

Inspection framework: Independent 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.

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
- Ambulance preparation areas (“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 (*note: be aware that patients may not differentiate between an NHS and private ambulance, so correct identification of relevant patients is key*)
- 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:

Senior and middle managers responsible for the emergency and urgent ambulance service

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 (*may not be appropriate in the independent sector*)

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
- Representatives of all NHS ambulance trusts that the service has a contract with

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.

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 	<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 	<ul style="list-style-type: none"> • How are incidents reported within the service? In particular how do front line staff get the opportunity to report incidents? If there is a paper based system, how is this managed to ensure that incidents are reported centrally and in a timely manner? • It is likely that the NHS Trust (from whom the IAS sub contract) will retain responsibility for the incident reporting and investigation. In light of this: <ul style="list-style-type: none"> ○ How is the IAS and its staff involved in the investigation? ○ How does the IAS ensure that it learns lessons and takes action as a result of investigations when things go wrong? In particular, how does the service make sure staff on the front line (i.e. remote workers) know about changes in policy or procedure that have been made

<p>involved in the review or investigation?</p> <ul style="list-style-type: none"> • 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? 	<p>person in relation to the incident and offer an apology.</p>	<p>following safety incidents?</p> <ul style="list-style-type: none"> • Can staff describe something that has changed as a result of an untoward incident? • With regards to DoC in the case of sub contracted services: <ul style="list-style-type: none"> ○ Is DoC followed and evidenced by the contractor for an incident occurring under their delivery of care and treatment, and is this stated in their contract with the NHS trust? ○ Are staff clear as to who (the NHS Trust or themselves) has responsibility for DoC in the event of joint responsibility – both for the immediate verbal apology and the written apology? • How are any relevant safety alerts cascaded to staff and how are they made aware of changes in policy or procedure as a result of an alert?
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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
<ul style="list-style-type: none"> • Do staff receive effective mandatory training in the safety systems, processes and practices? 	<p><i>Note: Some staff will be sole employees of the IAS however this may not be entirely obvious if they are listed as bank staff or have zero hours contracts. It is necessary to differentiate what staff the IAS has in order to understand the responsibility for mandatory training.</i></p>	<ul style="list-style-type: none"> • How is mandatory training delivered, particularly to front line staff and other remote workers? • What training is mandated by the NHS Trust for staff carrying out sub-contract work and what is the compliance rate? • How is compliance against mandatory training requirements monitored and acted upon? What percentage of staff are up to date with

		<p>mandatory training requirements?</p> <ul style="list-style-type: none"> • What driving training is provided? How does the service ensure that drivers are appropriately trained to drive under blue lights (e.g. IHCD Ambulance Driving Training)? • In the case of staff who are employed by both the NHS and an IAS, how does the IAS assure themselves that training is up to date?
<p>Report sub-heading: Safeguarding</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? • 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? 	<ul style="list-style-type: none"> • ‘Safeguarding Children and Young People: Roles and Competencies for Health Care Staff’ (March 2014) • HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015 • Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) 	<ul style="list-style-type: none"> • What training is given to staff for safeguarding both children and adults, and what are the compliance rates for the training? • What awareness do staff have of how to identify and deal with concerning situations at the locations they attend, particularly homes and care homes? • Is there an effective system in place for front line staff to report safeguarding incidents? Are staff clear as to who is responsible for reporting safeguarding concerns in the event of sub contracted care? • Do staff receive feedback from the contract provider about safeguarding concerns they have raised, to enable learning? <p>Are there effective procedures to update front line staff when changes occur to procedures?</p>
<p>Report sub-heading: Cleanliness, infection control and hygiene</p>		
<ul style="list-style-type: none"> • How are standards of cleanliness and hygiene maintained? • Are reliable systems in place to prevent and 	<p>2010 DH Guidance on uniforms and workwear policies for NHS employers</p> <ul style="list-style-type: none"> • Includes on page 5 the footnote that 	<ul style="list-style-type: none"> • How does the service make sure vehicles and equipment are appropriately and safely cleaned and ready for use?

<p>protect people from a healthcare-associated infection?</p> <ul style="list-style-type: none"> • Is implementation of safety systems, processes and practices monitored and improved when required? 	<p>“for some clinical staff working outdoors, particularly ambulance teams, a wrist-watch may be essential. Where worn, these wrist-watches must be washable and be removed for hand washing”.</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. 	<ul style="list-style-type: none"> • 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? • What do staff use to maintain cleanliness of their vehicle during the course of a shift? • Are sterile consumables stored correctly on ambulances? • Is PPE provided on all vehicles? • Are hand cleaning facilities readily available? Are staff using them? • Are crews made aware of specific infection and hygiene risks associated with individual patients? • How do staff maintain their uniforms? • Who do staff go to for advice and support regarding infection control matters?
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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 that 		<ul style="list-style-type: none"> • Is the station environment properly designed and maintained? • How does the service ensure that all vehicles have a current MOT, service and are properly insured? • Are the vehicle keys securely stored? • Are patients (including children, bariatric patients and those in wheelchairs) safely
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<p>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? • Are staff suitably trained, assessed and equipped to safely carry out manual handling activities? 		<p>restrained whilst they are being conveyed?</p> <ul style="list-style-type: none"> • Are there records of equipment maintenance and schedules (including vehicles and medical devices) • 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? • Who maintains medical devices and how is the quality of service assured? • Is equipment available that is suitable for the role, including specific patient groups such as children? • How does the service manage replenishment of vehicles, equipment and supplies both at bases and between calls? • How is faulty equipment dealt with on or with front line vehicles and how are decisions made as to whether an equipment fault should result in the vehicle being taken off the road? • If transfer / retrieval teams bring their own equipment how is it assured it can be safely and effectively used on the vehicle? • Are vehicles used for the transport of patients who are detained under the MHA appropriate and safe?
<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, 	<p>NHS Protect guidance about security standards and the management and control of controlled drugs in the ambulance sector</p>	<ul style="list-style-type: none"> • How does the service make sure that medicines are appropriately and safety ordered, receipted, stored (both at the station and on

<p>dispensing, safe administration and disposal.)</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>vehicles) and disposed?</p> <ul style="list-style-type: none"> • How is stock issue and return recorded? • How does the service ensure that medication in kit bags, and medical gas cylinders, are appropriately stocked? • Is there clear guidance on the medication that staff in different roles are able to administer? • Are patients informed about what medication they have been given and why? Is this recorded? <p>Have any medicines audits been carried out? What actions have been implemented as a result?</p>
<p>Report sub-heading: Records</p>		
<ul style="list-style-type: none"> • 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). • 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>JRCALC guidance (Note: CQC does not currently have access to these guidelines – please request that you SpA bring a copy if they have one. We are trying to sort access electronic with JRCALC.)</p>	<ul style="list-style-type: none"> • Does the service have a policy for the creation, storage, security and destruction of records? How does the service audit compliance with the policy? • Do records follow JRCALC (or other) guidance? • How does the service make sure that up-to-date DNAR orders and end of life care planning is appropriately recorded and communicated when patients are being transported? • How are crews made aware of “special notes” to alert them to patients with, for example, pre-existing conditions or safety risks? • How is it assured that records travelling with the patient are passed to the relevant care / health staff at a receiving provider? • Are arrangements for recording triage decisions for major incident / mass casualty events clear?

		(e.g. casualty labelling)
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 management plans developed in line with national guidance? Are risks managed positively? • 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? 	<ul style="list-style-type: none"> • Sepsis: recognition, diagnosis and early management (NICE Guideline 51) 	<ul style="list-style-type: none"> • How are patients assessed and against what protocols? (JRCALC etc) • How do crews get specialist clinical advice when on scene or in transit? • How are patients monitored to ensure the early detection of a deteriorating patient? • Is there a safe and effective escalation process for deteriorating or seriously ill patients? How are additional resources requested and deployed? • Are there policies and procedures are in place to manage disturbed behaviour? • How are staffed equipped to deal with violent or aggressive patients?
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 		<ul style="list-style-type: none"> • How are rotas and shift patterns aligned to demand? • What shift lengths are in use and does this include movement times to the area where providing a 999 response • If agency staff are used, how are the inducted?

<p>locum staff keep people safe at all times?</p> <ul style="list-style-type: none"> • How do arrangements for handovers and shift changes ensure people are safe? 		<ul style="list-style-type: none"> • What happens in the event of unfilled shifts? • How is the skill mix on ambulances determined? • Are staff appropriately trained to provide a safe service to children of all ages? • Do staff get adequate breaks and time off between shifts?
<p>Key line of enquiry: S5</p>		
<p>How well are potential risks to the service anticipated and planned for in advance?</p>		
<p>Generic prompts</p>	<p>Professional Standard</p>	<p>Additional prompts</p>
<p>Report sub-heading: Anticipated resource and capacity risks</p>		
<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"> • How does the service work with contract providers to plan for future demand? • How does the service understand and manage foreseeable risk including <ul style="list-style-type: none"> ○ Changes in demand ○ Seasonal or weather ○ Loss of facilities or infrastructure ○ Disruption to staffing levels ○ Disruption to hospitals receiving patients • How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?
<p>Report sub-heading: Response to major incidents</p>		
<ul style="list-style-type: none"> • What arrangements are in place to respond to 		<ul style="list-style-type: none"> • Do ambulance crews understand their role in

<p>emergencies and major incidents? How often are these practised and reviewed?</p>		<p>major incidents and are they involved in planning and rehearsals? How often are plans tested with other agencies?</p> <ul style="list-style-type: none"> • Have staff had any training in respect of major incidents and if so what has this covered? • Does the service contribute to local resilience arrangements? • What specific arrangements are there 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.

<p>Key line of enquiry: E1</p>		
<p>Are people’s needs assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance?</p>		
<p>Generic prompts</p>	<p>Professional Standard</p>	<p>Additional prompts</p>
<p>Report sub-heading: Evidence-based care and treatment</p>		
<ul style="list-style-type: none"> • 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- 	<ul style="list-style-type: none"> • Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines (2016) ○ NICE quality standards: Stroke in adults (please note that in the 2016 update, this is no longer considered a national priority, but may be useful at local level) 	<ul style="list-style-type: none"> • Is the service provided in line with national guidelines including NICE and JRCALC? • How do staff who are remote working have access to guidelines and protocols?

based, guidance, standards and best practice?
How is this monitored to ensure compliance?

✓ *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 unit within 1 hour.*

- NICE quality standards: Acute coronary syndromes in adults
 - ✓ [QS 5: Level of consciousness and eligibility for coronary angiography and primary PCI](#)
- *Ambulance services..... ensure that adults who are unconscious after cardiac arrest caused by suspected acute STEMI are not excluded from having coronary angiography.*
 - ✓ [QS 6: Primary PCI for acute STEMI](#)
- *Ambulance services....ensure that local pathways and transfer protocols are in place for adults with acute STEMI who present within 1 hours of the onset of symptoms to be offered primary PCI...as soon as possible but within 120 minutes of when fibrinolysis could have been given*
- [CG16 Self-harm in over 8s: short term management and prevention of recurrence](#)
 - ✓ 1.3 The assessment and initial

management of self-harm by ambulance services

- [TA74 Pre-hospital initiation of fluid replacement therapy in trauma](#)
 - ✓ A person who has been injured should not be given IV fluids before reaching hospital if a pulse can be felt at his or her wrist (or the central pulse if there is bleeding from a wound on the back, chest or abdomen)
 - ✓ If IV fluids are given, ambulance staff should consider starting replacement therapy on the way to hospital
 - ✓ When IV fluids are given before an injured person reaches hospital, crystalloid solutions should usually be used
 - ✓ Only staff who have had special training in ALS and pre-hospital care should give IV fluids to injured people before they reach hospital
- [CG176 Head injury: assessment and early management](#)
- [National Ambulance Mental Health group: MHA Section DNR Protocol \(2007\)](#)
- [NHS Service Specification 2016/17: Hazardous Area Response Teams \(HART\)](#)
- [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline 51)

Report sub-heading: **Assessment and planning of care**

<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? • Is discrimination, including on grounds of age or disability avoided when making care and treatment decisions? • How is technology and equipment used to enhance the delivery of effective care and treatment? • How are people’s nutrition and hydration needs assessed and met? • How is the pain of an individual person assessed and managed? 		<ul style="list-style-type: none"> • How is enhanced clinical advice and support made available to crews? • How does the service ensure that patients go to the most appropriate hospital for treatment? E.g. directly to trauma, maternity, paediatric other specialist units? • Can staff explain the procedure for not conveying patients to hospital (‘see and treat’)? Are the same protocols in place if event ambulance services are provided? • How are patients “discharged” from the provider’s care and if appropriate to other pathways or providers? • How do crews identify patients with mental health problems? Is there a mechanism in place to assess risks when transporting patients experiencing a mental health crisis? • What protocols are in place for patients who have had a stroke or heart attack? Are these in line with national quality standards? • Are suitable protocols available for children of all ages and other patient groups?
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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 and 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 		<ul style="list-style-type: none"> • Does the IAS monitor its own response times? • Does the IAS monitor its own performance on clinical quality measures including: <ul style="list-style-type: none"> ○ Outcome from acute ST-elevation
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<p>outcomes for people are being achieved?</p> <ul style="list-style-type: none"> • How do outcomes for people in this service compare to other similar services and how have they changed over time? • 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? 		<p>myocardial infarction (STEMI)</p> <ul style="list-style-type: none"> ○ Outcome from cardiac arrest – Return of spontaneous circulation (ROSC) ○ Outcome from cardiac arrest – survival to discharge ○ Outcome following stroke for ambulance patients <ul style="list-style-type: none"> • Is timely access to the correct acute facilities monitored?
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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? • 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.) 		<ul style="list-style-type: none"> • What induction procedure is followed for staff undertaking sub-contracted 999 work? • How does the service monitor the take up of induction? • Are staff working in small or remote teams given equitable support and development opportunities? • How is staff competence of delivering patient care assessed by managers or supervisors? • How often do staff have an appraisal? What does this entail? How is poor practice identified and managed?
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<ul style="list-style-type: none"> How is poor or variable staff performance identified and managed? How are staff supported to improve? 		<ul style="list-style-type: none"> How does the service ensure that staff have maintained professional registrations as required? How does the service ensure that those responsible for vehicle maintenance are competent?
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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"> How is care delivered in a coordinated way when different teams or services are involved? 	<p>UK Ambulance Services National Memorandum of Understanding Concerning the Provision of Mutual Aid</p>	<ul style="list-style-type: none"> Are there agreed care pathways with other providers to ensure patients are treated in a way to achieve the best outcome? Are patient's transported to the appropriate service based on their needs including, alternatives to A&E? Are their clear lines of responsibility and accountability for the provider's staff and those from hospital based transfer or retrieval teams? What are the arrangements for escalating issues with NHS ambulance trusts who sub contract work to the IAS? 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"> Acute hospitals Fire and Rescue Services
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		<ul style="list-style-type: none"> - Police - Coastguard - RNLI - Mountain / Lowland / Cave Rescue - Military
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? • 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 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 effective are handovers between ambulance and hospital staff? • How does the provider work with other providers to reduce admissions to hospital? • Following "see and treat" is it assured that patients are referred to other providers of health or social care as required?
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 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.) • When people move between teams and services, including at referral, discharge, transfer and transition, is all the information needed for 	<ul style="list-style-type: none"> • NHS England's 2015 Patient Safety Alert: Harm from delayed updates to ambulance dispatch and satellite navigation systems. • NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care 	<ul style="list-style-type: none"> • Do crews have access to: <ul style="list-style-type: none"> ○ Special Notes ○ Advanced Care Plans / Directives ○ DNACPR orders • What action has been taken to address NHS

<p>their ongoing care shared appropriately, in a timely way and in line with relevant protocols?</p> <ul style="list-style-type: none"> 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>professionals.</p>	<p>England's 2015 Patient Safety Alert: Harm from delayed updates to ambulance dispatch and satellite navigation systems?</p>
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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 Acts 1989 and 2004? 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 	<ul style="list-style-type: none"> Consent: patients and doctors making decisions together (GMC) Consent - The basics (Medical Protection) Department of Health reference guide to consent for examination or treatment BMA Consent Toolkit BMA Children and young people tool kit Gillick competence Association of Ambulance Chief Executive and Nation Ambulance Service Medical Directors: <ul style="list-style-type: none"> Statutory ambulance services and restraint of patients – position statement (please note this is an 	<ul style="list-style-type: none"> How do crews make decisions about consent when patients are unconscious or confused? Are crews clear about their responsibility in obtaining consent? Can crews describe a recent example? What training (including refresher training) have staff had regarding the MCA and the transportation of patients experiencing a mental health crisis? 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? How does the service ensure that section 136 patients are conveyed in line with appropriate codes of practice/professional guidance?
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liberty? <ul style="list-style-type: none"> 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? 	internal Y drive link)	
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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
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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? 	<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. 	<ul style="list-style-type: none"> How do staff ensure, as far as possible, dignity is maintained during treatment and care in a public place? How do staff make sure dignity is maintained as far as possible during transport in and to and from a vehicle? How do staff make sure vulnerable groups (e.g. bariatric / psychiatric) patients have their dignity maintained during transport? How do staff show respect and caring towards relatives and carers that may be travelling with patients? How do staff deal with deteriorating patient's condition in the presence of a relative or
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<ul style="list-style-type: none"> • 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 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care. 	<p>carer?</p>
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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
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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? • Are people who use services and those close to them routinely involved in planning and making decisions about their care and treatment? 	<ul style="list-style-type: none"> • NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. • NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. 	<ul style="list-style-type: none"> • How do patients have proposed treatment and options explained to them? • How do staff make sure patients views are taken into account and consent is obtained particularly in emergency situations? • How are patients involved in decisions about whether to convey? • Do staff invite family and friends to be involved or accompany a patient?
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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
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Report sub-heading: Emotional support		
<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. 	<ul style="list-style-type: none"> How do staff make sure that patients, relatives and other parties are supported during distressing events? How do staff support patients who die in their care? How do staff support relatives and other parties when a patient dies prior to arrival at their destination? Do staff provide emotional support to patients who are self-harming, distressed, anxious or confused etc?
Report sub-heading: Supporting people to manage their own health		
<ul style="list-style-type: none"> Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? 		<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> • 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 planned and delivered? 		<ul style="list-style-type: none"> • How does the service work with any contracting provider to support them to meet demand? • How does the service work with any contracting provider to review service provision, ensure people's needs are met and identify area for improvement?
<p>Key line of enquiry: R2</p>		
<p>Do services take account of the needs of different people, including those in vulnerable circumstances?</p>		
Generic prompts	Professional Standard	Additional prompts
<p>Report sub-heading: Meeting people's individual needs</p>		
<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 Standard 	<ul style="list-style-type: none"> • How are the needs of the following groups understood and how do their needs influence the care they receive? Are there any adaptations for patients with these complex needs? People who are/or have: <ul style="list-style-type: none"> ○ learning disability ○ mental health illness ○ Dementia ○ bariatric patients ○ hard of hearing or deaf ○ partially sighted or blind

<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"> • What translation support is available for staff in the treatment of people who cannot speak English?
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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: **Access and flow**

- Do people have timely access to initial assessment, diagnosis or urgent treatment?
- 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 a booking system is in place, 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 cancellations explained to people, and are people supported to access care and treatment again as soon as possible?
- Do services run on time, and are people kept informed about any disruption?

- It is likely that the prompts normally captured under this sub heading will be the responsibility of the NHS Trust from whom the service sub-contracts and therefore this sub heading may not be relevant. However consider the following in your decision:
- What action is taken to ensure resources are where they need to be at the time required?
 - How is the NHS Trust informed of the availability of private vehicles?
 - How does the service communicate any delays to the NHS Trust from which it sub contracts?
 - How are response, on scene and turnaround times monitored?

Key line of enquiry: R4

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: 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"> ISCAS: Patient complaints adjudication service for independent healthcare <p>In respect of NHS patients:</p> <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"> Can staff describe what information they provide to patients/carers that wish to complain? Does the service benchmark complaints against other providers? It is likely that the NHS trust (from whom the IAS sub contract) will retain responsibility for complaints and their investigation. In light of this: <ul style="list-style-type: none"> ➤ How is the IAS and its staff involved in the investigation? ➤ How does the IAS ensure that it learns lessons and takes action as a result of investigations following a complaint?

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		
<ul style="list-style-type: none"> • 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? 		<ul style="list-style-type: none"> • 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		

- 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?
- 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'?

- [NICE QS61 Statement 2:](#)
Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.

- 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?
- How does the service ensure accuracy of KPI data?

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: 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"> • Can all staff (including remote and lone working staff) identify the different leads, their roles and their responsibilities? • Do operational road staff see sufficient of their manager? • What management structures are being used – e.g. matrix working?
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"> • <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"> • Are there cultural differences between different areas / counties? • And does this translate into differing performance or outcomes for patients? • Do staff say that managers demonstrate openness and honesty? • How does the organisation manage organisational change? • Is there a move from a station based to a vehicle based service and if so how is culture change being managed and facilitated? • How do staff get support when required? Can staff access confidential support?

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? • 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? 		<ul style="list-style-type: none"> • How does the service engage with patients to assess the quality of its services? • How does the service engage with those who commission it, to assess the quality of its service? • How does the service engage with staff and volunteers, including those working from remote locations? • How does the service engage with the public to ensure that the service is used appropriately? • Where appropriate what public engagement and education has taken place in respect of the resilience function?

Key line of enquiry: **W5**

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

Generic prompts	Professional Standard	Additional prompts
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 		

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