

## Inspection framework: independent acute hospitals

### Core service: Urgent and emergency services

This includes emergency departments, commonly called accident and emergency departments (A&E) and urgent care centres (UCC). The urgent and emergency care service refers to the service provided at the front door of the hospital, with the purpose of treating patients presenting as an emergency or with urgent medical needs. Services provided may also include a clinical decision unit, ambulatory care unit, minor injury unit or a walk-in centre.

Although UCCs are usually GP-led and may be the responsibility of another provider or organisation, it is essential that they function effectively with the emergency department. Therefore, care pathways between the two must be considered during inspection.

Please note: for the purposes of the inspection, children treated in the emergency department are considered as part of the urgent and emergency core service, not as part of children and young people's services

#### 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.**

- All reception and waiting areas associated with the main A&E / ED and the areas identified below
- Triage areas (including pathways which cross / are shared with UCCs)
- Ambulatory queue / patient transfer from ambulances
- Treatment and assessment areas, including majors, resuscitation and minors
- Walk-in centres / GP-streaming areas
- Urgent Care Centres
- Clinical Decision Unit
- Specialist emergency areas, e.g. acute stroke unit, ENT, mental health emergencies
- Decontamination areas
- Psychiatric assessment and / or areas designated as places of safety
- Radiology
- Bereavement facilities for families, including viewing areas and private rooms

## **Interviews/focus groups/observations**

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

- People who use services and those close to them
- Clinical director/lead
- Nursing lead
- Directorate/divisional manager

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

- Consultant responsible for leading trauma
- Doctors working within and external to the service (e.g. GPs)
- Nurses, including nurse consultants, advanced and general nurse practitioners, practice development nurses, any external nurses who engage with the service and triage nurses
- Bed managers / coordinators (and any other staff with
- Receptionists
- Safeguarding / vulnerable patient lead(s)
- Discharge team
- Psychiatric liaison and Mental Health team
- Therapists working elsewhere in the organisation
- Ambulance crews

- responsibility for this)
- Staff from the imaging department, particularly CT and MRI
- Porters

## Safe

**By safe, we mean people are protected from abuse\* and avoidable harm.**

\*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

### Key lines of enquiry: S1 & S2

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

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

Report sub-heading: **Incidents**

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> <li>What is the safety performance over time, based on internal and external information?</li> <li>How does safety performance compare to other similar services?</li> <li>Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally?</li> <li>Have safety goals been set? How well is performance against them monitored using information from a range of sources?</li> </ul>	<ul style="list-style-type: none"> <li>A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> <li><a href="#">Revised never events policy and framework (2015)</a></li> <li><a href="#">Never events list 2015/16</a></li> <li><a href="#">Never Events List 2015/15 - FAQ</a></li> </ul> </li> <li>Serious Incidents (SIs) should be</li> </ul>	<ul style="list-style-type: none"> <li>Do mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt?</li> <li>Evidence of adherence to duty of candour regulation, including process and evidence for written apologies.</li> </ul>

<ul style="list-style-type: none"> <li>• Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?</li> <li>• When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation?</li> <li>• How are lessons learned, and is action taken as a result of investigations when things go wrong?</li> <li>• How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service?</li> </ul>	<p>investigated using the <a href="#">Serious Incident Framework 2015</a>.</p> <ul style="list-style-type: none"> <li>• For adults receiving intravenous (IV) fluid therapy in emergency departments and urgent care centres, are clear incidents of fluid mismanagement reported as critical incidents? (<a href="#">NICE QS66 Statement 4</a>)</li> <li>• <a href="#">Duty of Candour</a>: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.</li> </ul>	
--	---	--

Report sub-heading: **Clinical Quality Dashboard**

Generic prompts	Professional Standard	Additional prompts
	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS3 Statement 1</a>: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.</li> <li>• <a href="#">NICE QS3 Statement 4</a>: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.</li> </ul>	<ul style="list-style-type: none"> <li>• Does the service monitor the incidence of any of the following for inpatients? Does the service take appropriate action as a result of the findings? (In line with NHS <a href="#">Safety Thermometer</a>): <ul style="list-style-type: none"> <li>➤ Pressure Ulcers</li> <li>➤ Falls</li> <li>➤ Catheter associated UTI</li> <li>➤ Venous thromboembolism</li> </ul> </li> </ul>

## 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"> <li>Do staff receive effective mandatory training in the safety systems, processes and practices?</li> </ul>		<p>With regards to sepsis training:</p> <ul style="list-style-type: none"> <li>Is there a policy for sepsis management and are staff aware of it?</li> <li>Have staff had training for sepsis? Do they know of the Trust's Sepsis policy?</li> </ul>

### Report sub-heading: Safeguarding

<ul style="list-style-type: none"> <li>Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</li> <li>Is implementation of safety systems, processes and practices monitored and improved when required?</li> <li>Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?</li> </ul>	<ul style="list-style-type: none"> <li>Are the <a href="#">Safeguarding Children's Standards</a> * produced by the <b>Royal College of Emergency Medicine's</b> (RCEM) Clinical Effectiveness Committee being met in respect to <b>staffing</b>? How are they addressing standards that have not been met?               <ul style="list-style-type: none"> <li>Do all Emergency Department medical and nursing staff, as a minimum, have level 2 child protection training?</li> <li>Do all senior EM doctors (ST4 or equivalent and above) have level 3 child protection training?</li> <li>Does the Emergency Department have access to a</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Is a process in place for the identification and management of people at risk of abuse (including domestic violence) and follow the appropriate policies?</li> <li>Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)?</li> </ul>
---	---	---

	<p>senior Paediatric and senior EM opinion 24 hours a day for child welfare issues?</p> <ul style="list-style-type: none"> <li>• <a href="#">‘Safeguarding Children and Young People: Roles and Competencies for Health Care Staff’</a> (March 2014)</li> <li>• <a href="#">HM Government</a>: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015</li> <li>• Female genital mutilation <a href="#">multi-agency practice guidelines published in 2016</a></li> <li>• <a href="#">DH Female Genital Mutilation and Safeguarding</a>: Guidance for professionals March 2015</li> <li>• <a href="#">FGM guidance for professionals on the NHS Choices website</a></li> <li>• <a href="#">Guidelines for physicians on the detection of child sexual exploitation</a> (RCP, November 2015)</li> </ul>	
<p>Report sub-heading: <b>Cleanliness, infection control and hygiene</b></p>		
<ul style="list-style-type: none"> <li>• How are standards of cleanliness and hygiene maintained?</li> <li>• Are reliable systems in place to prevent and protect people from a healthcare-associated</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS61 Statement 3</a>: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or</li> </ul>	<ul style="list-style-type: none"> <li>• What are the results of local cleaning / hand hygiene audits?</li> </ul>

<p>infection?</p> <ul style="list-style-type: none"> <li>Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>	<p>care.</p> <ul style="list-style-type: none"> <li><a href="#">NICE QS61 Statement 4</a>: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.</li> <li><a href="#">NICE QS61 Statement 5</a>: People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.</li> </ul>	
--	---	--

**Report sub-heading: Environment and equipment**

<ul style="list-style-type: none"> <li>Does the design, maintenance and use of facilities and premises keep people safe?</li> <li>Does the maintenance and use of equipment keep people safe?</li> <li>Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)</li> <li>Are the systems, processes and practices</li> </ul>	<ul style="list-style-type: none"> <li>Facilities should comply with, <a href="#">Health Building Note 15-01: Accident &amp; Emergency Departments</a> (bearing in mind that some may not be feasible due to limitations of existing premises, cost, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Is the layout suitable (e.g. distance from theatre, CT, MRI, Helipad)?</li> <li>Is resuscitation equipment available and fit for purpose? Is it adequately stocked and is there evidence of regular review?</li> </ul>
--	---	---

<p>that are essential to keep people safe identified, put in place and communicated to staff?</p> <ul style="list-style-type: none"> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>		
<p>Report sub-heading: <b>Medicines</b></p>		
<ul style="list-style-type: none"> <li>• Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.)</li> <li>• Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</li> <li>• Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>	<ul style="list-style-type: none"> <li>• Are nursing staff aware of policies on administration of controlled drugs as per the <a href="#">Nursing and Midwifery Council NMC - Standards for Medicine Management</a></li> <li>• <a href="#">NICE QS61 Statement 1</a>: People are prescribed antibiotics in accordance with local antibiotic formularies.</li> </ul>	<ul style="list-style-type: none"> <li>• Are allergies clearly documented in the prescribing document used?</li> <li>• Are there local microbiology protocols for the administration of antibiotics and are prescribers using them?</li> <li>• What SLAs exist (if required) for the provision of pharmacy support?</li> </ul>
<p>Report sub-heading: <b>Records</b></p>		
<ul style="list-style-type: none"> <li>• Are people's individual care records written and managed in a way that keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored securely).</li> <li>• Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Records management code of practice for health and social care</a> (<i>This code sets out standards required for the management of records for organizations who work within, or under contract to the NHS in England</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• How does the service ensure the appropriate and timely availability of patient medical records within the service?</li> <li>• Are risk assessments appropriately completed? (risk assessments for pressure areas should be undertaken if patients in the department for over 6</li> </ul>

<ul style="list-style-type: none"> <li>Is implementation of safety systems, processes and practices monitored and improved when required?</li> </ul>		<p>hours)</p> <ul style="list-style-type: none"> <li>How does the service ensure that clinical records generated by staff holding practising privileges and the patient clinical record are integrated into the hospital record for the patient?</li> </ul>
--	--	---

**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**

<b>Generic prompts</b>	<b>Professional Standard</b>	<b>Additional prompts</b>
<ul style="list-style-type: none"> <li>Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?</li> <li>How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges?</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">RCEM Clinical Standards for Sepsis</a></li> <li><a href="#">Sepsis: recognition, diagnosis and early management</a> (NICE Guideline 51)</li> <li><a href="#">NCEPOD: `Emergency admissions: a journey in the right direction` 2007</a></li> </ul>	<ul style="list-style-type: none"> <li>Is there a clear admission criteria understood by staff and available to the people who may seek to access the service?</li> <li>Is there a clear streaming / triage process in place?</li> <li>If applicable to the service, what is the ambulance handover process and times? How many ambulances are waiting over 30mins?</li> <li>Do all patients who are seen, receive an initial clinical assessment by a registered healthcare practitioner within 15 minutes of the time of arrival? In the</li> </ul>

		<p>case of children, does this include a pain score?</p> <ul style="list-style-type: none"><li>• If there is no paediatric team on site, is there a clear protocol to ensure safe transfer to an appropriate unit?</li><li>• Are there robust clinical stress pathways in place, including resuscitation, fluids, imaging and emergency surgery? E.g. traumatic bleed.</li><li>• How does the service ensure that patients are escorted when attending and waiting for diagnostics, where appropriate?</li><li>• What SLAs exist in the event of a deteriorating patient requiring a blue light transfer to an NHS Trust?</li><li>• Is there a clear evidence of use of a screening tool for sepsis in all admission areas?</li><li>• Is evidence of use of a sepsis bundle for the management of sepsis? Does this incorporate:<ul style="list-style-type: none"><li>- A safe and effective escalation process?</li><li>- Use of Modified Early Warning</li></ul></li></ul>
--	--	--

		<p>Systems (MEWS) or National Early Warning System (NEWS) including Paediatric Early Warning Systems /scores (PEWS)</p> <ul style="list-style-type: none"> <li>• Has the treatment been delivered within the recommended sepsis pathway timelines? E.g. Time to Antibiotics</li> <li>• Are the recommendations in the NCEPOD 'Emergency admissions: a journey in the right direction' taken account if?</li> </ul>
<p>Report sub-heading: <b>Nurse staffing</b></p>		
<ul style="list-style-type: none"> <li>• How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available?</li> <li>• How do actual staffing levels compare to the planned levels?</li> <li>• Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>• How do arrangements for handovers and shift changes ensure people are safe?</li> </ul>		<ul style="list-style-type: none"> <li>• Are there acuity tools e.g. Baseline Staffing Tools ('BEST) used to inform staffing requirements?</li> <li>• What is the handover system between staff? Is this robust?</li> <li>• Is there an appropriate skill mix amongst staff to ensure safe care?</li> <li>• What is the policy for use of agency/bank nurses? What is their induction process?</li> <li>• In cases when the service is provided for children is there a minimum of one registered children's nurse present per shift? And are they PILS /PLS trained? If this is not the case how are risks</li> </ul>

		<p>mitigated</p> <ul style="list-style-type: none"> <li>• Is there an overall lead for children's care in the department?</li> </ul>
<p><b>Report sub-heading: Medical staffing</b></p>		
<ul style="list-style-type: none"> <li>• How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available?</li> <li>• How do actual staffing levels compare to the planned levels?</li> <li>• Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>• How do arrangements for handovers and shift changes ensure people are safe?</li> </ul>		<ul style="list-style-type: none"> <li>• Does the service ensure that there is 16 hours of consultant presence, 16 hours a day, except in Major Trauma Centres which should have 24 hour trauma cover?</li> <li>• Does the service ensure a minimum of an ST4 or equivalent in the department 24/7?</li> <li>• How often are locum doctors used to cover shifts and how are they inducted locally?</li> <li>• When are the handovers? Are they written / verbal or both.</li> <li>• Do departments seeing over 16,000 children a year have a consultant/s with sub-specialist training in paediatric emergency medicine?</li> <li>• Are medical staff looking after children trained in PILS/ PLS/APLS?</li> </ul>

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: <b>Emergency awareness and training</b>		
<ul style="list-style-type: none"> <li>• How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?</li> <li>• What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?</li> <li>• How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?</li> </ul>		<ul style="list-style-type: none"> <li>• If appropriate with admission / acceptance criteria what are the arrangements to deal with casualties contaminated with chemical, biological or radiological material (HAZMAT)?</li> <li>• Are there are appropriate security arrangements to keep staff and others safe and protected from violence, particularly at weekends and out of hours?</li> <li>• Does the service have tested back up emergency generators in place in case of failure of essential services?</li> </ul>

For use in

## 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**

<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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?</li> <li>• 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?</li> <li>• How is technology and equipment used to enhance the delivery of effective care and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS66 Statement 2</a>: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience.</li> <li>• (<a href="#">NICE QS3 Statement 5</a>): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.</li> <li>• <a href="#">NICE QS90 (2015) UTI in adults</a></li> <li>• Is the service managed in accordance with the principles in '<a href="#">Clinical Standards for Emergency Departments</a>' (RCEM)?</li> </ul>	<ul style="list-style-type: none"> <li>• What evidence is there that National guidelines are in use in the department? Do they use proformas?</li> <li>• Are they doing local audits to confirm use?</li> <li>• In cases where services are set up to see less seriously injured people than A&amp;E, are the minimum requirements in accordance with those set out by the Royal College of Emergency Medicine, Emergency Nurse Consultant Association and the Faculty of Emergency Nursing?</li> <li>• In assessing whether NICE guidance in followed, take the following into account:             <ul style="list-style-type: none"> <li>➢ Details of the provider's Clinical Audit programme to support and</li> </ul> </li> </ul>
---	--	--

<p>treatment?</p> <ul style="list-style-type: none"> <li>• Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice?</li> </ul>	<ul style="list-style-type: none"> <li>• Does the service meet the “<a href="#">Standards for Children and Young People in Emergency Care Settings</a>”, developed by the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings</li> <li>• Does the service meet the minimum requirements for units which see the less seriously ill or injured as outlined in the “<a href="#">Unscheduled Care Facilities: (RCEM)?</a>”</li> <li>• <a href="#">Sepsis: recognition, diagnosis and early management</a> (NICE Guideline 51)</li> </ul>	<p>monitor implementation of NICE guidance</p> <ul style="list-style-type: none"> <li>➤ Details of additional prescribing audits that may be completed by junior doctors on rotation.</li> <li>➤ Utilisation of NICE implementation support tools such as the baseline assessment tools.</li> <li>➤ A Provider submission demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements.</li> <li>➤ Participation in National benchmarking clinical audits</li> </ul>
---	--	---

**Report sub-heading: Nutrition and hydration**

<ul style="list-style-type: none"> <li>• How are people’s nutrition and hydration needs assessed and met?</li> </ul>		<ul style="list-style-type: none"> <li>• What arrangements are in place in terms of food and drink for patients who are in the department for any length of time?</li> </ul>
--	--	--

**Report sub-heading: Pain relief**

<ul style="list-style-type: none"> <li>• How is the pain of an individual person assessed and managed?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Standards for Pain Management Services in the UK</a> (Faculty of Pain Medicine, 2015) in particular: <ul style="list-style-type: none"> <li>➤ 6.4 Standard 2 - All patients with acute pain must have an individualised analgesic plan appropriate to their clinical condition that is effective, safe and flexible.</li> <li>➤ 6.4 Standard 3 - All in-patients</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• How has the service implemented the Faculty of Pain Medicine’s Core Standards for Pain Management (2015)?</li> </ul>
---	---	---

with acute pain must have regular pain assessment using consistent and validated tools, with results recorded with other vital signs. There should be clear guidelines for communication with the APS.

**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**

Report sub heading: **Patient outcomes**

- 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 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?

- [Clinical standards published by the RCEM](#)
- [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline 51)

Are the following indicators being met?

- Consultant review prior to discharge:
  - adults with non-traumatic chest pain,
  - febrile children under 12 months,
  - unplanned readmissions within 72 hours
- Unplanned re-attendance rate within 7 days
- Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit? Are there audits that the service does not contribute to? What are their outcomes compared with benchmarks? For example:
  - RCEM Audits

		<ul style="list-style-type: none"> <li>- Participation in audits on sepsis</li> <li>- CQUIN data on sepsis</li> <li>• What evidence is there that management has changed in response to their audits?</li> <li>• Do they have regular audit meetings to learn/ feedback?</li> </ul>
--	--	---

**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"> <li>• 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?</li> <li>• How are the learning needs of staff identified?</li> <li>• Do staff have appropriate training to meet their learning needs?</li> <li>• Are staff encouraged and given opportunities to develop?</li> <li>• What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and</li> </ul>		<ul style="list-style-type: none"> <li>• How does the service ensure that consultants working under practising privileges arrangements only carry out treatments, procedures or reporting that they are skilled, competent and experience to perform? (Do they perform similar work in the NHS?)</li> <li>• What are the arrangements for granting and reviewing practising privileges?</li> <li>• Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty? <a href="#">IHAS/NHS Employers: Guidance for</a></li> </ul>
---	--	--

<p>mentoring, clinical supervision and revalidation.)</p> <ul style="list-style-type: none"> <li>• How is poor or variable staff performance identified and managed? How are staff supported to improve?</li> </ul>		<p><a href="#">employers on sharing information about a healthcare worker where a risk to public or patient safety has been identified July 2013</a></p> <ul style="list-style-type: none"> <li>• Have staff in the department received training on sepsis <ul style="list-style-type: none"> <li>- Screening</li> <li>- Management</li> <li>- Trust policy</li> </ul> </li> <li>• Where failure in the sepsis protocol has been identified have staff been given support and education?</li> </ul>
---	--	---

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
-----------------	-----------------------	--------------------

Report sub-heading: **Multidisciplinary working**

<ul style="list-style-type: none"> <li>• Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment?</li> <li>• How is care delivered in a coordinated way when different teams or services are involved?</li> <li>• Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">PHSO: A report of investigations into unsafe discharge from hospital</a></li> <li>• <a href="#">Transition between inpatient hospital settings and community or care home settings for adults with social care needs</a> (NICE guideline 27)</li> </ul>	<ul style="list-style-type: none"> <li>• What are the arrangements for the integration of Emergency Medicine service with the rest of the hospital, including oncology service, substance misuse teams, liaison with psychiatric services, children's services, imaging including radiology and pathology?</li> <li>• What are the admissions pathways for people requiring hospital stay?</li> <li>• How do emergency department staff describe their relationship with speciality</li> </ul>
---	--	--

<ul style="list-style-type: none"> <li>When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed and is this only done when any ongoing care is in place?</li> </ul>		<p>teams?</p> <ul style="list-style-type: none"> <li>What arrangements are in place to ensure that an effective process is followed when a patient is discharged from the service into the community?</li> </ul>
---	--	--

Report sub-heading: **Seven-day services**

	<ul style="list-style-type: none"> <li><a href="#">NHS Services, Seven Days a Week, Priority Clinical Standard 2</a> (where the provider treats NHS funded patients) <i>Time to first consultant review</i> <ul style="list-style-type: none"> <li>All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital</li> </ul> </li> <li><a href="#">NHS Services, Seven Days a Week, Priority Clinical Standard 5</a> (where the provider treats NHS funded patients) <i>Diagnostics</i> <ul style="list-style-type: none"> <li>Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Does the provider meet NHS England's seven day services priority standards around <ul style="list-style-type: none"> <li>Time to First Consultant Review?</li> <li>Diagnostics</li> <li>Intervention / key services</li> </ul> </li> </ul>
--	--	---

- Within 1 hour for critical patients
  - Within 12 hours for urgent patients
  - Within 24 hours for non-urgent patients
- [NHS Services, Seven Days a Week, Priority Clinical Standard 6](#) (where the provider treats NHS funded patients)  
*Intervention / key services*
    - Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:
      - Critical care
      - Interventional radiology
      - Interventional endoscopy
      - Emergency general surgery

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"> <li>• 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.)</li> <li>• When people move between teams and services, including at referral, discharge, transfer and transition, is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?</li> <li>• How well do the systems that manage information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper based systems and appropriate access for staff to records).</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 12</a>: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals (<i>where the provider treats NHS funded patients</i>).</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a system in place to ensure that medical records generated by staff holding practising privileges are available to staff (or other providers) who may be required to provide care or treatment to the patient?</li> </ul>
---	---	---

**Key line of enquiry: E6**

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

Generic prompts	Professional Standard	Additional prompts
-----------------	-----------------------	--------------------

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

<ul style="list-style-type: none"> <li>• Do staff understand the relevant consent and decision making requirements of</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Consent: patients and doctors making decisions together (GMC)</a></li> </ul>	<ul style="list-style-type: none"> <li>• Is there evidence of the use of best interest decision making for people</li> </ul>
--	---	--

<p>legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004?</p> <ul style="list-style-type: none"> <li>• How are people supported to make decisions?</li> <li>• How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded?</li> <li>• When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation?</li> <li>• How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance?</li> <li>• Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty?</li> <li>• Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Consent – The basics (Medical Protection)</a></li> <li>• <a href="#">Department of Health reference guide to consent for examination or treatment</a></li> <li>• <a href="#">BMA Consent Toolkit</a></li> <li>• <a href="#">Gillick competence</a></li> </ul>	<p>without the capacity to consent, including consultation with those holding powers under Deputyships or Lasting Powers of Attorney, and relatives and friends interested in the person's welfare?</p>
---	--	---

## 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**

- 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?

- [NICE QS15 Statement 1](#): Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty (*where the provider treats NHS funded patients*).
- [NICE QS15 Statement 2](#): Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills (*where the provider treats NHS funded patients*).
- [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 (*where the provider treats NHS funded patients*).
- [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 (*where*

*the provider treats NHS funded 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**

- 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?

- [NICE QS15 Statement 4](#): Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care (*where the provider treats NHS funded patients*).
- [NICE QS15 Statement 5](#): Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences (*where the provider treats NHS funded patients*).

- In cases where the patient will be responsible for full or partial cost of care or treatment, are there appropriate and sensitive discussions about cost?

## 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**

<ul style="list-style-type: none"> <li>• 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?</li> <li>• Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition?</li> <li>• What emotional support and information is provided to those close to people who use services, including carers and dependants?</li> <li>• Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?</li> <li>• How are people enabled to have contact with those close to them and to link with their social networks or communities?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 (Statement 10)</a>: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety (<i>where the provider treats NHS funded patients</i>).</li> </ul>	<ul style="list-style-type: none"> <li>• How does the service ensure that staff have time to provide appropriate and timely support to relatives of seriously injured casualties?</li> </ul>
---	--	--

## Responsive

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

Key line of enquiry: <b>R1</b>		
Are <b>services planned</b> and delivered to meet the needs of people?		
<b>Generic prompts</b>	<b>Professional Standard</b>	<b>Additional prompts</b>
Report sub-heading: <b>Service planning and delivery to meet the needs of local people</b>		

<ul style="list-style-type: none"> <li>• Is information about the needs of the local population used to inform how services are planned and delivered?</li> <li>• How are commissioners, other providers and relevant stakeholders involved in planning services?</li> <li>• Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?</li> <li>• Where people's needs are not being met, is this identified and used to inform how services are planned and developed?</li> <li>• Are the facilities and premises appropriate for the services that are planned and delivered?</li> </ul>	<ul style="list-style-type: none"> <li>• Can the service demonstrate how it has responded to the RCEM report '<a href="#">How to achieve safe, sustainable care in our Emergency Departments?</a>'</li> <li>• Has the service made all practical / reasonable changes in accordance with reports and guidance published by <a href="#">National Confidential Enquiries into Patient Outcome and Death (NCEPOD)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Is there adequate seating and space in reception and waiting areas (i.e. do people routinely have to stand while they are waiting to speak to reception staff or for their consultation)?</li> <li>• How have services been adapted to meet the needs of local people?</li> </ul>
---	--	--

**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
-----------------	-----------------------	--------------------

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

<ul style="list-style-type: none"> <li>• How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?</li> <li>• How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 9</a>: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions (<i>where the provider treats NHS funded patients</i>).</li> <li>• <a href="#">Accessible Information Standards</a></li> </ul>	<ul style="list-style-type: none"> <li>• How does the service take account of individual needs of the following groups of patients: <ul style="list-style-type: none"> <li>○ People with complex needs</li> <li>○ People with learning disabilities</li> <li>○ People with dementia</li> </ul> </li> <li>• In areas where ethnic minority groups form a significant proportion of the local population, are processes in place to aid translation?</li> </ul>
---	---	---

<p>maternity status, race, religion or belief and sexual orientation?</p> <ul style="list-style-type: none"> <li>• How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability?</li> <li>• Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others?</li> <li>• How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?</li> </ul>	<p><i>(From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard)</i></p>	<ul style="list-style-type: none"> <li>• Does the provider comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss?</li> </ul>
---	--	--

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**

<ul style="list-style-type: none"> <li>• Do people have timely access to initial assessment, diagnosis or urgent treatment?</li> <li>• As far as possible, can people access care and treatment at a time to suit them?</li> <li>• What action is taken to minimise the time people have to wait for treatment or care?</li> <li>• Does the service prioritise care and treatment for people with the most urgent needs?</li> <li>• Where there is an appointments system, is it easy to use and does it support people to</li> </ul>	<ul style="list-style-type: none"> <li>• How is overcrowding managed? Does it follow the recommendations in the RCEM publication "<a href="#">Crowding in the Emergency Department 2012</a> (Rev. 2104)"?</li> </ul>	<ul style="list-style-type: none"> <li>• How are patients managed in Emergency Medicine when they are waiting for inpatient beds?</li> <li>• How does the service work with the patient flow team / bed management team?</li> <li>• What admission avoidance provision is in place? Do they have /use ambulatory care?</li> </ul>
---	--	---

<p>access appointments?</p> <ul style="list-style-type: none"> <li>• Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible?</li> <li>• Do services run on time, and are people kept informed about any disruption?</li> </ul>		<ul style="list-style-type: none"> <li>• What percentage of patients are in the department for over 6 hours? (should be none) <ul style="list-style-type: none"> <li>○ Percentage of admissions achieving 4 hour wait target*?</li> <li>○ Percentage of admissions waiting 4-12 hours from decision to admit to admission*?</li> <li>○ Percentage of patients leaving before being seen?</li> </ul> </li> </ul>
---	--	---

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"> <li>• Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?</li> <li>• How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?</li> <li>• Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept?</li> <li>• Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and</li> </ul>	<ul style="list-style-type: none"> <li>• The <a href="#">NHS constitution</a> (<i>where the providers treats NHS funded patients</i>) gives people the right to <ul style="list-style-type: none"> <li>➤ Have complaints dealt with efficiently and be investigated.</li> <li>➤ Know the outcome of the investigation.</li> <li>➤ Take their complaint to an independent Parliamentary and Health Service Ombudsman.</li> </ul> </li> </ul> <p>Receive compensation if they have been harmed.</p>	
---	---	--

<p>concerns are dealt with?</p> <ul style="list-style-type: none"> <li>How are lessons learned from concerns and complaints, and is action taken as a result to improve the quality of care? Are lessons shared with others?</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">ISCAS: Patient complaints adjudication service for independent healthcare</a> (please note you may need to open this link in a non-IE browser, or search for ISCAS directly)</li> </ul>	
---	--	--

## 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"> <li>Is there a clear vision and a set of values, with quality and safety the top priority?</li> <li>Is there are a robust, realistic strategy for achieving the priorities and delivering good quality care?</li> <li>How have the vision, values and strategy been developed?</li> <li>Do staff know and understand what the vision and values are?</li> <li>Do staff know and understand the strategy</li> </ul>		
---	--	--

and their role in achieving it?		
<ul style="list-style-type: none"> <li>Is progress against delivering the strategy monitored and reviewed?</li> </ul>		

**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"> <li>Is there an effective governance framework to support the delivery of the strategy and good quality care?</li> <li>Are staff clear about their roles and do they understand what they are accountable for?</li> <li>How are working arrangements with partners and third party providers managed?</li> <li>Are the governance framework and management systems regularly reviewed and improved?</li> <li>Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information?</li> <li>Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance?</li> <li>Are there effective arrangements in place to</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NICE QS61 Statement 2</a>: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.</li> <li><a href="#">NICE QS66 Statement 1</a>: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes.</li> <li><a href="#">National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015</a> (where the provider treats NHS funded patients). <ul style="list-style-type: none"> <li>NatSSIPs sets out on page 7, specific responsibilities for those providing NHS funded</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Are roles and responsibilities of the Medical Advisory Committee set out and available?</li> <li>How does the provider make sure those medical practitioners involved in urgent and emergency care in the independent sector, inform their appraiser of this in their annual appraisal and maintain accurate information about their personal performance in line with national guidance on appraisal for doctors?</li> <li>Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?</li> </ul>
---	---	---

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'?

care in respect of members of a trust board, Medical Director or Chief Nurse and local governance or safety lead

- [The Health Care and Associated Professions \(Indemnity Arrangements\) Order 2014](#)
- [Sepsis: recognition, diagnosis and early management](#) (NICE Guideline 51)

- How does the hospital manager ensure that consultant holding practising privileges have an appropriate level of valid professional indemnity insurance in place? . i.e. Arrangements to ensure those staff working under practising privileges hold appropriate indemnity insurance in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014
- How does the hospital manager ensure that consultants who invite external staff (for example their own private nurse) to work with them undergo appropriate checks as required by Schedule 3 of the HSCA Regulated Activity Regulations?
- What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?
- Is there a sepsis lead who oversees the departmental/trust sepsis management?
- Is there evidence of learning from sepsis audits?

Key line of enquiry: **W3**

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

care?		
Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Leadership of service</b>		
<ul style="list-style-type: none"> <li>Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?</li> <li>Do leaders have the capacity, capability, and experience to lead effectively?</li> <li>Do the leaders understand the challenges to good quality care and can they identify the actions needed address them?</li> <li>Are leaders visible and approachable?</li> <li>Do leaders encourage appreciative, supportive relationships among staff?</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015</a> (where the provider treats NHS funded patients).</li> </ul>	<ul style="list-style-type: none"> <li>How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding be educated in good safety practice, as set out in the national standards.</li> </ul>
Report sub-heading: <b>Culture within the service</b>		
<ul style="list-style-type: none"> <li>Do staff feel respected and valued?</li> <li>Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?</li> <li>Is the culture centred on the needs and experience of people who use services?</li> <li>Does the culture encourage candour, openness and honesty?</li> <li>Is there a strong emphasis on promoting the safety and wellbeing of staff?</li> <li>Do staff and teams work collaboratively,</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NMC Openness and honesty when things go wrong: the professional duty of candour</a></li> <li><a href="#">NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</a></li> <li><a href="#">Duty of Candour</a> – CQC guidance</li> <li><a href="#">Committee of Advertising Practice: Healthcare - Overview</a></li> </ul>	<ul style="list-style-type: none"> <li>How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)</li> <li>Is there a system in place to ensure people using the service are provided with a statement that includes terms and conditions of the services being provided to the person and the amount and method of payment of fees?</li> <li>Are the arrangements for advertising</li> </ul>

resolve conflict quickly and constructively and share responsibility to deliver good quality care?		or promotional events in line with advertising legislation and professional guidance?
--	--	---

**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"> <li>• How are people’s views and experiences gathered and acted on to shape and improve the services and culture?</li> <li>• How are people who use services, those close to them and their representatives actively engaged and involved in decision-making?</li> <li>• Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture?</li> <li>• How do leaders prioritise the participation and involvement of people who use services and staff?</li> <li>• Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised?</li> </ul>		
--	--	--

**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**

- 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?
- How is information used proactively to improve care?

- [NHS England. Developing Operational Delivery Networks: The Way Forward:](#)
  - The new commissioning system encourages the development of operational development networks (ODN) focused on co-ordinating patient pathways between providers over a wider area.

- How does the service ensure that links with Operation Delivery Networks are maintained and well managed?