening on a regular basis. Refer to individual screening programmes for further information.
Eligibility criteria	Each national screening programme has defined eligibility criteria. Criteria include age and/or sex, or if the person has any conditions (for example diabetes) that may mean they are more likely to develop an illness or condition (such as diabetic eye disease).
Eligible person/people	A person who is invited for population-based screening because they meet the eligibility criteria.
Failsafe	Failsafe refers to processes designed to ensure that all aspects of the screening processes are safe and effective, and that there are appropriate mechanisms where an issue or adverse event occurs.
Lead clinician	Provides clinical expertise, guidance and leadership for the screening programme either at the national programme level, or within an NHS Board for local delivery of services.
Lead screener	Has responsibility for the screening workforce, delivering screening clinics, professional guidance and quality assurance of all relevant screening activities.
National screening programmes	The term national screening programmes refers to all population-based screening programmes within Scotland. Each programme has a screening participant pathway, from the identification of those eligible for screening through to reporting of results and further investigation.

Term	Definition in relation to screening programmes
NHS Board Public Health Lead for Screening	The NHS Board Public Health Lead for screening (formerly known as the Board screening coordinator) has a delegated responsibility to oversee the delivery, quality and effectiveness of the screening programme for resident eligible populations and is directly accountable to the NHS board director of public health.
Organisation	<p>Organisation is a collective term including NHS boards and national screening programme boards directly involved in the strategic and operational delivery of screening. The term organisations can also be used in reference to a National Special Health board (for example, NSS or PHS).</p> <p>Note: ‘NHS boards’ is used as a collective term when criteria relate specifically to the roles and responsibilities of NHS territorial boards.</p>
Person	The term ‘person’ refers to all individuals accessing services or receiving care or support across the screening pathway. This includes trans men, trans women and non-binary people.
Representative	This term is used throughout the standards to refer to any individual the person wishes to be involved in their care. This includes, but is not limited to, parents, carers, family, friends or independent advocates.
Screening incident or adverse event	An event that could have caused, or did result in, harm to a person or group of people.
Under-served groups	The term ‘under-served groups’ refers to people who experience social inequality, stigma, discrimination or lack of opportunity which makes it difficult for them to make an informed choice or access services. Many factors can contribute to people who use services being under-served. For example, if they are from a marginalised group, ethnic minority, homeless or experience issues associated with their mental health or socioeconomic status. People may fall into one or more under-served group.

Standard 1: Leadership and governance in screening programmes

Standard statement

Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of high quality screening programmes across Scotland.

Rationale

Effective leadership and governance are critical to safe, person-centred and high quality screening programmes. Robust governance arrangements are essential for the delivery and assurance of screening. Effective leadership can be supported with research and evaluation of screening and quality improvement.

People participating in screening should benefit from multidisciplinary and multiagency partnership working at a local, regional and national level. Effective planning and partnership working should be underpinned by arrangements and information sharing that facilitate the delivery of high quality, equitable care.

All organisations involved in the delivery of national screening programmes should have defined policies and protocols such as standard operating procedures (SOPs) or equivalent. These should specify:

- responsibilities and lines of accountability
- data and performance monitoring, for example against Key Performance Indicators (KPIs)
- strategies for continuous quality assurance and improvement
- adherence to failsafe processes
- screening incident and adverse event management
- management of feedback and complaints.

Policies and protocols should be readily accessible and clearly understood by all those involved in the leadership and delivery of each screening programme.

Criteria

1.1 Appropriate and robust governance, with clear lines of accountability, is in place for all national screening programmes, in line with [national governance arrangements](#).¹³

NHS boards have, where required for the programme:

- an accountable officer at NHS board level, for example director of public health
- a lead consultant in public health for each programme, (previously known as board coordinator)
- a lead screener
- a named manager with responsibility for each element of operational delivery, including [call-recall](#) services.

National screening programme boards have, where required for the programme:

- a designated national lead clinician with sufficient expert knowledge
- an experienced public health lead as chair of the programme board.

1.2 Organisations, at national and local level, have SOPs or equivalent, in place:

- for all relevant aspects of their respective screening pathways
- which are reviewed at least every three years and updated as required.

1.3 Organisations demonstrate effective leadership and governance through:

- clear alignment to national strategic policy including Realising Realistic Medicine¹⁰
- a multidisciplinary approach to planning, delivering and monitoring screening, including treatment services
- effective data collection, including data on health inequalities, and local and national benchmarking of performance against outcomes and KPIs
- failsafe arrangements, including action plans where issues or concerns have been identified, to ensure that all aspects of the programme are designed to be safe and effective
- supporting people to provide feedback on their experience, and using this feedback to inform improvements to screening pathways
- clear screening incidents and adverse events escalation policy, planning and review processes
- compliance with national standards, guidelines and policies
- participation in local and national research and evaluation activity, where appropriate, to improve knowledge, strengthen the evidence base and adopt new technologies.

1.4 Organisations have robust processes for the management of complaints and concerns, including investigation and dissemination of learning, in line with national guidance and legislation for example, duty of candour.⁹

- 1.5** Organisations have information management structures and governance processes in place to support the:
- use of IT systems for reporting, benchmarking and performance management to improve safety and quality of screening
 - routine sharing of identifiable personal healthcare data, with fully informed consent, and in compliance with information governance requirements
 - effective collation and management of anonymised data in support of health care governance.

What does the standard mean for people accessing screening programmes?

- You will receive a high standard of care.
- Staff work together to provide you with safe care and share good practice.
- Information about you and your care is shared with your consent and in line with national guidance, as appropriate.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are supported by effective leadership
- understand governance arrangements including SOPs or equivalent
- can access standards and guidance to support the screening pathways
- can access guidance and support to know when and how to escalate concerns and report screening incidents or adverse events in a timely manner
- participate in quality improvement activities
- are supported to contribute to governance groups for local and national screening programmes.

What does the standard mean for the organisation?

Organisations ensure:

- robust governance arrangements are in place including for the management of a screening incident or adverse event
- clear protocols and policies are available for staff
- designated leads are appointed
- coordinated and person-centred pathways to access screening are developed and implemented
- barriers to accessing screening are understood, with action plans to address these
- failsafe arrangements are in place, including action plans for when issues or concerns have been identified
- effective call-recall systems are in place to maximise the number of eligible people invited to participate in screening programmes
- monitoring and periodic reviews of SOPs or equivalent in line with the KPIs for the national screening programmes.

Examples of what meeting this standard might look like

Note: These will be in line with organisations' respective governance and delivery structures

- Documentation describing lines of accountability, roles and responsibilities and escalation of screening incident and adverse event report.
- Improvement plans following the management of screening incidents and adverse events.
- Documentation demonstrating compliance with standards and policy including Healthcare Improvement Scotland's core and programme specific screening standards.
- Demonstration of implementation of local and national adverse events policies.¹⁴
- Evidence of regular review and reporting of performance.
- Evidence of compliance with information governance requirements, for example, sharing data along the screening pathway.
- Local and national SOPs.
- Protocols outlining multidisciplinary working, including involvement of professionals across the screening pathway.
- Reports or minutes from screening governance groups.
- Protocols for the sharing of General Data Protection Regulation (GDPR) compliant information between staff.¹⁵
- Collection of data for KPIs.
- Evidence of adherence to failsafe processes including reporting.

Standard 2: Quality assurance

Standard statement

Each screening programme has robust quality assurance systems.

Rationale

Internal and external quality assurance is central to the delivery of safe, effective and person-centred care. Each screening programme should take a comprehensive, uniform and consistent approach to quality assurance and improvement.

Quality assurance in screening is monitored through [Healthcare Improvement Scotland programme specific screening standards](#), national screening programme KPIs and individual screening programme board's governance structures. In addition, the core screening standards will support a system-wide approach to quality assurance across all the population-based screening programmes.

Organisations should have clear structures and policies to support robust quality assurance mechanisms. Organisations should contribute to local, regional and national reporting and governance structures, There should also be a commitment to demonstrating how this has informed improvement activities.

Quality assurance should be overseen by designated staff including clinical leads and NHS board public health leads (previously known as board screening coordinators). Staff should be supported to understand their role in quality assuring the respective programmes and to undertake assurance and related improvement activities.

Note: Incident management and reporting, which covers adverse events, is covered in [Standard 3](#).

Criteria

- 2.1** Organisations demonstrate robust quality assurance activity. This includes:
- regularly monitoring performance against quality standards and KPIs, where appropriate
 - producing an annual report for each screening programme
 - supporting a system-wide, uniform and consistent approach to quality assurance and improvement.

- 2.2** NHS boards have steering groups which monitor quality assurance for each screening programme. Steering groups:
- are chaired by a NHS board public health lead (previously known as board screening coordinator)
 - are multidisciplinary and have representatives from across the respective screening pathways
 - meet or communicate at least quarterly
 - undertake specific actions to address inequalities as they relate to quality assurance
 - monitor and ensure screening programme effectiveness
 - undertake and oversee quality improvement activities including monitoring performance against KPIs and quality standards
 - self-evaluate through reporting of activities, producing annual reports related to quality assurance and benchmarked against nationally agreed quality parameters.
- 2.3** Organisations have a clinical lead with responsibility for providing clinical expertise and quality assurance of clinical processes across each screening pathway.
- 2.4** NHS boards have a public health lead (formerly known as board screening coordinator) with responsibility for overall quality assurance of the screening pathway.
- 2.5** Organisations have failsafe processes in place for the purpose of monitoring and assuring the quality of the service within the screening pathway.
- 2.6** Where an issue has been identified through quality assurance processes, organisations:
- inform and support people who may be impacted or affected, where appropriate
 - have protocols to promptly call eligible people for a repeat test¹⁶
 - communicate with appropriate staff groups along the screening pathway.

What does the standard mean for people accessing screening programmes?

You can be confident that screening services are regularly reviewed to check for quality.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are supported by a designated screening lead, or a clinical lead, where appropriate
- have an understanding of relevant quality assurance arrangements, including clear lines of accountability
- can support a system-wide, uniform and consistent approach to quality assurance and improvement
- can contribute to regular monitoring against quality standards including review of KPIs
- understand their role in improving quality.

What does the standard mean for the organisation?

Organisations:

- produce an annual quality assurance report for each screening programme, which is shared with staff and stakeholders
- have governance arrangements in place demonstrating roles, responsibilities and lines of accountability, including escalation pathways, where appropriate
- have failsafe processes to ensure the quality of the service within the screening pathway
- record and monitor data, and undertake quality improvement and assurance to ensure performance against standards and outcomes.

Examples of what meeting this standard might look like

Note: These will be in line with organisations' respective governance and delivery structures

- Documentation detailing processes to share learning or recommendations to support quality improvement.
- Annual quality assurance reports.
- Quality monitoring through reporting against national standards and KPIs.
- Collection and review of data including benchmarking against KPIs and feedback provided by service users.
- Minutes of multidisciplinary steering groups and programme work plans.
- Local and national SOPs to support multidisciplinary working across the screening pathways.
- Evidence of any changes in screening following quality assurance activities.
- Terms of reference and minutes for multidisciplinary steering groups.
- Reports demonstrating progress against KPIs (for example, an improvement on patient outcomes).
- Evidence of multidisciplinary representation on steering groups.
- Documentation of performance for example, through audit activity.
- Evidence of bench marking against nationally agreed quality parameters.

Standard 3: Screening incident management and reporting

Standard statement

Each organisation demonstrates robust processes for screening incident management and reporting.

Rationale

[Screening incidents](#) and [adverse events](#) are events that could have caused, or resulted in, harm to a person or groups of people. They can occur at any point in the screening pathway and are considered to be public health incidents. They may occur before a person is invited to take part in the screening intervention, or after the intervention has occurred.¹⁴ Screening incidents can impact at an individual or population level.

The roles and responsibilities for screening incident management and reporting are determined by the level and cause of the event. If someone has experienced harm during the screening process, the NHS board in which the incident occurred and the respective screening programme should work together to ensure all relevant duty of candour guidance is followed.⁹

It is important that there are robust processes in place to identify a screening incident or adverse event. Organisations should ensure that when a screening incident or an adverse event is identified, it is escalated and communicated in a timely manner to all relevant stakeholders, for example, to the relevant senior screening programme manager at NSD.

Criteria

- 3.1** Organisations have a consistent, timely and effective approach to the management of screening incidents and adverse events in line with national screening incident management and reporting [policy and legislation](#). This includes:
- development of operational protocols
 - clear mechanisms to ensure SOPs are updated as required and reviewed on a regular basis
 - understanding the role of the national screening programme board in relation to assuring effective management of screening incidents and adverse events
 - accountability and responsibility arrangements for reporting screening incidents and adverse events in line with national reporting frameworks
 - effective learning between organisations delivering screening programmes to ensure system-wide improvements
 - clear mechanisms for communicating the situation and outcome to people, staff and relevant partners.
- 3.2** Organisations have processes in place to conduct and document initial risk assessments which:
- assess the scope, scale and impact of the screening incident or adverse event, (for example, whether this a local board, multi-board or national event)
 - outline clear escalation policies and structures
 - ensure clear investigation and reporting protocols
 - include nominated leads for screening incident and adverse event reporting, for example, public health leads or clinical leads as appropriate
 - adhere to duty of candour legislation, responsibilities and reporting timelines⁹
 - outline required data collection, including data on screening incidents and adverse events, for regular monitoring and review.

- 3.3** Organisations demonstrate a commitment to continuous quality improvement by:
- identifying the root cause of a screening incident or an adverse event
 - identifying any emerging trends or lessons
 - taking appropriate measures locally and nationally to address and prevent any reoccurrence
 - sharing learning with other parts of the screening system, as appropriate.

What does the standard mean for people accessing screening programmes?

- You can be confident that screening programmes are monitored to make sure they are safe.
- You can be confident that if something goes wrong, the screening programme will find out why it happened and how they can learn from it.
- You can be confident that if you have been affected by something that went wrong, the screening programme will contact you with further information and any next steps that are required.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are supported by designated lead professionals
- can access standards, guidance, policies and procedures for screening incidents and adverse events
- have an understanding of how screening incidents and adverse events are managed
- have clear procedures, guidance and support for how to report and escalate screening incidents and adverse events.

What does the standard mean for the organisation?

Organisations:

- have governance arrangements in place to oversee the identification, investigation and management of screening incidents and adverse events, including action plans where issues or concerns have been identified
- have accountability arrangements in place, including action plans where incidents or concerns have been identified
- monitor and periodically review SOPs or equivalents in line with screening incidents and adverse events
- monitor training and competencies of staff in relation to management of screening incidents and adverse events.

Examples of what meeting this standard might look like

Note: These will be in line with organisations' respective governance and delivery structures

- Evidence of adherence to local and national screening incident and adverse event procedures and reporting.
- Documentation of findings or actions taken and communication plans.
- Reports detailing screening risks, screening incidents and adverse events.
- Evidence of adherence to failsafe processes including reporting of screening incidents and adverse events.
- Protocols for sharing of learning and good practice recommendations with other parts of the screening system.

Standard 4: Staff training and education

Standard statement

Organisations ensure staff are trained, skilled, knowledgeable and competent.

Rationale

National screening programmes involve a wide range of healthcare professionals and staff who provide care across each of the screening, diagnostic and treatment pathways. This includes staff supporting the administration of screening invitations. Staff should be provided with training appropriate to their roles, responsibilities and workplace setting.

Education and training enables staff to develop and maintain their knowledge, skills and competencies in line with national guidance and continued professional development (CPD) requirements.

Organisations should ensure that staff have access to role-specific resources, whether national or local. Screeners and staff working in specialist health services should also be supported to take part in specialist national training. This training is provided by a range of organisations, including professional bodies and colleges, national NHS boards, local NHS boards and universities.¹⁷ All healthcare professionals undertaking screening should ensure that they have the appropriate training, supervision and accreditation to perform these roles, to maintain appropriate professional accreditation.¹⁸

Note: The [programme specific technical standards](#) provide additional detail on staff training and education for each screening programme. They are available from the [Healthcare Improvement Scotland website](#).

Criteria

- 4.1 Staff across the screening pathway have the right skills and competencies for their role, responsibilities and workplace setting.
- 4.2 Staff are supported to identify their own educational, training and CPD needs.
- 4.3 Staff are supported and allocated appropriate time and resources to undertake training and CPD.

- 4.4** Staff training and education should be in line with roles, responsibilities and national guidance.^{8, 18} This should include:
- local and national mandatory staff induction and training
 - information on policies, procedures, [standards](#) and guidance for national screening programmes
 - information on screening incident and adverse event monitoring, review and escalation
 - information on communication and engagement techniques to support informed choice and decision making
 - rights-based training, tailored to staff roles, responsibilities and settings
 - information on eligibility criteria, including guidance on opting out of individual screening programmes.
- 4.5** NHS boards ensure that staff are supported to maintain their professional registration and accreditation as appropriate.¹⁸
- 4.6** Organisations undertake evaluations of the provision, uptake and effectiveness of training, which includes staff feedback.
- 4.7** Organisations work in partnership with providers to ensure that training, support and supervision is delivered by suitably trained, competent and qualified staff.⁸
- 4.8** Staff wellbeing is supported through ongoing personal and peer support.

What does the standard mean for people accessing screening programmes?

- Staff are trained, skilled and competent to look after you.
- You will be treated with respect and compassion, listened to and fully supported to make decisions.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are supported to attend training, CPD and maintain their skills and competencies
- can demonstrate knowledge, skills and competencies
- have access to training, to maintain professional accreditation in line with national guidance for both registered and non-registered healthcare staff
- can access appropriate supervision and support.

What does the standard mean for the organisation?

Organisations:

- ensure all staff are appropriately qualified and trained, and provide assurance of this to national governance structures
- support staff to access and undertake training, supervision and CPD as appropriate
- allocate time and resources for staff to access and undertake relevant training, supervision and CPD
- ensure training, supervision and CPD is delivered by appropriately trained, competent and qualified staff
- evaluate the provision, uptake and effectiveness of training, including obtaining staff feedback.

Examples of what meeting this standard might look like

Note: These will be in line with organisations' respective governance and delivery structures

- Evidence of review of staff skills.
- Evidence of provision and uptake of relevant training and CPD across the screening programme, including reports of mandatory training undertaken by staff.
- Provision of study leave, training placements or specialist training modules.
- Training and skills gap analysis.
- Accreditation and regulation reports.
- Use of incident reports and adverse events analysis for learning, reflection and support of training action plans.

Standard 5: Informed decision making

Standard statement

People invited for screening receive information and support to enable informed choice and decision making.

Rationale

People invited for screening should be provided with relevant information about the benefits, risks and limitations of screening. High quality, accurate, evidence-based information should be provided in a range of formats and languages.^{19, 20} The right information, shared at the right time, allows informed choice and decision making. It empowers and supports people to make decisions that are right for them.² Staff delivering screening should also understand and respond appropriately to people who may have experienced trauma.²¹

Every eligible participant should be supported to understand what the intended benefits for health and risk of potential harms of screening are, and to decide whether or not to participate. Screening information should reflect realistic expectations of what screening can and cannot do. Support to understand screening testing, screening results and subsequent treatment decisions should be provided throughout the screening pathway.²² Information may be provided at different stages of the pathway for different programmes.

Although screening is time limited for some programmes (such as pregnancy screening), opportunities should be made available to discuss appropriate screening options at a later date if the person changes their mind about participating in screening. Where appropriate, and with consent, information and support should be available to the person's family, partner or representative, for example in pregnancy and newborn screening.

Once a decision has been made about whether or not to participate in screening, this should be respected, regardless of the personal views of the healthcare professional.

The collection, use and sharing of personal data should be fully explained to all people accessing screening services. Personal data should be shared in line with national policies and procedures, following fully informed consent²³

Criteria

- 5.1** People who are invited to participate in screening receive information that is timely, relevant, and in a language and format that is right for them.
- 5.2** People are listened to and are fully involved and informed in all decisions relating to screening.

- 5.3** People are supported:
- in their decision to accept or decline screening tests
 - to understand where there are time limits on some screening, such as pregnancy and newborn screening, and what this means for them
 - to discuss their options to rejoin screening if they change their mind.
- 5.4** People receive information on all aspects of the screening pathway, including any onward referrals or interventions. This information covers:
- the condition(s) being screened for and why they have been invited for the screening test
 - what is involved in the screening test
 - the potential benefits and harms of the screening test
 - potential outcomes of the screening process, including information relating to any onward referrals or interventions²⁰
 - how to decline or opt out from receiving further screening invitations and/or resulting treatment, where appropriate
 - how to access support including further explanation of treatment options
 - signposting to other sources of information and support, including the third sector.
- 5.5** Organisations ensure staff can access information that is tailored to the screening programme, in a range of formats and languages.
- 5.6** Information about the outcomes of screening tests is provided to participants within the timeframe recommended in national guidance, including specific screening KPIs, where appropriate.⁸
- 5.7** When a person receives a positive result or is referred for further tests, they are:
- given an explanation of what further tests may be needed and who to contact for further information or support
 - provided with information on the risks and benefits of follow-up diagnosis and treatment where appropriate
 - provided with timely information that reflects the particular point on their screening pathway.
- 5.8** In line with roles and responsibilities, staff are supported and trained to:
- offer a responsive, person-centred and trauma-informed service
 - offer support and time to enable informed decision making, including the decision to opt out of screening and what effects this could have
 - be impartial, without bias or prejudice
 - clearly communicate the risks and benefits of screening, including false positive and false negative results, as well as available options.

5.9 Organisations have effective protocols which support informed decision making. This includes:

- the provision of accessible, trauma-informed, responsive, person-centred information
- routinely informing people of their rights and options
- signposting to additional support including the third sector, where appropriate
- timely and person-centred access and invitation to screening, recall for screening and referral to treatment services, where appropriate
- timely communication and transfer of information.

5.10 People are provided with appropriate and accessible information on the collection, use, storage, and sharing of personal data.²³

What does the standard mean for people accessing screening programmes?

- You will be listened to and fully involved in all decisions.
- You will be given information on screening tests, results or diagnosis in a language and format that is right for you.
- You will be given information and support to understand if there are any time limitations on screening options and what this means for you.
- You will be supported and given time to discuss the options available to you.
- You will receive a full explanation of the risks and benefits of screening before you make any decisions.
- Your information will be treated as confidential and shared where appropriate to improve quality of care.

What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- are trained to provide a personalised approach to support individuals to reach informed decisions
- can offer a responsive, person-centred and trauma-informed service
- are trained to explain the benefits and risks of screening, including false positive and false negative results and available treatment options
- can readily access information to support those accessing screening services, offering evidence-based information in a range of formats and languages appropriate to the needs of the individual
- can provide an explanation of the condition(s) being screened for and what is involved in the screening test
- have a clear understanding of any outcomes or screening test results which can be communicated to individuals, and will support individuals to understand their results
- can provide an explanation of possible further tests that may be offered and support people in any subsequent decisions on treatment
- support participants across the screening pathway and, where appropriate, signpost to other sources of information, including the third sector
- provide information about confidentiality, use of data, and how to opt out (withdraw) from receiving screening invitations.

What does the standard mean for the organisation?

Organisations:

- will provide appropriate and timely information, resources and support
- ensure that staff receive training to enable them to support people to make informed decisions
- work in partnership with other organisations to ensure information is person-centred, accurate, reliable, accessible and fit for purpose.

Examples of what meeting this standard might look like

Note: These will be in line with organisations' respective governance and delivery structures

- Evidence of participant involvement in decision making, resources for shared and supported decision making and effective communication.
- Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded, have additional communication needs, are affected by inequalities or have complex needs.
- Policies on the collection, use, storage, and sharing of personal data.
- Audit of d written information provided or signposting to appropriate online resources, for example NHS Inform or third sector organisations.
- Evidence of partnership working to develop and review information.

Standard 6: Equity in screening

Standard statement

Screening programmes demonstrate commitment to equity in screening.

Rationale

By addressing health inequalities we can achieve equity in screening. Health inequalities are avoidable and unwarranted differences in health status between groups of people or communities. Inequalities can occur at any point along the screening pathway, and may occur multiple times. Evidence indicates that uptake of screening is lower for some people. [Under-served groups](#) in screening includes people from certain communities and socioeconomic groups, as well as people with protected characteristics.^{24, 25}

National screening programmes have an important role to play in reducing health inequity.²⁶ Screening primarily benefits those at most clinical risk. Research suggests individuals from socioeconomically deprived backgrounds or those with a protected characteristic, will be more likely to be affected by many of the conditions being screened for.²⁷

Different groups of people may experience inequity across the screening pathway, and a person may be a member of more than one under-served group. NHS screening providers have a responsibility to ensure screening services are accessible to everyone, including people with protected characteristics.^{27,28,29}

There are complex reasons why some people do not engage with screening, and these can vary between different groups. Barriers across the full screening pathway should be identified and addressed, to facilitate access and maximise the benefits of screening.²⁶

Inequalities and barriers to access can be reduced by effective participation and co-design with communities and individuals. There should be robust approaches to engaging with groups identified as less likely to attend for screening. These should be regularly reviewed to improve equity of opportunity for access and uptake of screening.

Criteria

- 6.1** Organisations develop and deliver engagement work with under-served communities to identify and address barriers in screening.
- 6.2** Organisations maximise uptake across the screening pathway by:
 - developing evidence-informed inequality plans
 - addressing barriers identified by inequality plans.

- 6.3** Organisations work in partnership to:
- use local knowledge and expertise
 - share evidence and good practice
 - continuously improve through research and evaluation.
- 6.4** Organisations undertake health equity audits for each screening programme on a regular basis.
- 6.5** Organisations undertake an EQIA if there is a change to an existing screening programme, or implementation of a new programme.
- 6.6** Organisations have arrangements in place to support staff to identify and address inequity, including:
- supporting staff to participate in relevant training
 - developing and regularly reviewing a screening inequalities work plan
 - ensuring well-defined protocols and pathways of care to facilitate equity across the screening pathways.

What does the standard mean for people accessing screening programmes?

- Your voice is heard when services are planned for you.
- Your individual needs and circumstances will be taken in to account.
- You will be supported to take part in screening.

What does the standard mean for staff?

Staff in line with roles, responsibilities and workplace settings:

- understand barriers and address inequalities throughout the screening pathway
- demonstrate knowledge of protected characteristics and other under-served groups in screening
- are encouraged to identify areas for improvement relating to inequalities and report these within the appropriate governance framework
- demonstrate skills required in line with professional competencies when engaging with under-served groups.

What does the standard mean for the organisation?

Organisations:

- are committed to achieving equity across the screening pathway
- commit to improving accessibility and inclusivity of information and support
- have screening governance groups to systematically monitor data and actions to be taken to ensure equity in screening
- undertake monitoring of uptake and equity in screening
- take evidence-based action to address inequality gaps and evaluate the impact of these interventions.

Examples of what meeting this standard might look like

Note: These will be in line with organisations' respective governance and delivery structures

- Evidence of engaging with individuals, communities and representatives of under-served groups to understand the barriers to screening and how to address these.
- Evidence of developing responsive approaches to maximising uptake and attendance, such as offering a selection of screening appointments or alternative locations.
- Protocols for how learning is used and shared for example, via the Scottish Equity in Screening network.
- Evidence of engaging with the wider health and care system to share best practice for similar challenges in access and engagement opportunities for under-served groups.
- Demonstration of engagement with under-served groups, including action plans to increase uptake among groups with protected characteristics, and deliver responsive services.
- Review of EQIAs and audit of engagement with under-served groups, with action plans to address health inequalities in screening.
- Planning or re-designing of screening services to meet the needs of service users, following completion of EQIAs.
- Demonstration of work with the wider health and care system around opportunities to overcome similar challenges in access and engagement opportunities for under-served groups.

Appendix 1: Development of the core screening standards

Healthcare Improvement Scotland has established a robust process for developing standards which is informed by international standards development methodology.³⁰ This ensures they:

- are fit for purpose and informed by current evidence and practice
- set out clearly what people who experience services can expect to experience
- are an effective quality assurance tool.

The development of the core screening standards has been informed by current evidence, best practice recommendations, national policy including work to support equity across the screening programmes and pathways²⁶ and developed by group consensus. The core screening standards have been co-created with key stakeholders from the screening community in Scotland.

Evidence base

A systematic review of the literature was carried out using an explicit search strategy devised by an information scientist in Healthcare Improvement Scotland. Additional searching was done through citation chaining and identified websites, grey literature and stakeholder knowledge. Searches included Scottish Government, PHS, NICE, SIGN, NHS Evidence and Department of Health websites. This evidence was also informed equalities impact assessments.

Development activities

A standards development group, chaired by Gareth Brown, Director of Screening, National Screening Oversight, was convened in February 2023 to consider the evidence and to develop the core screening standards.

The core screening standards were developed in parallel with the technical standards for bowel screening standards.

Membership of the development group is set out in [Appendix 2](#). The standards development was overseen by a steering group and membership is set out in [Appendix 3](#).

Each standard is underpinned by the views and expectations of healthcare staff, third sector representatives, people participating in screening and the public. Information has been gathered from a number of sources and activities, including:

- stakeholder workshops
- scope approval at the first core screening standards introductory meeting February 2023
- two development group meetings in February and March 2023
- two steering group meetings in February and March 2023
- engagement activities: survey and stakeholder engagement workshops in May 2023
- editorial panel meeting on 19 July 2023.

Consultation feedback and finalisation of standards

Following consultation, the standards development group reconvened to review all comments received and agree any required changes. More information can be found in the consultation feedback report which is available on request.

Quality assurance

All development group members were responsible for advising on the professional aspects of the standards. Clinical members of the development group advised on clinical aspects of the work. The chair had lead responsibility for formal clinical and practice assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group. The steering group provided oversight for the development of the standards.

An editorial panel met to agree editorial changes and to provide formal sign-off of the document. Membership of the editorial panel is outlined in [Appendix 4](#).

The editorial panel met on 19 June 2023 to review the bowel screening standards and the core screening standards as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope
- any risk of bias in the standards development process as a whole is minimised.

All development group members made a declaration of interest at the beginning of the project. They also reviewed and agreed to the development group's terms of reference. More details are available on request from his.screeningstandards@nhs.scot.

The standards were developed within the Operating Framework for Healthcare Improvement Scotland and the Scottish Government (November 2022). Through independence and transparency, we will adhere to the principles of openness, honesty, learning support and constructive challenge to deliver the priorities of Scottish Government.

For more information about Healthcare Improvement Scotland's role, direction and priorities, please visit: www.healthcareimprovementscotland.org/

Appendix 2: Membership of the core screening standards development group

Name	Position	Organisation
Gareth Brown (Chair)	Director of Screening	National Screening Oversight, NHS National Services Scotland
Julie Anderson	Portfolio Manager Screening Services	National Services Division, NHS National Services Scotland
Esther Aspinall	Consultant in Public Health Medicine	NHS Ayrshire & Arran
Zakyeya Atcha	Consultant in Public Health Medicine	National Services Division, NHS National Services Scotland
Anne-Marie Barry	Policy and Public Affairs Lead for Scotland	Breast Cancer Now
Mike Black	Scottish Diabetic Retinopathy Screening Collaborative Coordinator (Diabetic Eye)	NHS Highland
Sumaiya Cassim	Consultant Neonatologist	NHS Lanarkshire
Alex Cruickshank	Team Leader National Screening Programmes	Scottish Government
Susan Gimson	Acting Organisational Lead - Screening and Immunisation Team	Public Health Scotland
Liz Hasseld	Senior Health Improvement Officer	Public Health Scotland
Belinda Henshaw-Brunton	Senior Inspector/Reviewer	Healthcare Improvement Scotland
Simita Kumar	Health Improvement Programme Manager	Public Health Scotland
Karen Madill	Consultant Ophthalmologist	NHS Lothian
Shona Malone	Interim Health Centre Manager (Low Moss)	NHS Greater Glasgow and Clyde

Name	Position	Organisation
Gerard McMahon	Head of External Affairs (Devolved Nations)	Bowel Cancer UK
Lynne McNiven	Director of Public Health	NHS Ayrshire & Arran
Sue Mehew	Consultant Healthcare Scientist and Director of The Scottish Cytology Training School	NHS Lothian
Joanne Milne-Toner	Senior Programme Manager	National Services Division, NHS National Services Scotland
Helen Reed	Health Improvement Lead	National Screening Oversight, NHS National Services Scotland
Jocelyn Reid	Lead Midwife Sonographer	NHS Highland
Ruth Robin	Portfolio Lead	Healthcare Improvement Scotland
Tamim Siddiqui	Consultant Vascular and Endovascular Surgeon	NHS Lanarkshire
Diane Smith	Improvement and Development Manager for Screening	NHS Ayrshire & Arran
Sarah Smith	Principal Healthcare Scientist	Scottish Newborn Screening Laboratory, NHS Greater Glasgow and Clyde
Tasmin Sommerfield	Scottish Clinical Advisor (Screening)	National Screening Oversight, NHS National Services Scotland
Robert Steele	Clinical Director	Scottish Bowel Screening Programme
Iona Stoddart	Deputy Head of Information and Engagement	Jo's Cervical Cancer Trust
Rosie Tyler-Greig	Equality and Diversity Advisor	Healthcare Improvement Scotland
Garrick Wagner	Senior Programme Manager	National Services Division, NHS National Services Scotland

The standards development group and steering group (Appendix 3) was supported by the following members of Healthcare Improvement Scotland's standards and indicators team:

- Dominika Klukowska – Administrative Officer
- Jen Layden – Programme Manager (bowel screening standards)
- Silas McGilvray – Project Officer
- Mhairi McNamee – Programme Manager (core screening standards)
- Carolyn Roper – Project Officer
- Fiona Wardell – Team Lead

Appendix 3: Membership of the core screening steering group

Name	Position	Organisation
Julie Anderson	Portfolio Manager – Screening Services	National Services Division, NHS National Services Scotland
Gareth Brown	Director of Screening	National Screening Oversight, NHS National Services Scotland
Belinda Henshaw-Brunton	Senior Inspector/Reviewer	Healthcare Improvement Scotland
Shona Malone	Interim Health Centre Manager (Low Moss)	NHS Greater Glasgow and Clyde
Gerard McMahon	Head of External Affairs (Devolved Nations)	Bowel Cancer UK
Helen Reed	Health Improvement Lead	National Screening Oversight, NHS National Services Scotland
Tasmin Sommerfield	Scottish Clinical Advisor (Screening)	National Screening Oversight, NHS National Services Scotland
Garrick Wagner	Senior Programme Manager	National Services Division, NHS National Services Scotland

Appendix 4: Membership of the bowel and core screening standards editorial panel

Name	Position	Organisation
Gareth Brown	Chair - core screening standards, Director of Screening	National Screening Oversight, NHS National Services Scotland
Jen Layden	Programme Manager (bowel screening standards)	Healthcare Improvement Scotland
Mhairi McNamee	Programme Manager (core screening standards)	Healthcare Improvement Scotland
Safia Qureshi	Director of Evidence and Digital	Healthcare Improvement Scotland
Bob Steele	Chair – bowel screening standards, Clinical Director	Scottish Bowel Screening Programme
Fiona Wardell	Team Lead, Standards and Indicators	Healthcare Improvement Scotland

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