

Inspection framework: Critical Care (Acute and independent healthcare)

Previously the core service frameworks for NHS and independent services were separate documents.

These have now been combined into one document. Where a particular prompt or professional standard only relates to one sector, this is indicated.

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
Definition of critical care	7	Intensive Care Society, Levels of Critical Care for Adult Patients, 2009 now used as reference.
Safe S1 Mandatory training	9	Professional standard added - Skills for Health Statutory/Mandatory Core Skills Training Framework (All healthcare staff)
Safe S1 Safeguarding	10	Professional standards added - Adult Safeguarding: Roles and Competencies for Healthcare Staff (August 2018) & • Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019)
Safe S1 Environment and equipment	12	Professional standard added - HSE Guidance on maintaining portable electrical equipment (2013)

Safe S2	14	Professional standard added – HSIB Transfer of critically ill adults
Assessing and responding to risk	14	Professional standard added - NICE CG179 Pressure ulcers: prevention and management
Safe S2	16	Professional standard added as per GPICS v2 - There should be a supernumerary senior registered nurse to provide a supervisory clinical coordinator role 24/7 in units with more than 6 beds.
Safe S2	17	Professional standards updated as per GPICS v2 The daytime Consultant: Patient ratio should not exceed a range between 1:8 - 1:12 A small number of units that remain staffed overnight by an anaesthetic consultant without daytime ICM sessions, by a necessity dictated by the unit's size and remoteness, must also have a consultant in Intensive Care Medicine available for advice 24/7, either by local agreement or from within the Critical Care Network
Safe S4	21	Professional standard added - ICS standard medication concentrations 2017 v2.2 Professional standard deleted – NMC standards for medicines management
Safe S3	18	Professional standard updated – NICE QS15 statement 3
Safe S5 & S6	22	Professional standard updated as per GPICS v2 - Units must hold regular, structured multi-disciplinary clinical governance meetings, where they discuss unit morbidity and mortality, including all deaths, critical incidents and near misses.'
Incidents		

Effective E1 Evidence based care and treatment	25	Sector specific guidance updated - Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app.
	26	Professional standard updated as per GPICS v2 - All patients should be screened daily for delirium.
Effective E2 Nutrition and hydration	28	Professional standard updated as per GPICS v2 - All patients unable to take oral intake should normally have nutrition support (enteral or parenteral) started within 48 hours to ensure adequate nutrition to facilitate rehabilitation.
	28	Professional standard updated as per GPICS v2 - The critical care dietician or clinician with specialist training or experience ICU lead dietitian will be involved in the assessment, implementation and management of appropriate nutrition support route.
Effective E2 Patient outcomes	29	Professional standard updated as per GPICS v2 - The ICU should participate in a National audit programme for Adult Critical Care.
	30	Professional standard updated as per GPICS v2 - Units must monitor and review the causes for unplanned readmissions with a view to minimising their occurrence
	29	Sector specific guidance updated - For statistics audit outliers, and in line with the National Guidance on the management of audit outliers, does the service investigate why performance was much worse than expected, and make changes to improve care?
	30	Sector specific guidance updated - How do the ICNARC and ICCQUIP audit outcomes compare against National standards?

Effective E3 Competent staff	32	Professional standard updated as per GPICS v2 - Clinical pharmacists providing a service to critical care must have the minimum of Advanced Stage 1 competencies in adult critical care pharmacy.
Effective E4 Multidisciplinary working	34	Professional standard updated as per GPICS v2 - The decision to admit to the critical care unit and the management plan must be discussed with the duty consultant in intensive care medicine
Effective E4 Seven-day services	36 36	Professional standard added – NHS Seven-day services clinical standard Professional standard updated as per GPICS v2 - Consultant Intensivist led multi-disciplinary clinical ward rounds within Intensive Care must occur twice every day (including weekends and national holidays). The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy
Effective E6 Consent, Mental Capacity Act and DOLs	40 40	Professional standard deleted - Link to Brief Guide on DoLS in an ICU. Professional standards added - BMA/RCP Guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent (2018) & BILD Restraint Reduction Network Standards (2019)
Caring C1 Compassionate care	42	Professional standard updated – NICE QS15 statements 1 & 2
Caring C2 Understanding and involvement of patients and those close	44	Professional standard updated – NICE QS15 statements 5 & 6
Responsive R1	46	Professional standard updated – NICE QS15 Statement 4

Meeting people's individual needs		
Responsive R4 Learning from complaints and concerns	49 50	Where the internal complaints process has been exhausted, what arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services Complaint Advisory Services (ISCAS) and if not, does the provider have an alternative arrangement?). This includes NHS Private Patient Units, whose patients do not have access to the PHSO if their care is not NHS funded. Sector specific guidance addition - What arrangements are in place for the independent review of complaints? (e.g. ISCAS, of which membership is voluntary)
Well-led W3 Culture	53	Professional standard added - WRES & IH Providers Statement

Core service: Critical Care

This includes areas where patients receive more intensive monitoring and treatment for life-threatening conditions. These areas are usually described as high dependency units (level 2), intensive care units (level 3) or by the umbrella term, critical care units. Critical care should also include outreach services provided in other areas of a hospital.

. The Intensive Care Society has defined levels of critical care for adult patients ([\(ICS Levels of Critical Care for Adult Patients 2009\)](#)). The critical care core service includes care at levels 2 and 3, including high dependency units. Some trusts provide units for specific conditions such as renal or respiratory failure and spinal injury. The units are included in this core service if they are funded as a high dependency unit and/or are led by a consultant intensivist.

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.

- Intensive Care Unit/Intensive Treatment Unit (cross reference with A&E for referral pathway and children's services for neonatal/paediatric critical care)
- High Dependency Unit
- Any areas providing Level 2 or 3 care (see below)

The table below shows levels of care for patients in hospital (ICS, Levels of Critical Care for Adult Patients, 2009)). Care at levels 0 and 1 are considered to come under the core service of medical care for the purposes of CQC inspections. Care at levels 2 and 3, including high dependency units, are considered to fall under the critical care core service. **Please note that the Faculty of Intensive Care Medicine (FICM) and Intensive Care Society (ICS) as joint authors of *Guidelines for the Provision of Intensive Care Services v2 (GPICS)* have informed us that these standards only apply to those services that are led by a Consultant Intensivist. There are some renal units that identify as a HDU but are not led by an Intensivist and there are no national standards to cover these units. The provider should therefore be asked how local service standards are agreed, implemented and audited. There are also some respiratory and spinal injuries units that cover a spectrum of clinical practice from rehab / weaning units for which GPICS is not necessarily suitable, through to those who are ventilating patients and therefore should be meeting GPICS.**

Level	Description
0	Patients whose needs can be met through normal ward care in an acute hospital.
1	Patients recently discharged from a higher level of care or in need of additional monitoring/clinical interventions, clinical input or advice or requiring critical care outreach service support.
2	Patients: needing pre-operative optimisation needing extended postoperative care stepping down to level 2 care from level 3 receiving single organ support/ basic respiratory support/ basic cardiovascular support/advanced cardiovascular support/renal support/ neurological support/dermatological support
3	Patients receiving advanced respiratory support alone or receiving a minimum of 2 organs supported.

Interviews/focus groups/observations

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

- Clinical director/lead
- Directorate/divisional manager
- Head of Nursing or Head of Clinical Services
- Nursing lead for each ward/unit/area
- Medical Advisory Committee (MAC) representative for critical care
- MAC representative for anaesthesia
- Resident Medical Officer (RMO)

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

- Lead for outreach team/outreach team
- Surgeons and physicians not working within critical care but who interact with the service
- Critical care medical staff and nursing staff
- Critical care multidisciplinary team members, for example:
 - critical care pharmacist
 - critical care physiotherapist
- Resuscitation officer
- Trainee doctors
- Relatives (taking particular account of individual circumstances at the time of inspection).
- Bereavement officer/counsellor
- *PALS representative (interview /discussion carried out should include information about critical care) For NHS trusts only.*
- Resident doctors covering the critical care unit outside standard working hours. (For independent healthcare only.)

Safe

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

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

Key lines of enquiry: S1

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: Mandatory training

Prompts	Professional standard	Sector specific guidance
<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? S1.5 Do staff receive effective training in safety systems, processes and practices? 	<ul style="list-style-type: none"> Sepsis: recognition, diagnosis and early management (NICE Guideline 51) Skills for Health Statutory/Mandatory Core Skills Training Framework (All healthcare staff) 	<ul style="list-style-type: none"> Is there a policy for sepsis management and are staff aware of it? Have staff received annual training on sepsis management; including the use of sepsis screening tools and use of sepsis care bundles? Check statutory and mandatory training records

Report sub-heading: Safeguarding

<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and 	<ul style="list-style-type: none"> Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding. This includes the 2018 position statement on safeguarding children training. 	<ul style="list-style-type: none"> Safeguarding training in mandatory training records. Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)?
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<p>respect? How are these monitored and improved?</p> <ul style="list-style-type: none"> • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. • S1.4 How is safety promoted in recruitment practice, staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices? • S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? 	<ul style="list-style-type: none"> • Adult Safeguarding: Roles and Competencies for Healthcare Staff (August 2018) • Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019) • HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (July 2018) • Multi-agency statutory guidance on female genital mutilation (2016) • DH Female Genital Mutilation and Safeguarding: Guidance for professionals (March 2015) • FGM Mandatory reporting of FGM in healthcare • Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) • CQC cross sector DBS guidance. <p>AMSAT for NHS trusts only</p>	<p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Have staff received training to make them aware of the potential needs of people with: <ul style="list-style-type: none"> • mental health conditions • learning disability • autism • dementia? • If a patient is assessed to be at risk of suicide or self-harm, what arrangements are put in place to enable them to remain safe? • Are staff aware of the Mental Health Act S5(2) doctor's holding power and S5(4) nurse's holding power? Do they know when and how they can be used or do they know how to get urgent advice on this? • Are there policies and procedures in place extra observation or supervision, restraint and, if needed, rapid tranquilisation?
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	<ul style="list-style-type: none"> • MHA 1983 Section 5 (2) the psychiatrist or approved clinician in charge of the patient's treatment for the mental disorder is the preferred person to use holding powers. • Not always restricted to, but includes interventions under the MHA, see MHA Code of Practice. 	
<p>Report sub-heading: Cleanliness, infection control and hygiene</p>		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? 	<ul style="list-style-type: none"> • NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. • NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed. • NICE QS61 Statement 5: People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed. 	<ul style="list-style-type: none"> • Is there a designated area available for the respiratory isolation of people using services? • What are the unit infection rates? <ul style="list-style-type: none"> ➤ C-Difficile ➤ Blood stream infections ➤ MRSA acquisition rate ➤ MSSA and GNBSI (specifically e.coli) ➤ Central Venous Catheter related blood stream infections (CVCBSI) ➤ Ventilator Associated Complications including VAP (Include results from ICNARC Case Mix Program) ICNARC CMP

- [Code of practice on the prevention and control of infections](#)

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

- S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
- S1.9 Do the design, maintenance and use of facilities and premises keep people safe?
- S1.10 Do the maintenance and use of equipment keep people safe?
- S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)

- All equipment must conform to the relevant safety standards and be regularly serviced as set out in the [Guidelines for the Provision of Intensive Care Services V2 \(2019\)](#):
 - Intensive care facilities should comply with national standards ([HBN 04-02](#))
 - All equipment must conform to the relevant safety standards and be regularly serviced
 - All staff must be appropriately trained, competent and familiar with the use of equipment.
- [MHRA guidance on managing medical devices \(2015\)](#)
- [HSE Guidance on maintaining portable electrical equipment \(2013\)](#)

- How does service make sure facilities conform to professional standards?
- Is there a program in place for the routine replacement of capital equipment?

In addition if you are inspecting an independent healthcare service it is also important to ask the following:

- In the case of a High Dependency Unit providing level 2 care, is the unit capable of providing 24hrs of level 3 care prior to a patient being transferred to a more suitable unit?

Key line of enquiry: **S2**

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

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

Prompts	Professional standard	Sector specific guidance
<ul style="list-style-type: none"> S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations? 	<ul style="list-style-type: none"> Guidelines for the Provision of Intensive Care Services v2 (2019) Royal College of Physicians (2012) National Early Warning Score (NEWS) Standardising the assessment of acute-illness severity in the NHS: There must be a hospital wide standardised approach to the detection of the deteriorating patient and a clearly documented escalation response. Admission to Intensive Care should occur within 4 hours of making the decision to admit. NICE QS86 (2015): Falls in older people Sepsis: recognition, diagnosis and early management (NICE Guideline 51) National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015 Brief guide: NatSSIPs and LocSSIPs (CQC internal guidance) 	<ul style="list-style-type: none"> What is the role of the outreach team in mitigating risk? Are they present in hospital at all times (24/7)? If the unit only provides Level 2 support what are the escalation plans for people who suddenly require Level 3 care? How does the provider ensure that appropriate liaison with critical care is available in the event of a patient requiring transfer or input from critical care services? Are all people admitted acutely continually assessed using the National Early Warning System (NEWS)? Is the NEWS competency-based escalation trigger protocol used for all people who use the service? Is there evidence of use of a sepsis care bundle for the management of patients with presumed/confirmed sepsis (i.e. 'Sepsis 6' care bundle) Is there an escalation policy for patients with presumed/confirmed sepsis who require immediate review? Are patients with suspected/confirmed sepsis receiving prompt assessment

	<ul style="list-style-type: none"> • HSIB Transfer of critically ill adults (2019) • NICE CG179 Pressure ulcers: prevention and management <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • NICE QS34 (Self harm) Statement 2 - initial assessments • NICE CG16 (Self harm in over 8s) 	<p>when escalated to multi-professional team? For example: - Critical Outreach Team</p> <ul style="list-style-type: none"> • Is treatment delivered to patients with presumed sepsis within the recommended sepsis pathway timelines? E.g. antibiotics within an hour • How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding and are educated in good safety practice, as set out in the national standards? • 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? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>What arrangements are in place for safe emergency transfer into the NHS if required?</u>
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		<ul style="list-style-type: none"> • <u>What SLAs exists in the event of a deteriorating patient requiring a blue light transfer to an NHS Trust?</u> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Do staff have access to 24/7 mental health liaison (covering the age range of the ward/ clinic) and/or other specialist mental health support if they are concerned about risks associated with a patient’s mental health? • Do staff know how to make an urgent referral to them? • Do they get a timely response? • Are staff provided with a debrief/ other support after involvement in aggressive or violent incidents?
<p>Report sub-heading: Nurse staffing</p>		
<ul style="list-style-type: none"> • S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? 	<ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services v2 (2019): • Level 3 patients require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care 	<ul style="list-style-type: none"> • Is an acuity tool in use for planning staffing requirements? • Last three months Nursing Rota – Planned and Actual. • How do nursing staffing levels compare with the professional standards?

<ul style="list-style-type: none"> • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> • Level 2 patients require a registered nurse/ patient ratio of a minimum 1:2 to deliver direct care • There should be a supernumerary senior registered nurse to provide a supervisory clinical coordinator role 24/7 in units with more than 6 beds. • Units should not utilise greater than 20% of registered nurses from bank/agency on any one shift when they are NOT their own staff. • Where direct care is augmented using non-registered support staff, appropriate training and competence assessment is required. • There should be standardised handover procedures for medical and nursing staff, both for shift handovers and discharge of patients back to parent teams 	<ul style="list-style-type: none"> • There must be a critical care pharmacist for every critical care unit • Is physiotherapy staffing adequate to provide the respiratory management and rehabilitation components of care? • Is there appropriate induction / competency checking for agency staff? • Are non-registered support staff, appropriately trained and their competence assessed?
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Report sub-heading: **Medical staffing**

<ul style="list-style-type: none"> • S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? 	<ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services v2 (2019): • Care must be led by a Consultant in Intensive Care Medicine (fellow/ associate fellow of Faculty of Intensive 	<ul style="list-style-type: none"> • How do medical staffing levels compare with the professional standards? <ul style="list-style-type: none"> ➢ Last three months Consultant rota ➢ Last three months Trainee rota • Do all consultants providing an 'on-call' service to the ICU have Programmed
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<ul style="list-style-type: none"> • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<p>Care Medicine or eligible to become one¹</p> <ul style="list-style-type: none"> • Consultant work patterns should deliver continuity of care • The daytime Consultant: Patient ratio should not exceed a range between 1:8 - 1:12 • A Consultant in Intensive Care Medicine must be immediately available 24/7, be able to attend within 30 mins and must undertake twice daily ward rounds • Consultants participating in a duty rota (including out of hours) must not be responsive for delivering other services such as emergency medicine, acute general medicine and anaesthesia (including obstetric anaesthesia) while covering the unit • A small number of units that remain staffed overnight by an anaesthetic consultant without daytime ICM sessions, by a necessity dictated by the unit's size and remoteness, must 	<p>Activities (PAs) committed to Intensive Care Medicine (ICM)?</p> <ul style="list-style-type: none"> • Is there appropriate induction / competency checking for agency staff? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>Do consultants carry out ward rounds / visit the people twice daily?</u> • <u>Are all admissions discussed with a consultant prior to acceptance?</u> • <u>Are all people reviewed by a consultant within 12 hours of admission?</u> • <u>Are consultants responsible for people on the unit, free from other clinical commitments?</u> • <u>Is a consultant in intensive care medicine available to attend within 30 minutes – 24/7?</u>
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¹ As per the note on page 1 / 2 – whilst there are renal units that might identify as being a HDU, the GPICS only apply where the unit is led by a Consultant Intensivist. There are no national standards for those where this does not apply – the provider should therefore be asked how local service standards are agreed, implemented and audited. There are also some respiratory and spinal injuries units that cover a spectrum of clinical practice from rehab / weaning units for which GPICS is not necessarily suitable, through to those who are ventilating patients and therefore should be meeting GPICS.

	<p>also have a consultant in Intensive Care Medicine available for advice 24/7, either by local agreement or from within the Critical Care Network</p> <ul style="list-style-type: none"> • There must be immediate access to a practitioner who is skilled with advanced airway techniques • An ICU resident may be a medical trainee, Specialty and associate specialist (SAS) doctor or Advanced Critical Care Practitioner. It is not appropriate for a Foundation Year doctor to be left as the sole resident doctor on an ICU 	<ul style="list-style-type: none"> • <u>Are ICU residents of minimum seniority (medical trainee / SAS doctor / advanced critical care practitioner)</u> • <u>Is there immediate access to a practitioner with advanced airway techniques?</u>
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Key line of enquiry: S3

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Records		
<ul style="list-style-type: none"> • S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? • S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) 	<ul style="list-style-type: none"> • Records management code of practice for health and social care • NICE QS15 Statement 3: Information exchange • There must be documentation in the patient record of the time and decision to admit to Intensive Care (NICE CG50: Acutely Ill Adults in Hospital: 	<ul style="list-style-type: none"> • Are specific critical care assessment proformas in use? • Is there evidence of use of a formal handover document for people being stepped down from the critical care unit? • When people are prescribed an antimicrobial do they have the clinical indication, dose and duration of

<ul style="list-style-type: none"> • S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? • S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.) 	<p>Recognition and response to acute illness in adults in hospital</p> <ul style="list-style-type: none"> • Transfer from Critical Care to a ward must be formalised and satisfy the requirements of NICE CG50. • NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record 	<p>treatment documented in their clinical record?</p> <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>How does the service ensure that consultant's records and the patient clinical record are integrated into the hospital record for the patient?</u> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • When appropriate, do records contain details of patients' <ul style="list-style-type: none"> ○ mental health needs ○ learning disability needs ○ autism needs ○ dementia needs alongside their physical health needs? • Are staff confident the records will tell them if a patient has one of these underlying diagnoses? • Does step-up and step-down documentation include information about patients' mental health needs or emotional wellbeing? • What systems are in place to identify patients with pre-existing <ul style="list-style-type: none"> ○ mental health conditions
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		<ul style="list-style-type: none"> ○ learning disability ○ autism diagnosis ○ dementia? <ul style="list-style-type: none"> ● If a patient has been seen by a member of the mental health liaison team, is their mental health assessment, care plan and risk assessment accessible to staff on the ward/ clinic? ● Does the staff team have advice from mental health liaison about what to do if the patient attempts to discharge themselves, refuses treatment or other contingencies? ● When relevant, do staff have access to patient-specific information, such as care programme approach (CPA) care plans, positive behaviour support plans, health passports, communication aids? Do they use or refer to them?
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Key line of enquiry: **S4**

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts

Professional standard

Sector specific guidance

Report sub-heading: **Medicines**

- S4.1 How are medicines and medicines related stationery managed (that is, ordered,

- Are allergies clearly documented in the prescribing document used?

transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)

- S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?
- S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?
- S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?
- S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care?
- S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?
- S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?
- S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

- [NICE QS61 Statement 1](#): People are prescribed antibiotics in accordance with local antibiotic formularies.

- [NICE QS121 Statement 4](#): People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available

- [ICS standard medication concentrations 2017 v2.2](#)

- [Start Smart then Focus: Antimicrobial Stewardship Toolkit](#)

AMSAT for NHS trusts only

- [NICE CG52](#) Drug misuse in over 16s: opioid detoxification

- [NICE CG100](#) Alcohol-use disorders: diagnosis and management of physical complications

- Are nursing staff aware of policies on administration of controlled drugs?
- Are local microbiology protocols for the administration of antibiotics in use?
- When people are prescribed an antimicrobial do they have a microbiological sample taken and is their treatment reviewed when results are available?

In addition if you are inspecting an independent healthcare service it is also important to ask the following:

What SLAs exist (if required) for the provision of pharmacy support?

AMSAT for NHS trusts only

- When someone dependent on alcohol or illegal drugs is admitted, are they offered medicines to assist their withdrawal and associated side-effects?

Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Incidents		
<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)? • S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? • S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations? • S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong? • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? 	<ul style="list-style-type: none"> • A never event is a <i>serious incident that is wholly preventable</i> as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The <i>event has the 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. • Presence of adverse incident reporting system and evidence of associated action planning (Clinical Reference Group 2014 Adult Critical Care Specification D16 – Consultation document) • Units must hold regular, structured multi-disciplinary clinical governance meetings, where they discuss unit 	<ul style="list-style-type: none"> • Copy of the last three ‘Never Events’. • Copy of the last three Serious Incidents in critical care. • Copy of the last three Root Cause Analyses and subsequent action plans. • Last three months morbidity and mortality meeting minutes. • Evidence of dissemination of learning within staff from incidents. <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>Do mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt?</u> • <u>Is there evidence in incident investigations that duty of candour has been applied?</u>

<ul style="list-style-type: none"> • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? 	<p>mortality and morbidity, including all deaths, critical incidents and near misses. (Guidelines for the Provision of Intensive Care Services v2 (2019))</p> <ul style="list-style-type: none"> • (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents. • Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. 	
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Report sub-heading: **Safety Thermometer**

<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well is safety monitored using information from a range of sources (including performance against safety goals where appropriate)? 	<ul style="list-style-type: none"> • NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding. • Safety Thermometer 	<ul style="list-style-type: none"> • Safety Thermometer: Is data being collected on: <ul style="list-style-type: none"> ○ Pressure Ulcers ○ Falls ○ Catheter associated UTI ○ Venous thromboembolism <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p>
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		<ul style="list-style-type: none">• <u>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 Safety Thermometer):</u><ul style="list-style-type: none">➤ <u>Pressure Ulcers</u>➤ <u>Falls</u>➤ <u>Catheter associated UTI</u>➤ <u>Venous thromboembolism</u>
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Effective

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

Key line of enquiry: E1

E1. Does people’s care, treatment and support achieves good outcomes, promote a good quality of life and is based on the best available evidence.

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Evidence-based care and treatment		
<ul style="list-style-type: none"> E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence? 	<ul style="list-style-type: none"> NICE QS66 Statement 2: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience. (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance. Adherence to NICE Guidelines <ul style="list-style-type: none"> ➤ CG50 Acutely ill patients in hospital 	<ul style="list-style-type: none"> How does the service ensure that Intensive Care Society standards and policies are reviewed and implemented? How does the service ensure adherence to local best practice guidelines? <p>Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app.</p> <ul style="list-style-type: none"> In assessing whether NICE guidance is followed, take the following into account:

<ul style="list-style-type: none"> • E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? 	<ul style="list-style-type: none"> ➢ CG83 Rehabilitation after critical illness ➢ NICE QS90 (2015) UTI in adults • Guidelines for the Provision of Intensive Care Services v2 (2019): <ul style="list-style-type: none"> ➢ All patients should be screened daily for delirium. • Sepsis: recognition, diagnosis and early management (NICE Guideline 51) • NICE QS121 Statement 6: Prescribers in secondary and dental care use electronic prescribing systems that link indication with the antimicrobial prescription <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Assessing mental health in acute trusts – guidance for inspectors • Use of the Lester tool supports the recommendations in NICE CG 178 Psychosis and schizophrenia in adults: prevention and management and NICE CG 155 Psychosis and schizophrenia in children and young people: recognition and management 	<ul style="list-style-type: none"> ➢ Details of the provider's Clinical Audit programme to support and monitor implementation of NICE guidance ➢ Details of additional prescribing audits that may be completed by junior doctors on rotation. ➢ Utilisation of NICE implementation support tools such as the baseline assessment tools. ➢ A Provider submission demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements. ➢ Participation in National benchmarking clinical audits ➢ Is sepsis screening and management done effectively, in line with National guidance (i.e., NICE guidance; UK Sepsis Trust) ➢ Do prescribers in secondary care use electronic prescribing systems which link the indication with the antimicrobial prescription? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • How does the service ensure compliance with acute respiratory distress syndrome (ARDS) net
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	<ul style="list-style-type: none"> • NICE NG10 - Violence and aggression: short-term management in mental health, health and community settings • NICE CG42 - Dementia: supporting people with dementia and their carers in health and social care • NICE CG90 - Depression in adults: recognition and management • NICE CG91 - Depression in adults with a chronic physical health problem: recognition and management 	<p><u>ventilation protocol?</u></p> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Do staff follow best practice for assessing and monitoring the physical health of people with severe mental illness? For example do they undertake appropriate health screening for example cardiometabolic screening and falls risk assessment? • Are relevant staff able to deal with any violence and aggression in an appropriate way? • Do staff handovers routinely refer to the psychological and emotional needs of patients, as well as their relatives / carers? • Do older people who may be frail or vulnerable receive (or get referred for) a comprehensive assessment of their physical, mental and social needs as a result of their contact with the service? • Are patients who are suspected to be experiencing depression referred for a mental health assessment? • Do mental health specialists play a full role in follow up care of critical care patients?
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Report sub-heading: Nutrition and hydration		
<ul style="list-style-type: none"> E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this? 	<ul style="list-style-type: none"> Guidelines for the Provision of Intensive Care Services v2 (2019): <ul style="list-style-type: none"> All patients unable to take oral intake should normally have nutrition support (enteral or parenteral) started within 48 hours, to ensure adequate nutrition to facilitate rehabilitation. The critical care dietician or clinician with specialist training or experience will be involved in the assessment, implementation and management of appropriate nutrition support route. 	<ul style="list-style-type: none"> What arrangements are in place for dietitian support? <ul style="list-style-type: none"> ➤ Is there a designated dietitian assigned to the unit? ➤ Is there a referral policy and evidence of review?
Report sub-heading: Pain relief		
<ul style="list-style-type: none"> E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating? 	<ul style="list-style-type: none"> Core Standards for Pain Management Services in the UK Faculty of Pain Medicine, 2015) in particular: <ul style="list-style-type: none"> ➤ 6.4 Standard 1 - Acute pain management must be supervised by consultants and specialist nurses with appropriate training and competencies. ➤ 6.4 Standard 2 - All patients with acute pain must have an individualised analgesic plan 	<ul style="list-style-type: none"> How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015)? Do staff use an appropriate tool to help assess the level of pain in patients who are non-verbal? For example, DisDAT (Disability Distress Assessment Tool) helps to identify the source of distress, e.g. pain, in people with severe communication difficulties. GMC

	<p>appropriate to their clinical condition that is effective, safe and flexible.</p> <ul style="list-style-type: none"> ➤ 6.4 Standard 3 - All in-patients 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. ➤ 6.4 Standard 5 - Patients with complex pain must be referred to the APS and reviewed in a timely fashion. 	<p>recommended. Abbey Pain Scale for people with dementia.</p>
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Key line of enquiry: E2

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

Prompts	Professional standard	Sector specific guidance
Report sub heading: Patient outcomes		
<ul style="list-style-type: none"> • E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? • E2.2 Does this information show that the intended outcomes for people are being achieved? 	<ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services v2 (2019): • The ICU should participate in a National audit programme for Adult Critical Care. • Presence of an Audit Calendar which is regularly updated and acted upon. 	<ul style="list-style-type: none"> • Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit? <ul style="list-style-type: none"> - Are there audits that the service does not contribute to? - <p>For statistics audit outliers, and in line with the National Guidance on the management of audit outliers, does the service investigate why performance was much</p>

<ul style="list-style-type: none"> • E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time? • E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes? 	<ul style="list-style-type: none"> • Units must monitor and review the causes for unplanned readmissions with a view to minimising their occurrence Sepsis: recognition, diagnosis and early management (NICE Guideline 51) 	<p>worse than expected, and make changes to improve care?</p> <ul style="list-style-type: none"> • • Is the service regularly reviewing the effectiveness of sepsis management through local and national audit? • How do the ICNARC and ICCCQIP audit outcomes compare against National standards? • How does the service's performance compare to National performance? (i.e. in the National CQuIN) • Does the service hold regular audit meetings to review performance in regards to sepsis management and patient outcomes? • Where issues have arisen in regards to sepsis management and patient outcomes has there been evidence of quality improvement? • Where issues have arisen in regards to sepsis management and patient outcomes have staff been given appropriate support and training? • What are their outcomes compared with benchmarks?
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		<ul style="list-style-type: none"> • Is there evidence of action plans being created to address deviations from national targets? • Do they have regular audit meetings to learn/ feedback? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>Are transfers to acute NHS hospitals or other independent critical care facilities audited?</u> • <u>Are resuscitation events and outcomes audited?</u>
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Key line of enquiry: **E3**

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub heading: Competent staff		
<ul style="list-style-type: none"> • E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to 	<ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services v2 (2019): • All staff must be appropriately trained, competent and familiar with the use of equipment 	<ul style="list-style-type: none"> • Are professional or national standards for intensive care nursing and medical staffing met as outlines in the professional standards?

<p>cover the scope of their work and is there protected time for this training?</p> <ul style="list-style-type: none"> • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake? 	<ul style="list-style-type: none"> • All nursing staff appointed to Critical Care will be allocated a period of supernumerary practice • A minimum of 50% of registered nursing staff will be in possession of a post registration award in Critical Care Nursing • Each Critical Care Unit will have a dedicated Clinical Nurse Educator responsible for coordinating the education, training and CPD framework for critical care nursing staff and pre-registration student allocation • Clinical pharmacists providing a service to critical care must have the minimum of Advanced Stage 1 competencies in adult critical care pharmacy. • NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level. • Start Smart then Focus: Antimicrobial Stewardship Toolkit 	<ul style="list-style-type: none"> • Are there sufficient pharmacy technical staff to provide supporting roles? • Do clinical pharmacists who provide a service to critical care areas and have the minimum competencies (Foundation Level) have access to a more senior specialist critical care pharmacist (for advice and referrals)? • Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber level? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>How does the service ensure critical care nurses are maintaining their skills?</u> • <u>Have all medical practitioners who oversee care of people in the critical care unit (i.e. the RMO) acquired Step 1 competences, or an equivalent level of training?</u> • <u>Have all medical staff in charge of patient care in the critical care unit/ acquired Step 2 competences, a CCT in ICM, or an equivalent?</u>
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AMSAT for NHS trusts only

- [NICE NG11](#) - Challenging behaviour and learning disabilities prevention and interventions for people with learning disabilities whose behaviour challenges

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

Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty?

[IHAS/NHS Employers: Guidance for employers on sharing information about a healthcare worker where a risk to public or patient safety has been identified July 2013](#)

AMSAT for NHS trusts only

- Do staff have the skills, knowledge and experience to identify and manage issues arising from patients'
 - mental health conditions
 - learning disability
 - autism
 - dementia?
- Does the psychiatric liaison or similar team have members with the skills,

		<p>knowledge and experience to work with patients with</p> <ul style="list-style-type: none"> ○ learning disabilities ○ autism ○ dementia diagnoses? <ul style="list-style-type: none"> ● Do staff have the skills to sensitively manage any difficult behaviours that patients may display?
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Key line of enquiry: E4

E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Multidisciplinary working		
<ul style="list-style-type: none"> ● E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? ● E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? ● E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? 	<ul style="list-style-type: none"> ● PHSO: A report of investigations into unsafe discharge from hospital ● Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NICE guideline 27) ● Guidelines for the Provision of Intensive Care Services v2 (2019): <p>The decision to admit to the critical care unit and the management plan</p>	<ul style="list-style-type: none"> ● Are there clear criteria for people who would and would not benefit from admission to the critical care unit? How well is this communicated to other specialities? ● Is there a discharge protocol (nursing/ medical/ joint) ● What is the handover procedure for teams within critical care and when people are discharged to the wards?

<ul style="list-style-type: none"> E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? 	<p>must be discussed with the duty consultant in intensive care medicine</p> <ul style="list-style-type: none"> The critical care team should have a Physiotherapist of adequate experience and seniority who can help contribute/construct a suitable weaning plan for complex patients, or long stay patients, in conjunction with the wider multi- professional team¹ <p>NICE CG83: Rehabilitation after critical illness:</p> <ul style="list-style-type: none"> During the patient's critical care stay and as early as clinically possible, perform a short clinical assessment to determine the patient's risk of developing physical and non-physical morbidity <p>NHS Seven Day Services Clinical Standards (September 2017) For independent healthcare only</p> <ul style="list-style-type: none"> The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients PHSO: A report of investigations into unsafe discharge from hospital 	<ul style="list-style-type: none"> Are all people using services reviewed by the outreach team on discharge? Is there evidence of multi-disciplinary/ interagency working when required? If not, how do staff ensure safe discharge arrangements for people with complex needs? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> <u>What percentage of people are discharged out of hours?</u> <u>How does the service work with other health and social care providers to meet the needs of people using services, for example:</u> <ul style="list-style-type: none"> ➤ <u>Working with other services / teams when planning the transfer of people using services to wards following critical care.</u> ➤ <u>Is there a designated physiotherapist, pharmacist and dietician for every critical care unit?</u> <u>How does the service ensure that the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians</u>
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		<p><u>and Informed Patients has been implemented?</u></p> <ul style="list-style-type: none"> • <u>Are all team members aware of who has overall responsibility for each individual's care?</u> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Are there established links with <ul style="list-style-type: none"> ○ mental health services ○ learning disability ○ autism ○ dementia services?
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Report sub-heading: **Seven-day services**

<ul style="list-style-type: none"> • E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored? 	<ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services v2 (2019): • Consultant Intensivist led multi-disciplinary clinical ward rounds within Intensive Care must occur twice every day (including weekends and national holidays). The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy • NHS Services, Seven Days a Week, Priority Clinical Standard 2 <i>Time to first consultant review</i> <ul style="list-style-type: none"> ○ All emergency admissions must be seen and have a 	<ul style="list-style-type: none"> • What consultant cover is there at the weekend? • What cover is there for Physiotherapy / OT input at the weekend? • Is there a minimum of five days a week cover from the pharmacist? • Does the provider meet NHS England's seven-day services priority standards around <ul style="list-style-type: none"> ➤ Time to First Consultant Review? ➤ Diagnostics ➤ Intervention / key services
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thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital

- [NHS Services, Seven Days a Week, Priority Clinical Standard 5](#)
Diagnostics
 - 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:
 - Within 1 hour for critical patients
 - Within 12 hours for urgent patients
 - Within 24 hours for non-urgent patients

- [NHS Services, Seven Days a Week, Priority Clinical Standard 6](#)
Intervention / key services
 - Hospital inpatients must have timely 24-hour access, seven days a week, to consultant-directed interventions that meet

➤ Ongoing review

the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:

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

- [NHS Services, Seven Days a Week, Priority Clinical Standard 8](#)

Ongoing review

- All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks.
- Once transferred from an acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the

patient's care pathway.

Key line of enquiry: E5

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?

Prompts

Professional standard

Sector specific guidance

Report sub-heading: **Health promotion**

- E5.1 Are people identified who may need extra support? This includes:
 - people in the last 12 months of their lives
 - people at risk of developing a long-term condition
 - carers
- E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary
- E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?
- E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?
- E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug

and alcohol dependency, dementia and cancer.)

Key line of enquiry: **E6**

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

Prompts

Professional standard

Sector specific guidance

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

- E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?
- E6.2 How are people supported to make decisions in line with relevant legislation and guidance?
- E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?
- E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?
- E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?
- E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint

- [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](#)
- [BMA/RCP Guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent \(2018\)](#)
- [BILD Restraint Reduction Network Standards \(2019\)](#)

- Does the unit have a sedation policy? How is its use reviewed?

In addition if you are inspecting an independent healthcare service it is also important to ask the following:

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

AMSAT for NHS trusts only

- Are any patients detained under the Mental Health Act? If so, are staff aware there are additional steps to consider if the patient does not consent to treatment? Do they know where to get advice on this?

<p>may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan?</p> <ul style="list-style-type: none">• E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?	<p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none">• MHA Code of Practice (including children and young people - chapter 19)	
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Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Key line of enquiry: C1, C2 & C3

C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Compassionate care		
<ul style="list-style-type: none"> • C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? • C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? • C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? 	<ul style="list-style-type: none"> • NICE QS15 Statement 1: Empathy dignity and respect • NICE QS15 Statement 2: Contacts for ongoing care 	<ul style="list-style-type: none"> • Do staff members display understanding and a non-judgemental attitude towards (or when talking about) patients who have <ul style="list-style-type: none"> ○ mental health (including autism), ○ learning disability, ○ dementia diagnoses? • How do staff respond to patients who might be <ul style="list-style-type: none"> ○ frightened ○ confused ○ phobic about medical procedures or any aspect of their care?

<ul style="list-style-type: none"> • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people’s privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? 		
<p>Report sub-heading: Emotional support</p>		
<ul style="list-style-type: none"> • C1.5 Do staff understand the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? 		<ul style="list-style-type: none"> • Are patients (and their families) who receive life-changing diagnoses given appropriate emotional support, including help to access further support services? <p>(Life-changing conditions include, but are not limited to, terminal illness, bariatric surgery or HIV. Menopause can also impact on women’s emotional health)</p> <ul style="list-style-type: none"> • If a patient becomes distressed in an open environment, how do staff assist them to maintain their privacy and dignity?
<p>Report sub-heading: Understanding and involvement of patients and those close to them</p>		

- C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given?
- C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary?
- C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?
- C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?
- C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?
- C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?
- C3.3 How are people assured that information about them is treated

- [NICE QS15 Statement 5: Preferences for sharing information](#)

- [NICE QS15 Statement 6: Decision-making](#)

For NHS trusts only

- [GMC Guidance and resources for people with communication difficulties](#)

- How do staff manage approaching relatives for organ donations when treatment is being withdrawn?
- Do staff have access to communication aids to help patients become partners in their care and treatment? For example, is there evidence that they use the patient's own preferred methods or are easy read materials available (and used)?

In addition if you are inspecting an independent healthcare service it is also important to ask the following:

- 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?

confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?		
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Responsive

By responsive, we mean that services meet people’s needs

Key line of enquiry: **R1 & R2**

R1. How do people receive personalised care that is responsive to their needs?
R2. Do services take account of the particular needs and choices of different people?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Service delivery to meet the needs of local people		
<ul style="list-style-type: none"> R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? R1.2 Where people’s needs and choices are not being met, is this identified and used to inform how services are improved and developed? R1.3 Are the facilities and premises appropriate for the services that are delivered? 	<p>Guidelines for the Provision of Intensive Care Services v2 (2019):</p> <ul style="list-style-type: none"> Patients discharged from ICU should have access to an ICU follow-up clinic Level 3 units should have access to a Regional Home Ventilation and weaning unit. Butterfly scheme (other schemes exist) 	<ul style="list-style-type: none"> How does the service work with other health and social care providers to meet the needs of people using services? Arrangements should be in place to collaboratively manage patients with weaning difficulties and failure, including the transfer of some patients with complex weaning problems to the regional centre.

	<p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Change can disorientate people with these conditions, and sometimes triggers behaviour that challenges, for example: <ul style="list-style-type: none"> ○ NICE CG142 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum 	<ul style="list-style-type: none"> • What arrangements are in place for relatives to stay over / nearby? • What arrangements are in place for food and drink provision for relatives (including out of hours)? <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Are there any systems or staff members in place to aid the delivery of care to patients in need of additional support? For example dementia champions or dementia symbols above bed or Learning Disability link nurses or stickers on paper records. • Are the needs of patients with <ul style="list-style-type: none"> ○ mental health conditions ○ learning disability ○ autism ○ dementia routinely considered when any changes are made to the service? For example, through use of an impact assessment.
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Report sub-heading: Meeting people's individual needs

<ul style="list-style-type: none"> • R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss? How does it record, highlight and share this 	<ul style="list-style-type: none"> • NICE QS15 Statement 4: Individualised care • Accessible Information Standard 	<ul style="list-style-type: none"> • What are the arrangements in place for ensuring: <ul style="list-style-type: none"> ➢ Translation services ➢ Psychiatric support ➢ Support for people with learning disabilities
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<p>information with others when required, and gain people's consent to do so?</p> <ul style="list-style-type: none"> • R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances? • R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?² • R2.3 How are people, supported during referral, transfer between services and discharge? • R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? • R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions? 	<ul style="list-style-type: none"> • NICE NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs. Of particular relevance to Looked After Children and Young People – see NICE QS31 • Dementia Charter 	<ul style="list-style-type: none"> • Does the provider comply with the Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>How does the service ensure appropriate action is taken if people using the service become delirious during their admission?</u> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • If people with <ul style="list-style-type: none"> ○ a mental health condition ○ learning disability ○ autism ○ dementia need extra support or supervision on the ward or in the clinic is this available? • Are appropriate discharge arrangements in place for people with complex health and social care needs? This may mean taking account of chaotic lifestyles.
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². For example, people living with dementia or people with a learning disability or autism.

		<ul style="list-style-type: none"> When appropriate do Community Mental Health Teams (CMHTs), Community Learning Disabilities Teams (CLDTs), Child and Adolescent Mental Health Teams (CAMHS) or similar, get copied into discharge correspondence?
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Key line of enquiry: **R3**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Access and flow		
<ul style="list-style-type: none"> R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? R3.2 Can people access care and treatment at a time to suit them? R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? R3.4 Do people with the most urgent needs have their care and treatment prioritised? R3.5 Are appointment systems easy to use and do they support people to access appointments? 	<p>Guidelines for the Provision of Intensive Care Services v2 (2019):</p> <ul style="list-style-type: none"> Patients should be reviewed in person by a Consultant in Intensive Care Medicine within 12 hours of admission to Intensive Care. Patients should not be transferred to other Intensive Care Units for non-clinical reasons. Transfer from critical care areas to the general ward between 22.00 and 07.00 should be avoided whenever 	<ul style="list-style-type: none"> How does the service manage booked beds for post-elective level 2 & 3 care? How does the service make sure critical care does not impact on elective care? Number of delayed discharges (discharges after 4 hours post decision to discharge). Are people 'nursed' in recovery whilst awaiting a critical care bed?

<ul style="list-style-type: none"> • R3.6 Are appointments, care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? 	<p>possible and should be documented as an adverse incident if it occurs.</p>	<p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>What percentage of people are admitted within 4 hours of decision to admit?</u> <p>For NHS trusts only</p> <ul style="list-style-type: none"> • Are people with urgent mental health needs seen within one hour of referral by an appropriate mental health clinician and assessed in a timely manner?
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Key line of enquiry: **R4**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Learning from complaints and concerns		
<ul style="list-style-type: none"> • R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up? 	<ul style="list-style-type: none"> • The NHS constitution (<i>where the providers treats NHS funded patients</i>) 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. 	<ul style="list-style-type: none"> • How many complaints have been referred to the Parliamentary and Health Service Ombudsman? (<i>Note care will need to have been NHS funded.</i>) • Where the internal complaints process has been exhausted, what

<ul style="list-style-type: none"> • R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures, if they need to make a complaint? • R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? • R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 	<ul style="list-style-type: none"> ➤ Take their complaint to an independent Parliamentary and Health Service Ombudsman. ➤ Receive compensation if they have been harmed. <p>For independent healthcare services and private patients only</p> <ul style="list-style-type: none"> • ISCAS: Patient complaints adjudication service for independent healthcare (please note you may need to open this link in a non-IE browser, or search for ISCAS directly) 	<p>arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services Complaint Advisory Services (ISCAS) and if not, does the provider have an alternative arrangement?). This includes NHS Private Patient Units, whose patients do not have access to the PHSO if their care is not NHS funded.</p> <ul style="list-style-type: none"> • What arrangements are in place for the independent review of complaints? (e.g. ISCAS, of which membership is voluntary) <p>For independent healthcare services and private patients only</p> <ul style="list-style-type: none"> • What arrangements are in place for the independent review of complaints (e.g. ISCAS, of which membership is voluntary)
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Well-led

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

Key line of enquiry: W1

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Leadership		
<ul style="list-style-type: none"> W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? W1.3 Are leaders visible and approachable? W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning? 	<p>Guidelines for the Provision of Intensive Care Services v2 (2019):</p> <ul style="list-style-type: none"> ➤ There must be a designated Clinical Director and /or Lead Consultant for Intensive Care ➤ Each designated Critical Care Unit will have an identified Lead Nurse who is formally recognised with overall responsibility for the nursing elements of the service e.g. Band 8a Matron ➤ There will be a supernumerary clinical coordinator (sister/ charge nurse bands 6/7) on duty 24/7 in critical care units. Units with <6 beds may consider having a supernumerary clinical coordinator to cover peak activity periods, i.e. early shifts 	<p>If you are inspecting an independent healthcare service it is important to ask the following:</p> <ul style="list-style-type: none"> • <u>What are the leadership arrangements in place for the critical care services?</u> • <u>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.</u> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Who has the lead for mental health within the service / department? Do they have appropriate expertise in this

	<ul style="list-style-type: none"> ➤ Units with greater than 10 beds will require additional supernumerary (not rostered to deliver direct patient care) RGN cover over and above the clinical coordinator • Fit and Proper Persons Guidance 	area or are they supported by someone who does?
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Key line of enquiry: **W2**

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

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

<ul style="list-style-type: none"> • W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, 		<p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • If the trust has a vision and strategy specific to, or inclusive of, mental health, who in the service knows about this? What is the service's contribution to achieving it?
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<p>and how have services been planned to meet the needs of the relevant population?</p> <ul style="list-style-type: none"> W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? 		
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Key line of enquiry: **W3**

W3. Is there a culture of high-quality, sustainable care?

Generic prompts	Professional Standard	Sector specific guidance
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Report sub-heading: **Culture**

<ul style="list-style-type: none"> W3.1 Do staff feel supported, respected and valued? W3.2 Is the culture centred on the needs and experience of people who use services? W3.3 Do staff feel positive and proud to work in the organisation? W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning 	<ul style="list-style-type: none"> NMC Openness and honesty when things go wrong: the professional duty of candour NRLS - Being Open Communicating patient safety incidents with patients, their families and carers Duty of Candour – CQC guidance Eight high impact actions to improve the working environment for junior doctors <p>For independent healthcare only</p> <ul style="list-style-type: none"> Committee of Advertising Practice: Healthcare - Overview 	<ul style="list-style-type: none"> What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits. <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> <u>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</u>
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<p>and action taken as a result of concerns raised?</p> <ul style="list-style-type: none"> • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • W3.7 Is there a strong emphasis on the safety and well-being of staff? • W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? 	<ul style="list-style-type: none"> • WRES & IH Providers Statement 	<p><u>and method of payment of fees.</u></p> <ul style="list-style-type: none"> • <u>Are arrangements for advertising or promotional events in accordance with advertising legislation and professional guidance?</u> <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • How much prominence is given to patients' mental health and emotional wellbeing in day to day activity within the service, e.g. handovers, record keeping, care and treatment plans?
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Key line of enquiry: **W4**

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Governance		
<ul style="list-style-type: none"> • W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? 	<ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services v2 (2019) • NICE NG51 Sepsis: recognition, diagnosis and early management. 	<ul style="list-style-type: none"> • How does the service ensure that critical care including outreach services are managed in accordance with the principles in the Guidelines for the Provision of Intensive Care Services (2015)?

<ul style="list-style-type: none"> • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? 	<p>For independent healthcare only</p> <ul style="list-style-type: none"> • The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 	<ul style="list-style-type: none"> • 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? <p>In addition if you are inspecting an independent healthcare service it is also important to ask the following:</p> <ul style="list-style-type: none"> • <u>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?</u> • <u>Is there an identifiable Clinical Director and / or lead for critical care?</u> • <u>Is there an identifiable Nurse lead for critical care?</u> • <u>Is there an identifiable supernumerary clinical coordinator on every shift?</u> • <u>Are there working arrangements with insurance providers in place to enable insured treatment and care to be authorised in a timely manner?</u>
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		<ul style="list-style-type: none">• <u>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</u>• <u>Does the provider make information about all costs and payment of fees available at the earliest opportunity and in any case prior to booking or admission or consent or any other type of commitment being made by the person paying for the service?</u>• <u>How does the provider make sure those medical practitioners involved in providing critical 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?</u>• <u>Are roles and responsibilities of the Medical Advisory Committee set out and available?</u>
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		<ul style="list-style-type: none"> • <u>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?</u>
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Key line of enquiry: **W5**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Management of risks, issues and performance		
<ul style="list-style-type: none"> • W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there 	<ul style="list-style-type: none"> • NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. • NICE QS66 Statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, audit and review of IV fluid prescribing, and patient outcomes. • NICE NG51 Sepsis: recognition, diagnosis and early management. 	<ul style="list-style-type: none"> • How is performance in regards sepsis management and patient outcomes fed back to the trust board? • Is there effective trust board oversight of performance regarding antimicrobial prescribing and stewardship? What action is taken when issues are identified? <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Does the service participate in any audits that are related to (or refer) to mental health and emotional wellbeing? Have there been any relevant actions arising from audits?

<p>alignment between the recorded risks and what staff say is 'on their worry list'?</p> <ul style="list-style-type: none"> W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care? 	<ul style="list-style-type: none"> NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level. 	<ul style="list-style-type: none"> Are relevant senior staff members aware of any risks or issues related to mental health and emotional wellbeing in relation to their ward? If so, where have these been recorded and what action has been taken? What support is available for non-mental health staff who are not competent or confident in working with people's mental health or emotional needs?
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Key line of enquiry: **W6**

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Information management		
<ul style="list-style-type: none"> W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? 	<ul style="list-style-type: none"> NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. NICE QS66 Statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, audit and 	<p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> Are any senior staff members required to regularly report on any aspect of patients' mental health or emotional wellbeing? Are there any systems that help or hinder access to up-to-date information about patients' mental health?

<ul style="list-style-type: none"> • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • W6.5 Are information technology systems used effectively to monitor and improve the quality of care? • W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches? 	<p>review of IV fluid prescribing, and patient outcomes.</p> <ul style="list-style-type: none"> • NICE NG51 Sepsis: recognition, diagnosis and early management. • Guidelines for the Provision of Intensive Care Services v2 (2019) • NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level. 	
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Key line of enquiry: **W7**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Engagement		
<ul style="list-style-type: none"> • W7.1 Are people's views and experiences gathered and acted on to shape and improve 		AMSAT for NHS trusts only

<p>the services and culture? Does this include people in a range of equality groups?</p> <ul style="list-style-type: none"> • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic? • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? 		<ul style="list-style-type: none"> • Does the service know what patients and carers think about the support they receive for their mental health or emotional wellbeing? If they do know, have they had to take any action in response? • Does the ward / clinic leadership team understand how their staff feel about delivering or coordinating care that meets both the physical and mental health needs of patients? • Have they involved any external organisations to help them improve or sustain the care provided to patients with mental health or emotional wellbeing issues?
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Key line of enquiry: W8

W8. Are there robust systems and processes for learning, continuous improvement and innovation?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Learning, continuous improvement and innovation		
<ul style="list-style-type: none"> • W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? 	<p>NHS England. Developing Operational Delivery Networks: The Way Forward:</p> <p>The new commissioning system encourages the development of operational development networks (ODN) focused on co-ordinating</p>	<ul style="list-style-type: none"> • How has the service considered and implemented the Association of Anaesthetists of Great Britain and Ireland guidelines on immediate post-anaesthesia recovery (2013)?

<ul style="list-style-type: none"> • W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? • W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? • W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? • W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work? 	<p>patient pathways between providers over a wider area.</p>	<ul style="list-style-type: none"> • How does the service ensure that links with Operation Delivery Networks are maintained and well managed? <p>AMSAT for NHS trusts only</p> <ul style="list-style-type: none"> • Does the service have anything planned or in progress in relation to learning, improvement or innovation which will assist the delivery of mental health care within the service?
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