Inspection framework: independent acute hospitals

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
All	All	The whole framework has been reviewed and updated to reflect the new single assessment framework for health

Core service: Medical care

This includes the broad range of specialities not included in the other core services. In general terms, medical care can be thought of as those services that involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery. Endoscopy or chemotherapy services undertaken as a day case will be included within medical care. Areas that will be inspected include acute assessment units (also known as medical assessment units) and general and speciality wards, including gerontology (also known as care of the elderly) wards.

Areas to inspect*
Note: Many Independent hospitals in England do not ordinarily provide an acute medical unit (AMU) as part of their service; this is due to the range and type of medical services provided and funded within the independent sector. It is recognised that most independent hospitals will not have separate medical ward/s. In many cases medical patients will be admitted to an individual room within the main nursing 'floor' in a similar way to any other patient being admitted to an independent hospital.
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.
• General medical wards
• Specialist wards
• Stroke unit and HASU if provided (wherever angiography and thrombolysis take place)
• Coronary Care Unit
• Pharmacy

The table below shows levels of care for patients in hospital (*Comprehensive Critical Care*, Department of Health, 2000). Care at levels 0 and 1 are considered to come under the core service of medical care for the purposes of CQC inspections. Care at levels 2 and 3, including high dependency units, are considered to fall under the critical care core service.

Level	Description
0	Patients whose needs can be met through routine/basic care.
1	Patients requiring higher levels of care or are at risk of their condition deteriorating, whose needs can be met with advice and support from the critical care team.
2	Patients requiring higher levels of care and more detailed observation/intervention. They may have a single failing organ system or require post-operative care.
3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes complex patients requiring support for multi-organ failure.

Interviews/focus groups/observations

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

- People who use services and those close to them
- Medical Advisory Committee (MAC) representative for medicine
- Nursing lead for each ward / unit / area
- Physicians holding practising privileges; including oncologists where available.
- Hospital Matron or Head of Clinical Services

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

- Diagnostic area staff (radiology and pathology), including cardiac investigations.
- Specialist nurses (including, but not limited to, dementia, mental health, chemotherapy, respiratory, tissue viability, clinical outreach, infection and diabetes)
- General Nurses of varying seniority
- Therapists
- Pharmacists
- Porters
- Patients and their families
- Liaison between medical teams and other areas of the hospital, if there is one
- Liaison between medical and non-medical teams, if there is

- Healthcare Assistants   one
- Resident Medical Officer (RMO)
- Discharge coordinators (or whoever is responsible for this)
- Ward managers
- Bed managers (or whoever is responsible for this)
- Dietician

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?		- Are there statutory and mandatory training records? - Is there a policy for sepsis management and are staff aware of it? - Have staff received annual training on sepsis management; including the use of sepsis screening tools and use of sepsis care bundles?

Report sub-heading: **Safeguarding**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. • S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices? • 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	• Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding. This includes the 2018 position statement on safeguarding children training. • Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (March 2014) • HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015 • 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) • Working together to safeguard children: HM Gov. 2015 • Safeguarding Intercollegiate Document	• Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)? • Safeguarding Intercollegiate Document: Clinical staff working with children, young people and/or their parents / carers and who could contribute to assessing, planning, intervening and evaluating the needs of a child or young person should be trained to safeguarding at level 3. • Is there safeguarding training in mandatory training records?

| risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? | • [NMC: Safeguarding Adults Training Toolkit](#)

• CQC cross sector [DBS guidance](#). | |

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? | • [NICE QS61 Statement 3](#): People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.

• [NICE QS61 Statement 4](#): People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.

• [NICE QS61 Statement 5](#): People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.

• [Decontamination of surgical instruments (CFPP 01-01) (chapter 6)](#) | • What precautions are taken in radiology and endoscopy settings when seeing people with suspected communicable diseases (eg TB / Flu etc)?

• What are the unit infection rates?
  ○ C-Difficile
  ○ Blood steam infections
  ○ MRSA acquisition rate
  ○ CVC related blood stream infections (CVCBSI)
  ○ Ventilator Associated Complications including VAP

• Is the trust managing and decontaminating reusable medical devices in line with national guidance such as the DH Health Technical Memorandum on decontamination?

• Is the trust following the guidance outlined in the management and decontamination of flexible endoscopes HTM? |

	Health Technical Memorandum 01-06: Decontamination of flexible endoscopes	

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.)	• Adult inpatient and clinical facilities should be designed in keeping with the DH guidance HBN 04-01 and HBN 03-02.	• Is resuscitation equipment available and fit for purpose? • Are staff trained and competent in resuscitation including use of resuscitation equipment? • How does service make sure facilities conform to professional standards?

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?	• Sepsis: recognition, diagnosis and early management (NICE Guideline 51) • Quality and Safety Programme: London Quality Standards	• Does the hospital have an admission policy setting out safe and agreed criteria for admission of medical patients? • How does the provider ensure that

• 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?	• For endoscopic procedures, the service takes into account the [BSG Quality and Safety Indicators for Endoscopy](#) • [Royal College of Physicians - Acute care toolkit 9: Sepsis](#)	urgent or un-planned medical admissions (admitted without being first seen and assessed by a consultant at the hospital) are seen and assessed by a relevant consultant within 12 hours of admission and assessed by a suitably qualified resident medical officer within 30 minutes? • In addition, is consultant's involvement for people who use services that are considered 'high risk' within one hour? (London Quality Standards) • Do all hospitals dealing with complex acute medicine have on-site access to levels 2 and 3 critical care (i.e. intensive care units with full ventilator support)? • Is there evidence of pathways for referring patients to NHS services if acute condition deteriorates, in the absence of facilities for escalation locally? • Are there clear pathways and processes for the assessment of people using services within endoscopy clinics or radiology departments who are clinically unwell and require hospital admission? • What SLAs exists in the event of a deteriorating patient requiring a blue light transfer to an NHS Trust?

		• Are all people admitted acutely with suspected/confirmed sepsis continually assessed and monitored using the National Early Warning System (NEWS)?
		• Is the NEWS competency-based escalation trigger protocol used for all people who use the service?
		• Is there evidence of use of a sepsis care bundle for the management of patients with presumed/confirmed sepsis (i.e. 'Sepsis 6' care bundle)
		• Is there an escalation policy for patients with resumed/confirmed sepsis who require immediate review?
		• Are patients with suspected/confirmed sepsis receiving prompt assessment when escalated to multi-professional team? For example: - Critical Outreach Team
		• Is treatment delivered to patients with presumed sepsis within the recommended sepsis pathway timelines? E.g. antibiotics within an hour
Report sub-heading: **Nurse staffing**		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff	• [NICE guideline SG1](#) recommends a systematic approach to nurse staffing at ward level to ensure that patients	• How do nursing staffing level compare with the professional standards?

do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?	receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week. It sets out that the occurrence of nursing red flag events (shown in section 1.4 of the NICE guidance is monitored throughout each 24-hour period. Monitoring of other events may be agreed locally. • The National Quality Board: How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability? • Royal College of Nursing: Safe staffing for older people's wards	• Are standardised nursing assessments in use in the department in keeping with standards for nursing? • Is there evidence of pathways for referring patients to NHS services if acute condition deteriorates, in the absence of facilities for escalation locally? • In services that deliver chemotherapy is there an arrangement in place for people who become ill between visits to the hospital (e.g. with neutropaenic sepsis)? • Is guidance on staffing levels followed as set out in appropriate national guidance?
Report sub-heading: Medical staffing		

• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?
 	
• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?
 	
• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?
	• West Midlands Quality Review Service - Quality Standards for Acute Medical Units	• How do medical staffing level compare with the professional standards?
		   ➢ Last 3 months Consultant rota
		   ➢ Last 3 months Trainee rota
		
		• Is the responsible consultant available at all times when medical patients are being cared for and able to reach the unit within 30 minutes?
		
		• Are all non-acute medical patients reviewed during a consultant-delivered

Prompts	Professional standard	Sector specific guidance
- 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?		ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway? - Is there a resident doctor available with sufficient training (level ST3 or above or equivalent SAS grade, or a registered healthcare professional with equivalent competences). This healthcare professional must have up to date competences in ALS (Quality Standards for Acute Medicine)[1] ?

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	- GMC guidance on keeping records - CG2 – Record Keeping Guidelines - Records management code of practice for health and social care - NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.	- Is there a system in place to ensure that medical records generated by staff holding practising privileges are safely managed / integrated into the hospital record for the person using the service? - Are admission notes legibly documented in keeping with appropriate national guidance such as the GMC guidance? - Are nursing assessments and records in line with guidance/ standards for nursing / AHPs such as CG2 – Record Keeping Guidelines?

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[1] Quality Standards for Acute Medical Units

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.)

- **NICE QS121** Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record.

- **NICE QS15 statement 12:** Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

  Example - Discharge summaries (for older people with complex needs) should include:
  - Reasons for admission to hospital
  - Investigations done and results
  - Changes to medication
  - Destination on discharge
  - Plan for follow up
  - Plan for rehabilitation if appropriate
  - DNACPR status if appropriate
  - Important information that will aid
  - Community management e.g. pressure risk, weight

- How does the service ensure that consultants operating records and the patient clinical record are integrated into the hospital record for the patient?

- When people are prescribed an antimicrobial do they have the clinical indication, dose and duration of treatment documented in their clinical record?

- Is there a system in place to ensure that medical records generated by staff holding practising privileges are available to staff (or other providers) who may be required to provide care or treatment to the patient?

- Are care summaries sent to the patient's general practitioner on discharge to ensure continuity of care within the community?

- Does the service have arrangements in place to make sure that diagnostic imaging and endoscopy results are always available in a timely manner?

- Are medication changes, in particular those of older people with complex needs communicated promptly to the GP, and care home staff or domiciliary care staff if appropriate?

Key line of enquiry: S4

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Medicines**		
• S4.1 How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.) • S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence? • S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence? • S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? • S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care? • S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence? • S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines? • S4.8 How does the service make sure that	• Nursing and Midwifery Council NMC - Standards for Medicine Management • NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. • NICE CG76 Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence. • NICE NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. • Guidelines are followed for people in need of sedation for endoscopic procedures - British society of Gastroenterology Quality and Safety indicators for Endoscopy. • NICE QS121 Statement 4: People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available. • Start Smart then Focus: Antimicrobial Stewardship Toolkit	• Are allergies clearly documented in the prescribing document used? • Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council? • Are there local microbiology protocols for the administration of antibiotics and are prescribers using them? • What SLAs exist (if required) for the provision of pharmacy support? • When older people with complex needs are being discharged is medication explained to them and to people important to the patient and are they told what to do about their previous medication? • When people are prescribed an antimicrobial do they have a microbiological sample taken and is their treatment reviewed when results are available?

people's behaviour is not controlled by excessive or inappropriate use of medicines?		

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
	• 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. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
	   o Revised never events policy and framework (2015)
	   o Never events list 2015/16
	   o Never Events List 2015/15 - FAQ
	
	• Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015.
	
	• (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of
		• How is learning from clinical incidents disseminated?
		
		• Is there evidence of dissemination of learning within staff from incidents. related directly to medical care?
		
		• Is there evidence of adherence to duty of candour regulation, including process and evidence for written apologies?
		
		• Do mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt?

identified and is action taken as a result of investigations when things go wrong? • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	fluid mismanagement are reported as critical incidents. • Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. • RCN: Management of Pressure Ulcers: All pressure ulcers grade 2 and above should be documented as a local clinical incident.	

Report sub-heading: **Safety Thermometer**

• S5.1 What is the safety performance over time?
 	
• S5.2 How does safety performance compare with other similar services?
 	
• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?
	• NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.
	
	• NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.
	
	• Safety Thermometer
		• Does the service monitor incidence of any of the following for medical inpatients?
		  o Pressure ulcers
		  o Falls
		  o Catheter associated UTIs acquired during admission
		     VTE acquired during admission

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	- NICE Quality standard [QS9]: Chronic Heart Failure - NICE Quality standard [QS5]: Chronic Kidney Disease - NICE Quality standard [QS6]: Diabetes in Adults - NICE Quality standard [QS68]: Acute coronary syndromes - NICE Quality standard [QS76]: Acute kidney injury - NICE Quality standard [QS38]: Acute upper gastrointestinal bleeding - NICE Hip Fracture QS 16	- Has the service adapted guidance on quality standards for medical conditions published by the NICE? For example: - Chronic heart failure - Chronic kidney disease - Diabetes in adults - Acute coronary syndromes - Acute kidney injury - Acute upper gastrointestinal bleeding - Are all people on the AMU seen and reviewed by a consultant twice daily? To maximise continuity of care, are consultants working multiple day blocks? - Once transferred from the acute area of the hospital to a general ward, are people reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week,

Practice? • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?	• NICE QS66 Statement 2: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience. • (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance. • NICE QS90 (2015) UTI in adults • AIHO and CEPOD agreement • Royal College of Physicians - Acute care toolkit 9: Sepsis • NICE QS121 Statement 6: Prescribers in secondary and dental care use electronic prescribing systems that link indication with the antimicrobial prescription.	unless it has been determined that this would not affect the patient's care pathway? • Are endoscopic procedures, for example, diagnostic upper GI endoscopy carried out in line with professional guidance? • In assessing whether NICE guidance in followed, take the following into account: • Details of the provider's Clinical Audit programme to support and monitor implementation of NICE guidance • Details of additional prescribing audits that may be completed by junior doctors on rotation. • Utilisation of NICE implementation support tools such as the baseline assessment tools. • A Provider submission demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements. • Participation in National benchmarking clinical audits • Is sepsis screening and management done effectively, in line with National guidance (i.e. NICE guidance; UK Sepsis Trust) • Do prescribers in secondary care use electronic prescribing systems which

		link the indication with the antimicrobial prescription?

• 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?	• [NICE QS15 Statement 10](): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. • [NICE QS24 statement 1](): Screening for the risk of malnutrition	• Do people using the service have a nutritional assessment on admission, if this is clinically indicated? Do staff have access to dietician services?

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]() • [NICE QS15 Statement 10](): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.	• Does the provider meet the Core Standards for Pain Management Services?

Key line of enquiry: **E2**

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

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Patient outcomes**		
• E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely	• [NICE guideline [NG51] Sepsis: recognition, diagnosis and early management]()	• Does the service carry out regular local and national audits **that are appropriate for the medical care and treatment being provided** by the

collected and monitored?

- E2.2 Does this information show that the intended outcomes for people are being achieved?

- E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?

- E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?

medical service?, for example:

- Heart Failure Audit
- Cardiac Arrhythmias audit
- Carotid interventions audit
- Diabetes (adult) inpatient audit
- Patient outcome and death (NCEPOD)
- Acute Myocardial Infarction audit (MINAP)
- Inflammatory bowel disease audit
- Kidney care audit
- Lung Cancer audit
- National dementia audit
- Sentinel Stroke National Audit
- Outcomes of chemotherapy regimes

- Does the provider participate in the Joint Advisory Group on GI Endoscopy (JAG)? If so what level of accreditation does it hold?

- Is there evidence of action plans being created to address deviations from national targets?

- Are transfers to acute NHS hospitals or other independent critical care facilities audited?
- Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit?
- Are there audits that the service does not contribute to? What are their

		outcomes compared with benchmarks?
		• Does the service hold regular audit meetings to review performance in regards sepsis management and patient outcomes?
		• Where issues have arisen in regards sepsis management and patient outcomes has there been evidence of quality improvement?'
		• Where issues have arisen in regards sepsis management and patient outcomes have staff been given appropriate support and training?
		• What evidence is there that management has changed in response to their audits?
		• Do they have regular audit meetings to learn/ feedback?

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?	• [IHAS/NHS Employers: Guidance for employers on sharing information about a healthcare worker where a](#)	• Do resident medical officer's (RMO's) have sufficient training to meet the requirements of the patients they are

- E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training?

- E3.3 Are staff encouraged and given opportunities to develop?

- E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)

- E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve?

- E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake?

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risk to public or patient safety has been identified July 2013

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

- Start Smart then Focus: Antimicrobial Stewardship Toolkit

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covering, especially out of normal working hours?

- Are staff trained in Advanced Life Support (ALS) present at all times in the hospital?

- What are the arrangements to ensure staff working under practising privileges on an occasional or infrequent basis are competent and skilled to carry out care and treatment that they provide?

- What are the arrangements for granting and reviewing practising privileges?

- How does the service ensure that consultants working under practising privileges arrangements only carry out treatments or procedures that they are skilled, competent and experience to perform? (Do they perform similar work in the NHS?)

- Have staff who deliver / administer chemotherapy received specialist training and maintain their competency?

- In services where chemotherapy is provided: What expertise does the pharmacy staff have in relation to chemotherapy?

- Are there arrangements in place to make sure that local healthcare providers are informed in cases where a

		staff member is suspended from duty?
		• Have staff in the department received training on sepsis
		– Screening
		– Management
		– Trust policy
		• Where failure in the sepsis protocol has been identified have staff been given support and education?
		• Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber and team level?

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?	• [The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients](#) • [PHSO: A report of investigations into unsafe discharge from hospital](#) • [Transition between inpatient hospital settings and community or care home settings for adults with social care](#)	• Are people with complex needs receiving prompt screening by a multi-professional team, including physiotherapy, occupational therapy, nursing, pharmacy and medical staff? A clear MDT assessment should be undertaken within 14 hours and a treatment or management plan to be in place within 24 hours (London Quality Standards). • Are there MDT meetings for people with complex needs? (and where necessary

• 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?	needs (NICE guideline 27)	are social services involved?) • Is the care and treatment of people receiving chemotherapy discussed at MDT meetings? • Are there pathways in existence for referral between specialities in the hospital? • Are there pathways in existence for referral to other hospitals including NHS hospitals when required? • How does the service ensure that the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented? • Are all team members aware of who has overall responsibility for each individual's care? • How does the service ensure that it meets clinical guidance for report turnaround time for medical staff requesting diagnostic imaging and endoscopy to be carried out? • Does the service avoid discharging older people late at night if they have complex needs and live alone? • How is key information about older people with complex needs

		communicated to members of the community health team on discharge? For example sharing of assessments, including tissue viability (pressure risk) and nutritional assessment and risk.
Report sub-heading: Seven-day services		

• E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?	• [RCP: Acute medical care: The right person, in the right setting – first time](#)
	
	• [RCP: Delivering a 12-hour, 7-day consultant presence on the acute medical unit](#)
	
	• [AOMRC: Seven day consultant present care](#)
	
	• [RCP: Future Hospital Commission](#)
	
	• [NHS Services, Seven Days a Week, Priority Clinical Standard 2](#)
	  Time to first consultant review
	  o All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital.
	
	• [NHS Services, Seven Days a Week, Priority Clinical Standard 5](#)
	  Diagnostics
	  o Hospital inpatients must have scheduled seven-day access to
		• Does the provider meet the NHS Services, Seven Days a Week Forum's seven day services priority standards (where the provider treats NHS funded patients) for:
		  o Time to First Consultant Review
		  o Diagnostics,
		  o Intervention/ Key Services
		  o Ongoing Review

diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

- NHS Services, Seven Days a Week, Priority Clinical Standard 6
  Intervention / key services
  o Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:

  - Critical care
  - Interventional radiology
  - Interventional endoscopy
  - Emergency general

surgery

- [NHS Services, Seven Days a Week, Priority Clinical Standard 8](#)
  Ongoing review
  - All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks.

- Once transferred from an acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

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**		

Prompts	Professional standard	Sector specific guidance

• 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?
 • E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.)		

Key line of enquiry: **E6**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Consent, Mental Capacity Act and DOLs**		
• E6.1 Do staff understand the relevant		

consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?

- E6.2 How are people supported to make decisions in line with relevant legislation and guidance?

- 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?

- [Mental Capacity Act: making decisions](#)

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

- [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](#)

- Is there evidence of the use of best interest decision making for people without the capacity to consent, including consultation with those holding powers under Deputyships or Lasting Powers of Attorney, and relatives and friends interested in the person's welfare?

- What is the sedation policy in use on wards?

- Is there evidence of the inappropriate use of sedation?

- Prior to receiving chemotherapy services what information is given to people about side effects? How is this recorded?

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	• NICE QS15 Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty. • NICE QS15 Statement 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills. • NICE QS15 Statement 3: Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the	• Do staff take account of psychosocial aspects of care as well as physical?

	healthcare team.	
disrespectful, discriminatory or abusive behaviour or attitudes?		
• C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations?	• NICE QS15 Statement 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.	
• 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?	• NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.	• NICE QS15 Statement 10): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
• 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?		

Report sub-heading: **Understanding and involvement of patients and those close to them**		
• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given?	• NICE QS15 Statement 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.	• In cases where the patient will be responsible for full or partial cost of care or treatment, are there appropriate and sensitive discussions about cost?
• C2.2 Do staff seek accessible ways to		

- communicate with people when their protected equality or other characteristics make this necessary?

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

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

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

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

- NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

- NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

- NICE QS15 Statement 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

- When older people with complex needs are being discharged, do the staff involve those close to the person so that correct clothing can be brought into hospital?

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 delivered?	• In areas where ethnic minority groups form a significant proportion of the local population, are processes in place to aide translation?	• How does the service work with other health and social care providers to meet the needs of people using services? • What arrangements are in place for relatives to stay over / nearby? • What arrangements are in place for food and drink provision for relatives (including out of hours)?

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?

- 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

- NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

- Accessible Information Standard

- Age UK operates a welcome home service in some areas and ensures houses are warm and fridges stocked with essentials for people on discharge see links for examples: http://www.ageuk.org.uk/suffolk/services-and-information/welcome-home-service/

- Is there a hospital out of hours discharge policy (e.g. taking into account reasonable and safe time of discharge for people)

- When is discharge planning started? Is it on admission?

- Are there weekly MDTs for medical patients with complex needs (and where appropriate do social services or staff who plan and coordinate discharge arrangements attend?)

- Is there an Intermediate Care Team or equivalent responsible for ensuring co-ordination of discharge arrangements and needs? How are complex discharges supported?

- How well do they care for people living with dementia? Is there a dementia friendly ward / area? How many staff have dementia training? Is dementia assessed on admission?

- What arrangements exist for patients with learning disabilities?

- Is there a protocol in place to access timely mental health referrals if necessary? How well does the provider care for people with other complex needs, e.g. deaf / blind /

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

		wheelchair access?
characteristic and people whose circumstances may make them vulnerable, and that this information is shared? (CYP core service framework only)		• In areas where ethnic minority groups form a significant proportion of the local population, are processes in place to aide translation?

• R2.10 How are people who may be approaching the end of 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? (CYP core service framework only)		• What are the arrangements in place for ensuring:
		  o Translation services
		  o Psychiatric support
		  o Support for people with learning disabilities

• 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? (CYP core service framework only)		• Does the provider comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss."
		• Are appropriate arrangements put into place to take account of individual needs of people being discharged who have complex health and social care needs that require special considerations, for example older people with complex needs?

Key line of enquiry: **R3**

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

Prompts	Professional standard	Sector specific guidance

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

- How are patients admitted to the medical wards?

- Do GPs have direct access if they speak to a Medical consultant and agree admission (under Consultant`s care) over the phone?

- How is discharge communicated to GPs? How soon after discharge does this occur?

- How does the hospital ensure stakeholders are aware of the hospital admission policy / criteria? And that if an inappropriate referral for admission is received the referring clinician is advised immediately and provided with appropriate advice?

Key line of enquiry: **R4**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Learning from complaints and concerns**		

• R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up?
 	
• R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint?
 	
• R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?
 	
• R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?
 	
• R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?
	• The NHS constitution gives people the right to
	
	   ➢ Have complaints dealt with efficiently and be investigated.
	
	   ➢ Know the outcome of the investigation.
	
	   ➢ Take their complaint to an independent Parliamentary and Health Service Ombudsman.
	
	   Receive compensation if they have been harmed.
	
	• ISCAS: Patient complaints adjudication service for independent healthcare (please note that you may need to open this link in a non-IE browser)	

Well-led

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

Key line of enquiry: **W1**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Leadership**		
• W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? • W1.3 Are leaders visible and approachable? • W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?	• [GMC guidance about the CMA Order](#) • [Fit and Proper Persons Guidance](#)	• How does the provider ensure that they comply with the Competitions and Marketing Authority (CMA) Order that came into force in April 2015 about the prohibition of inducing a referring clinician to refer private patients to, or treat private patients at, the facilities? • How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding be educated in good safety practice, as set out in the national standards?

Key line of enquiry: **W2**

W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Vision and strategy**		

• W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities?		
• W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?		
• W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?		
• W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them?		
• W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?		
• W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?		

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**		
• W3.1 Do staff feel supported, respected and valued? • W3.2 Is the culture centred on the needs and	• [Committee of Advertising Practice: Healthcare - Overview](#) • [NMC Openness and honesty when](#)	• Are arrangements for advertising or promotional events in accordance with advertising legislation and professional guidance?

experience of people who use services?

- W3.3 Do staff feel positive and proud to work in the organisation?

- W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority?

- W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?

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

- 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?

things go wrong: the professional duty of candour

- NRLS - Being Open Communicating patient safety incidents with patients, their families and carers

- Duty of Candour – CQC guidance

- National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015. Applies to those providing NHS funded care

- Is there a system in place to ensure people using the service are provided with a statement that includes terms and conditions of the services being provided to the person and the amount and method of payment of fees?

- How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)

Key line of enquiry: **W4**

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?		
Generic prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Governance**		
• W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?	• NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. • NICE QS66 Statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes. • The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 • NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.	• What are the governance arrangements for the chemotherapy service? (applies to medical services that deliver chemotherapy services) • How does the hospital manager ensure staff working under practising privileges have an appropriate level of valid professional indemnity insurance in place? i.e. Arrangements to ensure indemnity insurance is held in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 • Are roles and responsibilities of the Medical Advisory Committee set out and available? • How does the provider make sure those medical practitioners involved providing medical care in the independent sector, inform their appraiser of this in their annual appraisal and maintain accurate information about their personal performance in line with national guidance on appraisal for doctors? • How does the hospital manager

		ensure that consultants who invite external staff (for example their own private nurse) to work with them or on their own in OPD undergo appropriate checks as required by Schedule 3 of the HSCA Regulated Activity Regulations?
		• What SLAs exists in the event of a deteriorating patient requiring a blue light transfer to an NHS Trust?
		• What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?
		• Is there a sepsis lead who oversees the departmental/trust sepsis management?
		• How is performance in regards sepsis management and patient outcomes fed back to the trust board?
		• Is there effective trust board oversight of performance regarding antimicrobial prescribing and stewardship? What action is taken when issues are identified?

Key line of enquiry: W5

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Managing risks, issues and performance**		
• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? • W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?	• NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.	

Key line of enquiry: **W6**

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?		
Generic prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Managing information**		
• W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • W6.5 Are information technology systems used effectively to monitor and improve the quality of care? • W6.6 Are there effective arrangements to ensure that data or notifications are submitted		

Generic prompts	Professional Standard	Sector specific guidance
to external bodies as required?		
• W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?		

Key line of enquiry: W7

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Engagement**		
• W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?		
• W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?		
• W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic?		
• W7.4 Are there positive and collaborative		

Prompts	Professional standard	Sector specific guidance

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: **Learning, continuous improvement and innovation**		
• W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? • W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? • W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make 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	• Has the service achieved the Quality Mark for Elder Friendly Hospital Wards? If not is the service striving to achieve this voluntary improvement programme established in Autumn 2012?	

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?		