

NEXT PHASE METHODOLOGY (2017)

Operating Model area: Core services

Sector: CHS

Product title:20181101– Community Health Services for Inpatients core service assessment framework

Inspection framework: Community health services

Core service: Community health services for inpatients

This includes services provided to adults on inpatient wards run by providers of community health services.

Services include all inpatient and day case wards in community hospitals. Examples of the care provided include:

- Inpatient rehabilitation
- Inpatient intermediate care (focus on symptom management and preventing hospital admission or need for residential care)
- Inpatient nursing and medical care for people with long-term conditions, progressive or life-limiting conditions or for those who are old/frail people

- Minor surgical procedures.

Services not included are:

- Other community health services that may be provided from a community hospital, such as outpatient clinics and diagnostic services, or any community teams that may run clinics or use the facilities as a base. These services will be included in the community health services for adults' core service.
- End of life care. Where this is provided by these wards, we will include evidence and our judgement about the care within the end of life care core service.

Community services in complex settings (New)

Integrated services and complex contracting arrangements in community services can give rise to gaps in local clinical governance systems, and patient pathways of care. The following descriptions will assist in understanding the organisational arrangements in place. Each arrangement will need to be understood so that local clinical governance processes can be explored using the framework.

- *Integrated service:* An integrated service is where multi-disciplinary team members are employed or engaged by different health and care organisations, but they come together to deliver care to patients under the umbrella of a single integrated service. This is often hosted by a single lead provider.
- *Pathway:* A “patient pathway of care” is the route that a patient takes through different services passing over clinical or organisational boundaries - this may be within the same provider or from one provider to another.
- *Complex contracting:* Provider contracting arrangements around premises, sub-contracting of staff, service level agreements can all impact on service delivery. In an inpatient unit this may apply to the medical provision on the ward, or the service may be being delivered from another organisation's premises which may lead to particular issues.

Areas to inspect and inspection methods

The inspection team should carry out an initial visual inspection of each area. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.

Where there are multiple inpatient units across a large geographical area, the inspection may not be able to look at all inpatient services. In these cases a sampling approach should be taken to ensure a sufficient number, range and geographical spread of services are included to give a rounded and robust assessment of the core service. When selecting the sample consider both risk (e.g. information about concerns, patient acuity or complex needs) and context (e.g. size and patient volumes, location, management arrangements or changes)

A variety of methods should be used to gather and review a range of evidence before and during the inspection including:

- review of recent inspection reports and information within the CHS Inpatients core service and provider sections of the inspection data pack
- assessment of governance arrangements and assurance about quality
- observations of care and environment
- seeking feedback from people who use services, through interviews, observation, comment cards, telephone calls and local focus groups
- pathway tracking – this is very important for assessing effectiveness
- review of patient care record
- review of data and feedback provided by the provider as well as commissioners, local Healthwatch, patient representative groups and other local agencies
- feedback from a range of staff through interviews, focus groups and a staff questionnaire

One inspection report should be produced for the core service. Within the report under each key question a short section should be included for each of the locations (or group of similar locations) visited during the inspection and it should be made clear which area (location) any specific issues relate to and how issues have had a material impact on the ratings. One rating should be given for each of the five key questions for the core service; these will contribute to the aggregate core service rating and the aggregate rating for each of the key questions.

Where the inspection team gathers feedback that may be relevant to other core services (e.g. they may gather feedback about end-of-life care) this should be shared with other sub-teams as appropriate.

If possible, you should conduct interviews of the following people at every inspection, where possible:

- Clinical director/lead
- Nursing/AHP/medical leads
- Directorate/divisional manager
- Non-Executive Director on the Board

You could gather information about the service from the following people, depending on the staffing structure:

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| <ul style="list-style-type: none"> • People who use services, their carers and those close to them, advocates • Matrons, nurses and care assistants • Doctors – GPs, geriatricians, junior doctors • Allied health professionals – physiotherapists, occupational therapists, speech and language therapists | <ul style="list-style-type: none"> • Doctors – GPs, geriatricians, junior doctors • Safeguarding leads • Service managers and governance leads • Students and trainees • Social workers |
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Safe

By safe, we mean people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Examples of data to be considered when making judgements:

- Serious incident investigation reports
- Incidents Complaints
- Staff Survey results
- Mandatory training data
- Safeguarding training data
- Actual staffing numbers compared to establishment
- Staff vacancy rates and use of bank/agency staff
- Records audit and other safety audit results
- Safety performance measures – e.g. safety thermometer, harm free care, pressure ulcers

Key lines of enquiry: **S1**

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Prompts

Professional standard (New)

Sector specific guidance

<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.5 Do staff receive effective training in safety systems, processes and practices? 		<ul style="list-style-type: none"> • How is relevant mandatory training determined? (Updated) • What assurances are there that all staff who deliver care on behalf of the organisation are up to date with relevant mandatory training e.g. those engaged through a subcontracting relationship? (Updated) • Is mandatory training aligned to the role the individual undertakes? (New) • Do staff consider mandatory training systems as effective and feel they support them to deliver safe care? (New)
<p>Report sub-heading: Safeguarding</p>		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. 	<ul style="list-style-type: none"> • Safeguarding Intercollegiate Document: Roles and Responsibilities for Healthcare staff (2014) • Mental Capacity Act 2005 • Deprivation of Liberty Safeguards • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 • GMC: Good medical practice code, (2013) • NMC: The Code for nurses and midwives: Safeguarding 	<ul style="list-style-type: none"> • What safeguarding arrangements are in place, including for: <ul style="list-style-type: none"> ○ Identifying and assessing need and providing early help – <i>ask to see examples of this working</i> (Updated) ○ Adult and Children safeguarding training (Updated) ○ Vulnerable groups, including female genital mutilation (FGM) victims, victims of abuse, patients diagnosed with mental health or patients with mobility issues, people with learning disability (New)

<ul style="list-style-type: none"> • S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example, Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices? • S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? (Integrated care) • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? (Integrated care) 		<ul style="list-style-type: none"> • Can staff show how they access safeguarding teams? (New) • Evidence of reporting and learning from safeguarding incidents (Updated) • Have there been any local safeguarding/serious case reviews? If so, how have they responded to them? • Look at the detail of the last safeguarding referral made or investigation (New) <ul style="list-style-type: none"> ○ <i>How it was dealt with?</i> ○ <i>What actions were taken</i> • Have there been any allegations against staff – employed or agency and were appropriate actions taken? (New) • Can a report be run on an individual staff member to identify incidents (and Serious Incidents), complaints, compliments that they have been involved in? (New) • How is the organisation assured that the relevant recruitment checks have been completed for all staff, including: bank, agency and locum staff? (New) • What systems and processes are in place to check the compliance documentation of those engaged to deliver care on the wards for example
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		where the care is subcontracted to a GP practice or provider? (New)
Report sub-heading: Cleanliness, infection control and hygiene		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? 	<ul style="list-style-type: none"> • The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance • NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care 	<ul style="list-style-type: none"> • Can staff describe any instances where infection control was a particular issue and what actions did they take? (New)
Report sub-heading: Environment and equipment		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Does the design, maintenance and use of facilities and premises keep people safe? • S1.10 Does the maintenance and use of equipment keep people safe? 	<ul style="list-style-type: none"> • Managing Medical Devices - guidance for healthcare and social services organisations (MHRA) • Devices in practice: checklists for using medical devices (MHRA) 	<ul style="list-style-type: none"> • Are medical devices and equipment available and fit for purpose? For example, resuscitation equipment. (Updated) • How are device alert cascades monitored, actioned and recorded? (New)

<ul style="list-style-type: none"> S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) 		
Key line of enquiry: S2		
S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?		
Report sub-heading: Assessing and responding to patient risk		
Prompts	Professional standard (New)	Sector specific guidance
<ul style="list-style-type: none"> S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations? 	<ul style="list-style-type: none"> NICE Guidelines NG51: Sepsis Recognition, diagnosis and early management General Practice recognition & management of Sepsis in adults and children and young people over 12 years (2016). Royal College of Physicians: National Early Warning Score (NEWS2) 	<ul style="list-style-type: none"> What assessments are done to ascertain whether people need urgent medical attention or referral for additional support/treatment including intermediate care? Do staff have the equipment to undertake these assessments? (Updated) If lab tests or x-rays are needed how is this managed and is it possible for results to be followed up in a timely manner? (New) What provision is made if results come back when there are no clinicians suitably trained to interpret and act on the results – does this raise a patient safety risk? (New)

		<ul style="list-style-type: none"> Is there evidence of a track and trigger system for escalating concerns about a deteriorating patient and if so is this working? (New)
Report sub-heading: Staffing		
<ul style="list-style-type: none"> S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? S2.4 How do arrangements for handovers and shift changes ensure that people are safe? S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> National Quality Board: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time, July 2016 Note: It is important to remember that in a community inpatient setting the workforce regularly delivering care (particularly the medical input to patient care) is often not delivered by employed staff, but instead by an array of different types of staffing arrangement. The care delivered by these individuals is delivered on behalf of the organisation, This can lead to gaps in governance systems and will be relevant to a number of KLOEs. 	<ul style="list-style-type: none"> What systems and processes are in place to match the workforce with the caseloads? (New) Do caseloads/staff numbers take account of patient risk and acuity? (New) Do caseloads/staff numbers match plans? (New) What are the actual staffing levels compared to the planned establishment for daytime and out of hours, including medical cover (nights and weekends)? (Updated) Is the ward run by nurses, doctors or therapists? Does the evidence support this? If medical provision is for a limited number of hours are there safe arrangements for medical cover? (New) Are there shifts or service areas where there are only agency or bank staff on duty and if so what adaptations have been made to the clinical governance processes

		<p>to accommodate a temporary workforce? (New)</p> <ul style="list-style-type: none"> • What is the methodology behind choosing the skill mix to deliver care? Is it based on quality of care or minimum safe standards? (New) • Do staff competencies inform the staffing where skill mixing is used? (New) • Look for evidence that significant improvement in staffing is a true reflection of recruitment and retention and not a data cleanse. (New) • Does the medical input meet the needs of patients? (New) <ul style="list-style-type: none"> ○ It may be that medical input is only for a certain number of hours. How is cover out of these hours provided in a way that does not compromise patient care? ○ Do staff on the ward outside these hours have the competencies necessary to look after the inpatients? • What are the clinical supervision arrangements for the clinicians
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		providing care? Is this adequate? (New)
Key line of enquiry: S3		
S3. Do staff have all the information they need to deliver safe care and treatment to people?		
Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Quality of records		
<ul style="list-style-type: none"> S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? (Pathways) S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes 	<ul style="list-style-type: none"> Note: This is a key area in a community setting where access and sharing information can be problematic. Records management code of practice for health and social care NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. 	<ul style="list-style-type: none"> Is the quality of people's care records regularly audited? What are the results and what action is taken to improve? (New) Does the inpatient IT system enable staff to see what other care has been given to the patient by the other community services within the same organisation e.g. can the inpatient unit access the district nursing records? (New) How does the inpatient unit access a patient's GP information and how do they communicate discharge information in a timely and safe manner? (Pathways) (New) Look at the quality of information sent when a patient has to be transferred out to the acute setting or is discharged. How are medication and clinical records

<p>coordination between different electronic and paper-based systems and appropriate access for staff to records.)</p>		<p>transferred with the patient? (Pathways) (New)</p> <ul style="list-style-type: none"> • Are agency staff able to use the IT systems effectively to document notes? • How do visiting consultants e.g. psychiatrists, hospice etc make entries to patient records? (New)
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Key line of enquiry: S4

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Medicines		
<ul style="list-style-type: none"> • S4.1 How are medicines and medicines related stationery managed, i.e. ordered, transported, stored, and disposed of safely and securely (including medical gases and emergency medicines and equipment)? • S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or evidence base where these exist? • S4.3 Is individualised advice provided about medicines in line with current national guidance or evidence base where it exists? • S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? 	<ul style="list-style-type: none"> • NMC: Standards of proficiency for nurse and midwife prescribers • Royal Pharmaceutical Society: Prescribing Competency Framework - • GMC: Good medical practice (2013) • Nursing and Midwifery Council: Standards for Medicine Management • NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. • NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration 	<ul style="list-style-type: none"> • Are all the prescribers employees – if not, how is their prescribing monitored and fed back? (New) • Are the patient group directions PGDs audited for compliance? (New) • How are controlled drugs managed? <ul style="list-style-type: none"> ○ Is this compliant with national or local guidelines? ○ Are there safe systems and governance processes in place to support this? ○ Is there evidence that local or national guidelines for prescribing controlled drugs is followed and adhered to?

<ul style="list-style-type: none"> • S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care? • S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow up in accordance with current national guidance or evidence base where these exist? • S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines? • S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines? 	<p>of treatment documented in their clinical record</p> <ul style="list-style-type: none"> • NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level • NICE Guideline 15: Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use • Public Health England: Antimicrobial Resistance: resource handbook • NICE guideline NG46: Controlled drugs: safe use and management 	<ul style="list-style-type: none"> • How are medication reviews done and are patients involved in this? (New) • How is the practice of Independent prescribers audited? (New) • Are there safe systems in place if medicines are dispensed? (New)
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Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Safety performance		
<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? 	<ul style="list-style-type: none"> • NHS Improvement: Stop the pressure campaign, December 2017 	<ul style="list-style-type: none"> • Is an appropriate range of safety information being monitored, what is the

<ul style="list-style-type: none"> • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? 	<ul style="list-style-type: none"> • NHS Improvement: Pressure ulcers, revised definition and measurement, June 2018 	<p>performance now and over time and how does it feed into service improvement?</p> <ul style="list-style-type: none"> • Does the inpatient unit monitor the safety thermometer indicators including pressure ulcers, VTE, falls and UTIs? • Are patient safety tools being used and completed appropriately e.g. Waterlow scores, Falls assessments, bed rail assessments? (New) • Do these services monitor harm free care? • Are staff actively seeking to improve the standards of safe care? For example, using relevant improvement resources. (New)
<p>Report sub-heading: Incident reporting, learning and improvement</p>		

<ul style="list-style-type: none"> • S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? • S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations? (Integrated care) 	<ul style="list-style-type: none"> • NHS Improvement: Stop the pressure campaign, December 2017 	<ul style="list-style-type: none"> • Are all staff able to report incidents? Is this evidenced? Can all staff who deliver care within the inpatient setting report incidents e.g. the medical staff? (New) • What action do staff take when they think there is a patient safety issue? (Updated) • Look at a sample of incidents. (New) <ul style="list-style-type: none"> ○ Are they investigated and followed through, with evidence of meaningful actions and evidence of
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<ul style="list-style-type: none"> • S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong? • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff learn from reviews and investigations by other services and organisations? Do staff participate in learning led by other services or organisations? • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? 		<p>those actions being completed? <i>For example -look at a recent fall incident and the documentation that preceded the fall to see if the bed rails assessment was appropriately completed.</i></p> <ul style="list-style-type: none"> • <i>Look at a sample of pressure ulcer incidents - have they been appropriately investigated? Have the actions been implemented and is there evidence that they are working or are the same themes emerging? (New)</i> <p>Recurring incidents (New)</p> <ul style="list-style-type: none"> ○ If they have a number of similar incidents are they able to identify the issues and learn effectively? ○ Can they understand why the same incidents are occurring and what actions have they taken to reduce those type of incidents? ○ Is there any evidence that actions have been effective? How do they check that learning is embedded? <ul style="list-style-type: none"> • <i>Look at the details of a serious incident - Has it been appropriately investigated? Is learning shared across all teams? Is there any evidence that lessons have been learnt? (New)</i>
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		<ul style="list-style-type: none">• What support and time is given to those investigating serious incidents? (New)• Do the staff who are not employed but deliver care on behalf of the organisation (e.g. medical staff) report incidents and how do they do it? (New)• How is learning shared across all teams, including with those who are not employed directly but who may deliver the care? (Updated)
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Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Examples of data to be considered when making judgements:

- Local monitoring data of patient outcomes – e.g. are care goals being met, hospital admissions/avoidance rates, benchmarking data
- Local and relevant national clinical audit results – e.g. National Intermediate Care Audit
- Appraisal rates
- Uptake of training and development opportunities
- Consent records and audits

Key line of enquiry: E1

E1. Are people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts

Professional standard (New)

Sector specific guidance

Report sub-heading: Evidence-based care and treatment

<ul style="list-style-type: none"> • E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? • E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? • E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? • E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? 	<ul style="list-style-type: none"> • NHS England Personalised care and support planning handbook: The journey to person-centred care • NHS Improvement: Flow in providers of community health services: good practice guidance, November 2017 • NICE (Dementia: support in health and social care) Statement 1 and 10 • CQC: Safe data, safe care: Data security review • British Society of Rehabilitation Medicine guidelines 	<ul style="list-style-type: none"> • Are relevant NICE guidelines, quality standards, national service frameworks and other good-practice guidance followed, for example (NOTE: only a few suggestions, not an exhaustive list): Type 1 diabetes; COPD; Prevention and management of pressure ulcers Urinary incontinence in neurological disease; Stroke rehabilitation; Parkinson's disease; brain injury; MS. • Do adults with long-term conditions, complex needs or who are going through rehabilitation have a clear personalised care plan which is up to date and in line with relevant good-practice guidance? • Do people have clear outcome goals, are these personalised? • Do staff identify concerns early and make timely referrals, e.g. to therapists, where necessary? • Which accreditation schemes are participated in and what action has been taken as a result? <p><i>Use pathway tracking to help assess this KLOE</i></p>
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Report sub-heading: **Nutrition and hydration (only include if specific evidence)**

<ul style="list-style-type: none"> E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this? 		<ul style="list-style-type: none"> Where relevant do people's care plans include an appropriate nutrition and hydration assessment and management plan?
Report sub-heading: Pain relief (<i>only include if specific evidence</i>)		
<ul style="list-style-type: none"> E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating? 	<ul style="list-style-type: none"> Core Standards for Pain Management Services in the UK The British Pain Society: Pain in older people 	<ul style="list-style-type: none"> How do staff assess the level of pain for patients? (New) Where relevant do people's care plans include an appropriate pain assessment and management plan? Do people feel that their pain is well-managed? (New)
Key line of enquiry: E2		
E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?		
Prompts	Professional standard (New)	Sector specific guidance
Report sub heading: Patient outcomes		
<ul style="list-style-type: none"> E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? 		<ul style="list-style-type: none"> Is there a clear approach to monitoring, auditing and benchmarking the quality of these services and the outcomes for people receiving care and treatment? Did they participate in the 2013 National Intermediate Care Audit or other relevant national audits (e.g. MINAP, Hip

<ul style="list-style-type: none"> • E2.2 Does this information show that the intended outcomes for people are being achieved? • E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time? • E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes? 		<p>Fracture), if so how have they used the results to improve care?</p> <ul style="list-style-type: none"> • Does quality and outcome information show that people's needs are being met? • Is quality and outcome information used to inform improvements in the service? • What quality information is collected and reviewed where people are receiving longer term care or rehabilitation services, for example are they monitoring avoidable admissions or whether people's care goals are met? <p><i>Consider available data about patient outcomes. Also use pathway tracking to help assess this KLOE.</i></p>
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Key line of enquiry: **E3**

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Prompts	Professional standard <i>(New)</i>	Sector specific guidance
Report sub heading: Competent staff		
<ul style="list-style-type: none"> • E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to 	<ul style="list-style-type: none"> • Health Education England: The Care Certificate • Standards and competencies for Advanced Nurse Practitioners (Royal College of Nursing, 2012) 	<ul style="list-style-type: none"> • Are staff competencies appropriately assessed?

<p>cover the scope of their work and is there protected time for this training?</p> <ul style="list-style-type: none"> • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake? 	<ul style="list-style-type: none"> • NMC: Guidance and information for Revalidation • GMC: Revalidation guidance and regulations • Accountability and delegation Royal College of Nursing • To be added: - Safer Staffing brief guide 	
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Key line of enquiry: **E4**

E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Multidisciplinary working and coordinated care pathways		
<ul style="list-style-type: none"> • E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? • E4.2 How is care delivered and reviewed in a coordinated way when different teams, 	<ul style="list-style-type: none"> • NHS Improvement: Flow in providers of community health services: good practice guidance, November 2017 • NICE QS15 Statement 12: Patients experience coordinated care with 	<ul style="list-style-type: none"> • Does multidisciplinary working support effective care planning and delivery for adults with long term conditions and complex needs? (Pathways) • Are there arrangements for working with social workers and social care providers

<p>services or organisations are involved? (Pathways)</p> <ul style="list-style-type: none"> • E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? (Pathways) • E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? 	<p>clear and accurate information exchange between relevant health and social care professionals.</p> <ul style="list-style-type: none"> • General Data Protection Regulation: due to changes to data protection and data sharing laws providers will need to be more transparent about what patient data is being captured and what is being done with it. 	<p>to help plan and deliver care, treatment and other support to people in a holistic and joined up way?</p> <ul style="list-style-type: none"> • What is the approach to coordinating care for people with complex needs? (Pathways) • What is the approach for coordinating care for people at the end of life? (New) • Are all team members aware of who has overall responsibility for each individual's care? • Do arrangements work effectively when someone's needs suddenly increase or they need to be referred for more specialist services? Are there clear referral protocols in place? • How effective and timely is discharge planning? How does the service monitor, and where relevant, improve this? • How well do they work with local community services to ensure appropriate plans are in place when people being discharged from hospital require ongoing care and treatment in the community? (Pathways) • When people are discharged are there clear mechanisms for sharing appropriate information with their GP and other relevant providers and professionals and to ensure that they fully understand what is
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		happening and any next steps? Is information shared in a timely way?
Key line of enquiry: E5		
E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?		
Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Health promotion		
<ul style="list-style-type: none"> E5.1 Are people identified who may need extra support? This includes: <ul style="list-style-type: none"> people in the last 12 months of their lives people at risk of developing a long-term condition carers E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up 	<ul style="list-style-type: none"> <u>National Voices Guide to care and support planning</u> 	

<p>between staff, people and their carers where necessary?</p> <ul style="list-style-type: none"> E5.5 How are national priorities to improve the population's health supported? For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer. 		
Key line of enquiry: E6		
E6. Is consent to care and treatment always sought in line with legislation and guidance?		
Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Consent, Mental Capacity Act and Deprivation of Liberty Safeguards		
<ul style="list-style-type: none"> E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? E6.2 How are people supported to make decisions in line with relevant legislation and guidance? E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? 	<ul style="list-style-type: none"> MHA Code of Practice Mental Capacity Act Code of Practice relevant sections include: chapters 4 (assessment of capacity) 5, (best interests) and 6 (protection from liability). NICE QS34 (Self harm) Statement 2 - initial assessments Consent: patients and doctors making decisions together (GMC) Consent - The basics (Medical Protection) Department of Health reference guide to consent for examination or treatment 	<ul style="list-style-type: none"> Do staff understand when it might be necessary to assess a patient's capacity? Is there evidence that Deprivation of Liberty Safeguards is implemented appropriately?

<ul style="list-style-type: none">• E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interest decisions are made in accordance with legislation?• E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person-centred support plan?• E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?	<ul style="list-style-type: none">• BMA Consent Toolkit	
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Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Examples of data to be considered when making judgements:

- Service level patient experience feedback - e.g. Friends and Family test results, local patient experience surveys
- Relevant staff survey feedback

Key line of enquiry: C1, C2 & C3

C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Prompts	Professional Standard (New)	Sector specific guidance
Report sub-heading: Compassionate care		
<ul style="list-style-type: none"> • C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? 	<ul style="list-style-type: none"> • NICE QS15 Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty. • NICE QS15 statement 2: Patients experience effective interactions with staff who have demonstrated 	<ul style="list-style-type: none"> • Are there systems in place to ensure patients with particular needs are accommodated i.e. vulnerable groups i.e. patients with mental health needs or learning disability? (New)

<ul style="list-style-type: none"> • C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? • C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? 	<p>competency in relevant communication skills.</p> <ul style="list-style-type: none"> • NICE QS15 Statement 3: Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team. • NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety 	
Report sub-heading: Emotional support		
<ul style="list-style-type: none"> • C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? 		<ul style="list-style-type: none"> • How do staff recognise and support the broader emotional wellbeing of people with long term or complex conditions, their carers and those close to them? • Are people assessed for anxiety and depression? • What arrangements are in place to refer people for carer's assessments or

<ul style="list-style-type: none"> • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? 		<p>to further information and support for carers?</p> <ul style="list-style-type: none"> • How does the service work with voluntary agencies to support families post diagnosis?
<p>Report sub-heading: Understanding and involvement of patients and those close to them</p>		
<ul style="list-style-type: none"> • C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their protected and other characteristics make this necessary to reduce or remove barriers? • C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these? • C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing? • C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel 	<ul style="list-style-type: none"> • NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. • NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. • GMC Guidance and resources for people with communication difficulties • Accessible Information Standard • NHS England Personalised care and support planning handbook: The journey to person-centred care • National Voices Guide to care and support planning • GMC: Treatment and care towards the end of life: good practice in decision making 	

<p>listened to, respected and have their views considered?</p> <ul style="list-style-type: none"> • C2.6 Are people’s carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care? • C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about information sharing? 	<ul style="list-style-type: none"> • NICE QS15 Statement 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills. • NICE QS15 Statement 13: Patients’ preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care. 	
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Responsive

By responsive, we mean that services meet people's needs

Examples of data to be considered when making judgements:

- Length of stay
- Staffing levels matched to the level of patient acuity
- Waiting times – e.g. time to assessment, time to follow-up and RTT
- Service level complaints data
- Numbers of patients transferred out to acute setting
- Bed occupancy

Key line of enquiry: R1 & R2

R1. How do people receive personalised care that is responsive to their needs?

R2. Do services take account of the particular needs and choices of different people?

Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Planning and delivering services which meet people's needs		
<ul style="list-style-type: none"> • R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to 	<ul style="list-style-type: none"> • NICE guideline CG138: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services • NICE QS15 Statement 11: Patients experience continuity of care 	<ul style="list-style-type: none"> • How does the care given meet the diverse needs of the patients? • How does the service work with other health and social care providers (e.g. acute hospitals, local councils, social workers, GPs, housing agencies) to plan to meet the needs of the patients

<p>inform how services are improved and developed?</p> <ul style="list-style-type: none"> R1.3 Are the facilities and premises appropriate for the services that are delivered? 	<p>delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.</p> <ul style="list-style-type: none"> NICE guideline NG56: Optimising care for adults with multi-morbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. 	<p>after discharge from the inpatient unit (particularly those with complex needs, long-term conditions, or life-limiting conditions)? (<i>Integrated Care/ integrated service</i>)</p> <ul style="list-style-type: none"> Does the provider consider the priorities identified in the local JSNA? (New) What arrangements are in place to help address inequalities and to meet the diverse needs of local people? (New) What arrangements are in place to access translation services? Are all the patients in the unit appropriate for the setting and the arrangements in place? For example, are there young people in a ward covered by an elderly care physician?? (New)
<p>Report sub-heading: Meeting the needs of people in vulnerable circumstances</p>		
<ul style="list-style-type: none"> R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so? R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those 	<ul style="list-style-type: none"> Accessible Information Standard: The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services. 	<ul style="list-style-type: none"> What arrangements are in place to enable access to the service for people in vulnerable circumstances and to meet the diverse needs of local people? How is the Accessible Information Standard (AIS) being implemented? What reasonable adjustments can be made for people with a disability,

<p>with protected characteristics under the Equality Act and those in vulnerable circumstances?</p> <ul style="list-style-type: none"> • R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?¹ • R2.3 How are people, supported during referral, transfer between services and discharge? • R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? • R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions? • R2.6 Where the service is responsible how are people encouraged to develop and maintain relationships with people that matter to them within the service and wider community? • R2.7 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate to have access to education and work opportunities? 	<ul style="list-style-type: none"> • Access to health care for asylum seekers and refused asylum seekers – guidance for doctors • A refreshed equality delivery system for the NHS (NHS England, 2013): To help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. • NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions • NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. • NICE guideline NG56: Optimising care for adults with multi-morbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. 	<p>impairment or sensory loss, to meet their information and communication support needs?</p> <ul style="list-style-type: none"> • If end of life care is needed, how does the service work with relevant teams/services to ensure care is coordinated for patients? (New)
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¹. For example, people living with dementia or people with a learning disability or autism.
20181204 900872 Assessment framework for CHS – Community health services for Inpatients v4

<ul style="list-style-type: none"> R2.9 How are services delivered and coordinated to ensure that people who may be approaching the end of life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? 	<ul style="list-style-type: none"> End of life care for adults (NICE Quality Standard) 	
<p>Key line of enquiry: R3</p>		
<p>R3. Can people access care and treatment in a timely way?</p>		
<p>Prompts</p>	<p>Professional standard (New)</p>	<p>Sector specific guidance</p>
<p>Report sub-heading: Access to the right care at the right time</p>		
<ul style="list-style-type: none"> R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? R3.2 Can people access care and treatment at a time to suit them? R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? R3.4 Do people with the most urgent needs have their care and treatment prioritised? R3.5 Are appointment systems easy to use and do they support people to access appointments? R3.6 Are appointments care and treatment only cancelled or delayed when absolutely 	<ul style="list-style-type: none"> RCN: Personal safety when working alone: guidance for members working in health and social care Note: Patients in CHS inpatient beds are at particular risk of inequitable access to certain services and assessments through boundary and commissioning arrangements. 	<ul style="list-style-type: none"> What is the admission criteria and is it adhered to, and how does it change to deal with seasonal pressures? (Updated) Can people access relevant assessments in a timely manner? For example, psychiatric assessment or occupational therapy. Are there any issues? (New) Is there a waiting list for admission to the unit? What are the waiting times for the service?

<p>necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?</p> <ul style="list-style-type: none"> • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? 		<ul style="list-style-type: none"> • Where people wait a long time for an assessment or treatment, what arrangements are in place to manage the waiting list and to support people while they wait? (New) • (New) What are the pathways for admission to the unit? <ul style="list-style-type: none"> ○ Do any of these pathways adversely affect patient access to the service? ○ If a patient is transferred from an acute hospital do they come with their medications / medication charts? • (New) How often are patients admitted who do not meet the admissions criteria? <ul style="list-style-type: none"> ○ How is this monitored? ○ What issues arise from this?
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Key line of enquiry: **R4**

R4. How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Learning from complaints and concerns		
<ul style="list-style-type: none"> • R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people 	<ul style="list-style-type: none"> • NHS constitution • Principles of Good Complaints Handling 	<ul style="list-style-type: none"> • Are staff aware of any relevant complaints where actions taken

<p>encouraged to make a complaint, and how confident are they to speak up?</p> <ul style="list-style-type: none"> • R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? • R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? • R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 	<ul style="list-style-type: none"> • My expectations for raising concerns and complaints and NHS England Complaints policy • NHS England Complaints policy 	<p>have resulted in improvements in care?</p> <ul style="list-style-type: none"> • (New) Follow a complaint through to see: <ul style="list-style-type: none"> ○ If it was adequately investigated ○ If there is evidence of learning from the complaint and were changes made? ○ Are the actions evidenced~?
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Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Examples of data to be considered when making judgements:

- Relevant patient feedback
- Relevant staff survey feedback

Key line of enquiry: W1

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Prompts

Professional standard (New)

Sector specific guidance

Report sub-heading: Leadership of service

- W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?
- W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?
- W1.3 Are leaders visible and approachable?
- W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and

- Describe the leadership structure of the unit. Who is in charge of the unit overall? (New)
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- Who Chairs the MDT meetings? Is there good attendance and representation from all disciplines? (New)

is there a leadership strategy or development programme, which includes succession planning?		
Key line of enquiry: W2		
W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?		
Prompts	Professional standard (New)	Sector specific guidance
Report sub-heading: Service vision and strategy		
<ul style="list-style-type: none"> • W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • W2.6 Is progress against delivery of the strategy and local plans monitored 		<ul style="list-style-type: none"> • Is there are clear strategy and vision for this service and are there clear links to the overall organisation strategy?

and reviewed, and is there evidence to show this?		
Key line of enquiry: W3		
W3. Is there a culture of high-quality, sustainable care?		
Prompts	Professional Standard (New)	Sector specific guidance
Report sub-heading: Culture within the service		
<ul style="list-style-type: none"> W3.1 Do staff feel supported, respected and valued? W3.2 Is the culture centred on the needs and experience of people who use services? W3.3 Do staff feel positive and proud to work in the organisation? W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use 	<ul style="list-style-type: none"> NMC and GMC: Openness and honesty when things go wrong: the professional duty of candour GMC: Good medical practice code (2013) General Pharmaceutical Council: Standards for pharmacy professionals NRLS - Being Open Communicating patient safety incidents with patients, their families and carers Duty of Candour – CQC guidance 	<ul style="list-style-type: none"> What measures are taken to protect the safety of staff particularly where units are more remote? What processes and procedures does the provider have in place to ensure they meet the duty of candour? <i>For example, training, support for staff, policy and audits.</i> How does the provider enable staff to report concerns/whistle-blow, for example speak-up guardians or similar? Do staff

<p>services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?</p> <ul style="list-style-type: none"> • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • W3.7 Is there a strong emphasis on the safety and well-being of staff? • W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? 	<ul style="list-style-type: none"> • NHS Improvement - Freedom to speak up: raising concerns (whistleblowing) policy for the NHS • NHS Employers: Improving safety for lone workers - a guide for managers • RCN: Personal safety when working alone: guidance for members working in health and social care 	<p>feel comfortable raising concerns with the leadership of the organisation? (New)</p> <ul style="list-style-type: none"> • Are the speaking up policies and procedures in accordance with the NHSI national raising concerns policy? (New)
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Key line of enquiry: **W4, W5 & W6**

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

W5. Are there clear and effective processes for managing risks, issues and performance?

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?

Prompts	Professional Standard (New)	Sector specific guidance
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Report sub-heading: Governance, Risk management and quality measurement

<ul style="list-style-type: none"> • W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? • W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? 	<ul style="list-style-type: none"> • Information Governance Toolkit • NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. 	<ul style="list-style-type: none"> • Are leaders clear about accountabilities and can they demonstrate this? (New) • Who has access to the risk registers and are they reviewed in the team setting? (New) • (New) Look at the detail of the local risk registers as well as the organisation wide risk register <ul style="list-style-type: none"> ○ Are the risk registers actively managed and updated? ○ Are risks appropriately mitigated? • Is there a robust quality impact assessment process in place for a) monitoring new services b) where changes are made to staffing for financial reasons (e.g. skill mixing)? (New) • What are the departmental /divisional governance arrangements and are they clear and accessible? • Are inpatient community health services, including feedback from people who use services, regularly discussed at divisional and Board meetings?
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<ul style="list-style-type: none"> • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? • W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care? • W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, 		<ul style="list-style-type: none"> • (Updated) What quality and risk information about the community inpatient unit is regularly reviewed at divisional and Board level and what assurance is provided about the quality of information being considered? <ul style="list-style-type: none"> ○ If so, what recent actions have been requested, and how is progress tracked? • Are there clear lines of accountability including clear responsibility for cascading information upwards to the senior management team and downwards to the clinicians and other staff on the front line? • Where a third party is delivering any aspect of the clinical care, how does the provider ensure patient safety remains a priority for the sub-contractor? (New)
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<p>manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?</p> <ul style="list-style-type: none"> • W6.5 Are information technology systems used effectively to monitor and improve the quality of care? • W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches? 		
<p>Key line of enquiry: W7</p>		
<p>Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?</p>		
<p>Prompts</p>	<p>Professional Standard (New)</p>	<p>Sector specific guidance</p>
<p>Report sub-heading: Public engagement</p>		
<ul style="list-style-type: none"> • W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? 		<ul style="list-style-type: none"> • How does the service seek out and act on feedback from people who use services and their carers/family? (Updated)

<ul style="list-style-type: none"> • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? • W7.5 Is there transparency and openness with all stakeholders about performance? 		<ul style="list-style-type: none"> • Is feedback from people who use services, the public and staff reviewed by teams, the department and the Board and used to inform improvements and learning? • What engagement and involvement of patients and those close to them has there been in the design and running of the services? (Updated)
Report sub-heading: Staff engagement		
<ul style="list-style-type: none"> • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic? • W7.5 Is there transparency and openness with all stakeholders about performance? 		<ul style="list-style-type: none"> • How are the views of staff in the service sought and acted on? (New) • Is feedback from people who use services, the public and staff reviewed by teams, the department and the Board and used to inform improvements and learning? (Updated)
Key line of enquiry: W8		
W8. Are there robust systems and processes for learning, continuous improvement and innovation?		
Prompts	Professional standard (New)	Sector specific guidance

Report sub-heading: **Innovation, improvement and sustainability**

- W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?
- W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them?
- W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a service user? Is learning shared effectively and used to make improvements?
- W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?
- W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?