

Inspection framework: Ambulance Services

Core service: Patient Transport Services (PTS)

Patient transport services (PTS) are the non-urgent and non-specialist services that transport patients between hospitals, home and other places such as care homes.

It includes the PTS control room and dispatch operation as well as any assessment of a patient's eligibility for the service that is carried out by the provider.

It includes any volunteer driver scheme where it is provided under the direction of the ambulance service.

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.

Areas to inspect*

The inspection team should carry out an initial visual inspection of each area to familiarise themselves and be introduced to staff. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.

- 1. PTS control rooms**
- 2. PTS booking / eligibility assessment desks**
- 3. Training centre/department**

4. **Headquarters and regional / area offices as appropriate.**
5. **Main PTS depots**
6. **Fleet maintenance depots**
7. **Sample of smaller stations (if any)**
8. **Any management Information Department including any PTS record store**
9. **Selected outpatient departments (Views of patients who use PTS services)**

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

The inspection team should also visit 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. As these are not locations of the provider, the NHS trusts have been told in advance that we may do this but not when and where.

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

Interviews/focus groups/observations

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

Executive responsible for PTS

Non-Executive Director responsible for quality / safety

Head of Patient Transport Services

Fleet Manager

Manager responsible for driving standards

Manager responsible for any volunteer driver service

Contract / business development managers

Professional advisor for PTS

Patient eligibility assessors

Dispatchers / coordinators

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

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

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

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

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

External Roles

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

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"> • What is the safety performance over time, based on internal and external information? • How does safety performance compare to other similar services? • Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally? • Have safety goals been set? How well is performance against them monitored using information from a range of sources? • 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? • 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? • How are lessons learned, and is action taken as a result of investigations when things go wrong? • How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service? 	<ul style="list-style-type: none"> • A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> ○ Revised never events policy and framework (2015) ○ Never events list 2015/16 ○ Never Events List 2015/15 - FAQ • Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015 • Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. 	<ul style="list-style-type: none"> <input type="checkbox"/> Has the service identified safety measures to work towards (e.g. similar to NHS Thermometer)? <input type="checkbox"/> Is there evidence of continuous monitoring of these safety measures and performance against them over the last 12 months? <input type="checkbox"/> What actions are being taken to improve safety performance and results? <input type="checkbox"/> Are the mechanisms to report incidents are utilised appropriately? <input type="checkbox"/> Do staff know what to report and how to report? <input type="checkbox"/> Are all incidents that should be reported actually reported? <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) <input type="checkbox"/> How many Serious Incidents (SIs) have there been in the last 24 months? <input type="checkbox"/> Do staff receive feedback from investigation of incidents both internal and external to the service? <input type="checkbox"/> Do staff meet to discuss incident feedback? <input type="checkbox"/> Are staff are de-briefed and supported after a serious incident? <input type="checkbox"/> Is root cause analysis carried out and

		<p>action plans made as a result of any issues identified?</p> <ul style="list-style-type: none"> ✓ Copy of the last 3 Root Cause Analyses and subsequent action plans. <input type="checkbox"/> Is learning from incidents shared across all teams? Can staff describe something that has changed as a result of an incident? <input type="checkbox"/> 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? <input type="checkbox"/> Are staff are open and transparent and explain to patients if and when something goes wrong? <ul style="list-style-type: none"> ✓ Evidence of adherence to duty of candour regulation, including process.
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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"> Do staff receive effective mandatory training in the safety systems, processes and practices? 		<ul style="list-style-type: none"> Mandatory training arrangements and policies are in place, including: <ul style="list-style-type: none"> Identification of the mandatory training needs of each staff group – including driver training and basic first aid System to monitor uptake of mandatory training against target Actions taken to increase uptake where necessary Review statutory and mandatory training records: <ul style="list-style-type: none"> 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> Training is multidisciplinary Content responds to incidents
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Report sub-heading: **Safeguarding**

<ul style="list-style-type: none"> Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? Is implementation of safety systems, processes and practices monitored and improved when required? 	<ul style="list-style-type: none"> <u>'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff'</u> (March 2014) HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 	<ul style="list-style-type: none"> Safeguarding arrangements and policies are in place, including for: <ul style="list-style-type: none"> Assessing need and providing early help Safeguarding supervision and training - staff have the appropriate safeguarding training: "<i>the average</i>
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<ul style="list-style-type: none"> 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? 	<p>2015</p> <ul style="list-style-type: none"> Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) 	<p><i>safeguarding training rate for staff is x% (please specify training level where rates are less than 75%)</i></p> <ul style="list-style-type: none"> ✓ Reporting and learning from safeguarding incidents - staff know how to make a safeguarding alert and do this when appropriate. ✓ Automatic alert processes <input type="checkbox"/> Are there effective procedures in place to update front line staff when changes occur to procedures? <input type="checkbox"/> Number of safeguarding referrals in the last 12 months <input type="checkbox"/> Note any important local safeguarding/serious case reviews - how have the service responded to them? <input type="checkbox"/> Is information about safeguarding is shared with others who need to know in a timely way? <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.
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Report sub-heading: Cleanliness, infection control and hygiene

<ul style="list-style-type: none"> How are standards of cleanliness and hygiene maintained? Are reliable systems in place to prevent and protect people from a healthcare-associated infection? 	<ul style="list-style-type: none"> 2010 DH Guidance on uniforms and workwear policies for NHS employers <ul style="list-style-type: none"> ➤ Page 5 footnote: “for some clinical staff working outdoors, particularly ambulance teams, a wrist-watch 	<ul style="list-style-type: none"> <input type="checkbox"/> How does the service make sure vehicles and equipment are appropriately and safely cleaned and ready for use? <input type="checkbox"/> Are crews made aware of specific
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<ul style="list-style-type: none"> Is implementation of safety systems, processes and practices monitored and improved when required? 	<p>may be essential. Where worn, these wrist-watches must be washable and be removed for hand washing”.</p> <ul style="list-style-type: none"> NICE QS61 statement 3: <ul style="list-style-type: none"> ➤ People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. 	<p>infection and hygiene risks associated with individual patients?</p> <ul style="list-style-type: none"> Who do staff go to for advice and support regarding infection control matters? What do staff use to maintain cleanliness of their vehicle during the course of a shift? How do staff maintain their uniforms? Are hand cleaning facilities readily available? Are staff using them? Is there evidence of when vehicles and equipment was last cleaned and when it next due? Where cleaning contractors are used, is this effectively monitored? When vehicles are seriously contaminated how do crews get them clean?
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Report sub-heading: Environment and equipment

<ul style="list-style-type: none"> Does the design, maintenance and use of facilities and premises keep people safe? Does the maintenance and use of equipment keep people safe? 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.) Are the systems, processes and practices 		<ul style="list-style-type: none"> Review environment and equipment audit documentation How is faulty equipment dealt with on or with front line vehicles and how are decisions made as to whether an equipment fault should result in the vehicle being taken off the road? Who maintains medical devices and how is the quality of service assured? How does the service assess the risk of the patient’s (or other provider’s) equipment, e.g. wheelchairs, giving sets?
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<p>that are essential to keep people safe identified, put in place and communicated to staff?</p> <ul style="list-style-type: none"> • Is implementation of safety systems, processes and practices monitored and improved when required? 		<ul style="list-style-type: none"> <input type="checkbox"/> Is equipment standardised across the provider or areas of the provider? If not, how are they working towards standardisation, and how do they ensure that variations in equipment are covered in staff competency training? <input type="checkbox"/> Are there records of equipment maintenance and schedules (including vehicles and medical devices) <input type="checkbox"/> Is equipment available that is suitable for the role including specific patient groups such as children? <input type="checkbox"/> Are patients of all ages appropriately restrained (“strapped in / seatbelted”)?
<p>Report sub-heading: Medicines</p>		
<ul style="list-style-type: none"> • 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.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 		<ul style="list-style-type: none"> <input type="checkbox"/> Do the vehicles carry any medicines for emergency purposes and if so does the medicines management policy adhere to best practice? <ul style="list-style-type: none"> ✓ 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? <input type="checkbox"/> How does the service assess risk and manage medicines that may be carried by the patient, including for example oxygen, controlled drugs?
<p>Report sub-heading: Records</p>		
<ul style="list-style-type: none"> • Are people’s individual care records written 		<ul style="list-style-type: none"> <input type="checkbox"/> How does the service make sure that up-to-date DNACPR orders and end of

<p>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).</p> <ul style="list-style-type: none"> • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 		<p>life care planning is appropriately recorded and communicated when patients are being transported?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How are records made and shared appropriately across all staff (including other providers) delivering care and treatment? <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? <input type="checkbox"/> Are patient records are clear and complete – documents dated, timed, with a signature and identifiable number? <input type="checkbox"/> Are regular audits of records undertaken and changes made where necessary to ensure safety of patients? <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? <input type="checkbox"/> What is the process for managing and disposing of confidential waste?
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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"> • Are comprehensive risk assessments carried out for people who use services and risk 		<ul style="list-style-type: none"> <input type="checkbox"/> How do staff recognise and respond to patients who become ill during their

<p>management plans developed in line with national guidance? Are risks managed positively?</p> <ul style="list-style-type: none"> • 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? 		<p>journey?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is there a safe and effective escalation process for deteriorating or seriously ill patients? How are additional resources requested and deployed? <input type="checkbox"/> Are there policies and procedures in place to manage disturbed behaviour?
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Report sub-heading: **Staffing**

<ul style="list-style-type: none"> • 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? • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? 		<ul style="list-style-type: none"> <input type="checkbox"/> Are rotas and shift patterns aligned to demand? <input type="checkbox"/> What are the actual v establishment staffing levels? <input type="checkbox"/> How are staff supported out of office hours? <input type="checkbox"/> What are the preceptorship arrangements for new staff working alone or in small teams? <input type="checkbox"/> How are rotas and shift patterns aligned to demand? <input type="checkbox"/> Do staff get adequate breaks and time off between shifts? <input type="checkbox"/> What are the cover arrangements for sickness, leave, vacant posts etc. to ensure patient safety? <input type="checkbox"/> Is there appropriate use of locum/bank/agency staff?
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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
Report sub-heading: Anticipated resource and capacity risks		
<ul style="list-style-type: none"> • 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? • How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 		<ul style="list-style-type: none"> <input type="checkbox"/> With reference to the PTS activities, how does the service understand and manage foreseeable risks, including: <ul style="list-style-type: none"> ✓ Seasonal or weather ✓ Loss of facilities or infrastructure ✓ Disruption to staffing levels <input type="checkbox"/> With reference to PTS activities, how is the impact of planned changes on safety, assessed including: <ul style="list-style-type: none"> ✓ cost improvement programmes ✓ reorganisation ✓ service development ✓ new equipment and vehicles
Report sub-heading: Response to major incidents		
<ul style="list-style-type: none"> • What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed? • 		<ul style="list-style-type: none"> <input type="checkbox"/> Is there a credible emergency/ major incident response plan and policy? <input type="checkbox"/> Do all staff understand their role in major incidents and are they involved in planning and rehearsals? <input type="checkbox"/> Have staff had any training in respect of major incidents and if so what has this covered?

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 and

- How does the service ensure that transport is provided in line with any national or local guidelines?
- Are suitable protocols available for children of all ages and other patient groups?
- How do staff assess patient's needs against protocols to provide care and transport?
- How is a patient's eligibility for the service assessed?

<p>treatment?</p> <ul style="list-style-type: none"> • Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice? 		
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Report sub-heading: **Assessment and planning of care**

<ul style="list-style-type: none"> • How are people’s nutrition and hydration needs assessed and met? 		<ul style="list-style-type: none"> <input type="checkbox"/> Are staff aware of their patient’s condition and able to plan their transport accordingly? <input type="checkbox"/> How are staff made aware of patients with mental health needs.
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Report sub-heading: **How are people’s nutrition and hydration needs met?**

<ul style="list-style-type: none"> • How is the pain of an individual person assessed and managed? 		<ul style="list-style-type: none"> <input type="checkbox"/> What arrangements are in place in terms of food and drink for patients who are in the PTS vehicles for any length of time?
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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: **Patient outcomes**

<ul style="list-style-type: none"> • Is information about the outcomes of people’s care and treatment routinely collected and monitored? • Does this information show that the intended outcomes for people are being achieved? • How do outcomes for people in this service 		<ul style="list-style-type: none"> <input type="checkbox"/> Are there differences between areas within the provider’s service against commissioner requirements? <input type="checkbox"/> How does the service benchmark and compare itself to other providers? <input type="checkbox"/> What is the trust’s performance on outcome data relevant to the PTS? e.g.
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<p>compare to other similar services and how have they changed over time?</p> <ul style="list-style-type: none"> • Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials? • How is information about people's outcomes used and what action is taken as a result to make improvements? • Are staff involved in activities to monitor and improve people's outcomes? 		<ul style="list-style-type: none"> ✓ Number of patient journeys ✓ Response times (time from collection of patients to their arrival at required destination, before or after their appointment time, and the time waiting for their return) ✓ % of patients spending more than (locally defined) standard time on vehicles ✓ % of on time patients journeys ✓ % of same day bookings <input type="checkbox"/> How is demand in excess of contract levels managed?
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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		
<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> How does the service ensure that staff only carry out care and treatment that they are skilled, competent and have experience to perform? <input type="checkbox"/> How are staff offered the necessary support during induction and training? <input type="checkbox"/> How are staff supported to facilitate their development? <input type="checkbox"/> How is staff competence of delivering patient care assessed by managers or

<ul style="list-style-type: none"> • 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? 		<p>supervisors?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How often do staff have an appraisal? What does this entail? How is poor practice identified and managed? <input type="checkbox"/> 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? <input type="checkbox"/> Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty?
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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"> • Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment? • How is care delivered in a coordinated way when different teams or services are involved? • 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, 		<ul style="list-style-type: none"> <input type="checkbox"/> How does the PTS work and coordinate with other providers of healthcare? E.g: <ul style="list-style-type: none"> ✓ Hospitals/clinics to which patients are conveyed to for appointments (pre-alerting and capacity issues) ✓ GPs and other professionals who may have regular scheduled appointments with patients ✓ Other health and social services which patients are conveyed to for appointments
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<p>discharge and transition?</p> <ul style="list-style-type: none"> 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? 		<ul style="list-style-type: none"> How is it assured that any arrangements with independent providers to support the emergency and urgent care service are safe and effective?
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Report sub-heading: **Multidisciplinary working**

<ul style="list-style-type: none"> Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment? How is care delivered in a coordinated way when different teams or services are involved? 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? When people are discharged from a service are all relevant teams and services informed? 		<ul style="list-style-type: none"> How does the service work with external organisations and providers to make sure that the following is taken account of: <ul style="list-style-type: none"> ✓ Special Notes ✓ Advanced Care Plans / Directives ✓ DNACPR orders ✓ Section 136 How well are resilience operations integrated into the PTS service?
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Key line of enquiry: **E5**

Do staff have all the **information they need** to deliver effective care and treatment to people who use services?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Access to information		
<ul style="list-style-type: none"> Is all the information needed to deliver 	<ul style="list-style-type: none"> NHS England's 2015 Patient Safety Alert: Harm from delayed updates to 	<ul style="list-style-type: none"> Are "special notes" for patients or addresses flagged and available?

<p>effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.)</p> <ul style="list-style-type: none"> • 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? • 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). 	<p>ambulance dispatch and satellite navigation systems?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Are staff made aware of any special requirement a patient may have during their transportation. IE diabetic, epileptic, suffering dementia? <input type="checkbox"/> What action has been taken to address Patient Safety Alerts?
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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
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Report sub-heading: **Consent, Mental Capacity Act and DOLs**

<ul style="list-style-type: none"> • Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children 	<ul style="list-style-type: none"> • Consent: patients and doctors making decisions together (GMC) 	<ul style="list-style-type: none"> • What training have staff had regarding the MCA?
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<p>Acts 1989 and 2004?</p> <ul style="list-style-type: none"> • How are people supported to make decisions? • How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded? • When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation? • How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance? • Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty? • 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? 	<ul style="list-style-type: none"> • Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment • BMA 2015 Consent Toolkit • BMA Children and young people tool kit • Gillick competence 	
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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: Compassionate care		
<ul style="list-style-type: none"> • Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account? • Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner? • Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care? • When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way? • Do staff respect confidentiality at all times? 	<ul style="list-style-type: none"> • 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 healthcare team. • 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> How do PTS staff make sure dignity is maintained as far as possible during transport in and to and from a vehicle? <input type="checkbox"/> How do PTS staff make sure vulnerable groups (e.g. bariatric / psychiatric) patients have their dignity maintained during transport? <input type="checkbox"/> How do staff know of and respond to the particular needs of the patients being transported? <input type="checkbox"/> Is there any degree of continuity of staff for regular patients? <input type="checkbox"/> How are journey's planned and carried out to account for a patient's hydration, feeding and toileting needs particular in rural areas where journey times might be long? <input type="checkbox"/> How do staff encourage/ensure that patients respect other patients?

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: Understanding and involvement of patients and those close to them		
<ul style="list-style-type: none"> Do staff communicate with people so that they understand their care, treatment and condition? 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.) 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? 		<input type="checkbox"/> How is eligibility to PTS communicated to patients?
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		
<input type="checkbox"/> 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?	<input type="checkbox"/> NICE QS15 Statement 10): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene	<input type="checkbox"/> How do staff support patients who die in their care? <input type="checkbox"/> How do staff support relatives and other parties when a patient dies prior to arrival at their destination?

<ul style="list-style-type: none"> <input type="checkbox"/> Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? <input type="checkbox"/> What emotional support and information is provided to those close to people who use services, including carers and dependants? 	<p>and anxiety.</p>	
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Report sub-heading: **Supporting people to manage their own health**

<ul style="list-style-type: none"> <input type="checkbox"/> Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? <input type="checkbox"/> How are people enabled to have contact with those close to them and to link with their social networks or communities? 		<ul style="list-style-type: none"> <input type="checkbox"/> What pathways are available for PTS staff to refer callers to other transport services?
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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
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Report sub-heading: **Service planning and delivery to meet the needs of local people**

<ul style="list-style-type: none"> • Is information about the needs of the local population used to inform how services are planned and delivered? 		<ul style="list-style-type: none"> <input type="checkbox"/> How well is the service managed, as agreed in the commissioning agreements? <input type="checkbox"/> Is there the planned PTS capacity to
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<ul style="list-style-type: none"> • 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 planned and delivered? 		<p>cope with differing level and nature of demand in different localities?</p>
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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"> • 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? • 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? • How are services planned, delivered and 	<ul style="list-style-type: none"> • 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 Standards 	<ul style="list-style-type: none"> <input type="checkbox"/> How are the needs of people understood, including: <ul style="list-style-type: none"> ✓ individual preferences ✓ culture ✓ faith <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"> ✓ learning disability ✓ mental health illness ✓ Dementia ✓ bariatric patients ✓ hard of hearing or deaf
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<p>coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability?</p> <ul style="list-style-type: none"> • Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others? • 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? 		<ul style="list-style-type: none"> ✓ partially sighted or blind <input type="checkbox"/> What adaptations are there for patients with complex needs? <input type="checkbox"/> How are staff equipped to deal with violent or aggressive patients? <input type="checkbox"/> Does the provider comply with Accessible Information standards?
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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
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Report sub-heading: Access and flow

<ul style="list-style-type: none"> • Do people have timely access to initial assessment, diagnosis or urgent treatment? • As far as possible, can people access care and treatment at a time to suit them? • What action is taken to minimise the time people have to wait for treatment or care? • Does the service prioritise care and treatment for people with the most urgent needs? • Where there is an appointments system, is it easy to use and does it support people to access appointments? • Is care and treatment only cancelled or delayed when absolutely necessary? Are 		<ul style="list-style-type: none"> <input type="checkbox"/> How is booking managed both on behalf of and by patients?
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<p>cancellations explained to people, and are people supported to access care and treatment again as soon as possible?</p> <ul style="list-style-type: none"> • Do services run on time, and are people kept informed about any disruption? 		
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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
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Report sub-heading: Learning from complaints and concerns

<ul style="list-style-type: none"> • 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? • How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint? • Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept? • Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with? • 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? 	<ul style="list-style-type: none"> • The NHS constitution gives people the right to <ul style="list-style-type: none"> ✓ 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Can staff describe what information they provide to patients/carers that wish to complain? <input type="checkbox"/> Does the service benchmark complaints against other providers? <input type="checkbox"/> How quickly does the provider respond to complaints? <input type="checkbox"/> How does the service ensure that it learns from complaints and concerns?
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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 are a robust, realistic strategy for achieving the priorities and delivering good quality care?
- How have the vision, values and strategy been developed?
- Do staff know and understand what the vision and values are?
- Do staff know and understand the strategy and their role in achieving it?
- Is progress against delivering the strategy monitored and reviewed?

- Is there are clear strategy and vision for the service?
- What are the key pressures, risks, goals and plans for the PTS including market share, economies of scale and commercial / competition factors?
- Is there evidence that the key drivers for providing effective PTS are understood by relevant staff.
- How are staff that work away from main bases or who are lone workers engaged with strategy, vision and values?

Key line of enquiry: **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
Report sub-heading: Governance, risk management and quality measurement		
<ul style="list-style-type: none"> • Is there an effective governance framework to support the delivery of the strategy and good quality care? • Are staff clear about their roles and do they understand what they are accountable for? • How are working arrangements with partners and third party providers managed? • Are the governance framework and management systems regularly reviewed and improved? • Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information? • Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance? • 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? • 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? 		<ul style="list-style-type: none"> <input type="checkbox"/> Is there a risk register for the service which reflects the risk voiced by staff and highlighted on the inspection? <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? <input type="checkbox"/> What are the governance procedures for managing and monitoring any SLAs the provider has with third parties? <input type="checkbox"/> How are staff, that work remotely or who are lone workers, looked after?

<ul style="list-style-type: none"> • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? • Is there alignment between the recorded risks and what people say is 'on their worry list'? 		
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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
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Report sub-heading: Leadership of service

<ul style="list-style-type: none"> • Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • Do leaders have the capacity, capability, and experience to lead effectively? • Do the leaders understand the challenges to good quality care and can they identify the actions needed address them? • Are leaders visible and approachable? • Do leaders encourage appreciative, supportive relationships among staff? 	<ul style="list-style-type: none"> • <u>NMC Openness and honesty when things go wrong</u>: the professional duty of candour • <u>NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</u> • <u>Duty of Candour</u> – CQC guidance 	<ul style="list-style-type: none"> <input type="checkbox"/> Can all staff (including remote and lone working staff) identify the different leads, their roles and their responsibilities? <input type="checkbox"/> Do operational road staff see sufficient of their manager? <input type="checkbox"/> What management structures are being used – e.g. matrix working?
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Report sub-heading: Culture within the service		
<ul style="list-style-type: none"> • Do staff feel respected and valued? • Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • Is the culture centred on the needs and experience of people who use services? • Does the culture encourage candour, openness and honesty? • Is there a strong emphasis on promoting the safety and wellbeing of staff? • Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care? 		<ul style="list-style-type: none"> <input type="checkbox"/> How does the service ensure the accuracy of the KPI data? <input type="checkbox"/> Do staff say that managers demonstrate openness and honesty? <input type="checkbox"/> How is the provider meeting the requirements related to Duty of Candour (for example training, support for staff, audits and monitoring) <input type="checkbox"/>
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
Report sub-heading: Public and staff engagement		
<ul style="list-style-type: none"> • How are people's views and experiences gathered and acted on to shape and improve the services and culture? • How are people who use services, those close to them and their representatives actively engaged and involved in decision-making? 		<ul style="list-style-type: none"> <input type="checkbox"/> How does the service engage with the public to ensure that it is used appropriately? <input type="checkbox"/> How does the service engage with patients to assess the quality of its services? <input type="checkbox"/> How does the service engage with staff including those working from

<ul style="list-style-type: none"> • Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? • How do leaders prioritise the participation and involvement of people who use services and staff? • Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised? 		remote locations?
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Key line of enquiry: **W5**

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

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Innovation, improvement and sustainability**

<ul style="list-style-type: none"> • 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? • In what ways do leaders and staff strive for continuous learning, improvement and innovation? • Are staff focused on continually improving the quality of care? • How are improvements to quality and innovation recognised and rewarded? 		<input type="checkbox"/> Do contracts for PTS seek to innovate and explore new ways of working i.e. doing things differently
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<ul style="list-style-type: none">• How is information used proactively to improve care?		
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