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 July 2020 changes since last version

Section / Report sub heading	Page number	Detail of update
S4 – Medicines	17	An update on prescribing and administering non-parenteral (non-injected) prescription by Ambulance Technicians or Emergency Care Assistants (ECAs)

Log of previous March 2020 version changes

Section / Report sub heading	Page number	Detail of update
Throughout		Fixed broken links
N/A	**7**	Added guidance in relation to closed culture Added in reference to resilience framework

S1 – Mandatory training	8	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
		Removed prompts related to resilience
S1 – Safeguarding	9	Updated references to most recent version on intercollegiate safeguarding guidance for both adults and children.
		Reviewed and summarised prompts
S1 – Environment and Equipment	11	Added in national specification for double crewed ambulances
		Removed resilience professional standards and prompts
		Added HSE guidance on portable electrical equipment in the workplace
S2 – Assessing and responding to patient risk	12	Added Clinical quality indicators that are measures of assessing and responding to patient risk as opposed to clinical outcomes (Proportion who received the sepsis care bundle; Patients with a pre-hospital diagnosis of suspected STEMI confirmed on ECG who received care bundle,)
S2 – Staffing	13	Added reference to NICE QS174 Statement 1
		Removed resilience professional standards and prompts
S3 – Records	14	Updated reference to NICE QS15
S4 – Medicines	15	Removed reference to NHS Protect guidance on controlled drugs, as no longer valid
		Added in medicines optimisation team guidance on medicines management and ambulance technicians
S5/6 - Incidents	17	Added in reference to interoperable capabilities related to incidents

S5/6 – Safety performance	19	Sub heading added to bring in line with acute frameworks
E1 – Evidence based care and treatment	20	Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs Added Clinical quality indicators that are measures of evidence based practice as opposed to clinical outcomes (Proportion receiving post-ROSC care bundle, Proportion receiving stroke diagnostic bundle)
E1 – Pain relief	23	Removed reference to NICE QS15, which has been amended and no longer has a relevant statement for this sub heading
E2 – Response times	23	Updated references to ARP to remove reference to transition, now that ARP is a year post-implementation
E2 – Patient outcomes	24	Clarified Clinical quality indicators that can be used as contextual information for patient outcomes, but clarified they are a measure of both ambulance and acute performance (Patients with resuscitation commenced / continued by Ambulance Service: Proportion discharged alive; For patients who had Primary Percutaneous Coronary Intervention Mean average time (and 90th centile time) from call to catheter insertion for angiograph; For stroke patients transported by ambulance mean (median and $90^{th \ centile}$) average time from call to hospital arrival)
E3 – Competent staff	25	Removed reference to NICE QS 174 as it is captured under the staffing sub heading Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs and updated associated prompts
E6 – Consent, Mental Capacity Act	28	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

C1,2 & 3 – Compassionate care	30	Updated references to new NICE QS15
C1,2 & 3 – Emotional support	30	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	31	Updated references to new NICE QS15
R1 – Meeting people's individual needs	33	Updated references to new NICE QS15 Removed reference to dementia charter as it is hospital specific
R3 – Access and flow	36	Added in reference to NHE/I guidance on addressing hospital handover delays
R4 – Learning from complaints and concerns	37	Updated prompt relating to independent complaints review where the patient is receiving non-NHS funded care
W2 – Vision and strategy for this service	40	Removed references to managing ARP transition, now that ARP is a year post-implementation
W3 - Culture	40	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	42	Removed NICE QS61 Removed resilience references and prompts Added in link to Brief Guide: Assessing an ambulance service that transports patients with mental health needs and updated associated prompts Added link to sub-contracting brief guide (internal only)

W5 – Management of risks, issues and performance	43	Removed resilience references and prompts
W7 – Public and staff engagement	46	Removed reference to resilience
W8 – Innovation, improvement and sustainability	47	Removed reference to resilience

Core service: Emergency and Urgent Care

Emergency and urgent care services include when ambulance crews assess, treat and care for patients at the scene. The patient can either be transported to hospital ('see and convey') or discharged from the care of the service ('see and treat').

The core service includes transport by air when the provider runs the air ambulance itself, or where it supplies staff to another entity, such as an air ambulance charity.

This core service also covers the business continuity management of the service – both when it is only the provider affected, such as loss of facilities, or as part of a wider event such as adverse weather.

This core service also covers the provider's planning and response to major incidents and emergencies as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1). It takes into account special operations such as serious and protracted incidents. It also includes being prepared for, and supporting, events and mass gatherings.[1]

If the ambulance service manages emergency response from other parties, these are also included in the core service. Examples include:

- community first responder schemes involving the public
- co-responder schemes with agencies such as fire and rescue or the armed forces.

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

High dependency and intensive care transport between hospitals or other care settings is also included, as well as other specialist transport that requires an emergency ambulance. This might be:

1. from hospital for end of life care at home
2. for patients with mental health conditions who need specialist care.

Independent ambulance services

Independent ambulances may carry out activities out of the scope of CQC regulation and exemptions apply. CQC has the power to inspect only regulated activities and it is important that in scope activities are identified in the pre-inspection phase for planning of the inspection.

See the Scope of Registration and the independent ambulance FAQs for further information.

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.

- Selected ambulance stations including smaller stations and air ambulance sites
- "Make ready" and maintenance areas or similar
- Regional or area offices as appropriate
- Training centres
- Emergency vehicles including ambulances and rapid response vehicles (RRV)
- Selected A&E, and discharge lounges to seek the views of patients who may have recently used the service
- Other hospital departments as required. (e.g. neonatal and children's intensive care, ITU, maternity, acute wards receiving patients directly from the ambulance service)

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

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 Hospitals inspectors rather than Mental Health inspectors, 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 strongly recommended that an MH Inspector or Mental Health Act (MHA) Reviewer forms part of the inspection team as they have specialist knowledge of the MHA and its application.

Interviews /observations

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

- Executive manager or Senior and middle managers responsible for the emergency and urgent ambulance service
- Middle managers with E&UC responsibility
- Medical Director
- Professional lead for paramedics
- Lead for medicines management
- Lead for driving standards

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

Internal to the provider

- Ambulance, RRV and helicopter crews of all grades
- Community first responders; co-responders

External to the provider

- Clinical advisors
- Staff in A&E and outpatients.
- Patients and relatives in A&E and discharge lounges
- Patients, relatives and staff in care homes or other locations as the opportunity arises
- Staff requesting urgent ambulance transfers and specialist hospital departments such as A&E, ITU, neonatal intensive care, burns units etc

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

This is a core service where there may be a higher inherent risk of a closed culture that might lead to abuse or breaches of human rights. Please ensure you are familiar with the supporting information on identifying and responding to closed culture. CQC staff can access internal guidance [here](). External guidance can be accessed [here]().

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]()
		• 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?
		
		• Do staff have training on driving under 'blue lights'
		
		• Where appropriate, have staff received

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<td>training to make them aware of the potential needs of people with:

mental health conditions
learning disability
autism
dementia?

- What systems are in place to monitor mandatory training and alert staff when they need to update training?</td>
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Report sub-heading: Safeguarding

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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).

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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

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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 ambulance services

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

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• 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?	2018 • CQC cross sector DBS guidance. • CQC Independent ambulance FAQs section on DBS checks. • NHS Employers guidance/advice on DBS checks • Female genital mutilation multi-agency practice guidelines published in 2016 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 • Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015)	concerns they have raised, to enable learning?
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 ➤ 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	• Are all vehicles clean and well maintained? • Are cleaning records are up to date and demonstrate that the vehicles are regularly cleaned? • When cleaning contractors are used, is this effectively monitored? • When vehicles are seriously contaminated how do crews get them clean? • How do staff maintain cleanliness of the vehicle during the course of a shift?

	hands immediately before and after every episode of direct contact or care. • Code of practice on the prevention and control of infections	• Are sterile consumables stored correctly on ambulances? • What is the process for managing and disposing of clinical waste? • How are crews made aware of specific known infection and hygiene risks associated with individual patients? • Is personal protective equipment provided on all vehicles? • Do staff adhere to infection control principles including handwashing? • How do staff maintain their uniforms? • Who do staff go to for advice and support regarding infection control matters?
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.)	• National ambulance vehicle specification for English NHS ambulance trusts • NHS England's 2015 Patient Safety Alert: Harm from delayed updates to ambulance dispatch and satellite navigation systems • MHRA guidance on managing medical devices (2015) • HSE guidance on portable electrical equipment in the workplace	• Are new emergency double-crewed ambulance (DCA) vehicles procured according to the national ambulance vehicle specification? • Is the station environment properly designed and maintained? • How does the service manage replenishment of vehicle equipment and supplies both at bases and between calls? • Who maintains medical devices and how is the quality of service assured? • Are there records of equipment maintenance and schedules (including vehicles and medical devices and

		insurance)?
		• Are the vehicle keys securely stored?
		• Is equipment available that is suitable for the role – including specific patient groups such as children?
		• 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?
		• If transfer / retrieval teams bring their own equipment how is it assured it can be safely and effectively used on the vehicle?
		• 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, as per the 2015 Patient Safety Alert?

Key line of enquiry: **S2**

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

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

Prompts	Professional standard	Sector specific guidance
• S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • S2.6 How do staff identify and respond	• Each service works to guidance agreed by their Medical Director. NICE Guideline 51 Sepsis: recognition, diagnosis and early management includes ambulances, particularly on page 34: "Ensure GPs	• Are patients assessed against relevant protocols (e.g. JRCALC 2016 and 2017) • When appropriate, do staff make good use of "special notes" to assess and respond safely to patient risk • How do crews get specialist advice when

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?

and ambulance services have mechanisms in place to give antibiotics for people with high risk criteria in pre-hospital settings in locations where transfer time is more than 1 hour".

- The UK Sepsis Trust also has a number of toolkits including some that can be used in ambulance services.

- Clinical Quality Indicators.
  - Proportion who received the sepsis care bundle
  - Patients with a pre-hospital diagnosis of suspected STEMI confirmed on ECG who received care bundle

on scene or in transit?
- Do staff recognise and evidence responding appropriately when there is rapid deterioration in the health of a patient?
- Is there a safe and effective escalation process for deteriorating or seriously ill patients? How are additional resources requested and deployed?
- Do community first responders and co-responders operate only within defined parameters? Is there evidence that they comply?
- Is there a mechanism in place to assess and manage risks when transporting patients experiencing a mental health crisis?
- Is there access to staff with appropriate experience when supporting a patient experiencing a mental health crisis?
- 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?	• NICE QS174 Statement 1: Ambulance services have specialist and advanced paramedic practitioners **NHS ambulance services** • Resourcing Escalatory Action Plan (REAP) ○ A national indicator of the pressure in ambulance services across the UK, which triggers specific measures when the trust is	• 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 is the skill mix on ambulances determined? • What are the cover arrangements for sickness, leave, vacant posts etc. to ensure patient safety?

• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?	operating at significant and sustained levels of increased activity. The levels of REAP are: ▪ 1 – Normal service ▪ 2 – Concern ▪ 3 – Pressure ▪ 4 – Severe pressure ▪ 5 – Critical ▪ 6 – Potential service failure	• Is there appropriate use of locum/bank/agency staff? • If agency staff are used, how are the inducted? • Do staff get adequate breaks and time off between shifts? **NHS ambulance services** • How does the service respond to changing staffing levels required due to escalated Resource Escalation Acton Plan (REAP) levels?

Key line of enquiry: **S3**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Records		
• S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? • S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) • S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and	• 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 • Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines (2016/2017) (Note: CQC	• Does records management follow JRCALC guidelines? • Are patient records are clear and complete – documents dated, timed, with a signature and identifiable number? • Are records are managed in a way that keeps people safe? • Are regular audits of records undertaken and changes made where necessary to ensure safety of patients? • Is there evidence that improvements are planned and carried out following record audits?

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.)

can only arrange access to these on a case by case basis. Please request that your SpA bring a copy if they have one).

- How does the service make sure that up-to-date DNACPR and end of life care planning is appropriately recorded and communicated when patients are being transported?
- How are crews made aware of "special notes" to alert them to patients with, for example, pre-existing conditions or safety risks?
- How are records made and shared appropriately across staff 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 arrangements for recording triage decisions for major incident / mass casualty events clear (e.g. casualty labelling)
- 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.)	• NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. Paramedics are allowed to purchase and	• Does the medicines management policy adhere to best practice? ○ How does the service make sure that medicines are appropriately and safely managed within the

S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?

- S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?
- S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
- S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care?
- S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow up in accordance with current national guidance or evidence 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?

possess a number of controlled and prescription-only medicines for parenteral administration, in accordance with schedule 17 of The Human Medicines Regulations 2012 ('schedule 17'). No patient group directive needed.

The MHRA's Rules for the sale, supply and administration of medicines for specific healthcare professionals

The law on the administration of prescription only medicines (POMs) is set out in The Human Medicines Regulations 2012:

- List of parenteral medicines (injections) that anyone can administer under **Schedule 19** of the Human Medicines Regulations – for the purpose of saving life in an emergency
- **Schedule 17** exemption allows registered paramedics to administer parenteral medicines (Injections) from another agreed list for the immediate necessary treatment of sick or injured persons
- Non –parenteral medicines (oral, inhaled, rectal, and topical) can be administered by anyone. However, the POM must have been legally obtained (authority to purchase a POM from a doctor, administration guidelines and training).

service, taking into account lone workers and storage on vehicles?
- Does the provider exhibit good medicines management practice (transport, storage, dispensing) including medication in kit bags, medical gas cylinders, and controlled drugs
  - o How are medicines stored and secured? What daily checks are performed?
  - o How is stock issue and return recorded?
  - o There are appropriate storage arrangements in place, both on vehicles and at depots.

- Is there clear guidance on the medication that staff in different roles are able to administer including parental and enteral medicines?
- Are patients informed about what medication they have been given and why? How is this recorded and how is the receiving service informed?

- Have any medicines audits been carried out? What actions have been implemented as a result?

Medicines management and ambulance technicians
- For the purposes of saving a life, non-paramedic ambulance staff, such as ambulance technicians, can administer parental medicines (injections) in accordance with schedule 19 of The

	• British Compressed Gases Association [leaflet specifically for the carriage of small quantities of gas cylinders on a vehicle](). • British Compressed Gases Association leaflet '[Medical oxygen in a vehicle]()'	[Human Medicines Regulations 2012]() ('schedule 19'). Ambulance organisations take responsibility for the safe treatment of patients by agreeing the practitioner groups who can administer each schedule 19 medicine; however in law anyone can administer the medicines on this schedule without training or other authorisation, as long as it is to save life in an emergency, and for the conditions listed. • There is no current provision in law for Ambulance Technicians or Emergency Care Assistants (ECAs) to make a decision to treat (prescribe for) a person with non-parenteral prescription only medicines. However, this practice is one that continues to be undertaken across the ambulance sector. • Our key priority is that people using services have access to safe and effective care, in a timely way. We recognise that a single approach will not fit all providers and their particular circumstances. Whichever approach providers choose to take, they must be able to demonstrate assurance that they deliver safe and effective care which meets the fundamental standards. This will include fully considering the risks associated with their practices and having in place the appropriate governance arrangements to mitigate and manage this."

Key line of enquiry: S5 & S6

S5. What is the track record on safety?

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

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

• S5.1 What is the safety performance over time?
 	
• S5.2 How does safety performance compare with other similar services?
 	
• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?
 	
• S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?
 	
• S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?
 	
• S6.3 How are lessons learned, and themes identified and is action taken as a result of
	• 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.
	   ➢ 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
		• 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?
		• If there is a paper-based system, how is this managed to ensure that incidents are reported centrally and in a timely manner?
		• How do frontline staff get the opportunity to report incidents (including incidents 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?
		• Are staff de-briefed and supported after

investigations when things go wrong?

- S6. 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?

reasonable support to the relevant person in relation to the incident and offer an apology.

a serious incident?

- 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 and other 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 ambulance services (IAS)

In the event of subcontracted services:

- Is each provider clear on their responsibilities for reporting incidents?

- 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 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?

- 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?

- 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?

- Clinical Quality Indicators.
  o Proportion of patients receiving post-ROSC care bundle
  o Proportion receiving stroke diagnostic bundle

- [Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines (2019) (](#)Note: CQC can only arrange access to these on a case by case basis. Please request that your SpA bring a copy if they have one).

- [Brief Guide: Assessing mental health care in ambulance services](#)

- NICE quality standards: [Stroke in adults](#) (please note that in the 2016 update, this is no longer considered a national priority, but may be useful at local level)
  o *People seen by ambulance staff outside hospital, who have a sudden onset of neurological symptoms, are screened using a validated tool to diagnose stroke or TIA. Those people with persisting neurological symptoms who screen positive using a validated tool, in whom hypoglycaemia has been excluded, and who have a possible diagnosis of stroke, are transferred to a specialist*

- Are relevant NICE guidelines and quality standards followed?
- Are JRCALC national guidelines being followed?
- How do staff who are remote working have access to guidelines and protocols?
- What protocols are in place for patients who have had a stroke or a heart attack?
- Do they have timely direct access to the correct acute facilities for these patients?
- How does the service ensure that patients go to the most appropriate hospital for treatment?
- Can staff explain the procedure for not conveying patients to hospital ('see and treat')?
- Are suitable protocols available for children of all ages and other patient groups?
- How is enhanced clinical advice and support made available to crews?
- How are patients "discharged" from the provider's care and if appropriate to other pathways or providers?
- How do crews identify patients with mental health problems and do they act accordingly?
- In assessing whether NICE or other guidance in followed, take the following into account:
  o Details of the provider's Clinical Audit programme to support and

	stroke unit within 1 hour.	monitor implementation of NICE guidance
	• NICE quality standards: Acute coronary syndromes in adults	o Details of additional prescribing audits that may be completed by junior doctors on rotation.
	o [QS 5: Level of consciousness and eligibility for coronary angiography and primary PCI](#)	o Utilisation of NICE implementation support tools such as the baseline assessment tools.
	• *Ambulance services….. ensure that adults who are unconscious after cardiac arrest caused by suspected acute STEMI are not excluded from having coronary angiography.*	o A Provider submission demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements.
	o [QS 6: Primary PCI for acute STEMI](#)	o Participation in National benchmarking clinical audits
	• *Ambulance services….ensure that local pathways and transfer protocols are in place for adults with acute STEMI who present within 1 hours of the onset of symptoms to be offered primary PCI…as soon as possible but within 120 minutes of when fibrinolysis could have been given*	
	• [CG16 Self-harm in over 8s: short term management and prevention of recurrence](#)	
	o 1.3 The assessment and initial management of self-harm by ambulance services	
	• [TA74 Pre-hospital initiation of fluid replacement therapy in trauma](#)	
	o A person who has been injured should not be given IV fluids before reaching hospital if a pulse can be felt at his or her wrist (or the central pulse if	

	there is bleeding from a wound on the back, chest or abdomen) o If IV fluids re given, ambulance staff should consider starting replacement therapy on the way to hospital o When IV fluids are given before an injured person reaches hospital, crystalloid solutions should usually be used o Only staff who have had special training in ALS and pre-hospital care should give IV fluids to injured people before they reach hospital • CG176 Head injury: assessment and early management • Sepsis: recognition, diagnosis and early management (NICE Guideline 51) • UK Sepsis Toolkits for ambulance services **NHS services** • National Ambulance Mental Health group: MHA Section DNR Protocol (2007)	
Report sub-heading: Pain relief		
• E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating?	• Core Standards for Pain Management Services in the UK	

Key line of enquiry: **E2**

E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Response times**		

	NHS ambulance services (please see brief guide for further information on the ARP)
	• National standards
	   o Category 1 – Mean response time ≤ 7 minutes. Standard for 90th centile ≤ 15 minutes
	   o Category 2 Mean response time ≤ 18 minutes. Standard for 90th centile ≤ 40 minutes
	   o Category 3 - Standard for 90th centile ≤ 120 minutes
	   o Category 4 - Standard for 90th centile ≤ 180 minutes
		• How does the service perform against national targets for response times?
		• How does the service monitor real time performance and respond when performance falls?

Report sub heading: **Patient outcomes**		
• E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? • E2.2 Does this information show that the intended outcomes for people are being achieved? • E2.3 How do outcomes for people in this service compare with other similar services	• Clinical Quality Indicators. The following are useful contextual indicators but are a measure of both ambulance and acute performance, and therefore cannot be used to describe the performance of either party: o Patients with resuscitation commenced / continued by Ambulance Service: Proportion	• Is there a clear approach to monitoring, auditing and benchmarking the quality of these services and the outcomes for people receiving care and treatment? • Does quality and outcome information show that the needs of people are being met by the services? • Is quality and outcome information used to inform improvements in the service? • What proportion of patients were

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?	discharged alive o For patients who had Primary Percutaneous Coronary Intervention: Mean average time (and 90th centile time) from call to catheter insertion for angiography (this incorporates response time + time on scene + conveyance + wait time at trust) o For stroke patients transported by ambulance mean (median and 90th centile) average time from call to hospital arrival (this incorporates response time + time on scene + conveyance + wait time at trust)	discharged after treatment at the scene or following onward referral to an alternative care pathway? • What proportion of patients re-contacted the service within 24 hours following treatment and discharge at the scene? **NHS ambulance services** • Figures for, and response to, the national MINAP & SSNAP audits. (Myocardial infarction & stroke national audit projects)

Key line of enquiry: **E3**

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

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Competent staff**		
• E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? • E3.3 Are staff encouraged and given	• College of Paramedics guidance on paramedics working as technicians and HCPC registration. • 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? • How are staff offered the necessary support during induction and training? • What induction procedure is followed for staff undertaking sub-contracted 999 work? • How are staff supported to facilitate their

- 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?

development?

- How is staff competence of delivering patient care assessed by managers or supervisors?

- Are staff working in small or remote teams given equitable support and development opportunities?

- How often do staff have an appraisal? What does this entail? How is poor practice identified and managed?

- How does the service ensure that staff have maintained professional registrations as required?

- Are the responsibilities and accountability clear for paramedics working as technicians?

- 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?

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

- Are staff appropriately trained to provide a safe service to children of all ages?

- How does the service ensure that those responsible for vehicle maintenance are competent? Have staff had any training in respect of major incidents and if so what has this covered?

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 time of day and only done when any necessary ongoing care is in place?	**NHS ambulance services** • Joint Emergency Service Interoperability Programme (JESIP) • Local Resilience Forum (LRF)	• How effective are handovers between ambulance and hospital staff?

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?
		• How are frequent patients identified and supported to access other services if appropriate?

Key line of enquiry: E6

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Consent, Mental Capacity Act**		
• E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the 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

• 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](#) • Association of Ambulance Chief Executive and Nation Ambulance Service Medical Directors: ○ [Statutory ambulance services and restraint of patients – position statement](#) (internal only)	use off the MCA 2005, and do staff follow it? • If a person lacks mental capacity, do staff consider best interest decisions under the MCA? • How does the service ensure that section 136 patients are conveyed in line with appropriate codes of practice/professional guidance? • 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? • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?	• 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 staff ensure, as far as possible, dignity is maintained during treatment and care in a public place? • How do staff make sure dignity is maintained as far as possible during transport in and to and from a vehicle? • How do staff make sure vulnerable groups (e.g. bariatric / psychiatric) patients have their dignity maintained during transport? • How do staff show respect and caring towards relatives and carers that may be travelling with patients? • How do staff deal with deteriorating patient's condition in the presence of a relative or carer?

• 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 make sure that patients, relatives and other parties are supported during distressing events? • 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? • Do staff provide emotional support to patients who are self-harming, distressed, anxious or confused etc? • Are the values of kindness, dignity, respect, compassion and empathy for those experiencing a mental health crisis embedded in service delivery?
Report sub-heading: Understanding and involvement of patients and those close to them		
• 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	• 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	• How do patients have proposed treatment and options explained to them? • How do staff make sure patients views are taken into account and consent is obtained particularly in emergency

protected equality or other characteristics make this necessary?

- C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?

- C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?

- C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?

- C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and 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?

throughout their care

- [NICE QS15 Statement 6](): People using adult NHS services are supported in shared decision making

situations?

- How are patients involved in decisions about whether to convey?
- Do staff invite family and friends to be involved or accompany a person experiencing a mental health crisis? How does this happen?
- Do people tell us about good experiences of being involved in their care?

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 inform how services are improved and developed? - R1.3 Are the facilities and premises appropriate for the services that are		- Are there differences between different areas / counties served by the provider? How is this addressed and does this translate into differing performance or outcomes for patients? - How does the service listen to and respond to local opinion and concerns about and variations in responses across the region? - How does the service manage ambulance deployment in high population areas and low population

delivered?		areas? Is the aim of deployment to meet targets or patient need?
		• How does the provider work with other providers to reduce admissions to hospital?
		• Following "see and treat" is it assured that patients are referred to other providers of health or social care as required? Are the same protocols in place if event ambulance services are provided?
		• How is the provider working in partnership to reduce waiting times at A&E?
		• Are patients transported to the appropriate service based on their needs including alternatives to A&E?
		• Are their clear lines of responsibility and accountability for the provider's staff and those from hospital based transfer or retrieval teams?
		• Are there agreed care pathways with other providers to ensure patients are treated in a way to achieve the best outcome?
		• How does the provider work with commissioners and other providers to ensure that the service provided meets the needs of local / regional networks e.g. trauma, neonatal?
		• How does the provider work with commissioners and other providers to meet the needs of patients who need

		to be transferred to national centres?

Report sub-heading: **Meeting people's individual needs**		

• R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so?
 	
• R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?
 	
• R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[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 and carers, particularly for those with multiple long-term conditions?
	• NICE QS15 Statement 4: People using adult NHS services experience care that is tailored to their needs and preferences.
	
	• Accessible Information Standard (for those providing NHS care and / or publicly funded adult social care)
		• What arrangements are in place to help address inequalities and to meet the diverse needs of local people?
		• What steps are taken to ensure that patients are treated as individuals, with their needs, preferences and their ethnicity, language, religious and cultural backgrounds being respected?
		• What arrangements are in place to access translation services?
		• How are the needs of the following groups understood and how do their needs influence the care they receive? People who are/or have:
		  ○ learning disability
		  ○ mental health illness
		  ○ Dementia
		  ○ bariatric patients
		  ○ hard of hearing or deaf
		  ○ partially sighted or blind
		
		• Is there a lead for ensuring the needs of people with a mental disorder are met?
		• How are staffed equipped to deal with violent or aggressive patients?
		• How are the ambulances arranged for people experiencing a mental health

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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
- R2.9 How are services delivered and coordinated to ensure that people who may be approaching the end of life are identified, including those with a protected equality characteristic and people whose circumstances may make them vulnerable, and that this information is shared? - R2.11 If any treatment is changed or withdrawn, what are the processes to ensure that this is managed openly and sensitively so that people have a comfortable and dignified death?		crisis? Does this vary at different times? - Does the provider comply with the Accessible Information Standard?

Key line of enquiry: **R3**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Access and flow		
- R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? - R3.3 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?	- [Addressing hospital handover delays: actions for local accident and delivery boards](#) (NHE/I January 2019)	- How do delays in handover at A&E impact on the service? How is the ambulance service taking the actions set out in 'Addressing hospital handover delays'? - How does the service take account of rurality? (e.g. is there mutual aid across providers and how is waiting for backup taken account of?) - How does the service perform against

		expected response times to professionally requested transport, for example:

- 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?

expected response times to professionally requested transport, for example:
- o Hospital to hospital
- o Hospital to home (end of life care)
- How do other health care professionals request an ambulance for:
  - o Hospital to hospital
  - o Hospital to home (end of life care)

Independent ambulance services

It is likely in the case of sub-contracted 999 services that the prompts normally captured under this sub heading will be the responsibility of the NHS Trust from whom the service sub-contracts and therefore this sub heading may not be relevant. However consider the following in your decision:

- What action is taken to ensure resources are where they need to be at the time required?
- How is the NHS Trust informed of the availability of private vehicles?
- How does the service communicate any delays to the NHS Trust from which it sub-contracts?
- How are response, on scene and turnaround times monitored?

Key line of enquiry: **R4**

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
	
	  o Have complaints dealt with efficiently and be investigated.
	
	  o Know the outcome of the investigation.
	
	  o Take their complaint to an independent Parliamentary and Health Service Ombudsman.
	
	  o 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 ambulance services
		
		• It is likely that the NHS trust (from whom the IAS sub contract) will retain responsibility for complaints and their investigation. In light of this:
		  o How is the IAS and its staff involved in the investigation?
		  o 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	• Fit and Proper Persons Guidance	• Can all staff (including remote and lone working staff) identify the different leads, their roles and their responsibilities? • Are operational road staff sufficiently supported by their manager? • What management structures are being used – e.g. matrix working?

sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?		

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		• How are staff that work away from main bases or who are lone workers engaged with strategy, vision and values?

the needs of the relevant population?		
• W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?		

Key line of enquiry: **W3**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Culture 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	• [NHS Employers guide for Tackling bullying in ambulance trusts](#) • [Duty of Candour](#) – CQC guidance	• How do staff get support when required? Can staff access confidential support? • Do staff say that managers demonstrate openness and honesty? • Do staff, particularly those working remotely, feel connected to other teams and sites within their service and to the organisation as a whole? • How does the organisation manage organisational change? • Is there a move from a station based to a vehicle-based service and if so how is culture change being managed and facilitated?

| | | • What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits. |

- leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

- W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?

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

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

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

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	• [Brief guide: sub-contracting clinical services](#) • [Brief Guide: Assessing mental health](#)	• What are the governance procedures for managing and monitoring any SLAs the provider has with third parties (see brief guide)?

regularly reviewed and improved?		• Are there processes in place for reviewing and monitoring the involvement of the different agencies, including standards against which delivery will be monitored in respect of transporting patient detained under the MHA / experiencing a MH crisis?
• 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?		• Does the governance framework provide assurance that MHA procedures are followed?
• W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?		• What coordination arrangements exist for working with other services and agencies? This may include, but not be limited to: o Acute hospitals o Fire and Rescue Services o Private ambulance providers (particularly when local PTS services are not provided by the NHS trust) o Police o Coastguard o RNLI o Mountain / Lowland / Cave Rescue o Military
		• 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

		that may adversely impact on the care and treatment being provided?

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?
 	
• W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?
 	
• W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to
		• How does the service understand and manage foreseeable risk including:
		  o Changes in demand
		  o Seasonal or weather
		  o Loss of services or infrastructure
		  o Disruption to staffing levels
		  o Disruption to hospitals receiving patients
		• Is there a risk register for the service which reflects the risk voiced by staff and highlighted on the inspection?
		• Is there a credible emergency/ major incident response plan and policy?
		• Do ambulance crews understand their role in major incidents and are they involved in planning and rehearsals?
		• How often are plans tested with other agencies?
		• How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

Generic prompts	Professional Standard	Sector specific guidance
staffing or facilities?		
• W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?		

Key line of enquiry: **W6**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **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? • 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		• How does the service ensure the accuracy of KPI data?

Generic prompts	Professional Standard	Sector specific guidance
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		• How does the service engage with the public to ensure that the service is used appropriately? • How does the service engage with patients to assess the quality of its services? • How does the service engage with staff including those working from remote locations?

Prompts	Professional standard	Sector specific guidance

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?

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?		