

## Inspection framework: NHS Ambulance Services

### Core service: Emergency and Urgent Care

This covers the assessment, treatment and care of patients at the scene by ambulance crews with transport to hospital ('see and convey'), as well as the assessment, treatment and discharge from the care of the service ('see and treat').

It includes transport by air when the air ambulance is itself run by the provider, or where its staff are supplied to another entity, such as an air ambulance charity.

It also covers the provider's major incident planning and response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1), as well as planning for and responses to other major emergencies. It also includes preparedness for, and the support of events and mass gatherings. Special operations such as serious and protracted incidents use many of the resources and techniques used in major incidents such as hazardous area response teams and these are considered as part of this core service.

Emergency response from other parties is included when that response is under the direction of the provider. Examples include community first responder schemes involving members of the public, and co-responder schemes with agencies such as fire and rescue or the armed forces.

High dependency and intensive care transport between hospitals or other care settings is included, as well as other specialist transport that requires an emergency ambulance. This might be from hospital for end-of-life care at home, or for mental health patients requiring specialist care.

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.

## 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 cars
- 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.*

## Interviews/focus groups/observations

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

Executive manager responsible for the emergency and urgent ambulance service

Middle managers with EU 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, outpatients.
- Patients and relatives in A&E & 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

## Service-specific things to consider

We have identified a number of specific prompts for this core service that are set out below. Inspection teams should use these **together with** the standard key lines of enquiry and prompts. These are not intended to be a definitive list or to be used as a checklist by inspectors.

\*Indicates information included in the inspection data pack.

## 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 & S2**

S1. What is the **track record** on safety?

S2. Are **lessons learned and improvements made** when things go wrong?

Report sub-heading: **Incidents**

**Generic prompts**

**Professional Standard**

**Additional prompts**

<ul style="list-style-type: none"> <li>• What is the safety performance over time, based on internal and external information?</li> <li>• How does safety performance compare to other similar services?</li> <li>• Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally?</li> <li>• Have safety goals been set? How well is performance against them monitored using information from a range of sources?</li> <li>• Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?</li> <li>• When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation?</li> <li>• How are lessons learned, and is action taken as a result of investigations when things go wrong?</li> <li>• How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service?</li> </ul>	<ul style="list-style-type: none"> <li>• A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> <li>○ <a href="#">Revised never events policy and framework (2015)</a></li> <li>○ <a href="#">Never events list 2015/16</a></li> <li>○ <a href="#">Never Events List 2015/15 - FAQ</a></li> </ul> </li> <li>• Serious Incidents (SIs) should be investigated using the <a href="#">Serious Incident Framework 2015</a></li> <li>• <a href="#">Duty of Candour</a>: 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.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Has the service identified safety measures to work towards (e.g. similar to NHS Thermometer)?</li> <li><input type="checkbox"/> Is there evidence of continuous monitoring of these safety measures and performance against them over the last 12 months?</li> <li><input type="checkbox"/> What actions are being taken to improve safety performance and results?</li> <li><input type="checkbox"/> Are the mechanisms to report incidents are utilised appropriately?</li> <li><input type="checkbox"/> Do staff know what to report and how to report?</li> <li><input type="checkbox"/> Are all incidents that should be reported actually reported?</li> <li><input type="checkbox"/> How do frontline staff get the opportunity to report incidents (including incidents associated with the transport of a patient experiencing a mental health crisis)</li> <li><input type="checkbox"/> How many Serious Incidents (SIs) have there been in the last 24 months?</li> <li><input type="checkbox"/> Do staff receive feedback from investigation of incidents both internal and external to the service?</li> <li><input type="checkbox"/> Do staff meet to discuss incident feedback?</li> <li><input type="checkbox"/> Are staff are de-briefed and supported after a serious incident?</li> <li><input type="checkbox"/> Is root cause analysis carried out and action plans made as a result of any</li> </ul>
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		<p>issues identified?</p> <ul style="list-style-type: none"> <li>✓ Copy of the last 3 Root Cause Analyses and subsequent action plans.</li> <li>□ Is learning from incidents shared across all teams? Can staff describe something that has changed as a result of an incident?</li> <li>□ How does the service make sure staff on the front line (i.e. remote workers) know about changes in policy or procedure that have been made following safety incidents or safety alerts?</li> <li>□ Are staff are open and transparent and explain to patients if and when something goes wrong?</li> <li>✓ Evidence of adherence to duty of candour regulation, including process.</li> </ul>
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Key line of enquiry: **S3**

Are there **reliable systems, processes and practices** in place to keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Generic prompts	Professional Standard	Additional prompts
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<ul style="list-style-type: none"> <li>Do staff receive effective mandatory training in the safety systems, processes and practices?</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</a> <ul style="list-style-type: none"> <li>Standard 21, Appendix 3: <i>The provider must maintain the minimum level of training competence among all operational HART staff as defined by the national training standards for HART.</i></li> <li>Standard 22, Appendix 3: <i>The provider must ensure that each operational HART operative is provided with no less than 37.5 hours protected training time every seven weeks.</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Mandatory training arrangements and policies are in place, including: <ul style="list-style-type: none"> <li>✓ Identification of the mandatory training needs of each staff group – including driving under blue lights</li> <li>✓ System to monitor uptake of mandatory training against target</li> <li>✓ Actions taken to increase uptake where necessary</li> </ul> </li> <li>Review statutory and mandatory training records: <ul style="list-style-type: none"> <li>✓ Staff have received and are up to date with appropriate mandatory training and <i>the average mandatory training rate for staff is x% (please specify elements of training where rates are less than 75%)</i></li> <li>✓ Training is multidisciplinary</li> <li>✓ Content responds to incidents</li> </ul> </li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li>Mandatory training requirements for HART: <ul style="list-style-type: none"> <li>✓ Does the mandatory training meeting the new National Training Standards?</li> <li>✓ Are statutory recertification</li> </ul> </li> </ul>
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		<p>requirements?(e.g. for breathing apparatus, safe working at height)</p> <ul style="list-style-type: none"> <li>✓ What mandatory training is given to non-specialist staff to ensure they can play their part in the resilience function?</li> </ul>
Report sub-heading: <b>Safeguarding</b>		
<ul style="list-style-type: none"> <li>• Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</li> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> <li>• Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?</li> </ul>	<ul style="list-style-type: none"> <li>• <u>'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff'</u> (March 2014)</li> <li>• <a href="#">Intercollegiate standards for children and young people in emergency care setting</a> (third edition, 2012)</li> <li>• <a href="#">HM Government</a>: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015</li> <li>• Female genital mutilation <a href="#">multi-agency practice guidelines published in 2014</a></li> <li>• <a href="#">DH Female Genital Mutilation and Safeguarding</a>: Guidance for professionals March 2015</li> <li>• <a href="#">FGM guidance for professionals on the NHS Choices website</a></li> <li>• <a href="#">Guidelines for physicians on the detection of child sexual exploitation</a> (RCP, November 2015)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Safeguarding arrangements and policies are in place, including for: <ul style="list-style-type: none"> <li>✓ Assessing need and providing early help</li> <li>✓ Safeguarding supervision and training - staff have the appropriate safeguarding training: <i>"the average safeguarding training rate for staff is x% (please specify training level where rates are less than 75%)"</i></li> <li>✓ Reporting and learning from safeguarding incidents - staff know how to make a safeguarding alert and do this when appropriate. <ul style="list-style-type: none"> <li>✓ Automatic alert processes</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Are there effective procedures in place to update front line staff when changes occur to procedures?</li> <li><input type="checkbox"/> Number of safeguarding referrals in the last 12 months</li> <li><input type="checkbox"/> Note any important local safeguarding/serious case reviews - how have the service responded to</li> </ul>

		<p>them?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is information about safeguarding is shared with others who need to know in a timely way?</li> <li><input type="checkbox"/> Are there are arrangements in place to safeguard women with, or at risk of, Female Genital Mutilation (FGM), in line with DoH Guidelines.</li> <li><input type="checkbox"/> Are there are additional policies in place to safeguard those in vulnerable circumstances? e.g. those with learning difficulties or complex needs, and children under 16 accessing services without requirement of parental consent.</li> </ul>
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**Report sub-heading: Cleanliness, infection control and hygiene**

<ul style="list-style-type: none"> <li>• How are standards of cleanliness and hygiene maintained?</li> <li>• Are reliable systems in place to prevent and protect people from a healthcare-associated infection?</li> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">2010 DH Guidance on uniforms and workwear policies for NHS employers</a> <ul style="list-style-type: none"> <li>○ Page 5 footnote: “for some clinical ambulance teams, a wrist-watch may be essential. Where worn, these wrist-watches must be washable and be removed for hand washing”.</li> </ul> </li> <li>• <a href="#">NICE QS61 statement 3:</a> <ul style="list-style-type: none"> <li>○ People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are all vehicles clean and well maintained?</li> <li><input type="checkbox"/> Are cleaning records are up to date and demonstrate that the vehicles are regularly cleaned? <ul style="list-style-type: none"> <li>✓ Is there evidence of when vehicles and equipment was last cleaned and when it next due?</li> </ul> </li> <li><input type="checkbox"/> When cleaning contractors are used, is this effectively monitored?</li> <li><input type="checkbox"/> When vehicles are seriously contaminated how do crews get them clean?</li> <li><input type="checkbox"/> How do staff maintain cleanliness of the vehicle during the course of a shift?</li> </ul>
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		<ul style="list-style-type: none"> <li><input type="checkbox"/> Are sterile consumables stored correctly on ambulances?</li> <li><input type="checkbox"/> What is the process for managing and disposing of clinical waste?</li> <li><input type="checkbox"/> How are crews made aware of specific known infection and hygiene risks associated with individual patients?</li> <li><input type="checkbox"/> Do staff adhere to infection control principles including handwashing? <ul style="list-style-type: none"> <li>✓ Review infection control data</li> </ul> </li> <li><input type="checkbox"/> How do staff maintain their uniforms?</li> <li><input type="checkbox"/> Who do staff go to for advice and support regarding infection control matters?</li> </ul>
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Report sub-heading: **Environment and equipment**

<ul style="list-style-type: none"> <li>• Does the design, maintenance and use of facilities and premises keep people safe?</li> <li>• Does the maintenance and use of equipment keep people safe?</li> <li>• 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.)</li> <li>• Are the systems, processes and practices that are essential to keep people safe identified, put in place and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</a> <ul style="list-style-type: none"> <li>○ Standards 14 - 20, Appendix 3</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review environment and equipment audit documentation</li> <li><input type="checkbox"/> How does the service manage replenishment of vehicle equipment and supplies both at bases and between calls?</li> <li><input type="checkbox"/> Who maintains medical devices and how is the quality of service assured?</li> <li><input type="checkbox"/> Are there records of equipment maintenance and schedules (including vehicles and medical devices)</li> <li><input type="checkbox"/> Is equipment available that is suitable for the role – including specific patient groups such as children?</li> <li><input type="checkbox"/> How is faulty equipment dealt with on or with front line vehicles and how are</li> </ul>
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<p>communicated to staff?</p> <ul style="list-style-type: none"> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>		<p>decisions made as to whether an equipment fault should result in the vehicle being taken off the road?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If transfer / retrieval teams bring their own equipment how is it assured it can be safely and effectively used on the vehicle?</li> <li><input type="checkbox"/> Are vehicles used for the transport of patients who are detained under the MHA appropriate and safe?</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is the specialist equipment (including personal protective equipment (PPE) needed for the resilience function appropriate and available in sufficient quantities?</li> <li><input type="checkbox"/> Does such equipment meet the NARU requirements and standards?</li> <li><input type="checkbox"/> What progress has been made against the 2014 <b>Hazardous Area Response Team (HART)</b> Capital replacement programme and are the HART vehicles included in trust vehicle replacement programmes?</li> <li><input type="checkbox"/> Does the estate, including accommodation for vehicles and staff, meet the NARU Capital estate planning specification?</li> </ul>
<p>Report sub-heading: <b>Medicines</b></p>		

<ul style="list-style-type: none"> <li>• Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.)</li> <li>• Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</li> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Protect guidance about security standards and the management and control of controlled drugs in the ambulance sector</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does the medicines management policy adhere to best practice? <ul style="list-style-type: none"> <li>✓ How does the service make sure that medicines are appropriately and safely managed within the service, taking into account lone workers and storage on vehicles?</li> </ul> </li> <li><input type="checkbox"/> Does the provider exhibit good medicines management practice (transport, storage, dispensing) <ul style="list-style-type: none"> <li>✓ How are medicines stored and secured? What daily checks are performed?</li> <li>✓ How is stock issue and return recorded?</li> <li>✓ There are appropriate storage arrangements in place, both on vehicles and at depots.</li> </ul> </li> <li><input type="checkbox"/> Are patients informed about what medication they have been given and why? How is this recorded and how is the receiving service informed?</li> </ul>
<p>Report sub-heading: <b>Records</b></p>		
<ul style="list-style-type: none"> <li>• Are people's individual care records written and managed in a way that keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored securely).</li> <li>• Are the systems, processes and practices that are essential to keep people safe identified, put in place and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines (2013)</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does records management follow JRCALC guidelines?</li> <li><input type="checkbox"/> Are patient records are clear and complete – documents dated, timed, with a signature and identifiable number?</li> <li><input type="checkbox"/> Are records are managed in a way that keeps people safe?</li> <li><input type="checkbox"/> Are regular audits of records</li> </ul>

<p>communicated to staff?</p> <ul style="list-style-type: none"> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>		<p>undertaken and changes made where necessary to ensure safety of patients?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there evidence that improvements are planned and carried out following record audits?</li> <li><input type="checkbox"/> 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?</li> <li><input type="checkbox"/> How are crews made aware of “special notes” to alert them to patients with, for example, pre-existing conditions or safety risks?</li> <li><input type="checkbox"/> How are records made and shared appropriately across staff delivering care and treatment?</li> <li><input type="checkbox"/> How is it assured that records travelling with the patient are passed to the relevant care / health staff at a receiving provider?</li> <li><input type="checkbox"/> Are arrangements for recording triage decisions for major incident / mass casualty events clear (e.g. casualty labelling)</li> <li><input type="checkbox"/> What is the process for managing and disposing of confidential waste?</li> </ul>
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Key line of enquiry: **S4**

How are **risks to people who use services** assessed, and their safety monitored and maintained?

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

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Are patients assessed against relevant protocols (e.g. JRCALC)</li> <li><input type="checkbox"/> When appropriate, do staff make good use of “special notes” to assess and respond safely to patient risk</li> <li><input type="checkbox"/> How do crews get specialist advice when on scene or in transit?</li> <li><input type="checkbox"/> Do staff recognise and evidence responding appropriately when there is rapid deterioration in the health of a patient?</li> <li><input type="checkbox"/> Is there a safe and effective escalation process for deteriorating or seriously ill patients? How are additional resources requested and deployed?</li> <li><input type="checkbox"/> Do community first responders and co-responders operate only within defined parameters? Is there evidence that they comply?</li> <li><input type="checkbox"/> Is there a mechanism in place to assess and manage risks when transporting patients experiencing a mental health crisis?</li> <li><input type="checkbox"/> Is there access to staff with appropriate experience when supporting a patient experiencing a mental health crisis?</li> <li><input type="checkbox"/> Are there policies and procedures in place to manage disturbed behaviour?</li> </ul>

Report sub-heading: **Staffing**

<ul style="list-style-type: none"> <li>• How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available?</li> <li>• How do actual staffing levels compare to the planned levels?</li> <li>• Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>• How do arrangements for handovers and shift changes ensure people are safe?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</a> <ul style="list-style-type: none"> <li>○ Standard 12, Appendix 3: <i>The provider must maintain a minimum of six competent HART staff on duty for live deployments at all times</i></li> </ul> </li> <li>• Resourcing Escalatory Action Plan (REAP) <ul style="list-style-type: none"> <li>○ A national indicator of the pressure in ambulance services across the UK, which triggers specific measures when the trust is operating at significant and sustained levels of increased activity. The levels of REAP are: <ul style="list-style-type: none"> <li>▪ 1 – Normal service</li> <li>▪ 2 – Concern</li> <li>▪ 3 – Pressure</li> <li>▪ 4 – Severe pressure</li> <li>▪ 5 – Critical</li> <li>▪ 6 – Potential service failure</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are rotas and shift patterns aligned to demand?</li> <li><input type="checkbox"/> What are the actual v establishment staffing levels?</li> <li><input type="checkbox"/> How is the skill mix on ambulances determined?</li> <li><input type="checkbox"/> What are the cover arrangements for sickness, leave, vacant posts etc. to ensure patient safety?</li> <li><input type="checkbox"/> Is there appropriate use of locum/bank/agency staff?</li> <li><input type="checkbox"/> How does the service respond to escalated Resource Escalation Acton Plan (REAP) levels?</li> <li><input type="checkbox"/> Do staff get adequate breaks and time off between shifts?</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are there suitable numbers of specialist staff available at all times to fulfil the provider’s responsibilities to NARU?</li> <li><input type="checkbox"/> Are staff recruited in accordance with the HART recruitment and selection manual?</li> </ul>
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Key line of enquiry: **S5**

How well are potential risks to the service **anticipated** and **planned** for in advance?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Anticipated resource and capacity risks**

<ul style="list-style-type: none"> <li>• How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?</li> <li>• How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> How does the service understand and manage foreseeable risk including:             <ul style="list-style-type: none"> <li>✓ Changes in demand</li> <li>✓ Seasonal or weather</li> <li>✓ Loss of services or infrastructure</li> <li>✓ Disruption to staffing levels</li> <li>✓ Disruption to hospitals receiving patients</li> </ul> </li> <li><input type="checkbox"/> How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?</li> </ul>
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Report sub-heading: **Response to major incidents**

<ul style="list-style-type: none"> <li>• What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?</li> </ul>	<ul style="list-style-type: none"> <li>• NARU National Major Incident Action Cards (October 2015)             <ul style="list-style-type: none"> <li>○ Awaiting pdf version of action cards from NARU</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a credible emergency/ major incident response plan and policy?</li> <li><input type="checkbox"/> Do ambulance crews understand their role in major incidents and are they involved in planning and rehearsals?</li> <li><input type="checkbox"/> How often are plans tested with other agencies?</li> <li><input type="checkbox"/> Have staff had any training in respect of major incidents and if so what has this covered?</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The NARU provide an action card set for major incidents – do staff have access to these?</li> <li><input type="checkbox"/> What specific arrangements are there</li> </ul>
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		to deal with infection and contamination, particularly for chemical, biological, radiological and nuclear (CBRN) incidents?
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## Effective

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

### Key line of enquiry: E1

Are people's needs assessed and care and treatment delivered in line with legislation, standards and **evidence-based guidance**?

#### Generic prompts

#### Professional Standard

#### Additional prompts

Report sub-heading: Evidence-based care and treatment

- How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).
- Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance?
- Is discrimination, including on grounds of age, disability, , gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions?
- How is technology and equipment used to enhance the delivery of effective care

- [Joint Royal Colleges Ambulance Liaison Committee \(JRCALC\) Guidelines \(2013\)](#)
- NICE quality standards: Stroke in adults
  - [QS 1: Ambulance screening and transfer to an acute stroke unit](#)

*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 stroke*

- Are relevant NICE guidelines and quality standards followed?
  - ✓ 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?
  - ✓ What are the relationships like?
- Are JRCALC national guidelines being followed, such as those listed.
- How does the service ensure that section 136 patients are conveyed in line with appropriate codes of practice/professional guidance?
- In assessing whether NICE or other guidance is followed, take the following into account:
  - ✓ Details of the provider's Clinical

<p>and treatment?</p> <ul style="list-style-type: none"> <li>• Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?</li> </ul>	<p><i>unit within 1 hour.</i></p> <ul style="list-style-type: none"> <li>• NICE quality standards: Acute coronary syndromes in adults <ul style="list-style-type: none"> <li>○ <a href="#">QS 5: Level of consciousness and eligibility for coronary angiography and primary PCI</a></li> </ul> <p><i>Ambulance services..... ensure that adults who are unconscious after cardiac arrest caused by suspected acute STEMI are not excluded from having coronary angiography.</i></p> <ul style="list-style-type: none"> <li>○ <a href="#">QS 6: Primary PCI for acute STEMI</a></li> </ul> <p><i>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</i></p> </li></ul> <ul style="list-style-type: none"> <li>• <a href="#">CG16 Self-harm in over 8s: short term management and prevention of recurrence</a> <ul style="list-style-type: none"> <li>○ 1.3 The assessment and initial management of self-harm by ambulance services</li> </ul> </li> <li>• <a href="#">TA74 Pre-hospital initiation of fluid replacement therapy in trauma</a> <ul style="list-style-type: none"> <li>○ A person who has been injured should not be given IV fluids before reaching hospital if a</li> </ul> </li> </ul>	<p>Audit programme to support and monitor implementation of NICE guidance</p> <ul style="list-style-type: none"> <li>✓ Details of additional prescribing audits that may be completed by junior doctors on rotation.</li> <li>✓ Utilisation of NICE implementation support tools such as the baseline assessment tools.</li> <li>✓ 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.</li> <li>✓ Participation in National benchmarking clinical audits</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li>□ Are local Standard Operating Procedures (SOPs) based on the centrally developed and agreed National Interoperability Standards and Standard Operating Procedures in Appendix 3 of the NHS Service Specification 2015/16?</li> <li>□ Have any deviations been agreed through NARU and the National HART Coordination Group?</li> </ul>
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	<p>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)</p> <ul style="list-style-type: none"> <li>○ If IV fluids re given, ambulance staff should consider starting replacement therapy on the way to hospital</li> <li>○ When IV fluids are given before an injured person reaches hospital, crystalloid solutions should usually be used</li> <li>○ Only staff who have had special training in ALS and pre-hospital care should give IV fluids to injured people before they reach hospital</li> </ul> <ul style="list-style-type: none"> <li>● <a href="#">CG176 Head injury: assessment and early management</a></li> <li>● <a href="#">National Ambulance Mental Health group: MHA Section 136 Protocol (2007)</a></li> <li>● <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART) (Appendix 3)</a></li> </ul>	
<p>Report sub-heading: <b>Assessment and planning of care</b></p>		
<ul style="list-style-type: none"> <li>● Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?</li> <li>● Is discrimination, including on grounds of age or disability avoided when</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> How does the service ensure that patients go to the most appropriate hospital for treatment?</li> <li><input type="checkbox"/> Are suitable protocols available for children of all ages and other patient groups?</li> <li><input type="checkbox"/> How is enhanced clinical advice and</li> </ul>

<p>making care and treatment decisions?</p> <ul style="list-style-type: none"> <li>• How is technology and equipment used to enhance the delivery of effective care and treatment?</li> <li>• How are people’s nutrition and hydration needs assessed and met?</li> <li>• How is the pain of an individual person assessed and managed?</li> </ul>		<p>support made available to crews?</p> <ul style="list-style-type: none"> <li>□ Can staff explain the procedure for not conveying patients to hospital (‘see and treat’)?</li> <li>□ How are patients “discharged” from the provider’s care and if appropriate to other pathways or providers?</li> <li>□ How do crews identify patients with mental health problems and do they act accordingly?</li> <li>□ Where relevant do people’s care plans include an appropriate pain assessment and management plan?</li> </ul>
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Key line of enquiry: **E2**

How are people’s care and treatment **outcomes monitored** and how do they **compare** with other services?

Generic prompts	Professional Standard	Additional prompts
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Report sub heading: **Response times**

<ul style="list-style-type: none"> <li>• Is information about the outcomes of people’s care and treatment routinely collected and monitored?</li> <li>• Does this information show that the intended outcomes for people are being achieved?</li> <li>• How do outcomes for people in this service compare to other similar services and how have they changed over time?</li> <li>• Is there participation in relevant local and national audits, benchmarking,</li> </ul>	<ul style="list-style-type: none"> <li>• National targets <ul style="list-style-type: none"> <li>○ Red 1: 75% of category A Red 1 (patients not breathing or do not have a pulse) calls to be responded to within 8 minutes</li> <li>○ Red 2: 75% of category A Red 2 (less immediately time critical, such as stroke or fits) calls to be responded to within 8 minutes. The clock starts ticking up to 60 seconds after the clock for Red 1.</li> <li>○ 95% of Category A calls to be responded to within 19 minutes</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>□ What is the trust’s performance for <ul style="list-style-type: none"> <li>○ Nationally agreed <ul style="list-style-type: none"> <li>✓ Red 1 response</li> <li>✓ Red 2 response</li> </ul> </li> <li>○ Locally agreed <ul style="list-style-type: none"> <li>✓ Green 1 response</li> <li>✓ Green 2 response</li> <li>✓ Green 3 response</li> </ul> </li> </ul> </li> <li>□ How does this compare nationally and how is the information used by the provider?</li> <li>□ How does the trust monitor real time performance and respond when</li> </ul>
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<p>accreditation, peer review, research and trials?</p> <ul style="list-style-type: none"> <li>• How is information about people's outcomes used and what action is taken as a result to make improvements?</li> <li>• Are staff involved in activities to monitor and improve people's outcomes?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART) (Appendix 3)</a> <ul style="list-style-type: none"> <li>○ Standard 8, Appendix 3: <i>Four HART staff must be released and available to respond locally to any incident identified as potentially requiring HART capabilities within 15 minutes of the call being accepted by the provider.</i></li> <li>○ Standard 9, Appendix 3: <i>If HART capability is confirmed as being required at the scene, the provider must ensure that six HART staff are released and available to respond within 15 minutes of that confirmation (including the four already mobilised)</i></li> <li>○ Standard 10, Appendix 3: <i>The provider must maintain a HART service capable of placing HART staff on-scene at strategic sites of interest with 45 minutes. (these sites are defined within the Home Office Model Response Strategy)</i></li> </ul> </li> </ul>	<p>performance falls?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How does the trust perform against expected response times to professionally requested transport <ul style="list-style-type: none"> <li>✓ Hospital to hospital</li> <li>✓ Hospital to home (end of life care)</li> </ul> </li> <li><input type="checkbox"/> How do other health care professionals request an ambulance for: <ul style="list-style-type: none"> <li>✓ Hospital to hospital</li> <li>✓ Hospital to home (end of life care)</li> </ul> </li> <li><input type="checkbox"/> Is there a system in place to prioritise the response time required?</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Can the HART unit reach incidents within the targets set out in the Service Specification 2015/16?</li> </ul>
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Report sub heading: **Patient outcomes**

<ul style="list-style-type: none"> <li>• Is information about the outcomes of people's care and treatment routinely collected and monitored?</li> <li>• Does this information show that the</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART) (Section 2)</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a clear approach to monitoring, auditing and benchmarking the quality of these services and the outcomes for people receiving care and treatment?</li> <li><input type="checkbox"/> Does quality and outcome information</li> </ul>
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<p>intended outcomes for people are being achieved?</p> <ul style="list-style-type: none"> <li>• How do outcomes for people in this service compare to other similar services and how have they changed over time?</li> <li>• Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials?</li> <li>• How is information about people's outcomes used and what action is taken as a result to make improvements?</li> <li>• Are staff involved in activities to monitor and improve people's outcomes?</li> </ul>		<p>show that the needs of people are being met by the services?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is quality and outcome information used to inform improvements in the service?</li> <li><input type="checkbox"/> What is the trust's performance on clinical quality indicators: <ul style="list-style-type: none"> <li>✓ Outcome from acute ST-elevation myocardial infarction (STEMI)</li> <li>✓ Outcome from cardiac arrest – Return of spontaneous circulation (ROSC)</li> <li>✓ Outcome from cardiac arrest – survival to discharge</li> <li>✓ Outcome following stroke for ambulance patients</li> </ul> </li> <li><input type="checkbox"/> What is the compliance of the trust in referring patients to nationally agreed pathways?</li> <li><input type="checkbox"/> Figures for, and response to, the national MINAP &amp; SSNAP audits. (Myocardial infarction &amp; stroke national audit projects)</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there any evidence that the outcomes identified in section 2 of the Service Specification for NHS Ambulance Services Hazardous Area Response Teams have been demonstrated?</li> </ul>
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Key line of enquiry: **E3**

Do **staff** have the **skills, knowledge and experience** to deliver effective care and treatment?

**Generic prompts**

**Professional Standard**

**Additional prompts**

Report sub heading: **Competent staff**

- Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis?
- How are the learning needs of staff identified?
- Do staff have appropriate training to meet their learning needs?
- Are staff encouraged and given opportunities to develop?
- What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)
- How is poor or variable staff performance identified and managed? How are staff supported to improve?

- NARU competency standards 21 -23 and 29 (appendix 3) of [the NHS Service Specification 2015/16: Hazardous Area Response Teams \(HART\)](#)
- IHAS/NHS Employers : [Guidance for employers on sharing information about a healthcare worker where a risk to public or patient safety has been identified July 2013.](#)

- How does the service ensure that staff only carry out care and treatment that they are skilled, competent and have experience to perform?
- How are staff offered the necessary support during induction and training?
- How are staff supported to facilitate their development?
- 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?
- 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?
- Are there arrangements in place to

		<p>make sure that local healthcare providers are informed in cases where a staff member is suspended from duty?</p> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are staff recruited and trained to the NARU competency standards 21 -23 and 29 (appendix 3) of the NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</li> <li><input type="checkbox"/> Do staff involve in HART undertake regular Ongoing Physical Competence Assessments (OPCA)?</li> </ul>
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**Key line of enquiry: E4**

How well do **staff, teams and services work together** to deliver effective care and treatment?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Co-ordination with other providers**

<ul style="list-style-type: none"> <li>• Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people’s care and treatment?</li> <li>• How is care delivered in a coordinated way when different teams or services are involved?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">UK Ambulance Services National Memorandum of Understanding Concerning the Provision of Mutual Aid</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are there agreed care pathways with other providers to ensure patients are treated in a way to achieve the best outcome?</li> <li><input type="checkbox"/> Are patients transported to the appropriate service based on their needs including alternatives to A&amp;E?</li> <li><input type="checkbox"/> How is it assured that any arrangements with independent</li> </ul>
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<ul style="list-style-type: none"> <li>• Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition?</li> <li>• When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed and is this only done when any ongoing care is in place?</li> </ul>		<p>providers to support the emergency and urgent care service are safe and effective?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are their clear lines of responsibility and accountability for the provider's staff and those from hospital based transfer or retrieval teams?</li> <li><input type="checkbox"/> 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?</li> <li><input type="checkbox"/> Does the provider adhere to its commitments in the UK Ambulance Services National Memorandum of Understanding Concerning the Provision of Mutual Aid?</li> <li><input type="checkbox"/> What coordination arrangements exist for working with other services and agencies? (JESSIP) (LRFs). This may include, but not be limited to: <ul style="list-style-type: none"> <li>✓ Acute hospitals</li> <li>✓ Fire and Rescue Services</li> <li>✓ Private ambulance providers (particularly when local PTS services are not provided by the NHS trust)</li> <li>✓ Police</li> <li>✓ Coastguard</li> <li>✓ RNLi</li> <li>✓ Mountain / Lowland / Cave</li> </ul> </li> </ul>
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		Rescue ✓ Military
Report sub-heading: <b>Multi-disciplinary working</b>		
<ul style="list-style-type: none"> <li>• Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment?</li> <li>• How is care delivered in a coordinated way when different teams or services are involved?</li> <li>• Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition?</li> <li>• When people are discharged from a service are all relevant teams and services informed?</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> How effective are handovers between ambulance and hospital staff?</li> <li><input type="checkbox"/> How does the provider work with other providers to reduce admissions to hospital?</li> <li><input type="checkbox"/> Following "see and treat" is it assured that patients are referred to other providers of health or social care as required?</li> <li><input type="checkbox"/> How is the provider working in partnership to reduce waiting times at A&amp;E?</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> How well are resilience operations integrated into other elements of the service?</li> </ul>
Key line of enquiry: <b>E5</b>		
Do staff have all the <b>information they need</b> to deliver effective care and treatment to people who use services?		
<b>Generic prompts</b>	<b>Professional Standard</b>	<b>Additional prompts</b>
Report sub-heading: <b>Access to information</b>		
<ul style="list-style-type: none"> <li>• Is all the information needed to deliver effective care and treatment available to relevant staff in a timely and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS England's 2015 Patient Safety Alert: Harm from delayed updates to ambulance dispatch and satellite navigation systems</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do crews have access to: <ul style="list-style-type: none"> <li>✓ Special Notes</li> <li>✓ Advanced Care Plans /</li> </ul> </li> </ul>

<p>accessible way? (This includes care and risk assessments, care plans, case notes and test results.)</p> <ul style="list-style-type: none"> <li>• When people move between teams and services, including 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?</li> <li>• How well do the systems that manage information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper based systems and appropriate access for staff to records).</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 12</a>: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.</li> </ul>	<p>Directives</p> <ul style="list-style-type: none"> <li>✓ DNACPR orders</li> <li><input type="checkbox"/> What action has been taken to address Patient Safety Alerts?</li> </ul>
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Key line of enquiry: **E6**

Is people's **consent** to care and treatment always sought in line with legislation and guidance?

**Generic prompts**

**Professional Standard**

**Additional prompts**

Report sub-heading: **Consent, Mental Capacity Act and DOLs**

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

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

- Are crews clear about their responsibility in obtaining consent? Can crews describe a recent example?
- What training have staff had regarding

<p>Capacity Act 2005 and the Children Acts 1989 and 2004?</p> <ul style="list-style-type: none"> <li>• How are people supported to make decisions?</li> <li>• How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded?</li> <li>• When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation?</li> <li>• How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance?</li> <li>• Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty?</li> <li>• Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use?</li> </ul>	<p><u>Protection)</u></p> <ul style="list-style-type: none"> <li>• <a href="#">Department of Health reference guide to consent for examination or treatment</a></li> <li>• <a href="#">BMA 2015 Consent Toolkit</a></li> <li>• <a href="#">BMA Children and young people tool kit</a></li> <li>• <a href="#">Gillick competence</a></li> <li>• Association of Ambulance Chief Executive and Nation Ambulance Service Medical Directors: <ul style="list-style-type: none"> <li>○ <a href="#">Statutory ambulance services and restraint of patients – position statement</a> (please note this is an internal Y drive link)</li> </ul> </li> </ul>	<p>the MCA?</p> <ul style="list-style-type: none"> <li>• Do staff understand the legal powers in relation to transporting patients experiencing a mental health crisis and to understand the legal powers in relation to transporting patients?</li> <li>• How do crews make decisions about consent when patients are unconscious or confused?</li> <li>•</li> </ul>
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# Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Key line of enquiry: C1

Are people treated with kindness, **dignity**, **respect** and **compassion** while they receive care and treatment?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Compassionate care</b>		
<ul style="list-style-type: none"> <li>Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account?</li> <li>Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner?</li> <li>Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?</li> <li>Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?</li> <li>How do staff make sure that people's privacy and dignity is always respected,</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NICE QS15 Statement 1</a>: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</li> <li><a href="#">NICE QS15 Statement 2</a>: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.</li> <li><a href="#">NICE QS15 Statement 3</a>: 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 healthcare team.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How do staff ensure, as far as possible, dignity is maintained during treatment and care in a public place?</li> <li><input type="checkbox"/> How do staff make sure dignity is maintained as far as possible during transport in and to and from a vehicle?</li> <li><input type="checkbox"/> How do staff make sure vulnerable groups (e.g. bariatric / psychiatric) patients have their dignity maintained during transport?</li> <li><input type="checkbox"/> How do staff show respect and caring towards relatives and carers that may be travelling with patients?</li> <li><input type="checkbox"/> How do staff deal with deteriorating patient's condition in the presence of a relative or carer?</li> </ul>

<p>including during physical or intimate care?</p> <ul style="list-style-type: none"> <li>• When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way?</li> <li>• Do staff respect confidentiality at all times?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 13</a>: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.</li> </ul>	
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Key line of enquiry: **C2**

Are people who use services and those close to them **involved as partners** in their care?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Understanding and involvement of patients and those close to them</b>		
<ul style="list-style-type: none"> <li>• Do staff communicate with people so that they understand their care, treatment and condition?</li> <li>• Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates.)</li> <li>• How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 4</a>: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.</li> <li>• <a href="#">NICE QS15 Statement 5</a>: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> How do patients have proposed treatment and options explained to them?</li> <li><input type="checkbox"/> How do staff make sure patients views are taken into account and consent is obtained particularly in emergency situations?</li> <li><input type="checkbox"/> How are patients involved in decisions about whether to convey?</li> <li><input type="checkbox"/> Do staff invite family and friends to be involved or accompany a person experiencing a mental health crisis? How does this happen?</li> <li><input type="checkbox"/> Do people tell us about good experiences of being involved in their care?</li> </ul>

## Key line of enquiry: C3

Do people who use services and those close to them receive the support they need to **cope emotionally** with their care, treatment or condition?

### Generic prompts

### Professional Standard

### Additional prompts

#### Report sub-heading: Emotional support

- 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?
- Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition?
- What emotional support and information is provided to those close to people who use services, including carers and dependants?
- How are people enabled to have contact with those close to them and to link with their social networks or communities?

- [NICE QS15 Statement 10](#)): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

- 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?
- How do staff get support when required? Can staff access confidential support?
- 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: Supporting people to manage their own health

- Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?

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

## Responsive

By responsive, we mean that services are organised so that they meet people's needs

### Key line of enquiry: R1

Are **services planned** and delivered to meet the needs of people?

#### Generic prompts

#### Professional Standard

#### Additional prompts

Report sub-heading: **Service planning and delivery to meet the needs of local people**

- Is information about the needs of the local population used to inform how services are planned and delivered?
- How are commissioners, other providers and relevant stakeholders involved in planning services?
- Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?
- Where people's needs are not being met, is this identified and used to inform how services are planned and developed?
- Are the facilities and premises appropriate for the services that are

- Standards 08 – 11 of Appendix 3 of the [NHS Service Specification 2015/16: Hazardous Area Response Teams \(HART\)](#)

- How does the service listen to and respond to local opinion and concerns about and variations in responses across the region?
- 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?

**If resilience planning is not being reported as a core service:**

- How are HART operatives used to support normal operations? E.g. the

planned and delivered?		<p>use of HART RRVs as “nearest and quickest” resource in “extreme circumstances”</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are these HART RRVs relieved so as to ensure the provider can meet standards 08 – 11 of Appendix 3 of the NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</li> </ul>
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**Key line of enquiry: R2**

Do services take account of the **needs of different people**, including those in vulnerable circumstances?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Meeting people’s individual needs**

<ul style="list-style-type: none"> <li>• How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?</li> <li>• How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?</li> <li>• How are services planned, delivered and coordinated to take account of people with complex needs, for example</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 9</a>: 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</li> <li>• <a href="#">Accessible Information Standards</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> What arrangements are in place to help address inequalities and to meet the diverse needs of local people?</li> <li><input type="checkbox"/> 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?</li> <li><input type="checkbox"/> What arrangements are in place to access translation services?</li> <li><input type="checkbox"/> How are the needs of the following groups understood and how do their needs influence the care they receive? People who are/or have: <ul style="list-style-type: none"> <li>○ learning disability</li> <li>○ mental health illness</li> <li>○ Dementia</li> </ul> </li> </ul>
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<p>those living with dementia or those with a learning disability?</p> <ul style="list-style-type: none"> <li>• Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?</li> <li>• How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?</li> </ul>		<ul style="list-style-type: none"> <li>○ bariatric patients</li> <li>○ hard of hearing or deaf</li> <li>○ partially sighted or blind</li> </ul> <ul style="list-style-type: none"> <li>□ How are staffed equipped to deal with violent or aggressive patients?</li> <li>□ How are the ambulances arranged for people experiencing a mental health crisis? Does this vary at different times?</li> <li>□ Does the provider comply with Accessible Information standards?</li> </ul>
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**Key line of enquiry: R3**

Can people access care and treatment in a **timely** way?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Access and flow</b>		
<ul style="list-style-type: none"> <li>• Do people have timely access to initial assessment, diagnosis or urgent treatment?</li> <li>• As far as possible, can people access care and treatment at a time to suit them?</li> <li>• What action is taken to minimise the time people have to wait for treatment or care?</li> <li>• Does the service prioritise care and treatment for people with the most</li> </ul>		<ul style="list-style-type: none"> <li>□ 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?)</li> </ul>

<p>urgent needs?</p> <ul style="list-style-type: none"> <li>• Where there is an appointments system, is it easy to use and does it support people to access appointments?</li> <li>• Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible?</li> <li>• Do services run on time, and are people kept informed about any disruption?</li> </ul>		
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**Key line of enquiry: R4**

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

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Learning from complaints and concerns</b>		
<ul style="list-style-type: none"> <li>• Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?</li> <li>• How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?</li> <li>• Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record</li> </ul>	<ul style="list-style-type: none"> <li>• The <a href="#">NHS constitution</a> gives people the right to <ul style="list-style-type: none"> <li>✓ Have complaints dealt with efficiently and be investigated.</li> <li>✓ Know the outcome of the investigation.</li> <li>✓ Take their complaint to an independent Parliamentary and Health Service Ombudsman.</li> <li>✓ Receive compensation if they have</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Can staff describe what information they provide to patients/carers that wish to complain?</li> <li><input type="checkbox"/> Does the service benchmark complaints against other providers?</li> <li><input type="checkbox"/> How quickly does the provider respond to complaints?</li> <li><input type="checkbox"/> How does the service ensure that it learns from complaints and concerns?</li> </ul>

<p>kept?</p> <ul style="list-style-type: none"> <li>• Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?</li> <li>• How are lessons learned from concerns and complaints, and is action taken as a result to improve the quality of care? Are lessons shared with others?</li> </ul>	<p>been harmed.</p>	
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## Well-led

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

### Key line of enquiry: **W1**

Is there a clear **vision** and a credible **strategy** to deliver good quality?

#### Generic prompts

#### Professional Standard

#### Additional prompts

Report sub-heading: **Vision and strategy for this service**

- Is there a clear vision and a set of values, with quality and safety the top priority?
- Is there a robust, realistic strategy for achieving the priorities and delivering good quality care?
- How have the vision, values and

- Is there a clear strategy and vision for the service?
- How are staff that work away from main bases or who are lone workers engaged with strategy, vision and values?

<p>strategy been developed?</p> <ul style="list-style-type: none"> <li>• Do staff know and understand what the vision and values are?</li> <li>• Do staff know and understand the strategy and their role in achieving it?</li> <li>• Is progress against delivering the strategy monitored and reviewed?</li> </ul>		
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**Key line of enquiry: W2**

Does the **governance** framework ensure that **responsibilities** are clear and that **quality, performance and risks** are understood and managed?

Generic prompts	Professional Standard	Additional prompts
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**Report sub-heading: Governance, risk management and quality measurement**

<ul style="list-style-type: none"> <li>• Is there an effective governance framework to support the delivery of the strategy and good quality care?</li> <li>• Are staff clear about their roles and do they understand what they are accountable for?</li> <li>• How are working arrangements with partners and third party providers managed?</li> <li>• Are the governance framework and management systems regularly reviewed and improved?</li> <li>• Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Ambulance Services Emergency Preparedness, Resilience &amp; Response Quality Assurance Framework</a></li> <li>• <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</a> Appendix 3, Standards 26-28 and 30</li> <li>• <a href="#">NICE QS61 Statement 2:</a> 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.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a risk register for the service which reflects the risk voiced by staff and highlighted on the inspection?</li> <li><input type="checkbox"/> 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?</li> <li><input type="checkbox"/> What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p>
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<ul style="list-style-type: none"> <li>• Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance?</li> <li>• Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?</li> <li>• Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken?</li> <li>• Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions?</li> <li>• Is there alignment between the recorded risks and what people say is 'on their worry list'?</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Where appropriate does the provider monitor and evaluate its performance with respect to HART?</li> <li><input type="checkbox"/> Are results from the NARU NHS Ambulance Services Emergency Preparedness, Resilience &amp; Response Quality Assurance Framework available?</li> <li><input type="checkbox"/> Does the provider meet its obligations to inform other agencies of its activity and availability? (Standards 26 – 28 &amp; 30 of Appendix 3 NHS Service Specification 2015/16: Hazardous Area Response Teams (HART))</li> </ul>
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Key line of enquiry: **W3**

How does the **leadership** and **culture** reflect the vision and values, encourage openness and transparency and promote good quality care?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Leadership of service</b>		
<ul style="list-style-type: none"> <li>• Do leaders have the skills, knowledge, experience and integrity that they need</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a lead for ensuring the needs of people with a mental disorder are</li> </ul>

<ul style="list-style-type: none"> <li>– both when they are appointed and on an ongoing basis?</li> <li>• Do leaders have the capacity, capability, and experience to lead effectively?</li> <li>• Do the leaders understand the challenges to good quality care and can they identify the actions needed address them?</li> <li>• Are leaders visible and approachable?</li> <li>• Do leaders encourage appreciative, supportive relationships among staff?</li> </ul>		<p>met?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Can all staff (including remote and lone working staff) identify the different leads, their roles and their responsibilities?</li> <li><input type="checkbox"/> Do operational road staff see sufficient of their manager?</li> <li><input type="checkbox"/> What management structures are being used – e.g. matrix working?</li> </ul>
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**Report sub-heading: Culture within the service**

<ul style="list-style-type: none"> <li>• Do staff feel respected and valued?</li> <li>• Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?</li> <li>• Is the culture centred on the needs and experience of people who use services?</li> <li>• Does the culture encourage candour, openness and honesty?</li> <li>• Is there a strong emphasis on promoting the safety and wellbeing of staff?</li> <li>• Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care?</li> </ul>	<ul style="list-style-type: none"> <li>• <u>NMC Openness and honesty when things go wrong: the professional duty of candour</u></li> <li>• <u>NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</u></li> <li>• <u>Duty of Candour</u> – CQC guidance</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Are there cultural differences between different areas / counties?</li> <li><input type="checkbox"/> And does this translate into differing performance or outcomes for patients?</li> <li><input type="checkbox"/> How does the service ensure the accuracy of KPI data?</li> <li><input type="checkbox"/> How does the service manage ambulance deployment in high population areas and low population areas?</li> <li><input type="checkbox"/> And is the aim of deployment to meet targets or patient need?</li> <li><input type="checkbox"/> Do staff say that managers demonstrate openness and honesty?</li> <li><input type="checkbox"/> Do staff, particularly those working remotely, feel connected to other teams and sites within their service and to the organisation as a whole?</li> <li><input type="checkbox"/> How does the organisation manage</li> </ul>
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		<p>organisational change?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is there a move from a station based to a vehicle based service and if so how is culture change being managed and facilitated?</li> <li><input type="checkbox"/> How is the provider meeting the requirements related to Duty of Candour (for example training, support for staff, audits and monitoring)</li> </ul> <p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Where appropriate what specific arrangements are there for debrief of HART staff including post incident stress debriefing such as TRIMM?</li> </ul>
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**Key line of enquiry: W4**

How are **people** who use the service, the **public** and **staff engaged** and **involved**?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Public and staff engagement**

<ul style="list-style-type: none"> <li>• How are people’s views and experiences gathered and acted on to shape and improve the services and culture?</li> <li>• How are people who use services, those close to them and their representatives actively engaged and involved in decision-making?</li> <li>• Do staff feel actively engaged so that</li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> How does the service engage with the public to ensure that the service is used appropriately?</li> <li><input type="checkbox"/> How does the service engage with patients to assess the quality of its services?</li> <li><input type="checkbox"/> How does the service engage with staff including those working from remote locations?</li> </ul> <p><b>If resilience planning is not being</b></p>
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<p>their views are reflected in the planning and delivery of services and in shaping the culture?</p> <ul style="list-style-type: none"> <li>• How do leaders prioritise the participation and involvement of people who use services and staff?</li> <li>• Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?</li> </ul>		<p><b>reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Where appropriate what public engagement and education has taken place in respect of the resilience function?</li> </ul>
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Key line of enquiry: **W5**

How are services **continuously improved** and **sustainability** ensured?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Innovation, improvement and sustainability</b>		
<ul style="list-style-type: none"> <li>• When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored?</li> <li>• Are there examples of where financial pressures have compromised care?</li> <li>• In what ways do leaders and staff strive for continuous learning, improvement and innovation?</li> <li>• Are staff focused on continually improving the quality of care?</li> <li>• How are improvements to quality and innovation recognised and rewarded?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Service Specification 2015/16: Hazardous Area Response Teams (HART)</a> <ul style="list-style-type: none"> <li>○ Standard 16, Appendix 3: <i>The provider must use the NARU coordinated national change request process before reconfiguring (or changing) any HART procedures, equipment or training that has been specified as nationally interoperable.</i></li> </ul> </li> </ul>	<p><b>If resilience planning is not being reported as a core service:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Does any local innovation and improvement in the HART service get approval from NARU and NHCG?</li> </ul>

<ul style="list-style-type: none"><li>• How is information used proactively to improve care?</li></ul>		
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