

Sector-specific guidance: Hospices for adults

Hospice services offer wide-ranging, personalised care to improve the quality of life and wellbeing of people with a life-limiting or terminal illness. People who are cared for by a hospice may have cancer or a condition other than cancer. Care is provided by a multi-disciplinary team of different professional staff and volunteers. As well as taking care of people's physical needs, they also look after their emotional, spiritual and social needs. Hospices also support carers, family members and close friends, both during a person's illness and during bereavement.

Hospice care is free for people who use services. Hospices in England receive a variable proportion of their funding from government, and the rest comes from other sources, primarily fundraising. The proportion of statutory funding received by a hospice on average covers a third of their costs. However this varies considerably depending on local commissioning decisions; many hospices receive significantly less than a third.

The majority of hospice care is provided in community-based settings, including home care/hospice at home, outpatient services and hospice day care. Hospices provide a range of services which may include:

- pain and symptom control
- 24 hour end of life care
- community based services such as Hospice at Home
- 24 hour access to emergency care
- respite care
- rehabilitation

- 24 hour telephone support
- support for the whole family
- bereavement support
- practical help, advice and information including financial advice
- psychological and social support including counselling and spiritual care
- provision of specialist therapies, including physiotherapy, occupational therapy, and complementary therapies such as massage and aromatherapy
- provision of information, support, education and training to carers
- companionship and practical support services for those living at home

Areas to inspect and inspection methods

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.

Most hospices provide a lot of care in the community including in people's homes and you should make sure that these services are included in the inspection. You should plan to go on at least one home visit with a nurse or other healthcare professional if possible. Each hospice will have a different combination of services developed to respond to local need and are shaped by local commissioning and availability of other services. It is worth noting that not all services delivered by hospices are regulated activities (e.g. bereavement services) but they can be commented on as ancillary activities within the inspection report.

The lead inspector should have a good understanding of the services provided by the service before the inspection through relationship management meetings, reviewing the previous inspection report and PIR, and the service's website. Understanding how the service is funded is important because this shapes the services which are delivered.

If more information on the service is needed, the lead inspector should arrange a call with the Registered Manager before the inspection. This will ensure that the inspection can be planned effectively to include all aspects of the service while causing minimum disruption to people using the service.

A variety of methods should be used to gather and review a range of evidence before and during the inspection including:

- Review of recent inspection reports and any action plans
- Review information submitted via the PIR
- Review information held on CRM, for example communication with the service, change of Registered Manager, other notifications, information received from people who use the service or staff, safeguarding alerts or other concerns
- Review of annual quality account
- Review of internal inspections undertaken by hospices themselves and/or CCGs and local authorities
- Assessment of governance arrangements and assurance about quality across the service
- Observations of care and environment, including individual and communal rooms, and therapeutic areas. Where the service has a cold body storage area, this should also be included as part of the inspection
- Seeking feedback from people and their families who use services, through interviews, observation, comment cards, and telephone calls – include service user groups where they exist
- Shadowing some home visits
- Tracking a patient journey through talking to a range of different professionals involved in the person's care (ensure this doesn't lead to an excessive burden on one staff member)
- Review of patient care records
- Review of data and feedback provided by the provider and other local services and agencies, including community groups, CCGs and partner organisations working with the service
- Feedback from a range of staff and volunteers through interviews and focus groups, including trustees (or equivalent) and non-clinical staff
- Talk to local stakeholders e.g. CCG, Healthwatch
- Review practice in relation to local or regional guidance

Interviews/focus groups/observations

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

- Senior Management Team, including non-clinical members of the team and the named person responsible for health and safety (may want to talk to operational lead for a national provider)
- Trustee or equivalent (may be by phone due to availability)
- Registered manager or senior person in charge
- Nursing, medical and clinical staff
- Care and support staff
- Allied health professionals (e.g. physiotherapists, occupational therapists, speech and language therapists)

- Inpatient and community teams
- Family support teams (e.g. counsellor, financial advisor, bereavement support worker, carer support, social worker)
- People receiving care and their families

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

- Cultural support worker
- Social worker
- Catering staff
- Cleaning staff
- Maintenance staff
- Fundraising and communications staff
- Safeguarding lead
- Chaplaincy
- Bereavement coordinator
- Pharmacy staff (may be external to the hospice)
- Therapy teams
- Volunteers and volunteer coordinator
- Local NHS acute and community services and GPs
- Local care homes
- Gold Standard Framework meeting participants

Links to useful documents:

- [Palliative Care Adult Network Guidelines](#)
- NICE CG140 – [Palliative care for adults: strong opioids for pain relief](#) Aug 2016
- NICE QS140 – [Transition from children's to adults' services](#) Dec 2016
- NICE QS144 – [Care of dying adults in the last days of life](#) March 2017
- NICE NG31 - [Care of dying adults in the last days of life](#) Dec 2015
- NICE pathway - [End of life care for people with life-limiting conditions](#) March 2017
- NICE QS13 – [End of life care for adults](#) Mar 2017
- NICE pathway - [Dementia overview](#) March 2017

- Hospice UK - [Rehabilitative palliative care – enabling people to live fully until they die](#) (2015)
- CQC [The Safer Management of Controlled Drugs](#) – July 2017
- NICE NG46 [Controlled drugs: safe use and management](#)
- NICE NG67 [Managing medicines for adults receiving social care in the community](#) April 2016
- NICE NG21 – [Home Care: Delivering personal care and practical support to older people living in their own homes](#) (Sept. 2015)
- NICE CG173 – [Neuropathic pain in adults: Pharmacological management in non-specialist settings](#) April 2018
- NICE CG139 – [Healthcare associated infections: Prevention and control in Primary and community care](#) (March 12 & Feb 17)
- Commission into the Future of Hospice Care [Future needs and preferences for hospice care: challenges and opportunities for hospices](#)
- NHS England end of life care website <https://www.england.nhs.uk/eolc/>
- PopNAT Hospice UK population-based needs assessment tool <https://popnat.hospiceuk.org>
- 6 point end of life care commitment www.gov.uk/government/publications/choice-in-end-of-life-care-government-response
- Ambitions for palliative and end of life care framework <http://endoflifecareambitions.org.uk>
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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.

Examples of data to be considered when making judgements:

- Mandatory training data
- Safeguarding training data
- Actual staffing numbers compared to establishment and arrangements for managing risk
- Staff vacancy rates and use of bank/agency staff
- Records audit and other safety audit results
- Safety performance measures – e.g. reported incidents

Key lines of enquiry: S1

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

Prompts	Professional standard	Sector-specific guidance
Report sub-heading: Mandatory training		
<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?¹ S1.5 Do staff receive effective training in safety systems, processes and practices? 		<ul style="list-style-type: none"> What are the mandatory training rates for staff and where are there gaps? Is there a structured induction programme that all staff and volunteers complete when they start work? Have all clinical staff received training in basic life support? 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 or autism dementia
Report sub-heading: Safeguarding		
<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 	<ul style="list-style-type: none"> Adult safeguarding: Roles and competencies for Health Care staff, August 2018 Female genital mutilation multi-agency practice guidelines published in 2016 	<ul style="list-style-type: none"> How is safety promoted in recruitment and induction of volunteers and their ongoing support, including DBS checks? Do staff know how to identify and report abuse and neglect?

¹ Throughout this guidance, where reference is made to staff, inspectors should consider whether the KLOE or prompt should apply equally to volunteers.

<p>respect? How are these monitored and improved?</p> <ul style="list-style-type: none"> • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. • S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices? • S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? 	<ul style="list-style-type: none"> • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 • Prevent duty guidance for England and Wales 	<ul style="list-style-type: none"> • Is there safeguarding supervision (nurses) and peer review (doctors) in place for all staff? • What wider safeguarding protocol/guidance is in place - how are safeguarding issues talked about, who manages them, are lessons learned etc.? • How are staff supported to contribute to external safeguarding meetings and processes? • Have there been any local safeguarding/serious case reviews? If so, how have they been responded to? • What are the arrangements for chaperones? What training have staff received? • Is there a member of staff who has lead accountability for safeguarding? • Do trustees receive safeguarding training (minimum requirement is level one childrens and adults)?
<p>Report sub-heading: Cleanliness, infection control and hygiene</p>		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices 	<ul style="list-style-type: none"> • NICE QS61 Infection prevention and control 	<ul style="list-style-type: none"> • Is the hospice visibly clean and clutter-free?

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?

- Do staff adhere to the bare below the elbows policy, as well as utilising appropriate protective equipment such as gloves and aprons to carry out procedures and personal care activities?
- What are the hand hygiene audit results?
- Is there a cleaning schedule for the cold body storage area?
- How is the body of a deceased person looked after, and are there effective arrangements with undertakers in place?
- Does the service ensure that the health and safety of everyone who comes into contact with the deceased person's body after death is protected?
- What are the unit infection rates?
 - C-Difficile
 - Blood stream infections
 - MRSA acquisition rate
 - Central venous catheter related blood stream infections (CVCBSI)
 - Ventilator associated complications including ventilated associated pneumonia (VAP)

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 Does the design, maintenance and use of facilities and premises keep people safe? • S1.10 Does 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"> • Health and Safety Executive (HSE) FAQs about PAT • Maintaining portable electrical equipment in low-risk environments (HSE leaflet) <p>NPSA (2010) report advised all health organisations to use devices with the following features:</p> <ul style="list-style-type: none"> • Rate settings in millilitres (ml) per hour; • Mechanism to stop infusion if syringe is not properly and securely fitted; • Alarms that activate if syringe is removed before the infusion is stopped; • Provision of internal log memory to record pump activity. <p>Standardisation of a single syringe pump model, centralised purchases and storage of equipment, scheduled regular maintenance and appropriate training in the use of syringe pumps is an effective means of error reduction</p>	<ul style="list-style-type: none"> • Is specialist equipment needed to provide care and treatment in the person’s home identified based on an assessment of patient and family need, and requested in a timely way? Is it appropriate and fit for purpose so that people are safe? • Is equipment made available in a timely way? • Are syringe pumps maintained and used in accordance with professional recommendation? • Are there policies and procedures for monitoring and managing cold body storage fridge temperatures including a procedure to follow if temperatures are out of range?
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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?

Prompts

Professional standard

Sector-specific guidance

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

<ul style="list-style-type: none"> • S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations? 		<ul style="list-style-type: none"> • How do staff demonstrate a person-centred approach to planning and delivery of care which keeps people as safe as possible and recognises patient choice? • How do staff manage the increased risks experienced by people at the end of life e.g. pressure ulcers and falls? • Is there effective risk assessment, action planning and review in place which is understood by the patient and their family and supports patient choice? • How do staff ensure that if people have increased needs this is identified? E.g. mouth care, need for change to medication (especially if on syringe driver or if they need one)? • How often are people who are dying reviewed and what is taken into account?
Report sub-heading: Nurse and medical staffing		
<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? 	<p>Commission in to the Future of Hospice Care Future needs and preferences for hospice care: challenges and opportunities for hospices</p>	<ul style="list-style-type: none"> • What tools are used to plan and allocate staff levels and mix? • Do caseloads/staff numbers match plans? • Do the skill mix and competencies of staff on duty, including Healthcare Assistants with additional skills, reflect

<ul style="list-style-type: none"> • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 		<p>the needs of people being cared for at that time?</p> <ul style="list-style-type: none"> • How does the service ensure that it has access to appropriate medical input? • If the service is nurse-led, are there effective processes in place for when to call the GP? • What are the arrangements for accessing medical input out of hours? • Does the service have a local arrangement with another service to access or provide on call cover? Are contracts in place for this? Does it work effectively?
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Key line of enquiry: **S3**

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts	Professional standard	Sector-specific guidance
Report sub-heading: Records		
<ul style="list-style-type: none"> • 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.) 	<ul style="list-style-type: none"> • Records management code of practice for health and social care • Information Commissioner’s Office General Data Protection Regulation 	<ul style="list-style-type: none"> • Are arrangements for timely sharing details of hospice care with other professionals and agencies involved in people’s care, including social care, working effectively both ways? • Is consent to sharing of records obtained, including for sharing with the patient’s GP?

<ul style="list-style-type: none"> • 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.) 		<ul style="list-style-type: none"> • Do records reflect the person’s protected characteristics, if relevant? • Do records contain details of the person’s emotional, social and spiritual needs alongside their physical health needs, in addition to <ul style="list-style-type: none"> • mental health needs • learning disability needs • autism needs • behavioural needs • dementia needs? • Do staff have access to patient-specific information, such as care programme approach (CPA) care plans, positive behaviour support plans, health passports, communication aids? Do they use or refer to them? • Is security of records maintained when patients are being cared for in the community or are transferred between home and the hospice? • If an electronic records system is in place, how does the service manage appropriate access to the system by temporary staff?
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Key line of enquiry: S4

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts	Professional standard	Sector-specific guidance
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- S4.1 How are medicines and medicines related stationery managed, i.e. ordered, transported, stored, and disposed of safely and securely (including 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 evidence base where these exist?
- S4.3 Is individualised advice provided about medicines in line with current national guidance or evidence base where it exists?
- 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 base where these exist?
- 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?

- [RPS/RCN Professional guidance on administration of medicines](#)
- [Palliative Care Adult Network Guidelines](#)
- NICE NG46 [Controlled drugs: safe use and management](#)
- [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#)
- [Controlled Drugs \(Supervision of management and use\) Regulations 2013 Information about the Regulations](#)
- [NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes](#)
- [Medicines Act 1968](#)
- NHS England [Security of prescription forms guidance](#)
- [NHS Digital Data Security and Protection Toolkit](#)

- Are allergies clearly documented?
- Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council – Standards for Medicine Management?
- What pharmacy input does the service have?
- What are governance arrangements around supply of medicines from an external source? How are medicines ordered and handled on receipt?
- How is the use of medicines off-license managed?
- How does the service ensure that medicines are administered safely when they are caring for a person in their own home?
- How are controlled drugs handled to ensure compliance with legislation and best practice? To include storage, prescribing, preparation, administration, destruction, record keeping, monitoring and auditing.
- Has the service notified CQC of their Controlled Drugs Accountable Officer (CDAO)?
- Are SOPs, policies and guidance in place with regard to all aspects of handling medicines where appropriate?

		<ul style="list-style-type: none">• Are medicines stored safely and securely and also in line with manufacturers guidance? E.g. how is the cold chain guaranteed? Do cupboards meet requirements?• Do prescribers have access to evidence based and up to date resources to ensure safe prescribing?• Where organisations use FP10 prescriptions are these managed safely and securely in line with guidance?• Is there evidence of local intelligence network (LIN) reports being submitted on time and attendance at meetings?• Are medicines and confidential waste disposed of safely and appropriately and are medicines requiring disposal segregated safely?• Are the relevant training and competency assessment of all staff handling medicines offered/assessed?• When patients transfer to another care setting is information with regard to their medicines communicated to the relevant teams/hcps in a timely manner and in a format to ensure reduction of errors?• Is medicines reconciliation carried out by a trained and competent healthcare professional?• How does the service deal with drug alerts and recalls?
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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
<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, services, partner organisations and people who use services involved in reviews and investigations 	<ul style="list-style-type: none"> • A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> ○ Never Events framework and documents (2018) • CQC guidance Duty of Candour • NMC/GMC Openness and honesty when things go wrong: the professional duty of candour • Serious Incidents (SIs) should be reported and investigated using the Serious Incident Framework 2015. 	<ul style="list-style-type: none"> • Has the service reported any Never Events? • Are Serious Incidents (SIs) reported in line with the serious incident framework? • How are minor and moderate incidents reviewed to identify themes and learning? What action is taken as a result? • Have any safeguarding incidents been reported? Is there an audit trail of evidence and action taken? Were other agencies involved appropriately? • How is learning disseminated? – Any evidence of change to practice as a result? • How does the service respond to national patient safety alerts? • Is there evidence in incident investigations that duty of candour has been applied?

<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 learn from reviews and investigations by other services and organisations?? Do staff participate in learning led by other services or organisations? • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? 		
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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.

Examples of data to be considered when making judgements:

- Local monitoring data of patient outcomes – e.g. are care goals being met, benchmarking data
- Local and relevant national clinical audit results
- Appraisal rates
- Uptake of training and development opportunities
- Consent records and audits

Key line of enquiry: E1

E1. Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

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"> NICE QS144 – Care of dying adults in the last days of life March 2017 NICE NG31 - Care of dying adults in the last days of life Dec 2015 NICE QS13 – End of life care for adults Nov 2011 Five priorities for care of the dying person Leadership Alliance for the Care of Dying People One chance to get it right: improving people's experience of care in the last few days and hours of life Ambitions for palliative and end of life care: a national framework for local action 2015-2020 NICE CG42 – Dementia: supporting people with dementia and their carers in health and social care Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) 	<ul style="list-style-type: none"> Are relevant NICE guidelines and quality standards followed e.g. QS13 End of life care for adults, NG31 Care of Dying Adults in the Last Days of Life? How are people's emotional, spiritual and social needs identified, assessed and met? Do people have a clear personalised care plan which reflects their complex needs, is up to date and in line with relevant good-practice guidance, and sets out clear goals? (A sample of care plans should be reviewed) Do all people cared for by the service have the opportunity to develop an Advance Care Plan which staff have access to? Does care in the last days and hours of life deliver the <i>Five priorities for care of the dying person</i>? Do people who are in the last days and hours of life have an individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, and is

		<p>agreed, co-ordinated and delivered with compassion?</p> <ul style="list-style-type: none"> • What action is the service taking to implement the <i>Ambitions for Palliative and End of Life Care</i>? • Do people have a ReSPECT summary plan or equivalent to guide decision-making in the event of an emergency?
Report sub-heading: Nutrition and hydration		
<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • GMC End of life care: clinically assisted nutrition and hydration 	<ul style="list-style-type: none"> • How do staff use appropriate tools to assess the nutrition and hydration needs of people who are approaching the end of life? • How do staff plan and deliver care which meets people's nutrition and hydration needs and reflects their wishes? • How are families enabled to support the person who is approaching the end of life with nutrition and hydration?
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"> • Disability Distress Assessment Tool (DisDAT) • Royal College of Physicians/British Geriatric Society The assessment of pain in older people, including the Abbey Pain Scale 	<ul style="list-style-type: none"> • Does the service manage the pain of people who are approaching the end of life effectively, including people who may not be able to communicate? • Where relevant do people's care plans include an appropriate pain assessment and management plan?

	<ul style="list-style-type: none"> NICE CG140 – Palliative care for adults: strong opioids for pain relief May 2012 	<ul style="list-style-type: none"> How is the pain of people who are being cared for at home managed 24/7? Are anticipatory medications prescribed appropriately in people identified as approaching the end of life? Do staff use an appropriate tool to help assess the level of pain in patients who are non-verbal? For example, DisDAT (Disability Distress Assessment Tool) for people with severe communication difficulties, or the Abbey Pain Scale for people with dementia.
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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
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? 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 	<ul style="list-style-type: none"> Outcome Assessment and Complexity Collaborative (OACC) – N.B. this is one possible tool and is not a national standard. I Want Great Care 	<ul style="list-style-type: none"> Is there a clear approach to monitoring, auditing and benchmarking the quality of the 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 service, including preferred place of death? Does the service have a strategic approach to monitoring outcomes, including future development to improve outcome monitoring?

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?

- Has the service developed an approach that enables staff to understand the outcomes for individuals and that demonstrates responding to individual need?
- If the service is introducing a tool such as Outcome Assessment and Complexity Collaborative (OACC), what progress have they made?
- Is quality and outcome information used to inform improvements in the service?
- What outcome data is used in reporting to CCGs or other commissioners?
- How is outcome data shared with other partners in the system?
- Does the service participate in regional or national audits, and/or regional or national benchmarking programmes?
- Do providers with more than one service benchmark the quality of care in their services internally?
- Does the service participate in surveys of bereaved people e.g. FAMCARE?

Consider available data about patient outcomes. Also use pathway tracking to help assess this KLOE.

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? • 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? • E3.6 Are volunteers recruited where required, and are they trained and supported for the role they undertake? 		<ul style="list-style-type: none"> • Do all staff (including volunteers) have the qualifications, skills and competencies they need? • Do staff have regular appraisals and training plans to support this? • Are volunteers provided with appropriate training, supervision and support? • Do staff have the skills, knowledge and experience to understand, identify and manage issues arising from patients' <ul style="list-style-type: none"> ○ mental health condition ○ learning disability or autism ○ dementia? • Have staff completed training appropriate to their role in line with the clinical policy on training? Including training around advance care planning, advanced communication or Gold Standard Framework training? • How does the service ensure that staff have training in medicines management appropriate to their role? • Are there policies in place that detail resuscitation training requirements?
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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**

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|--|---|--|
| <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">• NICE Guideline NG43 <u>Transition from children's to adults' services for young people using health or social care services</u> | <ul style="list-style-type: none">• Does multi-disciplinary working help in effective planning and delivery of care, treatment and other support to people in a holistic and joined up way?• Are all team members aware of who has overall responsibility for each individual's care?• How is EOLC coordinated across areas, and with external providers and services, including for cancer pathways and engaging proactively with the provider's Cancer Alliance?• Is there evidence of multi-disciplinary/ interagency working when required?• Is there a clear process for the transfer of care from hospital to the hospice, and from the hospice to home or another place of care, including care plans and medication?• How does the service work with local partners including social care to ensure continuity of care for people and their families?• Does the multi-disciplinary team represent all aspects of holistic care e.g. physical, psychological, emotional, social, spiritual?• How does the service work effectively with professionals from other local |
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		<p>services e.g. mental health or community services?</p> <ul style="list-style-type: none"> Do staff support colleagues working in end of life care in other services in their community? Do staff participate in relevant external meetings and share information appropriately (e.g. Gold Standard Framework meetings)?
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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
Report sub-heading: Health promotion		
<ul style="list-style-type: none"> E5.1 Are people identified who may need extra support? This includes: <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> NCPC Each community is prepared to help: community development in end of life care – guidance on Ambition Six 	<ul style="list-style-type: none"> How does the service support people to live well until the end of their life, including through self-management, reablement and appropriate therapies? Does the service take a public health approach to end of life care, focusing on enhancing quality of life? Does the service engage proactively with the local community to support people who are approaching the end of life and those who are important to them? How does the service support families and carers to maintain their own health and wellbeing?

<p>or intervention, are changes to people’s care or treatment discussed and followed up between staff, people and their carers where necessary?</p> <ul style="list-style-type: none"> • E5.5 How are national priorities to improve the population’s health supported? For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer. 		
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Key line of enquiry: E6

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

Prompts	Professional standard	Sector-specific guidance
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Report sub-heading: **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

<ul style="list-style-type: none"> • E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children’s Acts 1989 and 2004 and other relevant national standards and guidance? • E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • 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? 	<ul style="list-style-type: none"> • Consent: patients and doctors making decisions together (GMC) • Resuscitation Council UK Decisions relating to Cardiopulmonary Resuscitation • Office of the Public Guardian Mental Capacity Act Code of Practice 	<ul style="list-style-type: none"> • How do staff ensure that decisions are made in the best interests of a person who is considered not to have the mental capacity to make a decision? • How are such decisions documented, evidenced and shared appropriately? • How do staff ensure that they respect the decisions made by a person who is considered to have the mental capacity to make that decision, and manage any associated risk? • Are DNACPR decisions made appropriately and in line with national guidance? Is this audited?
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<ul style="list-style-type: none"> • 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"> • When was the last audit of DNA CPR forms conducted, what was the result and how were findings used to improve? • Are there any examples of when the Deprivation of Liberty Safeguards procedure has been used? Was the procedure used appropriately?
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Caring

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

Examples of data to be considered when making judgements:

- Service level patient experience feedback - e.g. Friends and Family test results, local patient experience surveys
- Relevant staff survey feedback

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? • 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, 	<ul style="list-style-type: none"> • The <u>Macmillan Quality Environment Award</u> is a framework for assessing whether cancer care environments meet the standards required by people living with cancer. (Includes list of providers who have achieved award). 	<ul style="list-style-type: none"> • How does the service ensure that they understand and meet the needs of the person's family? • Are those close to the patient offered information on how to access emotional, psychological or bereavement support? • Can staff give examples of where the service has demonstrated a particularly caring approach to the person approaching the end of life or their family? • Does the service understand the importance of patient stories in demonstrating the caring aspects of what they do? • How do staff ensure that the privacy and confidentiality of people are appropriately respected?

<p>including during physical or intimate care and examinations?</p> <ul style="list-style-type: none"> • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? 		<ul style="list-style-type: none"> • Are staff trained and supported in managing people or relatives with behavioural or mental health disorders? • How do staff respond to patients who might be frightened, confused or phobic about medical procedures or any aspect of their care? • Does the service ensure that care after death includes: <ul style="list-style-type: none"> ○ Honouring spiritual and cultural wishes of the deceased person and their family and carers whilst making sure legal obligations are met ○ Preparing the body for transfer to the cold body storage area or funeral directors premises. Is there discrete parking and access for funeral director vehicles? ○ Offering family and carers present the opportunity to participate in the process and supporting them to do so. ○ Ensuring the privacy and dignity of the deceased person is maintained. ○ Honouring people's wishes for organ and tissue donation.
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		<ul style="list-style-type: none"> ○ Returning the deceased person's possessions to the relatives in a sensitive caring manner. ● Have any clinical areas within the service achieved the Macmillan Quality Environment Mark or similar?
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Report sub-heading: **Emotional support**

<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"> ● How are people being cared for by the service supported emotionally, especially people who do not have family, friends or carers to support them? ● How do staff ensure that the needs of families and others important to a person who is dying are actively explored, respected and met as far as possible, including after the person has died? ● How do staff recognise and support the broader emotional wellbeing of people with complex needs, their carers and those close to them? ● What support is available to families who are facing bereavement or who have been bereaved? ● How are people supported to access and maintain their social networks?
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		<ul style="list-style-type: none"> • What arrangements are in place to refer people for carer's assessments or to further information and support for carers? • How does the service work with voluntary agencies to support families?
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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 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary? • C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these? • C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing? • C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel 	<ul style="list-style-type: none"> • NHS Data Security and Protection Toolkit 	<ul style="list-style-type: none"> • Are staff observed to be communicating appropriately with people and their families? • Do staff have access to communication aids if needed to help people to become partners in their care and treatment? • How are people and their families involved in developing their care plan? • How are people supported to keep in touch with their friends and family when they are in the hospice? • How do staff ensure that patients and their families can access the information they need, including from other services? • How do staff ensure that sensitive communication takes place between staff and the dying person, and those identified as important to them? • When a person is in the last days and hours of life, are the dying person and
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<p>listened to, respected and have their views considered?</p> <ul style="list-style-type: none"> • 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? 		<p>those identified as important to them, involved in decisions about treatment and care to the extent that the dying person wants?</p> <ul style="list-style-type: none"> • If a patient becomes distressed in an open environment, how do staff assist them to maintain their privacy and dignity?
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Responsive

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

Examples of data to be considered when making judgements:

- Waiting times for access to the service
- Service level complaints data
- Outcome measures

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: Planning and delivering services which meet people’s needs		
<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 inform how services are improved and developed? • R1.3 Are the facilities and premises appropriate for the services that are delivered? 	<ul style="list-style-type: none"> • NICE standards on health and wellbeing 	<ul style="list-style-type: none"> • Is the service proactive in meeting the needs of people from their whole community, reflecting diversity at the individual level? • What arrangements are in place to help address inequalities and to meet the diverse needs of local people? • Does the service understand the needs of their local community and are they proactive in meeting the identified needs? • Are any gaps in the service provided locally identified and action taken to try to address the gaps? • How does the service influence the system they work in to meet the needs of local people? • What arrangements are in place to access translation services? • What engagement and involvement of people and their families has there been in the design and running of the services?

		<ul style="list-style-type: none"> • What facilities are available for families e.g. accommodation, refreshments etc.?
<ul style="list-style-type: none"> • 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 • 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 	<ul style="list-style-type: none"> • Reasonable adjustment for patients with disabilities under the Equality Act 2010 • Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) • NHS England Delivering high quality care for people who have a learning disability 	<ul style="list-style-type: none"> • Is care after death managed sensitively and in a way which respects the wishes of families while following the appropriate process? • Do staff ensure that families have an understanding of the practical arrangements needed after the death of their family member? • Are people’s spiritual, religious, psychological, emotional and social needs taken into account? • Are staff involved in care informed of a person’s Advance Care Plan and preferred place of care. Is this discussed? • How are people supported to develop an Advance Care Plan, including the ReSPECT process if it is being introduced in the locality? • How are the needs of people who may be vulnerable because of their circumstances understood, and a plan developed and delivered to meet their individual needs?

². For example, people living with dementia or people with a learning disability or autism.
20200212 9001822 Sector specific guidance framework: Hospices for adults v1

and carers, particularly for those with multiple long-term conditions?

- R2.6 Where the service is responsible how are people encouraged to develop and maintain relationships with people that matter to them within the service and wider community?
- R2.7 Where the service is responsible, how are people supported to follow their interests and take part in activities that are socially and culturally relevant and appropriate to them, including in the wider community and, where appropriate to have access to education and work opportunities?
- R2.8 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?
- R2.9 How are people who may be approaching the end of their life supported to make informed choices about their care? Are people's decisions documented and delivered through a personalised care plan and shared with others who may need to be informed?
- R2.10 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?

- How does the service ensure that effective care is delivered to people from equality groups and people who may be vulnerable because of their circumstances e.g. Travellers, people with a learning disability, people with dementia, people from BAME backgrounds, LGBT people, people who are homeless?
- How are the changing needs of people monitored and regularly reviewed?

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 to the right care at the right time		
<ul style="list-style-type: none"> • R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.2 Can people access care and treatment at a time to suit them? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? • R3.4 Do people with the most urgent needs have their care and treatment prioritised? • R3.5 Are appointment systems easy to use and do they support people to access appointments? • R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the 		<ul style="list-style-type: none"> • Is the service able to meet the needs of people who can benefit from their service at the point that they need it? • Does the service have effective processes in place to manage referral and? • Do people have to wait to access the service (review activity reports/KPIs)? Is there an action plan in place if needed? • How does the service manage demand during busy periods? • Is there an effective urgent access pathway in place so that people can be transferred to die in their preferred place?

technology (including telephone systems and online/digital services) easy to use?

Key line of enquiry: R4

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

Prompts

Professional standard

Sector-specific guidance

Report sub-heading: **Learning from complaints and concerns**

- R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up?
- 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?

- 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.

- Are staff in the service aware of any relevant complaints and action needed to make improvements?
- Does the service make patients and their families aware of how to complain?
- How does the service ensure they learn from complaints effectively?
- Is there a process for capturing and learning from negative feedback which is not submitted as a complaint?
- What arrangements are in place for the independent review of complaints (e.g. ISCAS, of which membership is voluntary)

<ul style="list-style-type: none"> • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 		
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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.

Examples of data to be considered when making judgements:

- Relevant patient and family feedback
- Relevant staff survey feedback

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
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Report sub-heading: **Leadership of service**

<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? 	<ul style="list-style-type: none"> • NHS Leadership Framework – Developing People, Improving Care 	<ul style="list-style-type: none"> • Is the relationship between senior leaders, including trustees, and operational staff effective? • How do trustees (or equivalent) ensure they meet their governance responsibilities and have a good understanding of quality and safety of care? • Do staff, particularly those working in the community, feel connected to other
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<ul style="list-style-type: none"> 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? 		<p>teams within their service and to the organisation as a whole?</p> <ul style="list-style-type: none"> Do leaders look beyond their own service and take responsibility for the effective operation of the local cancer system as a whole, for example through active membership of their Cancer Alliance?
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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
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Report sub-heading: **Vision and strategy for the service**

<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, 		<ul style="list-style-type: none"> Is the strategy in line with national recommendations? Was the service strategy developed with engagement from the local community and developed to reflect their needs? Does the strategy recognise current and future funding arrangements and enable prioritisation?
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<p>and how have services been planned to meet the needs of the relevant population?</p> <ul style="list-style-type: none"> W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? 		
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Key line of enquiry: W3

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

Prompts	Professional standard	Sector-specific guidance
Report sub-heading: Culture within the service		
<ul style="list-style-type: none"> 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 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 	<ul style="list-style-type: none"> CQC guidance Duty of Candour NMC/GMC Openness and honesty when things go wrong: the professional duty of candour Schwarz Rounds 	<ul style="list-style-type: none"> Is there a focus on improving health outcomes embedded in the culture of the service? 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. What measures are taken to protect that safety of staff who work alone and as part of dispersed teams working in the community?

<p>leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?</p> <ul style="list-style-type: none"> • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • W3.7 Is there a strong emphasis on the safety and well-being of staff? • W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? 		<ul style="list-style-type: none"> • How is the lone working policy implemented? • What arrangements are in place to ensure staff can raise concerns safely e.g. whistleblowing policy? Do staff have multiple options for whistleblowing? Including being able to raise concerns without going to senior leadership team? • Does the provider offer effective support to staff who are caring for people at end of life/with distressing symptoms? For example, holding regular Schwarz Rounds or supportive supervision, where staff can discuss the emotional aspects of caring for people at the end of their lives.
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Key line of enquiry: **W4, W5 & W6**

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

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

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

Prompts	Professional standard	Sector-specific guidance
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Report sub-heading: **Governance, Risk management and quality management**

<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? • 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, 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Is feedback from people who use services and their families regularly discussed at department and Board meetings? What recent actions have been identified as a result, and how is progress tracked? • What quality and risk information about the service is reviewed by the Board and what assurance is provided about the quality of information being considered? • Are there clear lines of accountability within the service, including arrangements for safeguarding? • Does the service have plans in place to ensure continuity of care in an emergency, for example where they may be unable to use the hospice building, working with local partners if appropriate?
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<p>issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?</p> <ul style="list-style-type: none"> • 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? • 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 		
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<p>and relevant? What action is taken when issues are identified?</p> <ul style="list-style-type: none"> • 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? 		
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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?

Prompts	Professional standard	Sector-specific guidance
Report sub-heading: Public and staff 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 		<ul style="list-style-type: none"> • Does the service work in partnership with other services providing end of life care to ensure they effectively meet people's needs? • How are people and their families involved in shaping and improving the service and culture?

<p>this include people in a range of equality groups?</p> <ul style="list-style-type: none"> • 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? 		<ul style="list-style-type: none"> • Is feedback from people who use services and the public reviewed by teams and used to inform improvements and learning? • Does the service undertake a survey of bereaved relatives and friends? If so, what do the results tell them? • How are the views of staff in the service sought and acted on? • Is feedback from staff reviewed by teams and used to inform improvements and learning?
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Key line of enquiry: **W8**

W8. Is there transparency and openness with all stakeholders about performance?

Prompts	Professional standard	Sector-specific guidance
<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? 		<ul style="list-style-type: none"> • What improvements have been made to the service in the last year, or since we last inspected? • What innovations is the service involved in and what has been the impact of this innovation on the quality of care received by people who use the service?

<ul style="list-style-type: none"> • W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a service user? 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? 		<ul style="list-style-type: none"> • Are there any issues in relation to the future sustainability of services?
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