Inspection framework: NHS and independent acute hospitals

Previously the core service frameworks for NHS and independent services were separate documents.

These have now been combined into one document. Where a particular prompt or professional standard only relates to one sector, this is indicated.

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
Throughout	Throughout	Fixing broken links
S1 Mandatory training	7-8	Professional standard and prompt added to reflect the Skills for Health Core Skills Framework Added in Royal College guidance and standards for life support training
S1 Safeguarding	8-10	Replaced link to third edition intercollegiate guidance for safeguarding children and young people: Roles and responsibilities for healthcare staff with 2019 fourth edition. Removed reference to RCEM ED Care Standards (2017) as they refer to the third edition of the above guidance. Removed RCEM safeguarding children standards as RCEM now refers to national standards organisations. Replaced link to 2015 HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children with updated 2018 version.

S1 Environment & Equipment	11-12	Replaced link to 2015 PLAN Standards with 2017 version (link is now to landing page so future updates can be captured) Added link to HSE guidance on Maintaining portable electrical equipment Clarified that PLAN standards only relate to EDs, not MIUs or UCCs
S2 Assessing and responding to patient risk	12-17	Removed RCEM Clinical Standards for Sepsis as RCEM now refers to national standards organisations. Removed reference to old intercollegiate guidance for safeguarding children Removed reference to 2007 NCEPOD report as it can't be considered current Highlighted RCEM recommendations regarding initial assessment and changed order of prompts to flow better. Moved AMSAT prompt about access to specialist advice if patient self-discharges from S3 – records to here. Added prompts around pressure resilience (identifying the critically ill and deteriorating patient) Added in reference to HSIB report on the Provision of mental health care to patients presenting at the emergency department
S2 Nurse Staffing	17-18	Added the newly published Brief Guide: Staffing in Emergency Departments that treat children
S2 Medical Staffing	19-20	Added the newly published Brief Guide: Staffing in Emergency Departments that treat children Added prompt to check whether locum consultants are on the GMC Accident and Emergency Medicine Specialist Register
S3 - Records	20-23	Updated reference to NICE QS15

S4 Medicines	23-24	Removed reference to withdrawn NMC Standards for medicines management Removed reference to RCEM interpretation of NICE CG100, which is no longer available
S5 and 6 Incidents	24-25	Removed reference to RCEM standards on Duty of Candour as they don't add anything over and above the main references Updated Never Events references
E1 Evidence based practice	26-29	Added a prompt around use of best practice decision making tools
E1 Nutrition and Hydration	30	Removed reference to NICE QS15, as this has been updated and there is no longer a statement specific to nutrition and hydration
E1 Pain relief	30-31	Removed reference to NICE QS15, as this has been updated and there is no longer a statement specific to pain relief Added link to Faculty of Pain Management guidance for patients with cancer and life-limiting disease
E4 Seven Day Services	36-37	Added updated seven day service clinical standards link, and refined content to be most relevant to U&EC
E6 Consent, Mental Capacity Act and DoLS	38-39	Added reference to BMA / RCP guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent Added reference to BILD Restraint Reduction Network Training Standards
C1, C2 & C3 Compassionate Care	40-41	Updated references to NICE QS15
C1, C2 & C3 Emotional support	41-42	Removed reference to NICE QS15 as the updated QS does not directly map to this report heading any more
C1, C2 & C3 Understanding and	42-43	Updated references to NICE QS15

involvement of patients and those close to them		
R1 & R2 Services delivery to meet the needs of individual people	44-46	Removed reference to 2007 NCEPOD report as it can't be considered current
R3 Access and flow	49-51	Prompt added around pressure resilience (patient flow) and reference to Operational Pressures Escalation Levels Framework (OPEL)
R4 Learning from complaints and concerns	51-52	Strengthened the prompt around independent review process for non-NHS funded care
W3 Culture	56-57	Added reference to RCEM's 'Creating workforce stability in emergency care' good practice guide and a linked prompt around pressure resilience (culture) Removed reference to Advertising Code of Practice in relation to IH providers – resource was too generic

Core service: Urgent and emergency services

Urgent and emergency care refers to the service that people can access, without a referral, in an urgent or emergency situation. Its purpose is to treat patients presenting as an emergency or with urgent medical needs. Services include emergency departments, also called accident and emergency or A&E departments, and urgent care centres (UCCs). They may also include a clinical decision unit, ambulatory care unit, minor injury unit or walk-in centre. If the trust provides an urgent care centre, we will also include this in the core service inspection.

An UCC may be located on one provider's premises but another provider may be responsible for it. In these cases, the responsible provider must function effectively with the emergency department. We will look at the care pathways between the two providers during the inspection.

Please note: in CQC's inspections, the treatment of children in the emergency department is part of the urgent and emergency core service. We do **not** consider it as part of the trust's services for children and young people. **Please note:** There is additional [cross-sector guidance for inspecting and regulating urgent care centres, NHS 111 and GP Out-of-Hours services](). This should be referred to, alongside this framework, where these services are inspected. However, the Urgent and Emergency Services core service should be used for reporting and rating.

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. • All reception and waiting areas associated with the main A&E / ED and the areas identified below • Triage areas (including pathways which cross / are shared with UCCs) • Ambulatory care, the ambulatory queue / patient transfer from ambulances

- Treatment and assessment areas, including majors, resuscitation and minors
- Walk-in centres / GP-streaming areas
- Urgent Care Centres
- Clinical Decision Unit
- Specialist emergency areas, e.g. acute stroke unit, ENT, mental health emergencies
- Decontamination areas
- Psychiatric assessment and / or areas designated as places of safety (Psychiatric liaison services directly provided by the acute trust fall into this core service)
- Radiology
- Bereavement facilities for families, including viewing areas and private rooms

Interviews / observations

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

- People who use services and those close to them
- Clinical director/lead
- Nursing lead
- Directorate/divisional manager
- Children's lead clinician

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

Internal

- Consultant responsible for leading trauma
- Doctors working within and external to the service (e.g. GPs)
- Nurses, including nurse consultants, advanced and general nurse practitioners, practice development nurses, children's nurses any external nurses who engage with the service and triage nurses
- Bed managers / coordinators (and any other staff with responsibility for this)
- Staff from the imaging department, particularly CT and MRI

- Receptionists
- Lead clinician for child protection
- Lead clinician for safeguarding adults
- Discharge team
- Psychiatric liaison and Mental Health team
- CAMHS team
- Therapists working elsewhere in the Trust and community
- Ambulance crews
- Porters

External

- The local A&E delivery board

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 Core Skills Framework
	  o Framework includes statutory and mandatory training relevant for *all* healthcare staff and therefore does not include medicines management.
	  o MHA and MCA training are covered under safeguarding
	  o Trusts can declare their alignment to the framework
	
	• RCEM position statement on advanced life support training (2019)
	
	• Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
		• Does the trust align itself to the Skills for Health Core Skills Framework? If not, how does the service assure itself that staff have all relevant mandatory and statutory training?
		
		• Do departments have staff with APLS training in line with the RCEM position statement? How are they mitigating the risk if not?
		
		• For departments that treat children, is there a member of staff with Advanced Paediatrics Life Support training (or equivalent) on duty at all times as per standard 13 of the Standards for

	o Standard 13	Children in Emergency Care Settings?
	• NICE Guidelines NG51: Sepsis Recognition, diagnosis and early management	• Have staff received training to make them aware of the potential needs of people with: o mental health conditions o learning disability o autism o dementia?
	Cancer assessment framework • Refer to NICE guidance CG151: Neutropenic sepsis: prevention and management in people with cancer – "Healthcare professionals and staff who come into contact with patients having anticancer treatment should be provided with training on neutropenic sepsis. The training should be tailored according to the type of contact."	• Is there a policy for sepsis management and are staff aware of it? • Have staff received annual training on sepsis management; including the use of sepsis screening tools and the use of sepsis care bundles? **Cancer assessment framework** • Have staff have received training in the management of neutropenic sepsis?

Report sub-heading: **Safeguarding**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from	• Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding. o Fourth edition of Intercollegiate guidance for Safeguarding Children and Young People: Roles and competencies for Healthcare Staff (2019) o 2018 position statement on	• Is a process in place for the identification and management of people at risk of abuse (including domestic violence) and follow the appropriate policies? • Does the ED use a screening tool to assess risk of physical abuse in children presenting with an injury? • Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation

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 training
  - o First edition of Intercollegiate Guidance for Adult Safeguarding (2018)

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  - o Standards 27-38

- HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. July 2018
- Female genital mutilation multi-agency practice guidelines

- DH Female Genital Mutilation and Safeguarding: Guidance for professionals (NHS only)

- RCEM A Universal FGM flowchart and reporting tool (2017)

- FGM Mandatory reporting of FGM in healthcare

- Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015)

- CQC cross sector DBS guidance.

(FGM)?

- Does the ED have a Child Protection Information Sharing System in place?

- Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 27-38)

Prompts relevant for AMSAT in NHS Acute Trusts

- If a patient is assessed to be at risk of suicide or self-harm, what arrangements are put in place to enable them to remain safe?

- Are there policies and procedures in place extra observation or supervision, restraint and, if needed, rapid tranquilisation?

	• NHS Employers guidance/advice on DBS checks **Standards and guidance relevant for AMSAT in NHS Acute Trusts** • Not always restricted to, but includes interventions under the MHA, see MHA Code of Practice. • Assessing mental health in acute trusts – guidance for inspectors	
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?	• Code of practice on the prevention and control of infections • 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	• What are the results of local cleaning / hand hygiene audits?

	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.	

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.)
	• Facilities should comply with, Health Building Note 15-01: Accident & Emergency Departments (bearing in mind that some may not be feasible due to limitations of existing premises, cost, etc.)
	
	 • RCEM: Emergency Department Care (2017)
	    o QS16 – Is there an effective process to report and respond to problems with IT, estates and equipment?
	    o QS17 – Is the equipment in the department easy to locate, clearly organised and labelled?
	
	 • NHSI Good Practice Guide: Focus on improving patient flow (2017).
	
	 • Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
	    o Standards 8, 41, 52
	
	 • MHRA guidance on managing medical
		• Is the layout suitable (e.g. distance from theatre, CT, MRI, Helipad)? Does it support good patient flow (NHSI Page 8)
		
		 • Is there audio and visual separation of the children's waiting area from the adult section?
		
		 • Is there a full equipped resuscitation area for children with all sizes of equipment, reviewed regularly?
		
		 • Is resuscitation equipment available and fit for purpose? Is it adequately stocked and is there evidence of regular review?
		
		 • Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 8, 41 & 52)
		
		 Prompts relevant for AMSAT in NHS

	devices (2015)	Acute Trusts
	• HSE guidance on portable electrical equipment in the workplace	
		• Are the facilities for conducting assessments of adults and children with mental health conditions safe? For example, ligature-free and with an accessible alarm.
	Standards and guidance relevant for AMSAT in NHS Acute Trusts	
	• PLAN standards (These only apply to EDs, not MIUs or UCCs)	
	• Assessing mental health in acute trusts – guidance for inspectors	

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?
	• RCEM Initial assessment of emergency department patients (2017)
	   ○ RCEM recommends that *all* patients attending the ED should be registered within 5 minutes of arrival
	   ○ RCEM recommends that navigation (the process of directing patients to appropriate services prior to a formal process of clinical assessment) is best and most safely undertaken by a clinician, but may be performed by a non-clinician if safeguards exist
		• Is there a safe, validated, reliable and audited system in place at the front end to identify critically ill patients, whether arriving by ambulance or walking? Are those patients managed as directed by national guidelines?
		
		• What is the ambulance handover process and times? How many ambulances are waiting over 30mins?
		
		• Do patients brought by ambulance have to wait in non-treatment areas? If so, are

to minimise risk. Navigation to other services may precede streaming. However, safety may be improved if streaming is used as an alternative.

o RCEM recommends that streaming (the process of allocating patients to different physical areas / services, pathways or processes which is also known as 'initial clinical assessment') should always be performed by a trained clinician. It should be performed ideally within 15 minutes of the patient's arrival in ED.

o EDs use simple or complex streaming, as part of their initial assessment process. Both processes should be resourced to meet variation in demand and be delivered by trained clinical staff.

o The use of rapid assessment systems for ambulatory or trolley patients is a matter for local decision making. Such systems require dedicated resources.

o The use of EWS in the ED as part of the initial assessment process is supported. EWS should not be used as a sole measure of acuity, or as the basis for triage / streaming / assessment decisions.

• RCEM: Emergency Department Care

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they cared for by sufficient hospital staff or does the trust rely on ambulance personnel to supervise patients? (NHSI Page 6)

• Is there a system in place to identify deteriorating patients in any part of the department, and a process to ensure this is acted upon?

• Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 16-22, 40, 43, 49-51)

• If there is no paediatric team on site, is there a clear protocol to ensure safe transfer to one?

• Does the ED have acute paediatric support for the investigation of SUDIC (sudden, unexpected deaths in infancy and childhood)?

• Are there robust clinical stress pathways in place, including resuscitation, fluids, imaging and emergency surgery? E.g. traumatic bleed.

• How does the service ensure patients are being appropriately referred to the Clinical Decisions Unit (CDU)?

(2017)

- o QS24 – Do nursing staff at patient entrances have easy and timely access to a senior doctor for treating sick patients?

- [NHSI Good Practice Guide: Focus on improving patient flow](#) (2017).

- [Facing the Future: Standards for Children in Emergency Care Settings](#) (RCPCH 2018)
  - o Standards 16-22, 40, 43, 49-51)

- [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline 51)

- [National Safety Standards for Invasive Procedures (NatSSIPs)](#) Version number: 1 published: 7 September 2015

- [Brief guide: NatSSIPs and LocSSIPs](#) (CQC internal guidance)

Standards and guidance relevant for AMSAT in NHS Acute Trusts
- [NICE QS34 (Self harm) Statement 2 - initial assessments](#)

- [NICE CG16 (Self harm in over 8s)](#)

- How does the service ensure that patients are escorted when attending and waiting for diagnostics, where appropriate?

- Is there clear evidence of the use of a screening tool for patients with suspected sepsis in all admission areas? (i.e. NEWS; MEOWS, PEWS or neonatal EWS)

- Is evidence of the use of a sepsis care bundle for the management of patients with presumed / confirmed sepsis? (i.e. 'Sepsis 6' care bundle)

- Is there an escalation policy for patients with presumed / confirmed sepsis who require immediate review?

- Are patients with suspected / confirmed sepsis receiving prompt assessment when escalated to a multi-professional team? For example: Critical Out Reach Team

- Is treatment delivered to patients with presumed sepsis within the recommended sepsis pathway times? E.g. antibiotics within an hour

- RCEM guidance: Mental Health in Emergency Departments

- Assessing mental health in acute trusts – guidance for inspectors

- Provision of mental health care to patients presenting at the emergency department (HSIB Investigation and recommendations 2018)

Cancer assessment framework

- NICE guidance CG151: Neutropenic sepsis: prevention and management in people with cancer

- How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding and are educated in good safety practice, as set out in the national standards?

- Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?

Prompts relevant for AMSAT in NHS Acute Trusts

- Do staff have access to 24/7 mental health liaison (covering the age range of the ward/ clinic) and/or other specialist mental health support if they are concerned about risks associated with a patient's mental health?

- Do staff know how to make an urgent referral to them?

- Do they get a timely response?

- Does the staff team have advice from mental health liaison about what to do if the patient attempts to discharge themselves, refuses treatment or other

contingencies?

- Are staff provided with a debrief/ other support after involvement in aggressive or violent incidents?

- What are the local arrangements to provide a place of safety? If this is provided by the trust, how is this staffed to ensure 24/7 availability?

Cancer assessment framework
- Do cancer patients have alert cards where required, such as for chemotherapy or malignant spinal cord compression and do staff, including A&E reception staff recognise these and know how to keep patients safe, eg. isolated?

- How does the provider assure itself that it is following best practice and using validated tools, such as NICE guidance, eg prevention and management of neutropenic sepsis?

- Are patients at risk of and with suspected/confirmed sepsis receiving prompt assessment and treatment, when escalated to multi-professional team? For example, Critical Outreach Team or Acute Oncology Team, including:
  - information and support for patients and carers
  - reducing the risk of septic

		complications of anticancer treatment
		o emergency treatment and assessment
		o further assessment
		o starting antibiotic therapy
		o assessing the patient's risk of septic complications
		o duration of empiric antibiotic treatment
		• Does the provider have an acute oncology service (AOS) in line with the recommendations of the National Chemotherapy Advisory Group report?
		IH only
		• Is there clear admission criteria understood by staff and available to people who may seek to access the service?
		• What SLAs exist in the event of a deteriorating patient requiring a blue light transfer to an NHS Trust?

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?	• Facing the Future: Standards for Children and Young People in Emergency Care Settings (RCPCH 2018)	• Are there acuity tools e.g. Baseline Staffing Tools ('BEST) used to inform staffing requirements?
• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is	• RCN advise those departments that have been unable to recruit sufficient	• Is staffing planned to meet hourly, daily and seasonal variations in demand? (NHSI Page 10)

- 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?

registered children's nurses to their nursing establishment to meet the standard of two such nurses on a shift, to ensure that registered adult nurses have acquired knowledge, skills and competencies as outlined in the documents below:

- National curriculum and competency framework – Emergency nursing:
  - Level 1
  - Level 2
- Nursing and Allied Health Professionals Trauma Competencies in the ED (National Major Trauma Nursing Group: 2016)
- Please see Brief Guide: Staffing in Emergency Departments that treat children for further guidance

- RCEM: Emergency Department Care (2017)
  - QS12 – Does the department meet the RCN staffing ratios / requirements, including those for children's nurses??
  - QS13 - Is there a joint scheduled combined medical and nursing handover?
  - QS15 – Are staff routinely able to take breaks?

- If the service provides care for children, does the service meet the RCPCH standard of have two registered children's nurses (child branch) on every shift?
  - If the service does not currently meet this standard, is it mitigating the risk as set out in the 'Brief Guide: Staffing in Emergency Departments that children''

- What is the handover system between staff? Is this robust?

- What is the policy for use of agency/bank nurses? What is their induction process?

Cancer assessment framework
- Is there appropriate access to Clinical Nurse Specialist staffing or other appropriate care co-ordinator for all cancer patients?

	• [NHSI Good Practice Guide: Focus on improving patient flow](#) (2017).	

Report sub-heading: **Medical 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?
	• [Emergency Medicine Consultants – Workforce Recommendations](#) (RCEM)
	
	• [Brief Guide: Staffing in Emergency Departments](#) that treat children for further guidance
	
	• RCEM: [Emergency Department Care (2017)](#)
	   ○ QS13 – Is there a joint scheduled combined medical and nursing handover?
	   ○ QS15 – Are staff routinely able to take breaks?
	   ○ QS
	
	• [NHSI Good Practice Guide: Focus on improving patient flow](#) (2017).
		• How is the service working towards meeting RCEM consultant workforce recommendations?
		   ○ Does the service ensure that there is at least 16 hours a day cover of a consultant or senior decision maker (SDM) (page 7)?
		   ○ How is the service trying to meet the recommendation of 1 WTE consultant for every 3,600-4,000 new attendances (page 11)?
		   ○ How is the service taking account of RCEM's suggested minimum senior staff modelling (page 12 / 13)?
		
		• For EDs that treat children, does the department meet the RCPCH standard of a dedicated PEM consultation with session time allocated to paediatrics (note: this is now for all EDs treating children, not just those seeing 16,000+ children annually)?

		o If the service does not currently meet this standard, how is it mitigating the risk as set out in the 'Brief Guide: Staffing in Emergency Departments that children''
		• Is staffing planned to meet hourly, daily and seasonal variations in demand, not just average demand? (NHSI Page 10). Is the ED clear on the staffing levels required for safe staffing and is this supported t senior levels in the trust?
		• How often are locum doctors used to cover shifts and how are they inducted locally?
		• Locum consultants should be on the GMC Accident and Emergency Medicine specialist register?
		• Is the system for handovers safe? Are they written, verbal, or both?
		Cancer assessment framework • How does the provider ensure adequate consultant & non-consultant medical staffing for the care and treatment of cancer?

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 and risk assessments, care plans and case notes.) • S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? • 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.)	• Records management code of practice for health and social care (This code 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: Patients using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. • Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NICE Guideline NG15) • NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record. • Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)	• How does the service ensure the appropriate and timely availability of patient medical records within the service? • Are risk assessments appropriately completed? (risk assessments for pressure areas should be undertaken if patients in the department for over 6 hours) • When people are prescribed an antimicrobial do they have the clinical indication, dose and duration of treatment documented in their clinical record? • Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 25, 42, 53, 54, 69) **Cancer assessment framework** • Is there an adequate system to ensure access to cancer patient records, whether paper or electronic? • Does the provider share comprehensive discharge summaries with patients' GPs, care home or domiciliary care staff, including details of any surgery, implants or medication changes to ensure

		o Standards 25, 42, 53, 54, 69)	effective continuity of care in the community?
		Standards and guidance relevant for AMSAT in NHS Acute Trusts	• Are GP's informed that a person has been identified as requiring EOLC? If so, how is this done?
		• [RCEM guidance: Mental Health in Emergency Departments](#)	**Prompts relevant for AMSAT in NHS Acute Trusts**

		• [Assessing mental health in acute trusts – guidance for inspectors](#)	• When appropriate, do records contain details of patients'
			    o mental health needs
			    o learning disability needs
			    o autism needs
			    o dementia needs
			    o alongside their physical health needs?

			• Are staff confident the records will tell them if a patient has one of these underlying diagnoses?
			• Are mental and physical health records shared effectively to avoid unnecessary admissions? • Are staff able to identify if community care is already in place?

			• What systems are in place to identify patients with pre-existing
			    o mental health conditions
			    o learning disability
			    o autism diagnosis
			    o dementia?

		• If a patient has been seen by a member of the mental health liaison team, is their mental health assessment, care plan and risk assessment accessible to staff on the ward/ clinic?
		• When relevant, do staff have access to patient-specific information, such as care programme approach (CPA) care plans, positive behaviour support plans, health passports, communication aids? Do they use or refer to them?
		IH Only
		• How does the service ensure that clinical records generated by staff holding practising privileges and the patient clinical record are integrated into the hospital record for the patient?

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. • NICE CG52 Drug misuse in over 16s:	• Are allergies clearly documented in the prescribing document used? • Are there local microbiology protocols for

Prompts (continued)	Professional standard (continued)	Sector specific guidance (continued)

- 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?

opioid detoxification

- NICE CG100 Alcohol-use disorders: diagnosis and management of physical complications

- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NICE Guideline NG15)

- NICE QS121 Statement 4: People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available

the administration of antibiotics and are prescribers using them?
- When someone dependent on alcohol or illegal drugs is admitted, are they offered medicines to assist their withdrawal and associated side-effects?

- When people are prescribed an antimicrobial do they have a microbiological sample taken and is their treatment reviewed when results are available?

IH only

- What SLAs exist (if required) for the provision of pharmacy support?

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?
- S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?

- 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. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
  - o Never events policy and framework 2018
  - o Never events list 2018

- 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 the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

- Do mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt?

- Is there evidence in incident investigations that duty of candour has been applied?

	o	
Report sub-heading: Safety Thermometer (Clinical Quality Dashboard for independent providers)		

• 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](#)
	
	 • [Paediatric specific safety thermometer](#)
		• Is Safety Thermometer (or equivalent) data being collected on:
		  o Pressure Ulcers
		  o Falls
		  o Catheter associated UTI
		  o Venous thromboembolism
		
		 • Is a paediatric specific safety thermometer (or equivalent) in use – for example PEWS, COAST? If so, does the service take appropriate action as a result of the findings?

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 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?

- NICE QS66 Statement 2: 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.

- (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

- NICE QS90 (2015) UTI in adults

- Clinical Standards for Emergency Departments' (RCEM)

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  - Standards 47, 62

- Unscheduled Care Facilities (RCEM)

- Sepsis: recognition, diagnosis and early management (NICE Guideline 51)

- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NICE

- In assessing whether NICE guidance in followed, take the following into account:
  - Details of the provider's Clinical Audit programme to support and monitor implementation of NICE guidance
  - Details of additional prescribing audits that may be completed by junior doctors on rotation.
  - Utilisation of NICE implementation support tools such as the baseline assessment tools.
  - A Provider submission demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements.
  - Participation in National benchmarking clinical audits

- What evidence (for example local audits) is there that national guidelines are in use?

- Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app.

- Does the department meet the standards set out by the RCPCH Standards for children in emergency

Guideline NG15)

- [NICE QS121 Statement](#) 6: Prescribers in secondary and dental care use electronic prescribing systems that link indication with the antimicrobial prescription.

- RCEM: [Emergency Department Care (2017)](#)
  - QS27 – Are patients clearly told how to access staff when they have needs or concerns? Is this access facilitated by the department, to make it as easy as possible?
  - QS39 – Is a skin vulnerability assessment performance on arrival for all frail, elderly patients?
  - QS41 – Does the ED follow the advice contained in '[Quality care for older people with urgent and emergency care needs](#)' (2012)

  - QS46 – What evidence is there demonstrating ED compliance with [RCEM Quality in Emergency Care Best Practice Guidelines](#)?.

care settings (standards 47, 62)

- Is sepsis screening and management done effectively, in line with national guidance (i.e. NICE guidance, UK Sepsis trust)

- Do prescribers in secondary care use electronic prescribing systems which link the indication with the antimicrobial prescription?

- Are relevant staff able to deal with any violence and aggression in an appropriate way?

- Do older people who may be frail or vulnerable receive (or get referred for) a comprehensive assessment of their physical, mental and social needs as a result of their contact with the service?

Cancer assessment framework

- Does the provider follow national guidance, eg. NICE pathway guidance for assessment and treatment of cancer – including stratified pathways and appropriate information for those living with and beyond cancer - and related complications, such as metastatic spinal cord compression, including audit and national benchmarking?

Cancer assessment framework

- NICE guidance CG151: Neutropenic sepsis: prevention and management in people with cancer

- NICE QS56 Metastatic spinal cord compression in adults

- NICE pathway for metastatic spinal cord compression

Standards and guidance relevant for AMSAT in NHS Acute Trusts

- Use of the Lester tool supports the recommendations in NICE CG 178 Psychosis and schizophrenia in adults: prevention and management and NICE CG 155 Psychosis and schizophrenia in children and young people: recognition and management

- NICE NG10 - Violence and aggression: short-term management in mental health, health and community settings

- NICE CG42 - Dementia: supporting people with dementia and their carers in health and social care

- NICE CG90 - Depression in adults: recognition and management

Prompts relevant for AMSAT in NHS Acute Trusts

- Do staff follow best practice for assessing and monitoring the physical health of people with severe mental illness? For example, do they undertake appropriate health screening for example cardiometabolic screening and falls risk assessment?

- Are patients who are suspected to be experiencing depression referred for a mental health assessment?

- Do staff handovers routinely refer to the psychological and emotional needs of patients, as well as their relatives / carers?

	• [NICE CG91](#) - Depression in adults with a chronic physical health problem: recognition and management	

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?	• RCEM: [Emergency Department Care (2017)](#) ○ QS44 – Is care for children instituted as soon as possible? Are the parents / relatives / carers / all young children with vomiting and diarrhoea +/- dehydration encouraged to start oral rehydration therapy on arrival?	• What arrangements are in place in terms of food and drink for patients (and accompanying friends and family) who are in the department for any length of time? Are there healthy food and drink options?

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, 2015) in particular:
	   ○ 6.4 Standard 2 - All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.
	   ○ 6.4 Standard 3 - All in-patients with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines
		• How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015)?
		
		• Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standard 23)
		
		• Do staff use an appropriate tool to help assess the level of pain in patients who are non-verbal? For example, [DisDAT](#) (Disability Distress Assessment Tool) helps to identify the source of distress,

for communication with the APS.

- RCEM: Emergency Department Care (2017)
  o QS44 – Is care for children instituted as soon as possible? Are all children offered appropriate and prompt pain analgesia?

- RCEM Management of Pain in Children (revised July 2013)
  o Requires all children to be offered pain relief within 20 minutes of arrival and those in severe pain be reassessed every hour.
  o An annual audit is recommended.

- RCEM Management of pain in adults (2014)

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  o Standard 23

- RCEM: Emergency Department Care (2017)
  o QS24 – Do nursing staff at patient entrances have easy and timely access to a senior doctor for prescribing analgesia for severe pain?

Cancer assessment framework

e.g. pain, in people with severe communication difficulties and is.GMC recommended. Abbey Pain Scale for people with dementia is also GMC recommended.

Cancer assessment framework

- How does the service ensure that patients with a terminal diagnosis who are admitted from home and have their drugs locked away are able to continue their 'regular home drug routine' for pain relief?

	• Faculty of Pain Management: [Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting disease](#)	

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?
	• [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline 51)
	
	• RCEM: Emergency Department Care (2017)
	   ○ QS47 – Has the ED made measureable improvements in response to RCEM and local audit?
	   ○ QS49 – Are standards related to patient care improved through audit and quality improvement?
	
	[Detection and management of outliers for National Clinical Audits: Implementation guide for NCAPOP providers](#)
	Cancer assessment framework
	
	• NICE guidance CG151: Neutropenic sepsis: prevention and management in people with cancer
		• Are the following indicators being met?
		   ○ Consultant review prior to discharge:
		     – adults with non-traumatic chest pain,
		     – febrile children under 12 months,
		     – unplanned readmissions within 72 hours
		
		• What is the unplanned re-attendance within 7 days rate?
		
		• Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit?
		
		• For statistics audit outliers, and in line with the National Guidance on the management of audit outliers, does the service investigate why performance was much worse than expected, and make changes to improve care?
		
		• Is the service regularly reviewing the

	o E.g. door to needle time of 60 mins for administering antibiotics	effectiveness of sepsis management through local and national audit?
		• How do the audit outcomes compare against national standards?
		• How does the service performance compare to national performance? (i.e. in the RCEM audit and national CQUIN on sepsis)
		• Does the service hold regular audit meetings to review performance in regards sepsis management and patient outcomes?
		• Where issues have arisen in regards sepsis management and patient outcomes has there been evidence of quality improvement?
		• Where issues have arisen in regards sepsis management and patient outcomes have staff been given appropriate support and training?
		• Are there audits that the service does not contribute to?

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 supported for the role they undertake?

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  o   Standards 3, 5, 9-15, 45

- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NICE Guideline NG15)

- NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.

- IHAS / NHS Employers: Guidance for employers on sharing information about a healthcare worker where a risk to public or patient safety has been identified (July 2013)

Standards and guidance relevant for AMSAT in NHS Acute Trusts

- NICE NG11 - Challenging behaviour and learning disabilities prevention and interventions for people with

- Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 3, 5, 9-15, 45)

- Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber and team level?

- Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty?

Prompts relevant for AMSAT in NHS Acute Trusts

- Do staff have the skills, knowledge and experience to identify and manage issues arising from patients'
- mental health conditions
- learning disability
- autism
- dementia?

- Does the psychiatric liaison or similar team have members with the skills, knowledge and experience to work with patients with
- learning disabilities

	learning disabilities whose behaviour challenges	• autism
		• dementia diagnoses?
	• [Assessing mental health in acute trusts – guidance for inspectors](#)	• Do staff have the skills to sensitively manage any difficult behaviours that patients may display?
		IH only
		• How does the service ensure that consultants working under practising privileges arrangements only carry out treatments, procedures or reporting that they are skilled, competent and experience to perform? (Do they perform similar work in the NHS?)
		• What are the arrangements for granting and reviewing practising privileges?

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? • E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?	• [PHSO: A report of investigations into unsafe discharge from hospital](#) • [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (NICE guideline 27)	• What are the arrangements for the integration of Emergency Medicine service with the rest of the hospital, including oncology service, substance misuse teams, liaison with psychiatric services, children's services, imaging including radiology and pathology?

• 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?
	• [NHSI Good Practice Guide: Focus on improving patient flow](#) (2017).	• Are patients who are acutely unwell with frailty assessed by clinicians who are competent to identify the most appropriate care pathway? NHSI page 10.
		
		• What are the admissions pathways for people requiring hospital stay?
		
		• How do emergency department staff describe their relationship with speciality teams?
		
		• What arrangements are in place to ensure that an effective process is followed when a patient is discharged from the service into the community?
		
		• Are there established links with:
		  o mental health services
		  o learning disability
		  o autism
		  o dementia services?
		
		• Is there evidence of multi-disciplinary/ interagency working when required? If not, how do staff ensure safe discharge arrangements for people with complex needs?
		
		• Do staff know how to refer patients to local services when they require additional support? e.g. substance misuse services.

		Cancer assessment framework • Is the service working proactively and effectively with other providers in its Cancer Alliance?
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?	• [Seven Day Services Clinical Standards](#) (2107)
	Time to first consultant review
	   ○ 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
		• Does the provider meet NHS England's seven day services priority standards around
		   ○ Time to First Consultant Review?

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
	• [Facing the Future: Standards for Children in Emergency Care Settings](#) (RCPCH 2018)
	   ○ Standards 24, 26
		• Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 24, 26)

- 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 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?	• Consent: patients and doctors making decisions together (GMC) • Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment	• Are any patients detained under the Mental Health Act? If so, are staff aware there are additional steps to consider if the patient does not consent to treatment? Do they know where to get advice on this? • Is there evidence of the use of best interest decision making for people

- 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?

- BMA Consent Toolkit
- BMA Children and young people tool kit

- Gillick competence

- MHA Code of Practice (including children and young people - chapter 19)

- RCEM: Emergency Department Care (2017)
  - QS 36 – Does the ED follow the advice contained within RCEM's 'The Mental Capacity Act in Emergency Medicine Practice' (2017)?

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  - Standards 44, 46, 48

- A brief guide to Section 136 for Emergency Departments (RCEM, 2017) *(Note: This guidance states the police must consult mental health professionals, where practicable, before using Section 136. However, the legislation says the police officer should consult a registered medical practitioner, a registered nurse, an approved mental health professional (AMHP), and other specified professionals. Therefore, legally, a police officer could consult an emergency department nurse, paramedic or OT with no recent MH experience)*

without the capacity to consent, including consultation with those holding powers under Deputyships or Lasting Powers of Attorney, and relatives and friends interested in the person's welfare?

- Does the ED follow the recommendations of the RCEM in their Brief Guide to section 136 for EDs?:
  - Nurse in charge and senior clinician review the patient with the police and ambulance crew
  - 24 hour duration of section 136 commences on arrival at the ED
  - Patients informed of their rights and kept updated of the plan for their care
  - Referral for MHA assessments occurs on arrival or as soon as patient is medically fit for assessment
  - Police are responsible for the safety of a patient. If the ED allows the police to leave they take on this responsibility and should have the staff and resources to deal with the risk of the patient absconding.

- Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 44, 46, 48)

	• [BMA / RCP guidance on clinically-assisted nutrition and hydration, and adults who lack capacity to consent](#). • [BILD Restraint Reduction Network Training Standards](#) (Note: Mandated for NHS-commissioned services for people with MH conditions, learning disabilities, autistic people and people living with dementia. They should be considered best practice in other settings including acute hospitals)	

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?

- 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?

- NICE QS15 Statement 1: People using adults 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 health needs.

- RCEM: Emergency Department Care (2017)
    - QS4 - Do clinical areas enable patients to retain dignity and privacy, including facility to register with privacy?
    - QS 19 – Have all staff has training in, and deliver customer care and compassionate care?
    - QS20 – Is 'care' embedded within ED induction for all staff? Does it form a part of ongoing teaching and handovers?
    - QS25 – Are patients, arriving by any means, warmly greeted by a named person? Do staff introduce themselves by name, and identify their role and position?
    - QS31 – Is comfort rounding routine?
    - QS31 – Is there a daily trolley round offering food, drink, toiletries etc?

- Consider results of the following questions from the Inpatient survey:
    - Were you given enough privacy when being examined or treated in the A&E department?

- Do staff members display understanding and a non-judgemental attitude towards (or when talking about) patients who have
    - mental health,
    - learning disability,
    - autism
    - dementia diagnoses?

- How do staff respond to patients who might be:
    - frightened
    - confused
    - phobic
    - about medical procedures or any aspect of their care?

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?
	• RCEM: Emergency Department Care (2017)
	    o QS9 – In the case of a dying or recently deceased patient, is the relevant clinical area quiet, private, sensitively designed and readily identifiable as such to approaching staff?
	
	 • Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
	      o Standard 64
		• How does the service ensure that staff have time to provide appropriate and timely support to relatives of seriously injured casualties?
		
		 • Are patients (and their families) who receive life-changing diagnoses given appropriate emotional support, including help to access further support services?
		
		 (Life-changing conditions include, but are not limited to, terminal illness, bariatric surgery or HIV. Menopause can also impact on women's emotional health)
		
		 • If a patient becomes distressed in an open environment, how do staff assist them to maintain their privacy and dignity?
		
		 • Do patients with mental health or dementia diagnoses receive advice about their condition, its treatment and useful coping strategies, backed up by written information?
		
		 • Do their relatives receive adequate support and information?
		
		 • Does the department meet the standards set out by the RCPCH Standards for children in emergency

		care settings (standard 64)

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 Statement 5: People using adult NHS services have their preferences for sharing information with their family members and cares established, respected and reviewed throughout their care
	
	 • NICE QS15 Statement 6: People using adult NHS services are supported in shared decision making
	
	 • GMC Guidance and resources for people with communication difficulties
	
	 • RCEM: Emergency Department Care (2017)
	     o QS 26 – Are patients routinely given forecasts?
		• Consider results of the following question from the inpatient survey:
		     o While you were in the A&E department, how much information about your condition or treatment was given to you?
		
		 • Do staff have access to communication aids to help patients become partners in their care and treatment? For example, is there evidence that they use the patient's own preferred methods or are easy read materials available (and used)?
		
		 IH Only
		 • In cases where the patient will be responsible for full or partial cost of care or treatment, are there appropriate and sensitive discussions about cost?

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	• 'How to achieve safe, sustainable care in our Emergency Departments' (RCEM)	• Can the service demonstrate how it has responded to the RCEM report 'How to achieve safe, sustainable care

care?

- 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?
- R1.3 Are the facilities and premises appropriate for the services that are delivered?

in our Emergency Departments?'

- NICE CG56 Multimorbidity: clinical assessment and management

- Butterfly scheme (other schemes exist)

- RCEM: Emergency Department Care (2017)
  o QS1 – are all areas of the ED clean and well lit?
  o QS3 – Is the physical condition of the ED in good order?
  o QS5 – are waiting areas furnished with reading material, wifi, television access, information regarding process and an updated waiting time?
  o QS6 – are relatives and carers catered for – sufficient seating
  o QS 7 – Is there a message for recumbent patients on the ceiling tiles in the resus room?
  o QS 8 – Is there a dedicated psychiatric assessment room that confirms to PLAN standards?
  o QS10 – Is the signage and information for patient sufficient, to enable easy navigation to, through and from the ED?

- NHSI Good Practice Guide: Focus on improving patient flow (2017).

- Does the department have the ability to competently stream appropriate patients to a primary care centre? (NHSI Page 8)

- Is there adequate seating and space in reception and waiting areas (i.e. do people routinely have to stand while they are waiting to speak to reception staff or for their consultation)?

- How have services been adapted to meet the needs of local people?

- How is this taken into account in service planning?

- Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standard 4)

- Are there any systems or staff members in place to aid the delivery of care to patients in need of additional support? For example dementia champions or dementia symbols above bed or Learning Disability link nurses or stickers on paper records.

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  - Standard 4

Cancer assessment framework
- The Macmillan Quality Environment Award is a framework for assessing whether cancer care environments meet the standards required by people living with cancer. (Includes list of providers who have achieved award).

Standards and guidance relevant for AMSAT in NHS Acute Trusts
- NICE CG142 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum

- Assessing mental health in acute trusts – guidance for inspectors

- Are the needs of patients with the following conditions routinely considered when any changes are made to the service? For example, through use of an impact assessment.
  - mental health conditions
  - learning disability
  - autism
  - dementia

Cancer assessment framework
- Have any clinical areas within the service achieved the Macmillan Quality Environment Mark?

Prompts relevant for AMSAT in NHS Acute Trusts

- When required, is there somewhere appropriate for patients to wait while admission to a psychiatric unit or other action is arranged?

- Is there a quiet area where patients can wait if they find busy environments distressing?

- How do staff know where to find patients who are not waiting in the usual place?

- Are signage and/or public announcements clear enough to be understood by people who are

		unfamiliar with the environment?

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? • 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?	○ NICE QS15 Statement 4: People using adult NHS services experience care that is tailored to their needs and preferences. • Accessible Information Standard (From July 2016, all organisations that provide NHS care or ASC are legally required to follow the Accessible Information Standard) • NICE NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs. Of particular relevance to Looked After Children and Young People – see NICE QS31 • RCEM: Emergency Department Care (2017) ○ QS30 - Does discharge planning include bespoke written and verbal advice and a check of social and welfare concerns? RCEM - Giving information to patients in the Emergency Department (2017) ○ QS34 – Is written information	• How does the service take account of individual needs of the following groups of patients: ○ People with complex needs ○ People with learning disabilities ○ People with dementia • Is frailty identified and measured as soon as patients arrive using a specific assessment tool e.g. The Rockwood Clinical Frailty Scale.(NHSI Page 21) • Is there a clinical decision unit to allow a short period of observation, investigation or treatment prior to discharge? Is it led and supervised by a consultant? NHSI Page 6. • In areas where ethnic minority groups form a significant proportion of the local population, are processes in place to aide translation? • 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?

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

provided for patients and carers for those returning to care institutions?
- o QS35 – Is there easy access to translation services, including British Sign Language?
- o QS37 – Is dementia friendly training mandatory and up to date among all ED staff, including receptionists, cleaners and security?
- o QS38 – Is dementia care of a high standard?
- o QS40 – Are the delirious offered distraction therapy?
- o QS41 – Does the ED follow the advice contained in 'Half a dozen things to know about dignity in dementia: improving care in general hospital settings' (CEM summary of RCN National project (2012)?
- o QS43 – Are facilities available for the distraction of distressed children?
- o QS45 – Does the department have access to learning disability health care staff and is there evidence that the service is used?
- o QS48 – Does the department have lead for significant groups e.g. adolescents, patients with dementia, frequent attenders?

- Facing the Future: Standards for

- Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 7, 39)

Prompts relevant for AMSAT in NHS Acute Trusts
- If people with the following conditions need extra support or supervision on the ward or in the clinic is this available?
  - o a mental health condition
  - o learning disability
  - o autism
  - o dementia

- Are appropriate discharge arrangements in place for people with complex health and social care needs? This may mean taking account of chaotic lifestyles.

- When appropriate do Community Mental Health Teams (CMHTs), Community Learning Disabilities Teams (CLDTs), Child and Adolescent Mental Health Teams (CAMHS) or similar, get copied into discharge correspondence?

	Children in Emergency Care Settings (RCPCH 2018) o Standard 7, 39 • NDAA Dementia Charter • NHSI Good Practice Guide: Focus on improving patient flow (2017). **Standards and guidance relevant for AMSAT in NHS Acute Trusts** • Assessing mental health in acute trusts – guidance for inspectors	

<table>
<tr><td colspan="3" style="background-color:#6b2c5f;color:white">Key line of enquiry: R3</td></tr>
<tr><td colspan="3">R3. Can people access care and treatment in a timely way?</td></tr>
<tr><td>Prompts</td><td>Professional standard</td><td>Sector specific guidance</td></tr>
<tr><td colspan="3">Report sub-heading: Access and flow</td></tr>
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<td>

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?

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RCEM: Emergency Department Care (2017)

QS28 – Has the ED inspected the RCEM crowding guideline and toolkit in anticipation and in response to exit block?
QS29 – Does the ED make use of a safety barometer, escalate by following agreed action points and

</td>
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Is there a structured approach to patient flow that ensures all components of the system are appreciated and managed appropriately, and flow issues are escalated appropriately?
How is overcrowding managed? Does is follow the recommendations in the

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- 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?

chase an unsatisfactory response?

- RCEM Initial assessment of emergency department patients (2017)
  - The front door of the ED should be managed by the ED and fall within its quality improvement and governance systems. Gatekeeping to the ED by non-ED services is not supported.

- NHSI Good Practice Guide: Focus on improving patient flow (2017).

- Operational Pressures Escalation Levels Framework (OPEL)

RCEM publication "*Crowding in the Emergency Department 2012*"

- Does the department have an effective full capacity protocol and are staff familiar with it?(NHSI Page 6)

- Do triage/streaming staff assess patients suitability to be transferred to a chair to await treatment ("Fit to sit" assessment)? (NHSI Page 6)

- Are clinically stable patients who have been referred by a GP sent to a surgical or medical assessment unit within 30 minutes of arrival? (NHSI Page 6)

- How are patients managed in Emergency Medicine when they are waiting for inpatient beds? (note the isolation needs of patients with cancer)

- How does the service work with the patient flow team / bed management team?

- What admission avoidance provision is in place? Is there an ambulatory emergency care centre (AEC)? Is the centre open 14 hours a day, seven days a week?

- Are ED staff familiar with the conditions that can be treated by the

		AEC and is there an automatic referral process? (NHSI Page 16)
		
		• What is the performance against the following indicators:
		   o Percentage of patients are in the department for over 6 hours? (should be none)
		   o Percentage of admissions achieving 4 hour wait target*?
		   o Percentage of admissions waiting 4-12 hours from decision to admit to admission*?
		   o Percentage of patients leaving before being seen?
		
		Prompts relevant for AMSAT in NHS Acute Trusts
		• Are people with urgent mental health needs seen within one hour of referral by an appropriate mental health clinician and assessed in a timely manner?
		
		• Are there differences between target and actual waiting times or response times for patients with mental health needs?
		
		• What action has been taken if waiting and response times are not met?
		
		• Do referral routes ensure a timely response for people experiencing a mental health crisis?

| | | o How effectively do they work?
o Is self-referral an option?
o Are those in greatest need prioritised? |

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?
 	
• 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
	• The NHS constitution gives people the right to
	
	• Have complaints dealt with efficiently and be investigated.
	
	• Know the outcome of the investigation.
	
	• Take their complaint to an independent Parliamentary and Health Service Ombudsman.
	
	• Receive compensation if they have been harmed.
	
	• RCEM: Emergency Department Care (2017)
	   o QS11 – Is patient feedback sought and acted upon? Are patient's comments (positive and negative) shared with staff?
	   o QS22 – Are staff aware of how to respond to patients
		• How many complaints have been referred to the Parliamentary and Health Service Ombudsman?
		
		Independent services only
		
		•
		
		• 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, whose patients do not have access to the PHSO if their care is not NHS funded.

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?	or relatives who wish to complain? **Independent services only** • ISCAS: Patient complaints adjudication service for independent healthcare

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?	• Emergency Medicine Consultants – Workforce Recommendations (RCEM) • RCEM: Emergency Department Care (2017)	• How is the service working to address sustainability amongst the medical workforce? Is there evidence of action around the recommendations set out on page 10 of the RCEM consultant

• 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?	○ QS14 – Are senior doctors approachable and available? • Fit and Proper Persons Guidance	workforce recommendations? • Who has the lead for mental health within the service / department? Do they have appropriate expertise in this area or are they supported by someone who does?

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?	• Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018) ○ Standards 1-2 **Standards and guidance relevant for AMSAT in NHS Acute Trusts** • Assessing mental health in acute trusts – guidance for inspectors	• Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 1-2) **Prompts relevant for AMSAT in NHS Acute Trusts** • If the trust has a vision and strategy specific to, or inclusive of, mental health, who in the service knows about this? What is the service's contribution to achieving it?

Generic prompts	Professional Standard	Sector specific guidance
• 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?		

<table>
<tr><td colspan="3" style="background:#6a2c5a;color:white;">Key line of enquiry: W3</td></tr>
<tr><td colspan="3">W3. Is there a culture of high-quality, sustainable care?</td></tr>
<tr><td>Generic prompts</td><td>Professional Standard</td><td>Sector specific guidance</td></tr>
<tr><td colspan="3">Report sub-heading: Culture</td></tr>
</table>

Generic prompts	Professional Standard	Sector specific guidance

• 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
	• 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
	
	• RCEM: Emergency Department Care (2017)
	   o QS12 – Do all staff feel valued?
	   o QS18 – Are staff from other clinical specialities engaging in
		• Are there innovative approaches to help ease staffing issues and create workforce stability?
		
		• Are there are appropriate security arrangements to keep staff and others safe and protected from violence, particularly at weekends and out of hours?
		
		• What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits.

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?

- 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?

clinical work in the ED supported?
- o QS21 – Are staff encouraged to report concerns regarding care? Do they know the procedure to follow when they do not believe their concerns have been listened to?
- o QS50 – Can the ED demonstrate that staff are proud of the care provided?

- [Creating workforce stability in emergency care: Expected good practice](#) (RCEM)

- [Eight high impact actions to improve the working environment for junior doctors](#)

Standards and guidance relevant for AMSAT in NHS Acute Trusts
- [Assessing mental health in acute trusts – guidance for inspectors](#)

Prompts relevant for AMSAT in NHS Acute Trusts

- How much prominence is given to patients' mental health and emotional wellbeing in day to day activity within the service, e.g. handovers, record keeping, care and treatment plans?

IH Only

- 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?

- Are the arrangements for advertising or promotional events in line with advertising legislation and professional guidance?

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	• [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline	• What are the governance procedures for managing and monitoring any SLAs the provider has with third

quality, sustainable services? Are these regularly reviewed and improved?

- W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?

- W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?

- W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

51)

- NHSI Good Practice Guide: Focus on improving patient flow (2017).

IH Only

- The Health Care and Associated Professionals (Indemnity Arrangements) Order 2104

parties?

- Is there a sepsis lead who oversees the departmental/trust sepsis management, including neutropenic sepsis? Does the service monitor and investigate unplanned re-admissions due to neutropenic sepsis, and take action to improve and disseminate learning?

- If patients are streamed to a primary care centre, are there joint governance arrangements to consider the operation effectiveness of the streaming process? (NHSI Page 8)

IH Only
- Are roles and responsibilities of the Medical Advisory Committee set out and available?

- How does the provider make sure those medical practitioners involved in urgent and emergency 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 guidance on appraisal for doctors?

- How does the hospital manager ensure that consultants holding practising privileges have an

| | | appropriate level of valid professional indemnity insurance in place? |
| | | • How does the hospital manager ensure that consultants who invite external staff (for example their own private nurse) to work with them undergo appropriate checks as required by Schedule 3 of the HSCA Regulated Activity Regulations? |

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 structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • W5.4 Are there robust arrangements for	• 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. • 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. • Sepsis: recognition, diagnosis and	• How is performance in regards sepsis management and patient outcomes fed back to the trust board? • Has there been repeated use of the Full Capacity protocol? If so, has there been a thorough hospital wide review to establish the cause? (NHSI Page 7) • Is there effective trust board oversight of performance regarding antimicrobial prescribing and stewardship? What action is taken when issues are identified?

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?

early management (NICE Guideline 51)

- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NICE Guideline NG15)

- NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.

- NHSI Good Practice Guide: Focus on improving patient flow (2017).

- Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018)
  - o Standards 55-56

Standards and guidance relevant for AMSAT in NHS Acute Trusts

- Assessing mental health in acute trusts – guidance for inspectors

- Does the service have tested back-up generators in place in case of failure of essential services?

- Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?

- Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 55-56)

Prompts relevant for AMSAT in NHS Acute Trusts

- Does the service participate in any audits that are related to (or refer) to mental health and emotional wellbeing? Have there been any relevant actions arising from audits?

- Are relevant senior staff members aware of any risks or issues related to mental health and emotional wellbeing in relation to the ward? If so, where have these been recorded and what action has been taken?

- What support is available for non-mental health staff who are not

		competent or confident in working with people's mental health or emotional needs?

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	• Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018) ○ Standards 66-68 **Standards and guidance relevant for AMSAT in NHS Acute Trusts** • Assessing mental health in acute trusts – guidance for inspectors	• Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standards 66-68) **Prompts relevant for AMSAT in NHS Acute Trusts** • Are any senior staff members required to regularly report on any aspect of patients' mental health or emotional wellbeing? • Are there any systems that help or hinder access to up-to-date information about patients' mental health?

Generic prompts	Professional Standard	Sector specific guidance

quality of care?

- W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?

- W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

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
	• RCEM: Emergency Department Care (2017)
	  o QS11 – Is patient feedback sought and acted upon? Are patient's comments (positive and negative) shared with staff?
	  o QS47 – Has the ED made measureable improvement in response to patient feedback?
	  o QS50 – Can the ED demonstrate that patients are happy with the care provided?
	
	• Facing the Future: Standards for
		• Does the service know what patients and carers think about the support they receive for their mental health or emotional wellbeing? If they do know, have they had to take any action in response?
		
		• Does the leadership team understand how their staff feel about delivering or coordinating care that meets both the physical and mental health needs of patients?

delivery of services and in shaping the 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?	Children in Emergency Care Settings (RCPCH 2018) o Standard 6	• Have they involved any external organisations to help them improve or sustain the care provided to patients with mental health or emotional wellbeing issues? • Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standard 6)

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	Facing the Future: Standards for Children in Emergency Care Settings (RCPCH 2018) o Standard 70 **Cancer assessment framework** • Macmillan Quality Environment Award	• Does the service have anything planned or in progress in relation to learning, improvement or innovation which will assist the delivery of mental health care within the service? • Does the department meet the standards set out by the RCPCH Standards for children in emergency care settings (standard 70)

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?		