Inspection framework: Independent acute hospitals

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.
	12, 13	Sept 2018 List of risks for staff to be able to recognise and know what to do about (S1). Link to BHA staffing guidance (S1) Irrelevant reference /prompts removed. Such as discharge from hospital, and transition from hospital / community and referral to psychological assessment
all	all	October 2019: Generic updates – as per all CQC inspection frameworks. Including NICE QS15, WRES and safeguarding.

Single specialty service: Hyperbaric Oxygen Therapy

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

- Single specialty services providing solely or mainly hyperbaric oxygen therapy or treatment.

If hyperbaric oxygen therapy or treatment is **not** the sole or main service provided but hyperbaric oxygen therapy / treatment 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.

Hyperbaric services involve the administration of oxygen (whether or not combined with one or more other gases) to a person in a chamber that is sealed and then pressurised with compressed air; although often other medical gases are introduced such as oxygen or a mixture of oxygen and helium. These services may be a standalone service that only provide treatment for a disease disorder or injury, including conditions such as decompression illness, carbon monoxide poisoning and gas or air embolism.

There are four categories of hyperbaric chamber described by the British Hyperbaric Association. The range of categories determines the level of patient dependency that may be safely accommodated.

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.

- Reception area
- Waiting area
- Changing area
- Hyperbaric chamber

Interviews/focus groups/observations

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

- People who use services and those close to them
- Medical Director
- Hyperbaric Doctor (who might also be the Medical Director)
- Registered Manager
- Chamber Technician

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

- Hyperbaric Supervisor
- Hyperbaric Nurse

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
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.5 Do staff receive effective training in safety systems, processes and practices?	• Skills for Health: Statutory/Mandatory Core Skills Training Framework https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework	• Have staff having undertaken resuscitation training to an appropriate standard and updated this as recommended?

Report sub-heading: Safeguarding

Prompts	Professional standard	Sector specific guidance
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and	• Adult Safeguarding: Roles and Competencies for Health Care Staff: First edition: August 2018 https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf	**If the service treats person under 18 years of age:** • Does the service ensure that all staff are trained to appropriate safeguarding level set out in the Intercollegiate Framework and are familiar with Government guidance 'Working Together to Safeguard Children'?

respect? How are these monitored and improved?

- S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.
- S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks).
- S1.5 Do staff receive effective training in safety systems, processes and practices?
- S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?
- 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?

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf

- Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children July 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

- Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding. This includes the 2018 position statement on safeguarding children training.

- Female genital mutilation multi-agency practice guidelines published in 2016

- DH Female Genital Mutilation and Safeguarding: Guidance for professional`s March 2015

- Are staff able to access a named or designated professional (internal or external) for advice at all times 24 hours a day?

- Is there an identifiable lead responsible for co-ordinating communication for children at risk of safeguarding issues?

- Do staff have an awareness of CSE and understand the law to detect and prevent maltreatment of children?

- How do staff identify and respond to possible CSE offences? Are risk assessments used/in place?

- What safeguarding actions are taken to protect possible victims of CSE? Are timely referrals made? And is there individualised and effective multi-agency follow up?

- Are leaflets available about CSE with support contact details? What wider safeguarding protocol/guidance is in place - how are safeguarding issues talked about, who manages them, are lessons learned etc.?

- Is there a chaperoning policy in place for children and young people? Are staff aware of and understand this policy?

- If a child/young person is identified as being on a child protection plan, what systems are in place to ensure the

	• Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) • CQC cross sector DBS guidance.	correct information is shared and actions put in place • Are there protocols in place for children with safeguarding concerns?
Report sub-heading: Cleanliness, infection control and hygiene		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?	• NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. • NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised by the 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. • NICE QS61 Statement 5: 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.	• What training do staff received in relation to infection control? • Are there suitable handwashing facilities?

Report sub-heading: Environment and equipment		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Do the design, maintenance and use of facilities and premises keep people safe? • S1.10 Do the maintenance and use of equipment keep people safe? • 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.)	• The BHA guide to electrical safety for Hyperbaric Treatment Centres • The BHA guide to fire safety for Hyperbaric Treatment Centres (October 2018) • The BHA guide to health and safety for Therapeutic Hyperbaric Facilities • If the above links fail to open refer to http://www.hyperbaric.org.uk/ and click on the publications tab. • Managing Medical Devices Guidance for healthcare and social services organisations April 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421028/Managing_medical_devices_-_Apr_2015.pdf • HSE Maintaining portable electrical equipment http://www.hse.gov.uk/pUbns/priced/hsg107.pdf	• Are medical devices (including infusion devices, syringe pumps, ventilators) specifically approved for use in the chamber? If approvals are not made by the manufacturer, are in-house modifications and risk assessments undertaken by competent individuals? • Has the provider taken account of specific fire hazards associated with hyperbaric chambers and implemented appropriate systems to mitigate and control risks? • Where do staff access standard operating procedures, policies and protocols? When were they last updated? Do staff use them? • Is there a system in place to ensure that repairs are carried out if machines and other equipment breaks down, and those repairs are completed quickly so that patients don't experience delays? • Are insurance certificates and chamber certification (such as pressure tests) documents available on request?

		• Is there a maintenance schedule for the pressure system? • Is there evidence of examination and calibration records and protocols? • Has up-to-date staff training been carried out on the use of specific medical devices? • Does the provider have regard to the manufacturers' instructions for the safe storage, use, cleaning and maintenance of the hyperbaric equipment used and is this readily available for each piece of equipment? • Have technical staff maintaining the equipment had appropriate training? If technical staff employed by the manufacturer rather than the provider, is there a service level agreement to reflect this?
	• HBA chamber category ○ **Category one** multiplace chamber: Multiplace chambers capable of supporting the treatment of patients who are critically ill from any cause and who may require hyperbaric intensive therapy; such facilities offer Advanced Life Support.	• If a category 1 chamber: Is clinical equipment available for use both inside and outside the chamber, and include indirect blood pressure equipment, stethoscope, auroscope, ophthalmoscope, thermometer and neurological equipment, equipment for urinary catheterisation, intravenous infusions and emergency drainage of pneumothorax?

	o **Category two** multiplace chamber: Multiplace chambers capable of receiving elective or emergency referrals for any accepted application of hyperbaric oxygen therapy, but excluding patients who are critically ill at time of referral or who are likely to become so; such facilities offer Basic Life Support	• If a category 1 chamber: Is monitoring equipment available for use both inside and outside the Chamber, including ECG, pulse oximetry, capnography (inside or outside) and invasive blood pressure equipment? Is transcutaneous oxygen monitoring available for use in chambers where wound management is conducted?
	o **Category three** multiplace chamber: Facilities without some of the capabilities of Categories 1or 2 sited specifically for the treatment of diving emergencies. Multiplace chambers specifically intended for the treatment of decompression illness; such facilities offer Basic Life Support	• If a category 1 chamber: Is resuscitation equipment available for use both inside and outside the chamber, and capable of providing for advanced life support, including defibrillator (inside or outside), ventilator, intravenous infusion equipment, suction, airway establishment and maintenance, and relevant drugs? Is relevant additional equipment for the safe transfer of the patient to an intensive care facility available outside the chamber?
	o **Category four monoplace** chamber: Facilities operating at relatively low pressure and without an air-lock capability. The expectation is that such chambers providing a treatment service on behalf of the NHS or the private health care sector would normally be sited within the boundaries of, or in very close proximity to, a hospital. Monoplace chambers capable	• If a category 2 chamber: Is clinical equipment available for use both inside and outside the chamber, including indirect blood pressure equipment, stethoscope, auriscope/ophthalmoscope, thermometer, neurological equipment, and equipment for urinary

of receiving elective and emergency referrals in any diagnostic category, but who are unlikely to require emergency access during treatment; such facilities offer Basic Life Support and would normally be closely associated with a hospital. By definition patients cannot be attended within this type of monoplace facility and therefore no drugs or equipment need be held within the actual mono chamber itself.

catheterisation, intravenous infusions and emergency drainage of pneumothorax?

- If a category 2 chamber:
  Is monitoring equipment provided either inside or outside the chamber, including ECG, pulse oximetry, capnography (inside or out) or invasive blood pressure equipment? Is transcutaneous oxygen monitoring available for use in chambers where wound management is conducted?

- If a category 2 chamber:
  Is resuscitation equipment available for use inside the chamber capable of providing for basic life support including suction and airway establishment, with maintenance of ventilation effected by a reservoir bag? Outside the chamber is there the means of maintaining an airway and effecting cardiac resuscitation; a defibrillator, intravenous infusion equipment and relevant drugs?

- If a category 3 chamber:
  Is clinical equipment available for use both inside and outside the chamber including indirect blood pressure equipment, stethoscope, auriscope/ophthalmoscope, thermometer and simple neurological equipment, and equipment for urinary

		catheterisation, intravenous infusions and emergency drainage of pneumothorax?
		• If a category 3 chamber: Is monitoring equipment provided either inside or outside the chamber?
		• If a category 3 chamber: Is resuscitation equipment available for use both inside and outside the chamber and capable of providing basic life support including suction and airway establishment with maintenance of ventilation effected by a reservoir bag? Is a defibrillator available outside the chamber, and the provision of other equipment and drugs?
		• If a category 4 chamber: Is clinical equipment available including indirect blood pressure equipment, stethoscope, auroscope, ophthalmoscope, thermometer and simple neurological equipment; and equipment for urinary catheterisation, intravenous infusions and emergency drainage of pneumothorax?
		• If a category 4 chamber: Is monitoring equipment available including ECG, pulse oximetry, capnography (inside or out) or invasive blood pressure equipment? Is

		transcutaneous oxygen monitoring available for use in chambers where wound management is conducted? • If a category 4 chamber: Is resuscitation equipment capable of providing for basic life support including suction and airway establishment with maintenance effected by a reservoir bag? Is a defibrillator available, and the provision of other equipment and drugs?

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

• S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?
 	
• S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?
	• [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline 51)	• Does the provider carry out a risk assessment before they provide treatment e.g. checking whether the patient is claustrophobic?
		
		• Do staff know how to identify and respond to conditions during or following hyperbaric therapy, such as:
		   o Pneumothorax diagnosed under pressure
		   o Vomiting
		   o Pressure related injuries

		o Decompression illness in patients and staff o Pulmonary oxygen toxicity o Loss of consciousness o Cardiac or pulmonary arrest
Report sub-heading: Nurse staffing		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		
Report sub-heading: Medical staffing		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive	• Refer to chapter 4 of The BHA guide to health and safety for Therapeutic Hyperbaric Facilities	

safe care and treatment at all times and staff do not work excessive hours?	If the above links fail to open refer to http://www.hyperbaric.org.uk/ and click on the publications tab.	
• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?		
• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?		
• S2.4 How do arrangements for handovers and shift changes ensure that people are safe?		
• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		

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: **Records**		
• S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? • S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care	• Records management code of practice for health and social care Sets out standards required for the management of records for organisations who work within, or under contract to the NHS in England • NICE QS15 statement 3; People using adult NHS services experience coordinated care with clear and	• Do records include details of the chamber's use – who was in the chamber, at what pressure, for how long, and details of any adverse incidents? • What are the arrangements for sharing information/records if a patient has an illness/condition that requires an acute admission to a hospital?

and risk assessments, care plans and case notes.)	accurate information exchange between relevant health and social care professionals
• 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?	• The BHA Health & Safety for Therapeutic Hyperbaric Facilities
• 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.)	• If the above link fails to open refer to http://www.hyperbaric.org.uk/ and click on the publications tab
	• GMC guidance on keeping records
	• Nursing Midwifery Council: Record Keeping Guidance

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: **Medicines**		
• S4.1 How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)	• NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies.	• Are there arrangements for handling and administration of patient medications? • Are allergies clearly documented in the prescribing document used?

• 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?		

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: **Incidents**		

• S5.1 What is the safety performance over time?
 	
 • S5.2 How does safety performance compare with other similar services?
 	
 • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?
 	
 • S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?
 	
 • S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations
 	
 • S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?
 	
 • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?
	• 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.
	   o Revised never events policy and framework (2015)
	   o Never events list 2015/16
	   o Never Events List 2015/15 - FAQ
	
	 • Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015.
	
	 • (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.
	
	 • Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that
		• What serious incidents have occurred in the past year?
		
		 • Have any Never Events occurred in the past year?
		
		 • How are relevant safety alerts acted on?
		
		 • Are staff aware of the whistleblowing policy?

• S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. • National Patient Safety Alerting System guidance. Patient safety alerts are issued via the Central Alerting System (CAS), a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health.	
Report sub-heading: Safety Thermometer		
• S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?	• NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding. • Safety Thermometer	

	The NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for patients. The NHS safety thermometer `system of recording` is only available to providers of NHS funded care**. Non NHS funded providers may have a similar system in place in order to monitor and measure the same types of harms.**	

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: **Evidence-based care and treatment**		
• 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	• NICE QS66 Statement 2: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing	• Does the provider have a system in place to make sure that people are being treated by an appropriate treatment regime in respect of pressure,

evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?

- E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?

- E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence?

- E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice?

- E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?

patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience.

- Specialised Services National Definition Set: 28 Hyperbaric Treatment Services (Adult)

- A Code of Good Working Practice for the Operation and Staffing of Hyperbaric Chambers for Therapeutic Purposes

- A European code of good practice for hyperbaric oxygen therapy

- ECHM Recommendations for Safety in Multiplace Medical Hyperbaric Chambers

length of time and frequency and the type of person being treated, their medical condition and response to treatment?

- Does the provider ensure that children treated at the unit have their care overseen by a paediatric consultant?

- If a category 1 facility, has the provider declared whether they can accommodate ventilated patients on a continuous basis limited only by capacity of the host hospital critical care unit, or if the capability is intermittent, and to what extent that capability is predictable?

- If a category 1 facility, has the provider ensured that sedated, ventilated patients are overseen by a trained anesthetist? (Royal College of Anaesthetists' requires trained anaesthetist to care for ventilated patients). For ventilating in the hyperbaric chamber, special training is required. Classification as category I requires a 24/7 on call list.

- If category 1 facility, are intensive care staff in or next to the chamber, as appropriate?

Prompts	Professional standard	Sector specific guidance
		• If a category 1 facility, do they have a written agreement with their provider of medical cover that they will receive every reasonable level of support required, including the provision of trained professionals to assist with appropriate interventions if patients develop complications during treatment?
Report sub-heading: **Nutrition and hydration**		
• 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?		• Do patients have access to food and hydration while in the chamber?
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	

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 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	- The training and education of hyperbaric unit personnel - The BHA guide to health and safety for Therapeutic Hyperbaric Facilities **If the above links fail to open refer to** http://www.hyperbaric.org.uk/ **and click on the publications** tab to	- Do staff meet the training recommendations set out by the British Hyperbaric Association? - Is the unit operated under the clinical responsibility of a suitably qualified and experienced fully registered medical practitioner?

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 supported for the role they undertake?

view codes of good practice and other guidance set out in the bullets above.

- ECHM Educational and Training Standards for the Staff of Hyperbaric Medical Centres

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: **Multidisciplinary working**		
• E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment?		

Prompts	Professional standard	Sector specific guidance
• E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?		
• 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?		
• 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?		
Report sub-heading: **Seven-day services**		
• 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?		

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: **Health promotion**		
• E5.1 Are people identified who may need extra support? This includes: • people in the last 12 months of their lives		

- people at risk of developing a long-term condition
- carers

- E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary
- E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?
- E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?
- E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.)

Key line of enquiry: **E6**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Consent, Mental Capacity Act and DOLs**		
• E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the	• Consent: patients and doctors making decisions together (GMC)	• Before patients undergo hyperbaric treatment, are they asked for their verbal consent, and does the provider act in

Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?

- E6.2 How are people supported to make decisions in line with relevant legislation and guidance?

- E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?

- E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?

- 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?

- E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan?

- E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

- Consent - The basics (Medical Protection)

- Department of Health reference guide to consent for examination or treatment

- BMA Consent Toolkit

- BMA Children and young people tool kit

- Gillick competence

accordance with their wishes?

- How do staff ensure that informed consent is given by speaking to patients about their understanding of their treatment (is there documented evidence of risk assessment and treatment plans)?

- If the service treats persons under 18 years of age:
  o Is there a consent policy specific to CYP in place?
  o Is there a CYP specific consent form used?
  o Does the policy contain information for staff on Gillick competency and other issues around consent?
  o How are CYP engaged (age and developmentally appropriate) in the consent process?
  o How are the needs of older young people and their parents addressed in the consent and information sharing process?

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: **Compassionate care**		
• 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? • 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?	• [NICE QS15 statement 1](#) People using adult NHS services are treated with empathy, dignity and respect • [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.	

• C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?		
Report sub-heading: Emotional support		
• C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants?		• Do staff ensure there is an opportunity to discuss patient support and any concerns they may have?

Report sub-heading: **Understanding and involvement of patients and those close to them**		
• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their protected 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	• NICE QS15 statements 5 People using adult NHS services have their preferences for sharing information 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.	• When patients start treatment do staff give them information about the nature and purpose of the potential effects on them, how to prepare for it, the risks and benefits? If the service treats persons under 18 years of age: • Do staff communicate appropriately with children and young people and their relatives? • Is information and support provided in a child friendly format to help CYP make decisions about or agree to care and treatment (including consent/assessment). • Can older children talk to a clinician without a parent present?

treated as important partners in the delivery of their care?		
• C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?		

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
Report sub-heading: **Service delivery to meet the needs of local people**		
• R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to		• Is the environment appropriate and patient centred (comfortable and sufficient seating, toilets and reading materials, drinks machine)? • Is information provided to service users in accessible formats before

		appointments, e.g. contact details, map and directions, doctor name, information about treatments, dietary/fasting required?
• R1.3 Are the facilities and premises appropriate for the services that are delivered?		• Are there out of hours services available, for example evening and weekends?

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?[1] • R2.3 How are people, supported during referral, transfer between services and discharge?	• [NICE QS15 statement 4](#) People using adult NHS services experience care and treatment that is tailored to their needs and preferences • [Accessible Information Standard](#)	• Are there arrangements in place for people who need translation services? • How does the provider ensure that appointments for new service users allow time to ask questions? • How does the provider manage care of vulnerable service users for example patients with Dementia? • How does the service support people with learning disabilities? • How well does the provider care for people with other complex needs e.g. deaf/blind/wheelchair access? If the service treats person under 18 years of age:

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[1]. For example, people living with dementia or people with a learning disability or autism.

Prompts		
• 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?		• What steps have been taken to ensure areas where CYPs are treated are safe and suitable for the age group? • If CYP are seen in predominantly adult based - how are the needs CYP and parents met whilst in these areas e.g. is there a separate waiting area, is there a play area etc.? - Are waiting times kept to a minimum for CYP? • What reasonable adjustments are made for a child that might struggle with the environment?

Key line of enquiry: R3

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Access and flow**		
• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.2 Can people access care and treatment at a time to suit them? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice?		• How does the service manage the provision of emergency treatment? • Are elective patients offered a choice of appointments? • How long are people kept waiting once they arrive?

• R3.4 Do people with the most urgent needs have their care and treatment prioritised?		
• R3.5 Are appointment systems easy to use and do they support people to access appointments?		
• R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible?		
• R3.7 Do services run on time, and are people kept informed about any disruption?		
• R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use?		

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
Report sub-heading: **Learning from complaints and concerns**		
• 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?	• The NHS constitution gives people the right to o Have complaints dealt with efficiently and be investigated.	• Is there evidence of patient involvement at all levels of service, patient user groups and patient surveys?

• R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? • R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? • R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?	o Know the outcome of the investigation. o Take their complaint to an independent Parliamentary and Health Service Ombudsman. Receive compensation if they have been harmed.	If the service treats persons under 18 years of age: • Is there a child friendly complaints process appropriate for CYP of different age ranges to easily access and use? • Is there a child-friendly format patient satisfaction survey? (e.g. Friends and family test, suggestion boxes etc). • 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?).

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: **Leadership**		
- W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? - W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? - W1.3 Are leaders visible and approachable? - W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?	Fit and Proper Persons Guidance	

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 reviewed, and is there evidence to show this?		

Key line of enquiry: **W3**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Culture		
• W3.1 Do staff feel supported, respected and valued? • W3.2 Is the culture centred on the needs and experience of people who use services? • W3.3 Do staff feel positive and proud to work in the organisation? • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority? • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? • 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?	• NMC Openness and honesty when things go wrong: the professional duty of candour • NRLS - Being Open Communicating patient safety incidents with patients, their families and carers • Duty of Candour – CQC guidance • https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/	• In cases **where the provider has an NHS Standard Contract** to provide treatment: o What work is being undertaken to address workforce equality at a provider level? o How have you implemented any organisation-wide strategy or priorities on workforce race equality in your location? o How are you ensuring at a location level that there is an inclusive workplace for staff, which welcomes diversity? o 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? o Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?

• W3.7 Is there a strong emphasis on the safety and well-being of staff?		
• W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?		
• W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?		

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**		
• W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?		• Is there a lead for governance, and effective operating systems for monitoring of quality and management of risk? • How does the registered manager ensure that consultants are appropriately granted either practising privileges and checks required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014?

Generic prompts	Professional Standard	Sector specific guidance
• W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?		• How does the registered manager ensure that consultants have an appropriate level of valid professional indemnity insurance in place? i.e. Arrangements to ensure those staff working under practising privileges hold appropriate indemnity insurance in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 • Is there a clinical governance group responsible for reviewing hyperbaric treatments? • Does the provider have representation on the hyperbaric clinical reference group, and are meeting minutes available? • If there is a systematic programme of clinical and internal audit, how is this reported back to staff and patients?

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: **Managing risks, issues and performance**		
• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear	• NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous	• Are there contingency plans, and do staff know how to access them in the event of a power failure, failure of

structures and processes? Are these regularly reviewed and improved?	improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.	essential services or another technical emergency?
• W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?		• Do they have emergency evacuation plans?
• 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?		
• W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?		
• W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?		
• W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?		

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**
Report sub-heading: **Managing information**		
• W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • W6.5 Are information technology systems used effectively to monitor and improve the quality of care?		

Generic prompts	Professional Standard	Sector specific guidance
• W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?		

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
Report sub-heading: **Engagement**		
• 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? • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the		• Is there evidence of change from comments/complaints raised through patient surveys, staff via meetings etc?

Prompts	Professional standard	Sector specific guidance
culture? Does this include those with a protected characteristic?		
• W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?		
• W7.5 Is there transparency and openness with all stakeholders about performance?		

Key line of enquiry: **W8**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Learning, continuous improvement and innovation**		
• W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?		
• W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them?		
• W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is		

learning shared effectively and used to make improvements? • W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? • W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?		