Inspection framework: NHS and Independent Ambulance services

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 of 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		Fixed broken links
Core service description	**4**	Clarified position on volunteer drive schemes
S1 – Mandatory training	7	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 independent ambulance specific prompts as not needed – the main prompts are sufficient
S1 – Safeguarding	8	Updated references to most recent version on intercollegiate safeguarding guidance for both adults and children. Reviewed and summarised prompts

S1 – Environment and Equipment	10	Removed reference to patient safety alert on updating sat navs as this is relevant only to emergency vehicles
		Added HSE guidance on portable electrical equipment in the workplace
S3 – Records	13	Updated reference to NICE QS15
S5/6 Safety performance	17	Sub heading added to bring in line with acute frameworks
E1 – Evidence based care and treatment	18	Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs (internal only)
E1 – Nutrition & hydration	19	Removed reference to NICE QS15, which has been amended and no longer has a relevant statement for this sub heading
E2 – Response times	19	Added in standards from Kidney Care UK on dialysis transportation
E3 – Competent staff	20	Removed old 2013 NHS Employers guidance
		Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs and updated associated prompts
E4 – MDT working	22	Removed reference to resilience
		Removed NICE CG27 as not directly relevant to transport
E6 – Consent, Mental Capacity Act	23	Removed reference to DOLS in the sub heading report title, as this does not apply to ambulance services
		Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs and updated associated prompts
		Moved some prompts from here to R1 – Meeting people's individual needs
C1,2 & 3 – Compassionate care	25	Updated references to new NICE QS15

C1,2 & 3 – Emotional support	26	Removed reference to NICE QS15, which has been amended and no longer has a relevant statement for this sub heading
C1,2 & 3 - Understanding and involvement of patients and those close to them	27	Updated references to new NICE QS15
R1/2 – Meeting people's individual needs	29	Updated reference to NICE QS15 Removed reference to dementia charter, as hospital specific Moved some prompts from E4 MDT working here
R4 – Learning from complaints and concerns	32	Updated prompt relating to independent complaints review where the patient is receiving non-NHS funded care
W3 - Culture	35	Removed reference to old "Being open: communicating patient safety incidents to patients, their families and carers" guidance Added in NHS Employers 'Tackling bullying in ambulance trusts' guidance
W4 – Governance	36	Added in standards from Kidney Care UK on dialysis transportation Added link to sub-contracting brief guide (internal only) Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs and updated associated prompts (internal only)
W7 – Public and staff engagement	40	Added in standards from Kidney Care UK on dialysis transportation

Core service: Patient Transport Services (PTS)

These are non-urgent and non-specialist services. They transport patients between hospitals, home and other places such as care homes.

The ambulance core service includes the patient transport control room and dispatch operation and any assessment of a patient's eligibility for the service.

This core service also includes any volunteer driver scheme where it is managed by the ambulance service[1].

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.

1. PTS control rooms
2. PTS booking / eligibility assessment desks
3. Training centre/department
4. Headquarters and regional / area offices as appropriate.
5. Main PTS depots
6. Fleet maintenance depots
7. Sample of smaller stations (if any)
8. Any management Information Department including any PTS record store
9. Selected outpatient departments (Views of patients who use PTS services)

Because of the distributed nature of an ambulance service the inspection team should take a sampling approach. This means the team will visit a proportion of the sites used by the service.

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[1] The regulated activity is defined by the type of vehicle used for transport, so not all volunteer schemes will constitute a regulated activity

The inspection team should also visit locations such as hospital accident and emergency and outpatient clinics and treatment centres such as dialysis units, where patients who use the ambulance service are commonly found, in order to speak to patients and staff of other providers. As these are not locations of the provider, the NHS trusts have been told in advance that we may do this but not when and where.

During the inspection planning process consideration should be given to where these sites are located so as to make the best use of inspection resources.

Additional guidance for independent ambulance services

Inspecting the key question Caring

It is possible, particularly when inspecting smaller providers, that inspectors will be unable to observe any direct patient care which can affect our ability to report under the caring key question. Some inspection teams have made successful use of telephone interviews with patients, who have already agreed directly with the service that we may contact them. Other teams have been able to visit locations where the ambulance services regulatory transports to (such as dialysis units) to speak to patients.

Inspecting services that transport mental health patients

Secure mental health transport falls under acute hospitals rather than mental health as the regulated activity they carry out is transport rather than assessment or medical treatment of persons detained in hospital. There is clear cross over between the two teams, but we are inspecting the ambulance provision rather than the treatment of the patient's mental illness. It is recommended that an MH Inspector or MHA Reviewer forms part of the inspection team as they have specialist knowledge of the Mental Health Act and its application.

Inspecting services that are very small, or where only a small proportion of their activity is in scope

There is additional guidance for inspecting services where only a small proportion of activity is in scope. This guidance sets out what evidence can be used in the inspection and suggests agreed ways in which the inspection can be made more proportionate to the size of service being inspected.

Interviews/observations

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

- Executive responsible for PTS or senior and middle managers responsible for PTS
- Non-Executive Director responsible for quality / safety
- Head of Patient Transport Services

- Fleet Manager
- Manager responsible for driving standards
- Manager responsible for any volunteer driver service (note: the regulated activity is defined by the type of vehicle used for transport, so not all volunteer schemes will constitute a regulated activity)
- Contract / business development managers
- Professional advisor for PTS
- Patient eligibility assessors
- Dispatchers / coordinators

Observations (these may cover more than one core service):

- Observe (listen in to) call handling for transport requests other staff/patient interaction.
- Speak to patients in outpatients departments including specialist (e.g. haemodialysis, oncology)
- Telephone patients with the support of the provider
- Handovers in outpatient departments and care homes

Inspectors / Inspection Managers to accompany staff on PTS vehicles subject to guidance

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

Internal Roles

- Head of quality governance
- Head of patient experience
- Head of human resources
- Director of Infection Prevention and Control (DIPC)
- Complaints manager / PALS Manager
- Caldicott Guardian
- Safeguarding lead
- Head of Clinical Audit / Head of Clinical Research
- Complaints manager / PALS Manager

External Roles

- Hospital outpatient department staff
- Other health and care staff as the opportunity arises (e.g. in care homes, independent health care)

- For independent ambulance services only, representatives of all NHS ambulance trusts and CCGs that the service has a contract with

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 　○ Framework includes statutory and mandatory training relevant for *all* 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 HSE have this guidance on moving and handling in an ambulance. A C1 driving licence is required to drive vehicles with a maximum authorised mass (MAM) of between 3.5 and 7.5 tonnes. DVLA code of practice includes types of weighing equipment and their use.	• Mandatory training arrangements and policies are in place particularly to front line staff and other remote workers, including: 　• Identification of the mandatory training needs of each staff group – including driver training, basic first aid and manual handling (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?) 　○ System to monitor uptake of mandatory training against target 　○ Actions taken to increase uptake where necessary

		• Where appropriate, have staff received training to make them aware of the potential needs of people with:
		  ○ mental health conditions
		  ○ learning disability
		  ○ autism
		  ○ dementia?

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 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?	• 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	• 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? **Independent ambulances** • In the event of sub contracted services, is the independent service clear on their responsibilities for notification of safeguarding incidents? • Do staff receive feedback from the contract provider about safeguarding concerns they have raised, to enable learning?

• 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?	• 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)	

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?	• 2010 DH Guidance on uniforms and workwear policies for NHS employers o Page 5 footnote: "for some clinical staff working outdoors, particularly ambulance teams, a wrist-watch may be essential. Where worn, these wrist-watches must be washable and be removed for hand washing". • 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. • Code of practice on the prevention and control of infections	• How does the service make sure vehicles and equipment are appropriately and safely cleaned and ready for use? • Are crews made aware of specific infection and hygiene risks associated with individual patients? • Who do staff go to for advice and support regarding infection control matters? • What do staff use to maintain cleanliness of their vehicle during the course of a shift? • Is PPE provided on all vehicles? • How do staff maintain their uniforms? • Are hand cleaning facilities readily available? Are staff using them?

		- Is there evidence of when vehicles and equipment was last cleaned and when it next due? - Where cleaning contractors are used, is this effectively monitored? - When vehicles are seriously contaminated how do crews get them clean?
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.)	[MHRA guidance on managing medical devices](#) (2015) [HSE guidance on portable electrical equipment in the workplace](#) You can check the MoT status of each vehicle using this online service. - http://www.gov.uk/check-mot-status You can check vehicle tax of each vehicle here: - https://www.gov.uk/check-vehicle-tax	- Is the station environment properly designed and maintained? - How does the service manage replenishment of vehicles, equipment and supplies both at bases and between calls? - How is faulty equipment dealt with on or with front line vehicles and how are decisions made as to whether an equipment fault should result in the vehicle being taken off the road? - Who maintains medical devices and how is the quality of service assured? - How does the service assess the risk of the patient's (or other provider's) equipment, e.g. wheelchairs, giving sets? - Is equipment standardised across the provider or areas of the provider? If not, how are they working towards standardisation, and how do they ensure that variations in equipment are covered in staff competency training?

		• Are there records of equipment maintenance and schedules (including vehicles and medical devices) • Is equipment available that is suitable for the role including specific patient groups such as children? • Are patients of all ages appropriately restrained ("strapped in / seatbelted" • Are vehicles used for the transport of patients who are detained under the MHA appropriate and safe? • Do crews have access to up to date satellite navigation systems? • Are the vehicle keys securely stored? • How does the service ensure that all vehicles have a current MOT, service and are properly insured?

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		• How do staff recognise and respond to patients who become ill during their journey? • Is there a safe and effective escalation process for deteriorating or seriously ill

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?		patients? How are additional resources requested and deployed? • Are there policies and procedures in place to manage disturbed behaviour?

Report sub-heading: **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? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		• Are rotas and shift patterns aligned to demand? • What are the actual v establishment staffing levels? • What happens in the event of unfilled shifts? • How are staff supported out of office hours? • What are the preceptorship arrangements for new staff working alone or in small teams? • 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? • If agency staff are used, how are the inducted?

		• Are staff appropriately trained to provide a safe service to children of all ages? • How are numbers and skill mix of staff assessed for event cover – for example in relation to expected attendance rates.

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?	• 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 service make sure that up-to-date DNACPR orders and end of life care planning is appropriately recorded and communicated when patients are being transported? • How are records made and shared appropriately across all staff (including other providers) delivering care and treatment? • How is it assured that records travelling with the patient are passed to the relevant care / health staff at a receiving provider? • Are patient records clear and complete – documents dated, timed, with a signature and identifiable number? • Are regular audits of records undertaken and changes made where necessary to ensure safety of patients?

• 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.)		• How are crews made aware of "special notes" to alert them to patients with, for example, pre-existing conditions or safety risks? • 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**		

• 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
	• Guidance on the transport of oxygen and pressure equipment:
	  ○ DH Guidance note 9 (revision 1)
	  ○ The British Compressed Gases Association has produced a leaflet specifically for the carriage of small quantities of gas cylinders on a vehicle
	  ○ The British Compressed Gases Association also have a leaflet 'Medical oxygen in a vehicle'.
		• Do the vehicles carry any medicines for emergency purposes and if so does the medicines management policy adhere to best practice?
		• How does the service make sure that medicines are appropriately and safely managed within the service, taking into account lone workers and storage on vehicles?
		• How does the service assess risk and manage medicines that may be carried by the patient, including for example oxygen, controlled drugs?

transfer between locations or changes in levels of care?		
• S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?		
• S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?		
• S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?		

Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Incidents		
• S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? • S6.1 Do staff understand their responsibilities to raise concerns, to record	• 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.	• Has the service identified safety measures to work towards? • Is there evidence of continuous monitoring of these safety measures? • What actions are being taken to improve safety performance and results? • Do staff know what to report and how to report? Are all incidents that should be reported actually reported? • How do frontline staff get the opportunity to report incidents (including incidents

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?

- ➢ Never events policy and framework 2018
- ➢ Never events list 2018

- Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015.

- 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.

associated with the transport of a patient experiencing a mental health crisis)

- 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 that has changed as a result of an incident?
- 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?

Independent ambulances

- In the event of sub contracted services, is each provider clear on their responsibilities for reporting incidents?
- In the event of subcontracted services, how is the IAS and its staff involved in the investigation?
- In the event of subcontracted services, how does the IAS ensure that it learns lessons and takes action as a result of

		investigations when things go wrong? In particular, 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?
		• In the event of sub contracted services, is DoC followed and evidenced by the contractor for an incident occurring under their delivery of care and treatment, and is this stated in their contract with the NHS trust? Are staff clear as to who has responsibility for DoC in the event of joint responsibility – both for the immediate verbal apology and the written apology.

Report sub-heading: **Safety performance**		
• 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)?		• How does the service collect information about safety performance? • Is it made publicly available?

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?	• [Brief Guide: Assessing mental health care in ambulance services](#)	• How does the service ensure that transport is provided in line with any national or local guidelines? • Are suitable protocols available for children of all ages and other patient groups? • How do staff who are remote working have access to guidelines and protocols? • How do staff assess patient's needs against protocols to provide care and transport? • How is a patient's eligibility for the service assessed? • How are staff made aware of patients with mental health needs?

Prompts	Professional standard	Sector specific guidance
• 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?		

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?	•	• How are journeys planned and carried out to account for a patient's hydration, feeding and toileting needs particular in rural areas where journey times might be long?

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: **Response times**		

• 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?
	• Kidney Care UK Standards for dialysis transport (2019)
	  o In particular recommendation 5 'Key performance indicators should be used to assure the service':
	    ▪ KPIs should follow the principle of "no more than a 30-minute wait for a pick-up, a 30-minute journey and to wait no more than 30 minutes after treatment
		• What is the service's performance on outcome data relevant to the PTS? e.g.
		  o Number of patient journeys
		  o Response times (time from collection of patients to their arrival at required destination, before or after their appointment time, and the time waiting for their return)

• 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?	to be collected", but can reflect difference in average journey time, particularly in rural areas.	○ % of patients spending more than (locally defined) standard time on vehicles ○ % of on time patient journeys ○ % of same day bookings • How does the service benchmark and compare itself to other providers? • How is demand in excess of contract levels managed? • Are there differences between areas within the provider's service against commissioner requirements? **Independent ambulances** • Where the service is sub contracted by another provider, does the IAS monitor its own response times?

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?	• Brief Guide: Assessing mental health care in ambulance services	• How does the service ensure that staff only carry out care and treatment that they are skilled, competent and have experience to perform?

• 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?		• How are staff offered the necessary support during induction and training? • How are staff supported to facilitate their development? • 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? • 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? • Have staff had training in restraint? • Have staff had any training in respect of major incidents and if so what has this covered? • If the service offers event cover, what specific training is given for high risk events (e.g. water, equine, water sports) • Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty?

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? • 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 tim e of day and only done when any necessary ongoing care is in place?		• How does the service work with external organisations and providers to make sure that the following is taken account of: ○ Special Notes ○ Advanced Care Plans / Directives ○ DNACPR orders ○ Section 136

Key line of enquiry: **E5**

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Health promotion**		
• E5.1 Are people identified who may need extra support? This includes:		

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

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 Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?	• [Brief Guide: Assessing mental health care in ambulance services](#) • [Consent: patients and doctors making decisions together (GMC)](#)	• Are crews clear about their responsibility in obtaining consent? Can crews describe a recent example? • Does the service have a policy on the use off the MCA 2005, and do staff follow it?

• E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? • E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? • E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? • E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan? • E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?	• Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment • BMA Consent Toolkit • BMA Children and young people tool kit • Gillick competence	• If a person lacks mental capacity, do staff consider best interest decisions under the MCA? • How does the service promote practice that avoids the need for restraint? • Where restraint is necessary, is it used in a safe, proportionate and monitored way?

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?	• [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.	• How do PTS staff make sure dignity is maintained as far as possible during transport in and to and from a vehicle? • How do PTS staff make sure vulnerable groups (e.g. bariatric / psychiatric) patients have their dignity maintained during transport? • How do staff know of and respond to the particular needs of the patients being transported? • How do staff encourage/ensure that patients respect other patients?

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

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?	• [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	• How is eligibility to PTS communicated to patients?
• 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?	• [NICE QS15 Statement 6](): People using adult NHS services are supported in shared decision making	
• C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?		
• C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?		
• C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and		

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

Responsive

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

Key line of enquiry: **R1 & R2**

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

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Service delivery to meet the needs of local people**		
• R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to		• How does the PTS work and coordinate with other providers of healthcare? E.g:

inform how services are improved and developed? • R1.3 Are the facilities and premises appropriate for the services that are delivered?		o Hospitals/clinics to which patients are conveyed to for appointments (pre-alerting and capacity issues) o GPs and other professionals who may have regular scheduled appointments with patients o Other health and social services which patients are conveyed to for appointments • How well is the service managed, as agreed in the commissioning agreements? • Is there the planned PTS capacity to cope with differing level and nature of demand in different localities?
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?	• NICE QS15 Statement 4: People using adult NHS services experience care that is tailored to their needs and preferences. • Accessible Information Standard (for those providing NHS care and / or publicly funded adult social care)	• Is there any degree of continuity of staff for regular patients? • What pathways are available for PTS staff to refer callers to other transport services? • How are the needs of people understood, including: o individual preferences o culture o faith • How are the needs of the following groups understood and how do their needs influence the care they receive?

		People who are/or have:
• R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[2]		o learning disability o mental health illness o Dementia o bariatric patients o hard of hearing or deaf o partially sighted or blind
• 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?		• What adaptions are there for patients with complex needs? • What translation support is available for staff in the treatment of people who cannot speak English? • How are staffed equipped to deal with violent or aggressive patients?
• 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?		**NHS funded care** • Does the provider comply with Accessible Information Standard?
• 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?		

Key line of enquiry: **R3**

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

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Access and flow**		
• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.3 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? •		• How is booking managed both on behalf of and by patients?

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 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?

- 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.

Independent ambulance services
- ISCAS: Patient complaints adjudication service for independent healthcare

- Can staff describe what information they provide to patients/carers that wish to complain?
- 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?

Independent ambulances

- In the event that the IAS subcontract PTS work to or from another provider, it is likely that the commissioning provider will retain responsibility for complaints and their investigation. In light of this:

- How is the IAS and its staff involved in the investigation? How does the IAS ensure that it learns lessons and takes action as a result of investigations following a complaint?

- Where the internal complaints process has been exhausted, what arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services Complaint Advisory Services (ISCAS)

		and if not, does the provider have an alternative arrangement?)

Well-led

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

Key line of enquiry: W1

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Leadership of service**		
• W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? • W1.3 Are leaders visible and approachable? • W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?	• [Fit and Proper Persons Guidance](#)	• Can all staff (including remote and lone working staff) identify the different leads, their roles and their responsibilities? • Do operational road staff see sufficient of their manager? • 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 for this service**		
- 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?		- What are the key pressures, risks, goals and plans for the PTS including market share, economies of scale and commercial / competition factors? - Is there evidence that the key drivers for providing effective PTS are understood by relevant staff. - How are staff that work away from main bases or who are lone workers engaged with strategy, vision and values?

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 within the service		
- W3.1 Do staff feel supported, respected and valued? - W3.2 Is the culture centred on the needs and experience of people who use services? - W3.3 Do staff feel positive and proud to work in the organisation? - W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority? - W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? - W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?	[NHS Employers guide for Tackling bullying in ambulance trusts](#) [Duty of Candour](#) – CQC guidance	- Do staff say that managers demonstrate openness and honesty? - 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. - How are staff, that work remotely or who are lone workers, looked after? - Are there cultural differences between different areas / counties??? - How does the organisation manage organisational change???

- W3.7 Is there a strong emphasis on the safety and well-being of staff?

- W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably?

- W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?

Key line of enquiry: **W4**

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

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

- W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?
 	
- W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?
 	
- W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?
	- Kidney Care UK Standards for dialysis transport (2019)
	   ○ In particular recommendation 5 'Key performance indicators should be used to assure the service':
	      ■ A regular monitoring structure involving all partners, including patients, should be used
	
	- Brief guide: sub-contracting clinical services
		- How well is the service managed, as agreed in the commissioning agreements?
		- What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?
		- How does the service ensure that clinical ambulance staff declare working arrangements outside of the service and monitor this to make sure staff are not working excessive hours

• W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?	• [Brief Guide: Assessing mental health care in ambulance services](#)	that may adversely impact on the care and treatment being provided? • Does the governance framework provide assurance that MHA procedures are followed?

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**		

• 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?
		• With reference to the PTS activities, how does the service understand and manage foreseeable risks, including:
		   o Seasonal or weather
		   o Loss of facilities or infrastructure
		   o Disruption to staffing levels
		
		• With reference to PTS activities, how is the impact of planned changes on safety, assessed including:
		   o cost improvement programmes
		   o reorganisation
		   o service development
		   o new equipment and vehicles

• 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'?		• Is there a credible emergency/ major incident response plan and policy?
• 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?		• Do all staff understand their role in major incidents and are they involved in planning and rehearsals?
• 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?		• Is there a risk register for the service which reflects the risk voiced by staff and highlighted on the inspection?

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: **Information management**		
• 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?	.	• How does the service ensure the accuracy of the KPI data?
• 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?

- 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: **Public and staff engagement**		

• W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
 	
• W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?
 	
• W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the 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?
	• Kidney Care UK Standards for dialysis transport (2019)
	  o In particular recommendation 5 'Key performance indicators should be used to assure the service':
	    ▪ Patient reported experience measures should be included in KPIs
		• How does the service engage with the public to ensure that it 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?
		• How does the service engage with those who commission it, to assess the quality of its service?

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