

## Inspection framework: independent acute hospital

### Log of changes since last version

Section / Report sub heading	Page number	Detail of update
All	All	The whole framework has been reviewed and updated throughout to reflect the new single assessment framework for health.
All		<p>October 2019:</p> <p>Generic updates re references; i.e. safeguarding, NICEQS15, restraint training 2019, WRES, complaints/3<sup>rd</sup> stage.</p> <p>Remove reference to IHAS</p> <p>29/11/2019: included closed culture reference in the introduction.</p>

## Single specialty: long term conditions facilities

This inspection framework should be used when inspecting the following types of service:

- Single specialty services providing solely or mainly long term conditions facilities

If long term conditions facilities is **not** the sole or main service provided but is being inspected under the core service inspection framework for medicine, inspectors will find it useful to refer to the additional prompts in this inspection framework.

Long-term conditions facilities typically provide medical treatment, rehabilitation and care of people with neurological conditions or disabilities, and acquired brain injuries. These hospitals can offer very long lengths of stay and are different to acute, community or mental health hospitals. Inspections of these hospitals are likely to require the involvement of community and mental health care professionals, as well as acute and specialist practitioners.

These services provide care across the range of patient rehabilitation need (categories A to D) and service provision levels (1 to 3), as set out in the [Specialised Services National Definitions Set number 7, version 3](#) for brain injury and complex disability (adult).

This is a service where there may be a higher inherent risk of a closed culture that might lead to abuse or breaches of human rights. Please ensure you are familiar with the supporting information on identifying and responding to closed culture, which can be found here (internal link only):

<http://intranetplus.cqc.local/REGISTRATION%20AND%20COMPLIANCE/COMPLIANCE/CLOSED%20CULTURES/Pages/Closedcultures.aspx>

External link for providers:

<https://www.cqc.org.uk/news/stories/new-supporting-information-inspectors-mental-health-act-reviewers-addresses-risk>

### Areas to inspect\*

**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.**

- General wards
- Specialist wards (e.g. ventilator unit)
- Pharmacy (if not registered with General Pharmaceutical Council)
- Therapy areas, e.g. physiotherapy, occupational therapy
- Communal areas for people using the service
- Independent living accommodation, if appropriate (i.e. persons are not using this as their own accommodation)*[DN:we would not wish to inspect private living accommodation, but if 'mock kitchens' etc are set up for people to use as part of rehabilitation, we could inspect those areas]*
- Patients' rooms with their permission
- Gymnasium
- Step down accommodation
- Facilities for visitors / family
- Challenging behaviour unit
- External environment/stimulus, e.g. gardens

### Interviews/focus groups/observations

**You should conduct interviews of the following people at every inspection:**

- People who use services and those close to them
- Lead consultant in rehabilitation medicine
- Lead neuropsychiatrist
- Medical director or representative
- Lead therapists (respiratory, physiotherapy, occupational therapy, speech and language)
- Nursing lead for service as well as each ward / unit / area
- Psychologist
- Physicians working at the hospitals
- Registered manager (if appointed)

**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"> <li>• Diagnostics staff</li> <li>• Specialist nurses (including for example, but not limited to, dementia, mental health, respiratory, tissue viability, infection)</li> <li>• General Nurses of varying seniority</li> <li>• Healthcare Assistants</li> <li>• Medical Director/Resident Medical Officer (RMO)</li> <li>• Ward managers</li> <li>• Bed managers (or whoever is responsible for this)</li> <li>• Dietician</li> <li>• Discharge coordinators (or whoever is responsible for this)</li> </ul> | <ul style="list-style-type: none"> <li>• Therapists, e.g. music therapist, physiotherapist, speech and language therapist</li> <li>• Pharmacists</li> <li>• Porters</li> <li>• Patients and their families</li> <li>• Liaison between medical teams and other areas of the hospital, if there is one</li> <li>• Liaison between medical and non-medical teams, if there is one</li> <li>• Family support therapist</li> <li>• Podiatrist</li> <li>• Social worker</li> </ul> |
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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.

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	Sector specific guidance
<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• S1.5 Do staff receive effective training in safety systems, processes and practices?</li> </ul>	<ul style="list-style-type: none"> <li>• Skills for Health: Statutory/Mandatory Core Skills Training Framework <a href="https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework">https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework</a></li> </ul>	<ul style="list-style-type: none"> <li>• How often do staff receive refresher training?</li> </ul>

Report sub-heading: **Safeguarding**

<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• 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?</li> <li>• 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.</li> <li>• S1.4 How is safety promoted in recruitment</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Safeguarding: Roles and Competencies for Health Care Staff: First edition: August 2018 <a href="https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf">https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf</a></li> <li>• Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 <a href="https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf">https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf</a></li> </ul>	<ul style="list-style-type: none"> <li>• How often do staff receive refresher training?</li> <li>• Are all staff, regardless of role, up to date on safeguarding training?</li> <li>• And where children visit an area of the service (in any capacity, such as visitors) do all staff have Level 2 safeguarding training (e.g. Reception, admin and ward staff).</li> <li>• Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)?</li> </ul>
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<p>practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks).</p> <ul style="list-style-type: none"> <li>• S1.5 Do staff receive effective training in safety systems, processes and practices?</li> <li>• 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?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children July 2018 <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf</a></li> <li>• Female genital mutilation <a href="#">multi-agency practice guidelines published in 2016</a></li> <li>• <a href="#">DH Female Genital Mutilation and Safeguarding</a>: Guidance for professionals March 2016</li> <li>• <a href="#">Guidelines for physicians on the detection of child sexual exploitation</a> (RCP, November 2015)</li> <li>• CQC cross sector <a href="#">DBS guidance</a></li> </ul>	<ul style="list-style-type: none"> <li>• Is there evidence that staff members have received competence based assessments on safeguarding?</li> <li>• How does the service ensure that staff continue to understand their responsibilities and adhere to safeguarding policies and practices?</li> <li>• Is there evidence of safeguarding information for staff instruction?</li> <li>• Is there evidence that a local protocol completed with the local authority is in force for safeguarding and placed in a prominent position for staff?</li> <li>• Is there key information on how to report safeguarding alerts around the service?</li> <li>• Is the safeguarding alert number up in a prominent position?</li> </ul>
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**Report sub-heading: Cleanliness, infection control and hygiene**

<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS61 Statement 3</a>: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.</li> <li>• <a href="#">NICE QS61 Statement 4</a>: People who need a urinary catheter have their risk of infection minimised by the</li> </ul>	
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infection?	<p>completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.</p> <ul style="list-style-type: none"> <li>• <a href="#">NICE QS61 Statement 5</a>: People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.</li> <li>• <a href="#">NICE guideline NG51 Sepsis: recognition, diagnosis and early management</a></li> <li>• <a href="#">Code of Practice on the prevention and control of infections</a> <a href="https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance">https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance</a>.</li> </ul>	
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**Report sub-heading: Environment and equipment**

<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• S1.9 Do the design, maintenance and use of</li> </ul>	<ul style="list-style-type: none"> <li>• HSE Maintaining portable electrical equipment <a href="http://www.hse.gov.uk/pUbns/priced/hsq107.pdf">http://www.hse.gov.uk/pUbns/priced/hsq107.pdf</a></li> <li>• Managing Medical Devices Guidance</li> </ul>	<ul style="list-style-type: none"> <li>• How does the service ensure that resuscitation equipment is available and fit for purpose?</li> <li>• How does the service ensure that staff</li> </ul>
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<p>facilities and premises keep people safe?</p> <ul style="list-style-type: none"> <li>• S1.10 Do the maintenance and use of equipment keep people safe?</li> <li>• 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.)</li> </ul>	<p>for healthcare and social services organisations April 2015  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf</a></p>	<p>are trained and competent in resuscitation, including use of resuscitation equipment and that their skills are maintained?</p>
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**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	Sector specific guidance
<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Sepsis: recognition, diagnosis and early management</a> (NICE Guideline 51)</li> <li>• <a href="#">National Early Warning System:</a>  Six physiological parameters included in the NEWS: Respiratory rate Oxygen saturations Temperature Systolic blood pressure Pulse rate Level of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Does the hospital have an admission policy setting out safe and agreed criteria for admission of patients? Does this include a robust system for medicines reconciliation?</li> <li>• Are all medical patients assessed using the National Early Warning System (NEWS)?</li> <li>• Is there evidence of pathways for referring patients to NHS services if any acute conditions deteriorate, in the absence of facilities for escalation</li> </ul>



		<p>locally?</p> <ul style="list-style-type: none"> <li>• Are there appropriate policies on risk management?</li> <li>• Is there evidence that risk assessments are reviewed regularly?</li> <li>• Is there evidence that risk assessments are reviewed following an incident and that this is monitored in clinical meetings and incorporated into the service's clinical governance protocols?</li> <li>• Are patients involved in the risk assessment?</li> </ul>
<p><b>Report sub-heading: Nurse staffing</b></p>		
<ul style="list-style-type: none"> <li>• 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?</li> <li>• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?</li> <li>• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>• S2.4 How do arrangements for handovers and shift changes ensure that people are safe?</li> <li>• S2.7 How is the impact on safety assessed</li> </ul>	<p><i>Some of these staffing levels are aspirational. Need to consider how healthcare assistants and rehabilitation assistants are deployed where there are lower numbers of qualified staff.</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Service Specification - Specialist Rehabilitation for Patients with Highly Complex Needs (All Ages) - See Annex 3</a></li> <li>• <a href="#">BSRM Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs</a></li> </ul>	<ul style="list-style-type: none"> <li>• Are staffing levels in line with the British Society of Rehabilitation Medicine (BSRM) standards for minimum staffing provision for a specialist in-patient rehabilitation service and BSRM standards for Rehabilitation after Acquired Brain injury?</li> <li>• Are standardised nursing assessments in use in the department in keeping with standards for nursing?</li> <li>• Is other national guidance on staffing levels followed?</li> </ul>

and monitored when carrying out changes to the service or the staff?

- **(Level 1) For every 20 beds:**  
Medical staff 2-2.5 WTE  
Consultant accredited in rehabilitation medicine and/or neuropsychiatry, depending on nature of caseload 2-3 WTE training grades (above FY) and/or 1.5 WTE Trust Grade doctors  
  
Nurses 25-35 WTE (varies with dependency, but at least 1/3 should have specific rehab or mental health training, depending on caseload)  
  
Physiotherapists 5-6 WTE (depending on physical demands of caseload)  
  
Occupational therapists 5-6 WTE  
  
Speech and lang therapists 2-3.5 WTE (depending on proportion of patients with dysphagia, communication deficits and tracheostomy/ ventilation)  
  
Clinical psychologist/counselling 2-3 WTE (depending on whether patients with severe behavioural problems are accepted)  
  
Social Worker/ discharge coordinator 1.5-2 WTE (depending on catchment area)

- Is there evidence that locum staff and agency staff have been evaluated and vetted sufficiently by the agency, prior to their employment?
- Is there sufficient time allocated to the handover to the next shift and is a written record maintained?

Dietician 0.5-1.0 WTE (depending on the proportion of patients on enteral feeding /complex nutritional needs\_)

Clerical staff 3.0 WTE, but dependent on caseload and throughput

**Plus**

Trained therapy assistants, technicians. Access to rehab engineers and other professions as appropriate to caseload

**Note:**

These staffing levels support both the inpatient activity and associated out-reach work including assessments home-visits, follow-up, case-conferences etc.

Additional resources are required if the services also offers community rehabilitation services

- BSRM [Standards for rehabilitation services, mapped on to the National Service Framework for long-term conditions \(2009\)](#)

If link fails use this link:

<https://www.bsrn.org.uk/publications/publications>

**Level 2 Local specialist rehab service**

For every 20 beds:

Nurses 24-30 WTE (varies with dependency, but at least 1/3 should have specific rehab training)

Physiotherapists 4 WTE

Occupational therapists 4 WTE

Speech and language therapists 2-2.5 WTE (depending on whether patients with tracheostomy are accepted)

Clinical psychologist/counsellor 1.5-2 WTE (depending on whether patients with severe behavioural problems are accepted)

Plus

Trained therapy assistants, technicians, engineers and other professions as appropriate to caseload

Social Worker/discharge coordinator 1.5 WTE

Dietician 0.75-1.0 WTE (depending on the proportion of patients on enteral feeding)

Clerical staff 3.0 WTE, but dependent on caseload and throughput

Note: These staffing levels support both the inpatient activity and associated out-reach work including

	<p>assessments home-visits, follow-up, case-conferences etc. Additional resources are required if the service also offers community rehabilitation services</p> <ul style="list-style-type: none"> <li>• The National Quality Board's publication, How to ensure the right people, with the right skills, are in the right place at the right time: A <a href="#">guide</a> to nursing, midwifery and care staffing capacity and capability?</li> <li>• Royal College of Nursing, for example RCN (2012a) <u>Safe staffing for older people's wards</u></li> <li>• Further information on staffing: <a href="http://www.acutemedicine.org.uk/wp-content/uploads/2010/04/wmqr-sam%20am%20qss%20v2%2020120610%201.pdf">http://www.acutemedicine.org.uk/wp-content/uploads/2010/04/wmqr-sam%20am%20qss%20v2%2020120610%201.pdf</a></li> </ul>	
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**Report sub-heading: Medical staffing**

<ul style="list-style-type: none"> <li>• 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?</li> <li>• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?</li> <li>• S2.3 Do arrangements for using bank,</li> </ul>	<p><i>Some of these staffing levels are aspirational. Need to consider how nursing, AHP and assistants are deployed.</i></p> <ul style="list-style-type: none"> <li>• <a href="#">BSRM Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs</a> <b>Level 1 staffing for every 20 beds:</b></li> </ul>	<ul style="list-style-type: none"> <li>• Is the responsible consultant available at all times when medical patients are being cared for and contactable to give an opinion or reach the unit within 30 minutes?</li> <li>• Are all non-acute medical patients reviewed during a consultant-delivered</li> </ul>
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<p>agency and locum staff keep people safe at all times?</p> <ul style="list-style-type: none"> <li>• S2.4 How do arrangements for handovers and shift changes ensure that people are safe?</li> <li>• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?</li> </ul>	<p>Medical staff 2-2.5 WTE Consultant accredited in rehabilitation medicine and/or neuropsychiatry, depending on nature of caseload 2-3 WTE training grades (above FY) and/or 1.5 WTE Trust Grade doctors</p> <p><b>Level 2 staffing for every 20 beds:</b> <u>Standards for rehabilitation services, mapped on to the National Service Framework for long-term conditions (2009)</u></p> <p>Medical staff 1.2 WTE Consultant accredited in rehabilitation medicine</p> <p>2-3 WTE training grades (above FY) and/or 1.5 WTE Trust Grade doctors</p>	<p>ward round at least three to four?</p> <ul style="list-style-type: none"> <li>• Is there a resident doctor available with sufficient training (level ST3 or above or equivalent SAS grade, or a registered healthcare professional with equivalent competences). This healthcare professional must have up to date competences in ALS (Quality Standards for Acute Medicine)?</li> </ul>
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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	Sector specific guidance
Report sub-heading: <b>Records</b>		
<ul style="list-style-type: none"> <li>• S3.1 Are people’s individual care records, including clinical data, written and managed in a way that keeps people safe?</li> <li>• S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Records management code of practice for health and social care</a></li> <li>• <a href="#">NICE QS15 statement 3: People using adult NHS services experience coordinated care with clear and accurate information exchange</a></li> </ul>	<ul style="list-style-type: none"> <li>• How does the service ensure that its record management policy follows the principles of the Record Management Code of Practice for all NHS-funded</li> </ul>

<p>may include test and imaging results, care and risk assessments, care plans and case notes.)</p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• 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 coordination between different electronic and paper-based systems and appropriate access for staff to records.)</li> </ul>	<p><a href="#">between relevant health and social care professionals</a></p> <ul style="list-style-type: none"> <li>• <a href="#">records management code of practice for health and social care</a></li> <li>• Reference example of SMART goal: <a href="http://www.stroke4carers.org/?p=2938">http://www.stroke4carers.org/?p=2938</a></li> <li>• <b>S= specific. M= measurable. A= achievable. R= realistic. T= timescale.</b> After a stroke many tasks take longer than before. Make sure your timescales to aim for are also realistic for you.</li> <li>• An example of SMART goal: walk to the hospital shop and back (specific) by the end of the month (measurable and timescale). Walking 5 minutes a day for the first week, 10 minutes second week up to 15 minutes by end of month to get to the shop (achievable and realistic).</li> </ul>	<p>care?</p> <ul style="list-style-type: none"> <li>• Is there a system in place to ensure that medical records generated by staff holding practising privileges are safely managed / integrated into the hospital record for the person using the service?</li> <li>• Are admission notes legibly documented in keeping with <a href="#">GMC guidance</a>?</li> <li>• Are patient records MDT with evidence of SMART short and long terms goals?</li> <li>• Are nursing assessments and records in line with <a href="#">guidance</a>/ standards for nursing / AHPs?</li> <li>• Are comprehensive care plans sent to the patient's general practitioner on discharge and with clear review plans and dates to ensure continuity of care within the community?</li> </ul>
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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	Sector specific guidance
Report sub-heading: <b>Medicines</b>		
<ul style="list-style-type: none"> <li>• S4.1 How are medicines and medicines-related stationery managed (that is, ordered,</li> </ul>	<p><a href="#">NICE QS61 Statement 1</a>: People are prescribed antibiotics in accordance</p>	<ul style="list-style-type: none"> <li>• Are allergies clearly documented in the</li> </ul>

transported, stored and disposed of safely and securely)? (This includes 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 best available evidence?
- S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?
- S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
- 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?
- 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?

with local antibiotic formularies.

Page 13 where **Patient-specific direction (PSD)** is in place, this means a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient. Examples in secondary care include instructions on a patient's medicines administration chart. In primary care, this might be a simple instruction in the patient's notes. Refer to page 14 of the NMC guidance for information about a Patient group direction (PGD)

**Antimicrobial Stewardship:**  
**NICE quality standard [QS61]**

**Covert administration of medicines:**  
The NICE good practice guidance on managing medicines (SC1) in care homes is aimed at NHS organisations, local authorities (in England), independent organisations (for example, all types of independent care homes, voluntary and charitable agencies) and independent contractors (for example, community pharmacies, GPs, appliance contractors and providers of care

prescribing document used?

- How are the arrangements for use of Patient Group Directions managed within the service?
- How does the service manage MHRA alerts and other patient safety alerts such as those from the Patient safety team at NHS England?
- Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council – Standards for Medicine Management?
- Are there local microbiology protocols for the administration of antibiotics and are prescribers using them?
- How is the service taking into account NICE guidelines on antimicrobial stewardship? (currently being consulted on due to be published later in 2015) – July 2015.
- What guidance is given to staff about unlicensed or non-prescribed medicines that people may choose to use? And how are they given information in order to make an informed choice?



staff).

*Health and social care practitioners should not administer medicines to a resident without their knowledge (covert administration) if the resident has capacity to make decisions about their treatment and care.*

*Health and social care practitioners should ensure that covert administration only takes place in the context of existing legal and good practice frameworks to protect both the resident who is receiving the medicine(s) and the care home staff involved in administering the medicines.*

*The process for covert administration of medicines to adult residents in care homes includes:*

- *assessing mental capacity*
- *holding a best interest meeting involving care home staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests*
- *recording the reasons for presuming mental incapacity and the proposed management plan*
- *planning how medicines will be administered without the resident knowing*
- *regularly reviewing whether covert administration is still needed.*

- Can the service demonstrate effective development and delivery of policies and procedures in medicines management, including administration of specialist medicines, covert medicines and unlicensed remedies?
- Are professional registrations regularly checked and monitoring reviews undertaken of professional websites in relation to staff professional conduct matters?

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	Sector specific guidance
Report sub-heading: <b>Incidents</b>		
<ul style="list-style-type: none"> <li>• S5.1 What is the safety performance over time?</li> <li>• S5.2 How does safety performance compare with other similar services?</li> <li>• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?</li> <li>• 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?</li> <li>• 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</li> <li>• S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?</li> <li>• S6.4 How well is the learning from lessons shared to make sure that action is taken to</li> </ul>	<ul style="list-style-type: none"> <li>• A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.               <ul style="list-style-type: none"> <li>○ <a href="#">Revised never events policy and framework (2015)</a></li> <li>○ <a href="#">Never events list 2015/16</a></li> <li>○ <a href="#">Never Events List 2015/15 - FAQ</a></li> </ul> </li> <li>• Serious Incidents (SIs) should be investigated using the <a href="#">Serious Incident Framework 2015</a>.</li> <li>• (<a href="#">NICE QS66 Statement 4</a>): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.</li> <li>• <a href="#">Duty of Candour</a>: As soon as</li> </ul>	<ul style="list-style-type: none"> <li>• Are Never Events monitored in the service? (e.g. wrongly prepared high-risk injectable medication, maladministration of a potassium-containing solution etc)</li> <li>• How does the service ensure that mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt?</li> <li>• Is there evidence that service users have been included in the post-incident debrief and informed of any outcome?</li> <li>• Are incidents audited and analysed sufficiently and is there evidence of lessons learned?</li> <li>• How does the service take account of the Clinical Governance report?</li> <li>• Is there a well-publicised and accessible whistleblowing policy/process which staff are familiar with?</li> </ul>

<p>improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?</p> <ul style="list-style-type: none"> <li>• S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?</li> </ul>	<p>reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.</p>	
<p>Report sub-heading: <b>Safety Thermometer</b></p>		
<ul style="list-style-type: none"> <li>• S5.1 What is the safety performance over time?</li> <li>• S5.2 How does safety performance compare with other similar services?</li> <li>• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS3 Statement 1</a>: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.</li> <li>• <a href="#">NICE QS3 Statement 4</a>: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.</li> <li>• <a href="#">Safety Thermometer</a></li> </ul>	<ul style="list-style-type: none"> <li>• Does the service monitor incidence of any of the following for medical inpatients? <ul style="list-style-type: none"> <li>○ Pressure ulcers</li> <li>○ Falls</li> <li>○ Catheter associated UTIs acquired during admission</li> <li>○ VTE acquired during admission</li> </ul> </li> </ul>

## 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.

## 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	Sector specific guidance
Report sub-heading: <b>Evidence-based care and treatment</b>		
<ul style="list-style-type: none"> <li>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?</li> <li>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?</li> <li>E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?</li> <li>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?</li> <li>E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?</li> </ul>	<ul style="list-style-type: none"> <li><a href="#"><u>BSRM Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation 2014</u></a></li> <li><a href="#"><u>Standards for rehabilitation services, mapped on to the National Service Framework for long-term conditions (2009).</u></a> <ul style="list-style-type: none"> <li>QR 4: Early and specialist rehabilitation</li> <li>QR 5: Community rehabilitation and support</li> <li>QR 6: Vocational rehabilitation</li> <li>QR 7: Providing equipment and accommodation</li> </ul> </li> <li>Royal College of Physicians <a href="#"><u>Prolonged disorders of consciousness: national clinical guidelines 2013</u></a> The guideline covers:  1 Definitions and criteria for diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Does the service deliver care in line with BSRM guidance?</li> <li>For example, are all patients with severe disabling illness or injury assessed by a consultant in RM or their designated deputy in line with NHS England and BSRM's framework - three levels of service (1-3) and four categories of patient need (A-D)?</li> <li>Are recognised assessment tools used to assess level and complexity of need?</li> <li>If patient needs for rehabilitation are confirmed as category A or B, is a <b>specialist rehabilitation prescription</b> drawn up by the Consultant or their designated deputy?</li> <li>Does the service have appropriate arrangements in place in relation to key National Service Framework Quality Requirements which relate directly to rehabilitation services?</li> <li>How does the service ensure that it</li> </ul>

	<p>of coma, vegetative and minimally conscious states</p> <p>2 Assessment, diagnosis and monitoring</p> <p>3 The care pathway from acute to longer-term management</p> <p>4 Ethical and medico-legal issues</p> <p>5 End-of-life decisions and care</p> <p>6 Service organisation and commissioning</p> <p>Diagnosis is often difficult and may change over time as patients recover awareness, <b>requiring repeated skilled assessment by clinicians</b> with specific experience in this area. Furthermore, by definition, these individuals lack the mental capacity to make decisions regarding their own care and treatment, so that these have to be made for them on the basis of their best interests, which vary from patient to patient. There are widely differing views on appropriate use of life-sustaining treatments; and management at the end of life.</p>	<p>delivers services in line with BSRM guidance for the care of people with acquired brain injury?</p> <ul style="list-style-type: none"> <li>• How does the service ensure that it delivers care in line with guidance for the care of people with prolonged disorders of consciousness (PDOC)?</li> <li>• How does the service ensure that care continues to be appropriate to people's changing needs over time?</li> <li>• Does the service provide specialist care that is appropriate for the three groupings of care, where delivered, outlined in British Society for Rehabilitation Medicine Specialist Nursing Home Care for People with Complex Neurological Disability Guidance to Best Practice? (audience includes rehab medicine) <ol style="list-style-type: none"> <li>1. Complex Disability Management</li> <li>2. Slow Stream Rehabilitation</li> <li>3. Neuro-palliative Rehabilitation</li> </ol> </li> <li>• How does the service ensure that it has regard to the appropriate Specialised Services National Definitions Set(s)</li> </ul>
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<ul style="list-style-type: none"> <li>• BSRM: Specialist Nursing Home Care for People with Complex Neurological Disability: <a href="#">Guidance to Best Practice</a>:  <a href="http://www.bsrm.co.uk/publications/Specialist%20NH%20Care-FinalText15-11-13.pdf">http://www.bsrm.co.uk/publications/Specialist%20NH%20Care-FinalText15-11-13.pdf</a></li> <li>• <b><u>Specialised Services National Definitions Set (SSNDS):</u></b> <ul style="list-style-type: none"> <li>- <b>Definition No.5</b>, Assessment and provision of equipment for people with complex physical disability (all ages)</li> <li>- <b>Definition No.6</b>, Specialised spinal services (all ages)</li> <li>- <b>Definition No. 7</b> Specialised Rehabilitation Services for Brain Injury and Complex Disability (all ages)</li> <li>- <b>Definition No.8</b> Specialised neurosciences services (adults)</li> </ul> </li> <li>• <a href="#">NICE Guidance NG42</a>: Assessment and management of motor neurone disease.  On-going management by a multi-disciplinary team, timely and sensitive discussions with patient and those close to them, information on benefits and limitations of NIV, undertake a risk assessment before offering a trial,</li> </ul>	<p>(SSNDS) in arrangement of multi-specialty delivery of services to achieve a whole person-centred, seamless pathway of care for patients?</p> <ul style="list-style-type: none"> <li>• Does the service follow guidance on appropriate quality standards published by NICE?</li> <li>• Is there evidence that service users or their representatives are involved in their care planning?</li> <li>• Is there evidence that the Care Programme Approach is in operation where relevant?</li> <li>• Is there evidence that care planning is in line with the MHA and MCA Code of Practice where relevant?</li> <li>• Are both Codes referred to in local policies and is it evident that staff are following the Codes in their care plans?</li> <li>• Do staff demonstrate an understanding of the MHA Code of Practice and their duty to adhere to it?</li> <li>• Are rights under the MHA and DoLs in</li> </ul>
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	<p>training, ongoing monitoring of signs and symptoms, e.g. respiratory function tests, blood gas analysis.</p> <ul style="list-style-type: none"> <li>• <u>Urinary incontinence in neurological disease: Management of lower urinary tract dysfunction in neurological disease CG148</u></li> <li>• <u>Guidance on the Use of Riluzole (Rilutek) for the Treatment of Motor Neurone Disease TA20</u></li> <li>• <u>Faecal incontinence: The management of faecal incontinence in adults CG49</u></li> <li>• <u>Intravenous fluid therapy in adults in hospital NICE quality standard [QS66] August 2014</u></li> <li>• <u>(NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.</u></li> <li>• <a href="#">NICE guideline NG51 Sepsis: recognition, diagnosis and early management</a></li> </ul> <p>Other guidance:</p> <ul style="list-style-type: none"> <li>• <u>Vocational assessment and rehabilitation after acquired brain</u></li> </ul>	<p>line with the MHA/ DoLs Code of Practice?</p> <ul style="list-style-type: none"> <li>• Is there evidence that care and treatment decisions have been discussed with patients and consent sought?</li> <li>• Are adults receiving intravenous fluid therapy cared for by staff competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids and monitoring patient experience, as per NICE guidance QS66?</li> <li>• Are patients assessed to be at risk of VTE offered VTE prophylaxis in accordance with NICE guidance statement QS3?</li> </ul>
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	<p><u>injury: inter-agency guidelines 2004</u></p> <ul style="list-style-type: none"> <li>• <u>Spasticity in adults: management using botulinum toxin: national guidelines 2009</u></li> <li>• <a href="#">NICE QS66 Statement 2</a>: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience.</li> <li>• <a href="#">(NICE QS3 Statement 5)</a>: Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.</li> <li>• <a href="#">NICE QS90 (2015) UTI in adults</a></li> </ul>	
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Report sub-heading: **Nutrition and hydration**

<ul style="list-style-type: none"> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <b>MUST</b>: Helps identify those at risk of malnutrition, as well as those who are obese. It has five steps that give a score to indicate level of need and inform a plan.</li> <li>• <u>NICE CG32 Nutrition support in adults: Oral nutrition support, enteral</u></li> </ul>	<ul style="list-style-type: none"> <li>• Do people using the service have a nutritional assessment on admission, if this is clinically indicated? Do staff have access to dietician services?</li> <li>• Are assessment tools, such as <b>MUST (Malnutrition Universal Screening Tool)</b> used appropriately to assess nutrition and hydration needs?</li> </ul>
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tube feeding and parenteral nutrition

Report sub-heading: **Pain relief**

- E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating?

- [Core Standards for Pain Management Services in the UK](#) (Faculty of Pain Medicine)

- How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015)?

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**

**Sector specific guidance**

Report sub heading: **Patient outcomes**

- E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored?
- 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

**UK ROC - UK Rehabilitation Outcomes Collaborative**

- Set up in 2008 by Dept Health NIHR Programme Grant to develop a national database for collating case episodes for inpatient rehabilitation. Eg needs as measured by  
  
The Rehabilitation Complexity Scale and outcomes as measured by The Functional Independence Measure and Functional Assessment Measure.

- How does the service ensure it knows treatments are effective? How does it benchmark itself?
- Does the service carry out regular local and national audits that are appropriate for the medical care and treatment being provided by the service?
- For example, does the service monitor its outcomes in line with the UKROC programme?
- Are staff aware of the requirement to report in confidence to the National Confidential Enquiry on Patient Outcomes and Death?

staff involved in activities to monitor and use information to improve outcomes?

**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**

**Sector specific guidance**

**Report sub heading: Competent staff**

- 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 cover the scope of their work and is there protected time for this training?
- 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

- Appropriate training and qualifications in Rehabilitation Medicine, including specialisms in
  - neurological rehabilitation
  - spinal cord injury rehabilitation
  - limb loss or deficiency
  - rehabilitation and prosthetics
  - musculoskeletal rehabilitation
- NICE guideline NG51 Sepsis: recognition, diagnosis and early management

- Do resident medical officers (RMO's) have sufficient training to meet the requirements of the patients they are covering, especially out of normal working hours?
- Are there competencies in place in regards to poor performance that are monitored?
- Are there support mechanisms in place for staff where there are poor performance issues?
- Are staff trained in Advanced Life Support (ALS) present at all times in the hospital?
- Are approved clinicians fully trained and approved under Section 12 of the MHA?
- What are the arrangements to ensure staff working under practising privileges on an occasional or infrequent basis are

supported for the role they undertake?		<p>competent and skilled to carry out care and treatment that they provide?</p> <ul style="list-style-type: none"> <li>• What are the arrangements for granting and reviewing practising privileges?</li> <li>• How does the service ensure that consultants working under practising privileges arrangements only carry out treatments or procedures that they are skilled, competent and experience to perform? (Do they perform similar work in the NHS?)</li> <li>• Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty?</li> <li>• How does the service ensure staff maintain their skills in recognising and treating sepsis in a timely way?</li> </ul>
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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	Sector specific guidance
Report sub-heading: <b>Multidisciplinary working</b>		
<ul style="list-style-type: none"> <li>• E4.1 Are all necessary staff, including those in different teams, services and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">PHSO: A report of investigations into unsafe discharge from hospital</a></li> </ul>	<ul style="list-style-type: none"> <li>• Is <b>very early specialist rehabilitation</b> delivered in line with BSRM 2014</li> </ul>

<p>organisations, involved in assessing, planning and delivering care and treatment?</p> <ul style="list-style-type: none"> <li>• E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?</li> <li>• 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?</li> <li>• 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?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Transition between inpatient hospital settings and community or care home settings for adults with social care needs</a> (NICE guideline 27)</li> <li>• <b><u>BSRM Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation 2014</u></b></li> <li>• Two models of <b>very early rehabilitation</b> care –       <ol style="list-style-type: none"> <li>1.) A dedicated acute rehabilitation unit, led by a Consultant in RM, and with a dedicated MDT is located in, or very close to the acute care unit.</li> <li>2.) Dedicated rehabilitation beds within the acute ward, with rehabilitation patients being under the care of a RM consultant, sharing nurses and AHPs with acute specialities</li> </ol> </li> <li>• <b>Royal College of Physicians &amp; BSRM</b> <u>Long term neurological conditions: management at the interface between neurology, rehabilitation and palliative</u></li> </ul>	<p>standards to ensure continued access to acute medical and surgical teams if required?</p> <ul style="list-style-type: none"> <li>• Do MDT models of care along the rehabilitation pathway align with BSRM standards?</li> <li>• Are people with complex needs receiving prompt screening by a multi-professional team, including physiotherapy, occupational therapy, nursing, pharmacy and medical staff? A clear MDT assessment should be undertaken within 14 hours and a treatment or management plan to be in place within 24 hours (London Quality Standards).</li> <li>• Are there MDT meetings for people with complex needs? (and where necessary are social services involved?) and when appropriate, are patients involved and/or are their views, wishes etc received/represented by another person?</li> <li>• Are there pathways in existence for referral between specialities in the hospital and for transfer/referral to other hospitals including NHS hospitals when required?</li> <li>• How does the service ensure that the objectives of <u>The Academy of Royal</u></li> </ul>
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care 2008

Neurology, rehabilitation and palliative care services should develop closely coordinated working links to support people with long-term neurological conditions (LTNCs) from diagnosis to death, including:

- proper flow of communication and information for patients and their families
- a designated point of contact for each stage in the pathway
- a needs assessment identifying the patient's individual problems.

- **Specialised Services National Definitions Set (SSNDS):**  
Set out definitions of specialised services to support multi-disciplinary, whole person-centred care.
- Parliamentary & Health Service Ombudsman: A report of investigations into unsafe discharge from hospital May 2016
- NICE guideline [NG27] Transition between inpatient hospital settings

Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented?

- Are all team members aware of who has overall responsibility for each individual's care?

and community or care home settings for adults with social care needs

Report sub-heading: **Seven-day services**

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| <ul style="list-style-type: none"><li>• E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?</li></ul> | <ul style="list-style-type: none"><li>• <u>NHS Services, Seven Days a Week, Priority Clinical Standard 2</u><br/><u>Time to first consultant review</u><br/><u>All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital</u><br/><u>(Extra sources and supporting information available if you follow the link).</u></li><li>• <u>NHS Services, Seven Days a Week, Priority Clinical Standard 5</u><br/><u>Diagnostics</u><br/><u>Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology.</u><br/><u>Consultant-directed diagnostic tests and completed reporting will be available seven days a week:</u></li></ul> | <ul style="list-style-type: none"><li>• Depending on the hospital documented admission criteria:<br/>An overnight rota or on call arrangements for respiratory physiotherapy must be in place</li><li>• Are all emergency admissions seen and assessed within 14 hours of arrival, as per NHS Seven days a Week Priority Clinical Standard 2?</li><li>• Do all inpatients have access to seven day diagnostic services where provided, as per NHS Services Seven Day a Week Priority Clinical Standard 5?</li><li>• Are all patients in high dependency areas seen and reviewed by a consultant twice daily, as per NHS Services Seven Days a Week Priority Clinical Standard 8 on-going review?</li></ul> |
|--|--|--|

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients  
(Extra sources and supporting information available if you follow the link).

- NHS Services, Seven Days a Week, Priority Clinical Standard 6 Intervention / key services  
Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:
  - Critical care
  - Interventional radiology
  - Interventional endoscopy
  - Emergency general surgery(Extra sources and supporting information available if you follow the link).

- NHS Services, Seven Days a Week, Priority Clinical Standard 8

On-going review  
All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks. Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.  
(Extra sources and supporting information available if you follow the link).

**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	Sector specific guidance
Report sub-heading: <b>Health promotion</b>		
<ul style="list-style-type: none"> <li>• E5.1 Are people identified who may need extra support? This includes:               <ul style="list-style-type: none"> <li>• people in the last 12 months of their lives</li> <li>• people at risk of developing a long-term</li> </ul> </li> </ul>		



<ul style="list-style-type: none"> <li>condition <ul style="list-style-type: none"> <li>• carers</li> </ul> </li> <li>• E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary</li> <li>• E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?</li> <li>• 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 between staff, people and their carers where necessary?</li> <li>• 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.)</li> </ul>		
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**Key line of enquiry: E6**

E6. Is consent to care and treatment always sought in line with legislation and guidance?

Prompts	Professional standard	Sector specific guidance
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Report sub-heading: **Consent, Mental Capacity Act and DOLs**

<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Consent: patients and doctors making decisions together (GMC)</a></li> <li>• <a href="#">Consent - The basics (Medical</a></li> </ul>	<ul style="list-style-type: none"> <li>• Is there evidence of the use of best interest decision making for people without the capacity to consent, including consultation with those holding</li> </ul>
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<p>national standards and guidance?</p> <ul style="list-style-type: none"> <li>• E6.2 How are people supported to make decisions in line with relevant legislation and guidance?</li> <li>• E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?</li> <li>• E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?</li> <li>• E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?</li> <li>• 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?</li> <li>• 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?</li> </ul>	<p><a href="#">Protection)</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Department of Health reference guide to consent for examination or treatment</a></li> <li>• <a href="#">BMA Consent Toolkit</a></li> <li>• <a href="#">BMA Children and young people tool kit</a></li> <li>• <a href="#">Gillick competence</a></li> <li>• <b><u>Royal College of Physicians Prolonged disorders of consciousness: national clinical guidelines</u></b></li> </ul> <p>P51: Key features of MCA 2005</p> <p>5 statutory principles of MCA:</p> <p>1 A person must be assumed to have capacity unless it is established that he/she lacks capacity.</p> <p>2 A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.</p> <p>3 A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.</p> <p>4 An act done, or decision made, for or on behalf of a person who lacks capacity must be on the basis of a valid and</p>	<p>powers under Deputyships or Lasting Powers of Attorney, and relatives and friends interested in the person's welfare?</p> <ul style="list-style-type: none"> <li>• What is the sedation policy in use on wards?</li> <li>• Is there evidence of the inappropriate use of sedation?</li> <li>• Is there enough evidence in the MCA assessment to indicate why the person lacks capacity?</li> <li>• Is there evidence in the capacity assessment or accompanying documentation that information has been given in a way the person can understand e.g help via SaLT and talking mats.</li> <li>• Are there different formats of information relating to care, treatment and medication to aid the person's capacity?</li> <li>• Is there evidence in the service user's narratives and psychiatric notes that consent has been sought and a record of discussion in regards to the treatment decision or capacity decision where</li> </ul>
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applicable Advance Decision or must be done, or made in his/her best interests.

5 Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Lack of mental capacity:  
Capacity is specific to the decision to be made at the time it is made.  
The MCA contains a two-part test:  
(i) The diagnostic test.  
(ii) The functional test: does the identified impairment or disturbance cause the person to be unable to:

- understand information relevant to the decision
- retain that information
- use or weigh that information as part of the process of making the decision
- communicate the decision (by any means).

Failure on any one of these criteria means that the patient lacks capacity.

p52: mental capacity in people with PDOC;  
p54: points to consider when making best interest decisions.<sup>1</sup> Encourage participation  
<sup>2</sup> Identify all relevant circumstances  
<sup>3</sup> Find out the person's views

applicable?

- Is there evidence in the best interest documentation that the best interest is in line with the best interest check list and that a balance sheet approach has been utilised?
- Is there enough evidence in the MCA documentation to suggest that the person for whom the best interest decision needs to be made has been sufficiently involved in the decision and process?
- Are there capacity audits completed that filter into the clinical governance process which audit: the quality of the capacity assessment, if the capacity assessment has been reviewed, the quality of the best interest assessment process and whether discussions have been had in regards to treatment decisions?

- 4 Avoid discrimination
- 5 Assess whether the person might regain capacity
- 6 If the decision concerns life-sustaining treatment – not be motivated in any way by a desire to bring about the person’s death or to prolong their life.
- 7 Consult others
- 8 Maintain privacy
- 9 Avoid restricting the person’s rights
- 10 Take all of this into account in weighing up the person’s best interests
- Consent: patients and doctors making decisions together (GMC)
  - Consent - The basics (Medical Protection)
  - Clinically-assisted nutrition and hydration (CANH) and adults who lack the capacity to consent Guidance for decision-making in England and Wales  
<https://www.bma.org.uk/-/media/files/pdfs/employment%20advice/ethics/canh/canh%20quick%20reference%20guide.pdf?la=en>
  - Restraint Reduction Network (RRN) Training Standards 2019 First edition  
[https://restraintreductionnetwork.org/wp-content/uploads/2019/08/BILD\\_RRN\\_standards\\_final.pdf](https://restraintreductionnetwork.org/wp-content/uploads/2019/08/BILD_RRN_standards_final.pdf)

## Caring

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

### 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?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: <b>Compassionate care</b>		
<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> <li>• C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 statement 1 People using adult NHS services are treated with empathy, dignity and respect</a></li> <li>• <a href="#">NICE QS15 statement 2 People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs</a></li> </ul>	<ul style="list-style-type: none"> <li>• How are positive caring relationships developed with people using the service?</li> <li>• Do staff know the people they are caring for and supporting, including their preferences and personal histories?</li> </ul>

<ul style="list-style-type: none"> <li>• C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?</li> <li>• 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?</li> <li>• C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?</li> </ul>		
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**Report sub-heading: Emotional support**

<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> <li>• C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants?</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Rehabilitation following acquired brain injury: national clinical guidelines' 2003</u></li> </ul>	<ul style="list-style-type: none"> <li>• Are people's relatives and friends able to visit without being unnecessarily restricted</li> </ul>
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**Report sub-heading: Understanding and involvement of patients and those close to them**

<ul style="list-style-type: none"> <li>• C2.1 Do staff communicate with people so that they understand their care, treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <u>NICE QS15 statements 5 People using adult NHS services have their preferences for sharing information</u></li> </ul>	<ul style="list-style-type: none"> <li>• In cases where the patient will be responsible for full or partial cost of care or treatment, are there</li> </ul>
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and condition and any advice given?

- C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?
- 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 listened to, respected and have their views considered?
- 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

[with their family members and carers established, respected and reviewed throughout their care](#)

- [NICE QS15 statement 6, People using adult NHS services are supported in shared decision making](#)  
Families and others close to the patient must be closely and appropriately involved in all key care decisions, with the patient's permission if s/he has capacity to give consent:

[Rehabilitation following acquired brain injury: national clinical guidelines' 2003](#)

[Prolonged disorders of consciousness: national clinical guidelines 2013](#)

appropriate and sensitive discussions about cost?

- How are people supported at the end of their life to have a comfortable, dignified and pain free death?

people to make and review choices about sharing their information?		
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## Responsive

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

### 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	Sector specific guidance
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Report sub-heading: **Service delivery to meet the needs of local people**

<ul style="list-style-type: none"> <li>R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?</li> </ul>	<ul style="list-style-type: none"> <li><u>Long term neurological conditions: management at the interface between neurology, rehabilitation and palliative</u></li> </ul>	<ul style="list-style-type: none"> <li>Are processes in place to aide translation for people who have difficulty understanding or speaking</li> </ul>
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<ul style="list-style-type: none"> <li>• R1.2 Where people’s needs and choices are not being met, is this identified and used to inform how services are improved and developed?</li> <li>• R1.3 Are the facilities and premises appropriate for the services that are delivered?</li> </ul>	<p><u>care 2008</u></p> <ul style="list-style-type: none"> <li>• <u>Standards for rehabilitation services, mapped on to the National Service Framework for long-term conditions (2009)</u></li> <li>• <u>Rehabilitation following acquired brain injury: national clinical guidelines’ 2003</u></li> <li>• <u>Specialised Services National Definitions Set (SSNDS):</u></li> </ul>	<p>English because it is not their first language?</p> <ul style="list-style-type: none"> <li>• Are legal documents/ documents of importance translated into a language that the person can understand?</li> <li>• How are people’s individual needs met by the adaptation, design and decoration of the service? – <ul style="list-style-type: none"> <li>○ How are people involved in decisions about the environment?</li> <li>○ How are people’s diverse care, cultural and support needs met by the premises?</li> <li>○ What arrangements are there to ensure people have access to appropriate space: <ul style="list-style-type: none"> <li>– in gardens and other outdoor spaces</li> <li>– to see and look after their visitors</li> <li>– for meaningful activities</li> <li>– to spend time together</li> <li>– to be alone?</li> </ul> </li> </ul> </li> <li>• How do the signs, the decoration and other adaptations to the premises help to meet people’s needs and promote their independence?</li> </ul>
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Report sub-heading: Meeting people's individual needs

- 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 with protected characteristics under the Equality Act and those in vulnerable circumstances?
- R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?<sup>1</sup>
- 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?
- R2.9 How are services delivered and coordinated to ensure that people who may be approaching the end of life are identified,

- Prolonged disorders of consciousness: national clinical guidelines.

- Accessible Information Standard NHS England

*(From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.)*

[NICE QS15 statement 4 People using adult NHS services experience care and treatment that is tailored to their needs and preferences](#)

- [Accessible Information Standard](#)

- Is there a hospital out of hours discharge policy (e.g. taking into account reasonable and safe time of discharge for people)
- When is discharge planning started? Is it on admission?
- Are there weekly MDTs for medical patients with complex needs (and where appropriate do social services or staff who plan and coordinate discharge arrangements attend?)
- Is there an Intermediate Care Team or equivalent responsible for ensuring co-ordination of discharge arrangements and needs? How are complex discharges supported?
- How well do they care for people living with dementia? Is there a dementia friendly ward / area? How many staff have dementia training? Is dementia assessed on admission?
- What arrangements exist for patients with learning disabilities?
- Is there a protocol in place to access timely mental health referrals if

<sup>1</sup>. For example, people living with dementia or people with a learning disability or autism.

<p>including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared?</p> <ul style="list-style-type: none"> <li>• R2.10 How are people who may be approaching the end of life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?</li> <li>• R2.11 If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?</li> </ul>		<p>necessary? How well does the provider care for people with other complex needs, e.g. deaf / blind / wheelchair access?</p> <ul style="list-style-type: none"> <li>• Do people have the equipment they need to meet their end of life care needs?</li> <li>• Does the provider comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss?</li> </ul>
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**Key line of enquiry: R3**

R3. Can people access care and treatment in a timely way?

Prompts	Professional standard	Sector specific guidance
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Report sub-heading: **Access and flow**

<ul style="list-style-type: none"> <li>• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment?</li> <li>• R3.2 Can people access care and treatment at a time to suit them?</li> <li>• R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice?</li> <li>• R3.4 Do people with the most urgent needs</li> </ul>	<p><u><b>BSRM Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation 2014</b></u></p>	<ul style="list-style-type: none"> <li>• Are patients transferred to rehabilitation services in from acute or surgical services a timely way?</li> <li>• How are patients admitted to the medical wards?</li> <li>• Do GPs have direct access if they speak to a Medical consultant and agree admission (under Consultant's</li> </ul>
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<p>have their care and treatment prioritised?</p> <ul style="list-style-type: none"> <li>• R3.5 Are appointment systems easy to use and do they support people to access appointments?</li> <li>• R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?</li> <li>• R3.7 Do services run on time, and are people kept informed about any disruption?</li> <li>• 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?</li> </ul>		<p>care) over the phone?</p> <ul style="list-style-type: none"> <li>• How is discharge communicated to GPs? How soon after discharge does this occur?</li> <li>• How does the hospital ensure stakeholders are aware of the hospital admission policy / criteria? And that if an inappropriate referral for admission is received the referring clinician is advised immediately and provided with appropriate advice?</li> </ul>
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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	Sector specific guidance
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Report sub-heading: **Learning from complaints and concerns**

<ul style="list-style-type: none"> <li>• 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 encouraged to make a complaint, and how confident are they to speak up?</li> <li>• R4.2 How easy is it for people to use the system to make a complaint or raise</li> </ul>	<ul style="list-style-type: none"> <li>• The <a href="#">NHS constitution</a> gives people the right to <ul style="list-style-type: none"> <li>○ Have complaints dealt with efficiently and be investigated.</li> <li>○ Know the outcome of the investigation.</li> <li>○ Take their complaint to an</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Do people know how to share their experiences or raise a concern or complaint, and do they feel comfortable doing so?</li> <li>• How are patients’ rights to make a complaint promoted/reinforced?</li> </ul>
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<p>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?</p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?</li> <li>• R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?</li> </ul>	<p>independent Parliamentary and Health Service Ombudsman.</p> <p>Receive compensation if they have been harmed.</p> <ul style="list-style-type: none"> <li>• <u>ISCAS: Patient complaints adjudication service for independent healthcare</u></li> <li>• <u>The NHS constitution gives people the right to</u> <ul style="list-style-type: none"> <li>- <u>Have complaints dealt with efficiently and be investigated.</u></li> <li>- <u>Know the outcome of the investigation.</u></li> <li>- <u>Take their complaint to an independent Parliamentary and Health Service Ombudsman.</u></li> <li>- <u>Receive compensation if they have been harmed.</u></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• What are the arrangements to encourage relatives and friends to provide feedback?</li> <li>• Are there arrangements to make sure that information and concerns received about the quality of care are investigated thoroughly and recorded? Can the service show the difference this has made to how care, treatment and support is delivered?</li> <li>• Are concerns, complaints and compliments used as an opportunity for learning or improvement and to reinforce good practice?</li> <li>• Is the complaints policy in an easy read version?</li> <li>• Where the internal complaints process has been exhausted, what arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services Complaint Advisory Services (ISCAS) and if not, does the provider have an alternative arrangement?). This includes NHS Private Patient Units,</li> </ul>
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		whose patients do not have access to the PHSO if their care is not NHS funded.
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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.

### Key line of enquiry: W1

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: <b>Leadership</b>		
<ul style="list-style-type: none"> <li>W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?</li> <li>W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?</li> <li>W1.3 Are leaders visible and approachable?</li> <li>W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and</li> </ul>	<ul style="list-style-type: none"> <li>GMC guidance about the CMA Order: <a href="http://www.gmc-uk.org/guidance/news_consultation/26575.asp">http://www.gmc-uk.org/guidance/news_consultation/26575.asp</a></li> <li>CMA order: <a href="https://assets.digital.cabinet-office.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf">https://assets.digital.cabinet-office.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf</a></li> <li><a href="#">Fit and Proper Persons Guidance</a></li> </ul>	<ul style="list-style-type: none"> <li>How does the provider ensure that they comply with the Competitions and Marketing Authority (CMA) Order that came into force in April 2015 about the prohibition of inducing a referring clinician to refer private patients to, or treat private patients at, the facilities?</li> </ul>

effective leadership, and 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**

**Sector specific guidance**

Report sub-heading: **Vision and strategy**

- 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 and

- What do patients and family members understand about the vision and values of the service?
- What experiences have they had to confirm this?

reviewed, and is there evidence to show this?		
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**Key line of enquiry: W3**

W3. Is there a culture of high-quality, sustainable care?

Generic prompts	Professional Standard	Sector specific guidance
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Report sub-heading: **Culture**

<ul style="list-style-type: none"> <li>W3.1 Do staff feel supported, respected and valued?</li> <li>W3.2 Is the culture centred on the needs and experience of people who use services?</li> <li>W3.3 Do staff feel positive and proud to work in the organisation?</li> <li>W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?</li> <li>W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NMC Openness and honesty when things go wrong</a>: the professional duty of candour</li> <li><a href="#">NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</a></li> <li><a href="#">Duty of Candour</a> – CQC guidance</li> <li><a href="#">CAP: Healthcare: Overview</a> (Advertising Standards Authority.) Section 12 of the CAP Code sets out</li> </ul>	<ul style="list-style-type: none"> <li>Are arrangements for advertising or promotional events in accordance with advertising legislation and professional guidance? Is there a system in place to ensure people using the service are provided with a statement that includes terms and conditions of the services being provided to the person and the amount and method of payment of fees.</li> <li>How does the service promote a positive culture that is person-centred,</li> </ul>
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<p>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"> <li>• 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?</li> <li>• W3.7 Is there a strong emphasis on the safety and well-being of staff?</li> <li>• 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?</li> <li>• 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?</li> </ul>	<p>the rules that apply to marketing communications for Medicines, Medical Devices, Health Related products and Beauty Products. CAP, including: Medical devices, Homeopathy, Herbal Medicine.</p> <ul style="list-style-type: none"> <li>• <u>GMC &amp; NMC 'Openness and honesty when things go wrong: the professional duty of candour'</u></li> </ul>	<p>open, inclusive and empowering?</p> <ul style="list-style-type: none"> <li>○ How are people and staff actively involved in developing the service?</li> <li>○ Is there an emphasis on support, fairness, transparency and an open culture?</li> <li>○ How does the service enable and encourage open communication with people who use the service, those that matter to them and staff?</li> <li>○ Are there accessible, tailored and inclusive ways of communicating with people, staff and other key stakeholders?</li> </ul> <ul style="list-style-type: none"> <li>• How is the provider meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)</li> <li>• Is there a system in place to ensure people using the service are provided with a statement that includes terms and conditions of the services being provided to the person and the amount and method of payment of fees where appropriate?</li> </ul>
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		<ul style="list-style-type: none"> <li>• Where the provider has an <b>NHS Standard Contract to provide treatment:</b> <ul style="list-style-type: none"> <li>○ What work is being undertaken to address workforce equality at a provider level?</li> <li>○ How have you implemented any organisation-wide strategy or priorities on workforce race equality in your location?</li> <li>○ How are you ensuring at a location level that there is an inclusive workplace for staff, which welcomes diversity?</li> <li>○ What work has been undertaken to ensure that staff from different equality groups feel able to speak up about their experiences at work – either as an employee or in relation to patient care?</li> <li>○ Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?</li> </ul> </li> </ul>
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Key line of enquiry: **W4**

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

**Generic prompts**

**Professional Standard**

**Sector specific guidance**

Report sub-heading: **Governance**

<ul style="list-style-type: none"> <li>• 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?</li> <li>• W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?</li> <li>• W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?</li> <li>• W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?</li> </ul>	<ul style="list-style-type: none"> <li>• <u>The Health Care and Associated Professions (Indemnity Arrangements) Order 2014</u></li> <li>• <u>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.</u></li> <li>• <u>NICE QS66 Statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes.</u></li> </ul>	<ul style="list-style-type: none"> <li>• How does the hospital manager ensure any staff working under practising privileges have an appropriate level of valid professional indemnity insurance in place? i.e. Arrangements to ensure indemnity insurance is held in accordance with guidance?</li> <li>• How does the hospital manager ensure that consultants who invite external staff (for example their own private nurse) to work with them or on their own within the service undergo appropriate checks as required by Schedule 3 of the HSCA Regulated Activity Regulations?</li> <li>• Are roles and responsibilities of the Medical Advisory Committee set out and available?</li> <li>• How does the provider make sure those medical practitioners involved providing medical care in the independent sector, inform their appraiser of this in their annual appraisal and maintain accurate information about their personal performance in line with national</li> </ul>
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- guidance on appraisal for doctors?
- How are key messages from the governance process communicated to staff?

Key line of enquiry: **W5**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: <b>Managing risks, issues and performance</b>		
<ul style="list-style-type: none"> <li>• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?</li> <li>• W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?</li> <li>• 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?</li> <li>• 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'?</li> <li>• W5.5 Are potential risks taken into account</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS61 Statement 2</a>: 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Does the service have a local Emergency Preparedness Resilience Policy (EPRR policy)?</li> <li>• Does the service have tested back-up emergency generators in place in case of failure of essential services and testing of emergency policies and procedures, such as fire drills?</li> <li>• How often are fire drills completed and learning incorporated into subsequent drills?</li> <li>• How often are full evacuations completed and learning incorporated into subsequent evacuations?</li> </ul>

<p>when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?</p> <ul style="list-style-type: none"> <li>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?</li> </ul>		
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**Key line of enquiry: W6**

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

Generic prompts	Professional Standard	Sector specific guidance
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**Report sub-heading: Managing information**

<ul style="list-style-type: none"> <li>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?</li> <li>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?</li> <li>W6.3 Are there clear and robust service performance measures, which are reported and monitored?</li> <li>W6.4 Are there effective arrangements to</li> </ul>		<ul style="list-style-type: none"> <li>Is there evidence that legitimate access to records by an external professional is authorised and monitored?</li> <li>Is there evidence that there is a local protocol in place in regards to access to records?</li> <li>When copies of records are requested by either the service user, their legal representatives or any other authorised person, is there evidence that an authorisation process is in use?</li> </ul>
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<p>ensure that the information used to monitor, 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"> <li>• W6.5 Are information technology systems used effectively to monitor and improve the quality of care?</li> <li>• W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?</li> <li>• 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?</li> </ul>		<ul style="list-style-type: none"> <li>• Is there evidence that there is adequate security for service user records?</li> <li>• Is there evidence that there is an internal process for signing out of records for staff?</li> </ul>
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**Key line of enquiry: W7**

**Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?**

Generic prompts	Professional Standard	Sector specific guidance
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**Report sub-heading: Engagement**

<ul style="list-style-type: none"> <li>• 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?</li> <li>• W7.2 Are people who use services, those</li> </ul>		<ul style="list-style-type: none"> <li>• Is there a service user meeting that is conducted on a weekly basis where service users are encouraged to contribute to the running of the service by giving their ideas for</li> </ul>
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<p>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?</p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> <li>• W7.5 Is there transparency and openness with all stakeholders about performance?</li> </ul>		<p>improvements?</p> <ul style="list-style-type: none"> <li>• Do service users have input into the way that the building looks and any improvements that need to be made?</li> </ul>
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**Key line of enquiry: W8**

W8. Are there robust systems and processes for learning, continuous improvement and innovation?

Prompts	Professional standard	Sector specific guidance
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Report sub-heading: **Learning, continuous improvement and innovation**

<ul style="list-style-type: none"> <li>• 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?</li> <li>• W8.2 Are there standardised improvement</li> </ul>		
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<p>tools and methods, and do staff have the skills to use them?</p> <ul style="list-style-type: none"> <li>• W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?</li> <li>• 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?</li> <li>• 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?</li> </ul>		
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