

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
Throughout		Fixed / updated broken links
S1 – Mandatory training	6	Professional standard and prompt added to reflect the Skills for Health Core Skills Framework Added a prompt about training for patients with mental health needs, where appropriate Removed prompts related to resilience
S1 – Safeguarding	7 / 8	Updated references to most recent version on intercollegiate safeguarding guidance for both adults and children. Reviewed and summarised prompts Added in reference to DBS guidance
S1 – Cleanliness, infection control & hygiene	-	Removed sub heading as this is not reported for EoC
S1 – Environment and Equipment	8	Added HSE guidance on portable electrical equipment in the workplace
S2 – Staffing	9	Small change to REAP prompt to reference staffing levels

S3 – Records	10	Updated reference to NICE QS15
S5/6 – Safety performance	-	Removed sub heading as this is not reported for EoC
E1 – Evidence based care and treatment	14	Removed resilience prompts
E1 – Pain relief	15	Removed reference to NICE QS15, which has been amended and no longer has a relevant statement for this sub heading
E2 – Response times	15	Updated AQI and added link to ARP brief guide Removed resilience prompts
E4 – Multidisciplinary working	18	Removed UK Ambulance Service MoU on mutual aid as no longer available Removed reference to old NICE QS15 Moved some prompts from this sub heading to R1 – Service delivery to meet the needs of people, to give a better fit
E6 – Consent and Mental Capacity Act	19	Removed reference to DOLS in the sub heading report title, as this does not apply to ambulance services
C1,2 & 3 – Compassionate care	21 / 22	Updated references to new NICE QS15
C1,2 & 3 – Emotional support	22	Removed reference to NICE QS15, which has been amended and no longer has a relevant statement for this sub heading Removed reference to Hear and Treat survey given it's age

C1,2 & 3 - Understanding and involvement of patients and those close to them	23 / 24	Updated references to new NICE QS15 Removed reference to Hear & Treat survey
R1 – Service delivery to meet the needs of local people	24 / 25	Removed resilience prompts
R1 – Meeting people’s individual needs	25 / 26	Updated references to new NICE QS15
W3 - Culture	30 / 31	Removed reference to old “Being open: communicating patient safety incidents to patients, their families and carers” guidance” Removed resilience prompts Added in NHS Employers ‘Tackling bullying in ambulance trusts’ guidance
W5 – Management of risks, issues and performance	33 / 34	Removed resilience prompts
W6 – Information management	34 / 35	Removed resilience prompts
W7 – Public and staff engagement	35 / 36	Removed resilience prompts
W8 – Innovation, improvement and sustainability	36 / 37	Removed resilience prompts

Inspection framework: NHS Ambulance Services

Core service: Emergency Operations Centre (EOC)

The emergency operations centre (EOC) receives and triages 999 calls from the public and other emergency services. It gives advice and dispatches an appropriate service to the scene.

It also receives and triages 999 calls relating to major incidents and dispatches the appropriate response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1). This can include hazardous area response teams.¹

When callers do not need an ambulance response the EOC provides assessment and treatment advice ('hear and treat').

The EOC also manages requests from healthcare professionals to transport people from the community into hospital or between hospitals.

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 Emergency Operations Centres, also known as 999 control rooms
- Speciality desks in control rooms such as clinical desks, paramedic desks, air ambulance desks and those receiving calls from professionals for urgent or specialised transport
- Any 111 control rooms / desks (although the 111 service is not inspected as part of this sector we will need to see how calls are passed to the 999 service as appropriate)

¹ Resilience may be reported as an additional service in some NHS Ambulance Trusts. Therefore, there is a separate additional service framework to support the inspection of resilience that can be used alongside this framework.

- Any management information department or similar including physical record storage

We are also visiting locations such as hospital accident and emergency and outpatients departments where patients who use the ambulance service are commonly found in order to speak to patients and staff of other providers. These are not locations of the provider and the NHS trusts have been told in advance that we may do this but not when and where.

The team responsible for the EOC should liaise with colleagues from other teams visiting these locations to ensure that the experiences of provider and non-provider staff as well as patients and relatives are sought and recorded.

Interviews/observations

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

Manager responsible for Emergency Operations Centres

Medical Director

Senior paramedics / clinicians in the EOC

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

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| <ul style="list-style-type: none"> • Internal to the provider • Call takers • Dispatchers • Clinical support staff • Ambulance, RRV and helicopter crews • Staff of the 111 service | <ul style="list-style-type: none"> • External to the provider • Patients, relatives, care home staff • Staff requesting urgent ambulance transfers and specialist hospital departments such as A&E, neonatal intensive care, burns units etc |
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Safe

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

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

Key lines of enquiry: S1

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

Report sub-heading: **Mandatory training**

Prompts	Professional standard	Sector specific guidance
<ul style="list-style-type: none">• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?• S1.5 Do staff receive effective training in safety systems, processes and practices?	<ul style="list-style-type: none">• Skills for Health Core Skills Framework<ul style="list-style-type: none">○ Framework includes statutory and mandatory training relevant for <i>all</i> healthcare staff and therefore does not include medicines management.○ MHA and MCA training are covered under safeguarding○ Trusts can declare their alignment to the framework	<ul style="list-style-type: none">• Does the provider 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?• Where appropriate, have staff received training to make them aware of the potential needs of people with:<ul style="list-style-type: none">○ mental health conditions○ learning disability○ autism○ dementia?• What systems are in place to monitor mandatory training and alert staff when they need to update training?

Report sub-heading: Safeguarding

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| <ul style="list-style-type: none">• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?• S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?• S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.• 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? | <ul style="list-style-type: none">• Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding.• Fourth edition of Intercollegiate guidance for Safeguarding Children and Young People: Roles and competencies for Healthcare Staff (2019)• 2018 position statement on safeguarding children training• First edition of Intercollegiate Guidance for Adult Safeguarding (2018)• HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. July 2018• CQC cross sector DBS guidance.• CQC Independent ambulance FAQs section on DBS checks.• NHS Employers guidance/advice on DBS checks• Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) | <ul style="list-style-type: none">• Can the service demonstrate they have considered the roles of different groups of staff and determined which staff groups are required to have which level of both children's and adults safeguarding training?• If the level of training does not align with the intercollegiate guidance, can the provide demonstrate how the that their staff are competent to deal with safeguarding issues?• Are safeguarding referrals made in a timely way? |
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<ul style="list-style-type: none"> 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? 		
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Report sub-heading: **Environment and equipment**

<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? S1.9 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.) 	<ul style="list-style-type: none"> NHS England's 2015 Patient Safety Alert: Harm from delayed updates to ambulance dispatch and satellite navigation systems? MHRA guidance on managing medical devices (2015) HSE guidance on portable electrical equipment in the workplace 	<ul style="list-style-type: none"> Are there records of equipment maintenance and schedules? What arrangements are in place to accommodate equipment failure (communication systems and computerised systems) and are the staff knowledgeable about this? Is the EOC a suitable working environment for the activities that take place there? What are the arrangements in place to ensure that Display Screen Equipment Regulations are met? Do EOC staff have access to up to date satellite navigation systems, as per the 2015 Patient Safety Alert?
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Key line of enquiry: **S2**

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Report sub-heading: **Assessing and responding to patient risk**

Prompts	Professional standard	Sector specific guidance
<ul style="list-style-type: none"> S2.5 Are comprehensive risk assessments carried out for people who use services and 	<ul style="list-style-type: none"> Each service works to guidance agreed by their Medical Director. 	<ul style="list-style-type: none"> What triage and clinical risk systems are used?

<p>risk management plans developed in line with national guidance? Are risks managed positively?</p> <ul style="list-style-type: none"> • 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? 	<p>NICE Guideline 51 Sepsis: recognition, diagnosis and early management includes ambulances, particularly on page 34: “Ensure GPs and ambulance services have mechanisms in place to give antibiotics for people with high risk criteria in pre-hospital settings in locations where transfer time is more than 1 hour”.</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • When appropriate, do staff make good use of “special notes” to assess and respond safely to patient risk? • How is the welfare of a patient checked whilst waiting for an ambulance response? • Do staff recognise and evidence responding appropriately when they become aware of a rapid deterioration in the health of a patient? • How does the service ensure that a crew with appropriate skill mix is dispatched to meet the care and treatment needs of the patient that has been referred?
<p>Report sub-heading: Staffing</p>		
<ul style="list-style-type: none"> • S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> • Resourcing Escalatory Action Plan (REAP) <ul style="list-style-type: none"> ➤ A national indicator of the pressure in ambulance services across the UK, which triggers specific measures when the trust is operating at significant and sustained levels of increased activity. The levels of REAP are: <ul style="list-style-type: none"> ▪ 1 – Normal service ▪ 2 – Concern ▪ 3 – Pressure ▪ 4 – Severe pressure ▪ 5 – Critical ▪ 6 – Potential service failure 	<ul style="list-style-type: none"> • Are rotas and shift patterns aligned to demand? • What are the actual v establishment staffing levels? • Do staff get adequate breaks and time off between shifts? • What are the cover arrangements for sickness, leave, vacant posts etc. to ensure patient safety? • Is there appropriate use of locum/bank/agency staff? • What arrangements are there to hand calls between EOCs to ensure the service stays safe is local staffing is low? • How does the service respond to changing staffing levels required due to escalated Resource Escalation Acton Plan (REAP) levels?

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](#)
- [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.

- How does the EOC record patient and call details?
- What systems exist to record the priority of and response to calls? How are these monitored to ensure patient safety?
- Are records managed in a way that keeps people safe?
- Are regular audits of records undertaken and changes made where necessary to ensure safety of patients?
- Is there evidence that improvements are planned and carried out following record audits?
- How are records made and shared appropriately across staff delivering care and treatment?
- What “special notes” exist to alert EOC staff to patients with, for example, pre-existing conditions or safety risks?
- What means are there to identify callers and to have access to information about the previous use of the service?
- What is the process for managing and disposing of confidential waste?

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		
<ul style="list-style-type: none"> • 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.) • 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? 		<ul style="list-style-type: none"> • What advice may be given by the EOC to callers to self-medicate and how is it ensured that this advice is safe?

<ul style="list-style-type: none"> • 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? 		
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Key line of enquiry: S5 & S6

S5. What is the track record on safety?
 S6. Are lessons learned and improvement made when things go wrong?

Prompts	Professional standard	Sector specific guidance
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Report sub-heading: **Incidents**

<ul style="list-style-type: none"> • 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, 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ➤ Never events policy and framework 2018 ➤ Never events list 2018 • Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015. 	<ul style="list-style-type: none"> • Do staff know what to report and how to report? Are all incidents that should be reported actually reported – this includes staff reporting incidents that they become aware of that take place “in the field”? • Are staff are de-briefed and supported after a serious incident? • Is root cause analysis carried out and action plans made as a result of any issues identified? • Do staff receive feedback from investigation of incidents both internal and external to the service? • Do staff meet to discuss incident feedback? • Is learning from incidents shared across all teams? Can staff describe something
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<p>services, partner organisations and people who use services involved in reviews and investigations</p> <ul style="list-style-type: none"> • S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong? • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff 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? 	<ul style="list-style-type: none"> • 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. 	<p>that has changed as a result of an incident?</p> <ul style="list-style-type: none"> • Are joint reviews of incidents undertaken with partner organisations such as BT or Police or Fire controls? • How does the service make sure staff on the front line (i.e. remote workers) know about changes in policy or procedure that have been made following safety incidents or safety alerts? • Is there evidence in incident investigations that duty of candour has been applied?
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Effective

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

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		
<ul style="list-style-type: none"> • E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? • E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? • E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? • E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? 	<ul style="list-style-type: none"> • Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines (2019) (Note: CQC can only arrange access to these on a case by case basis. Please request that your SpA bring a copy if they have one). • CG176 Head injury: assessment and early management • National Ambulance Mental Health group: MHA Section 136 Protocol (2007) 	<ul style="list-style-type: none"> • Is the software system in use a recognised and accredited system? • How is clinical advice and support made available to call handlers? • Is the service provided in line with national guidelines including NICE and JRCALC? • In assessing whether NICE or other guidance is followed, take the following into account: <ul style="list-style-type: none"> ✓ 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
Report sub-heading: Pain relief		

<ul style="list-style-type: none"> E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating? 		<ul style="list-style-type: none"> What tools are available for EOC staff to assess pain remotely and how is this information used? What advice is given on pain management?
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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
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Report sub heading: **Response times**

	<ul style="list-style-type: none"> NHS ambulance services (please see brief guide for further information on the Ambulance Quality Indicators): <ul style="list-style-type: none"> Call answer (mean) Call answer (median) Call answer (95th centile) Call answer (99th centile) Call answer (90th centile) 	<ul style="list-style-type: none"> How does the trust perform on AQI call answering measures and how is the information used by the provider? How does the trust monitor real time performance and respond when performance falls?
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Report sub heading: **Patient outcomes**

<ul style="list-style-type: none"> E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? 	<ul style="list-style-type: none"> NHS ambulance services (please see brief guide for further information on the Ambulance Quality Indicators): <ul style="list-style-type: none"> Hear & treat rate 	<ul style="list-style-type: none"> How does trust perform on Hear & Treat rates and how is the information used by the provider? Does the trust monitor re-contact rates and use this information to improve services?
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<ul style="list-style-type: none"> • E2.2 Does this information show that the intended outcomes for people are being achieved? • E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time? • E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes? 		<ul style="list-style-type: none"> • How does the trust monitor real time performance and respond when performance falls? • Is there a clear approach to monitoring, auditing and benchmarking the quality of these services and the outcomes for people receiving care and treatment? • Does quality and outcome information show that the needs of people are being met by the services? • Is quality and outcome information used to inform improvements in the service? • What is the compliance of the trust in referring patients to nationally agreed pathways?
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Key line of enquiry: **E3**

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

Prompts	Professional standard	Sector specific guidance
Report sub heading: Competent staff		
<ul style="list-style-type: none"> • E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? 		<ul style="list-style-type: none"> • How does the service ensure that staff only carry out care and treatment that they are skilled, competent and have experience to perform? • How are staff offered the necessary support during induction and training? • How are staff supported to facilitate their development?

<ul style="list-style-type: none"> • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake? 		<ul style="list-style-type: none"> • How is staff competence of delivering patient care assessed by managers or supervisors? • How often do staff have an appraisal? What does this entail? How is poor practice identified and managed? • Is the service able to retain trained staff or are they taken by other “control rooms”? • What guidance or training is in place including refresher training, to prepare staff for supporting a patient experiencing a mental health crisis and to understand the legal powers in relation to transporting patients? • Is there sufficient knowledge, skills and experience in the EOC at all times to assess and / or treat children of all ages? • Are records kept concerning the skill levels and competencies of different road staff including private contractors and volunteers? • Have staff had any training in respect of major incidents and if so what has this covered?
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Key line of enquiry: **E4**

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

Prompts	Professional standard	Sector specific guidance
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Report sub-heading: **Multidisciplinary working**

<ul style="list-style-type: none"> • E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? • E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? • E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? • E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? 		<ul style="list-style-type: none"> • How well do staff within the EOC work with each other and are there systems to enable this? • Where staff are located remotely from one another (e.g. across virtual control rooms) are they still able to work together? • How does the EOC work and coordinate with other providers of healthcare? E.g. <ul style="list-style-type: none"> ○ Hospitals to which patients are conveyed (pre alerting and capacity issues) ○ GPs and other professionals who may request urgent ambulance transfers including for patients who require transfer and have been detained under the MHA or who are having a MH crisis? ○ Other health and social services to which patients may be referred to by “hear and treat” ○ Air ambulance • Identification of “special notes” for certain patients including DNACPR and advanced care plans / directives?
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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
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Report sub-heading: **Health promotion**

- E5.1 Are people identified who may need extra support? This includes:
 - people in the last 12 months of their lives
 - people at risk of developing a long-term condition
 - carers
- E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary
- E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?
- E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?

- What pathways are available for EOC staff to refer callers to other services?
- How are frequent callers identified and supported to access other services if appropriate?

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**

- E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the

- [Consent: patients and doctors making decisions together \(GMC\)](#)

- Are there any particular challenges to the EOC concerning consent as the caller is often not the patient?

<p>Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?</p> <ul style="list-style-type: none"> • E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? • E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? • E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? • E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan? • E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate? 	<ul style="list-style-type: none"> • Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment • BMA Consent Toolkit • BMA Children and young people tool kit • Gillick competence 	<ul style="list-style-type: none"> • What training have staff had regarding the MCA?
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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		
<ul style="list-style-type: none">C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers?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?	<ul style="list-style-type: none">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.	<ul style="list-style-type: none">How are staff trained to remain calm and respectable when dealing with callers who may be distressed or abusive?

<ul style="list-style-type: none"> • C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? 		
<p>Report sub-heading: Emotional support</p>		
<ul style="list-style-type: none"> • C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? 		<ul style="list-style-type: none"> • Do staff provide emotional support to patients who are self-harming, distressed, anxious or confused etc? • Are the values of kindness, dignity, respect, compassion and empathy for those experiencing a mental health crisis embedded in service delivery?

Report sub-heading: **Understanding and involvement of patients and those close to them**

<ul style="list-style-type: none">• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given?• C2.2 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?• 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	<ul style="list-style-type: none">• NICE QS15 Statement 5: People using adult NHS services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care• NICE QS15 Statement 6: People using adult NHS services are supported in shared decision making	<ul style="list-style-type: none">• How do staff engage with callers to ensure that they understand the advice they have been given?
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<p>treated as important partners in the delivery of their care?</p> <ul style="list-style-type: none"> • 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? 		
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Responsive

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

<p>Key line of enquiry: R1 & R2</p>		
<p>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?</p>		
Prompts	Professional standard	Sector specific guidance
<p>Report sub-heading: Service delivery to meet the needs of local people</p>		
<ul style="list-style-type: none"> • R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to 		<ul style="list-style-type: none"> • Is there the planned EOC capacity to cope with the differing level and nature of demand in different localities? • How does the EOC work with other ambulance services that cross boundaries, especially in times of peak demand?

<p>inform how services are improved and developed?</p> <ul style="list-style-type: none"> • R1.3 Are the facilities and premises appropriate for the services that are delivered? 		<ul style="list-style-type: none"> • How does the EOC work and coordinate with other emergency services and agencies? E.g. • Police to ensure the safety of staff and patients? (including to identify “special notes” for certain patients where risk exists) • Fire and rescue • Other locally relevant services such as coastguard, mountain rescue, mine rescue
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Report sub-heading: Meeting people’s individual needs

<ul style="list-style-type: none"> • R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people’s consent to do so? • R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those 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?² 	<ul style="list-style-type: none"> • NICE QS15 Statement 4: People using adult NHS services experience care that is tailored to their needs and preferences. • Accessible Information Standard 	<ul style="list-style-type: none"> • What facilities exist for people to contact the EOC other than through voice telephony? • What steps are taken to ensure that patients are treated as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds being respected? • What arrangements are in place to access translation services? • How are the needs of the following groups understood and how do their needs influence the care they receive? People who are/or have: <ul style="list-style-type: none"> ✓ learning disability ✓ mental health illness ✓ Dementia ✓ bariatric patients ✓ hard of hearing or deaf ✓ partially sighted or blind
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². For example, people living with dementia or people with a learning disability or autism.

<ul style="list-style-type: none"> • R2.3 How are people, supported during referral, transfer between services and discharge? • R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? • R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions? • R2.9 How are services delivered and coordinated to ensure that people who may be approaching the end of life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? • R2.11 If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death? 		<ul style="list-style-type: none"> • How are the needs of frequent callers met? • Does the provider comply with Accessible Information Standard?
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Key line of enquiry: **R3**

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

Prompts

Professional standard

Sector specific guidance

Report sub-heading: **Access and flow**

<ul style="list-style-type: none"> • R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? • R3.4 Do people with the most urgent needs have their care and treatment prioritised? • R3.5 Are appointment systems easy to use and do they support people to access appointments? • R3.6 Are appointments care and treatment only cancelled or delayed when absolutely 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? 		<ul style="list-style-type: none"> • How does the service monitor the status of calls and ensure people get the response they need? • How are calls prioritised with reference to risk, need and response times?
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Key line of enquiry: R4

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Learning from complaints and concerns		
<ul style="list-style-type: none"> • R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people 	<ul style="list-style-type: none"> • The NHS constitution gives people the right to <ul style="list-style-type: none"> ➤ Have complaints dealt with efficiently and be investigated. 	<ul style="list-style-type: none"> • Can staff describe what information they provide to patients/carers that wish to complain?

<p>encouraged to make a complaint, and how confident are they to speak up?</p> <ul style="list-style-type: none"> • R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? • R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? • R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 	<ul style="list-style-type: none"> ➤ Know the outcome of the investigation. ➤ Take their complaint to an independent Parliamentary and Health Service Ombudsman. Receive compensation if they have been harmed. 	<ul style="list-style-type: none"> • Does the service benchmark complaints against other providers? • How quickly does the provider respond to complaints? • How does the service ensure that it learns from complaints and concerns?
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Well-led

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

Key line of enquiry: **W1**

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?		
Prompts	Professional standard	Sector specific guidance
Report sub-heading: Leadership		
<ul style="list-style-type: none"> W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? W1.3 Are leaders visible and approachable? W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning? 	<ul style="list-style-type: none"> Fit and Proper Persons Guidance 	<ul style="list-style-type: none"> Can all staff (including remote and lone working staff) identify the different leads, their roles and their responsibilities? What management structures are being used – e.g. matrix working?
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		

<ul style="list-style-type: none"> • W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? 		<ul style="list-style-type: none"> • How are staff that work away from main bases or who are lone workers engaged with strategy, vision and values?
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Key line of enquiry: **W3**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Culture		
<ul style="list-style-type: none"> • W3.1 Do staff feel supported, respected and valued? 	<ul style="list-style-type: none"> • NHS Employers guide for Tackling bullying in ambulance trusts 	<ul style="list-style-type: none"> • Are there cultural differences between different EOCs?

<ul style="list-style-type: none"> • W3.2 Is the culture centred on the needs and experience of people who use services? • W3.3 Do staff feel positive and proud to work in the organisation? • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • 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 	<ul style="list-style-type: none"> • Duty of Candour – CQC guidance 	<ul style="list-style-type: none"> • And does this translate into differing performance or outcomes for patients? • How does the service ensure the accuracy of KPI data? • How does the service manage ambulance deployment in high population areas and low population areas? • And is the aim of deployment to meet targets or patient need? • Do staff say that managers demonstrate openness and honesty? • Do staff, particularly those working remotely, feel connected to other teams and sites within their service and to the organisation as a whole? • How does the organisation manage organisational change? • 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.
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responsibility and resolve conflict quickly and constructively?		
Key line of enquiry: W4		
W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?		
Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Governance		
<ul style="list-style-type: none"> • W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? 		<ul style="list-style-type: none"> • How does the service ensure that staff declare working arrangements outside of the service and monitor this to make sure staff are not working excessive hours that may adversely impact on the care and treatment being provided? • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?
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: Management of risk, issues and performance		
<ul style="list-style-type: none"> • 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 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? 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • How does the service understand and manage foreseeable risk including: <ul style="list-style-type: none"> ○ Changes in demand ○ Seasonal or weather ○ Loss of services or infrastructure ○ Disruption to staffing levels ○ Disruption to hospitals receiving patients • How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? • Is there a credible emergency/ major incident response plan and policy? • Do ambulance crews understand their role in major incidents and are they involved in planning and rehearsals? • How often are plans tested with other agencies? • Is there a risk register for the service which reflects the risk voiced by staff and highlighted on the inspection?

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?		
Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Information management		
<ul style="list-style-type: none"> • W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • W6.5 Are information technology systems used effectively to monitor and improve the quality of care? 		

<ul style="list-style-type: none"> • 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? 		
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Key line of enquiry: W7

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

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

<ul style="list-style-type: none"> • W7.1 Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the 		<ul style="list-style-type: none"> • How does the service engage with the public to ensure that the service is used appropriately? • How does the service engage with patients to assess the quality of its services? • How does the service engage with staff including those working from remote locations?
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<p>culture? Does this include those with a protected characteristic?</p> <ul style="list-style-type: none"> • 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? 		
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Key line of enquiry: W8

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

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

<ul style="list-style-type: none"> • 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 		
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<p>learning shared effectively and used to make improvements?</p> <ul style="list-style-type: none">• 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?		
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