

Inspection framework: NHS acute hospitals

Core service: Critical Care

This includes areas where patients receive more intensive monitoring and treatment for life threatening conditions. Such areas are usually described as high dependency units (level 2), intensive care units (level 3) or by the umbrella term, critical care units. Outreach services provided in other areas of a hospital must be included.

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 (*Comprehensive Critical Care*, Department of Health, 2000). 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) have notified us that the *Guidelines for the Provision of Intensive Care Services* 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 routine/basic care.
1	Patients requiring higher levels of care or are at risk of their condition deteriorating, whose needs can be met with advice and support from the critical care team.
2	Patients requiring higher levels of care and more detailed observation/intervention. They may have a single failing organ system or require post-operative care.
3	Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes complex patients requiring support for multi-organ failure.

Interviews/focus groups/observations

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

- Clinical director/lead
- Nursing lead for each ward/unit/area
- Directorate/divisional manager

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

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| <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Resuscitation officer • Trainee doctors • Relatives (taking particular account individual circumstances at the time of inspection). • Bereavement officer / counsellor • PALS representative (interview /discussion carried out should include information about critical care) |
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Safe

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

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

Key lines of enquiry: S1 & S2

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

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

Report sub-heading: **Incidents**

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> • What is the safety performance over time, based on internal and external information? • How does safety performance compare to other similar services? • Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally? • Have safety goals been set? How well is performance against them monitored using information from a range of sources? • Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result? • When things go wrong, are thorough and robust reviews or investigations carried out? 	<ul style="list-style-type: none"> • A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> ➤ Revised never events policy and framework (2015) ➤ Never events list 2015/16 ➤ Never Events List 2015/15 - FAQ • Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015. • Presence of adverse incident reporting system and evidence of associated action planning (Clinical Reference Group 2014 Adult Critical Care) 	<ul style="list-style-type: none"> • Copy of the last three 'Never Events'. • Copy of the last 3 Serious Incidents in critical care. • Copy of the last 3 Root Cause Analyses and subsequent action plans. • Last 3 months morbidity and mortality meeting minutes. • Evidence of dissemination of learning within staff form incidents. • Evidence of adherence to duty of candour regulation, including process and evidence for written apologies.

<p>Are all relevant staff and people who use services involved in the review or investigation?</p> <ul style="list-style-type: none"> • How are lessons learned, and is action taken as a result of investigations when things go wrong? • How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service? 	<p>Specification D16 – Consultation document)</p> <ul style="list-style-type: none"> • Units must hold multi-professional Clinical governance meetings, including analysis of mortality and morbidity (Guidelines for the Provision of Intensive Care Services, 2015) • (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. 	
<p>Report sub-heading: Safety Thermometer</p>		
<p>Generic prompts</p>	<p>Professional Standard</p>	<p>Additional prompts</p>
	<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. 	<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

- [NICE QS3 Statement 4](#): Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

➤ Venous thromboembolism

Key line of enquiry: **S3**

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

Report sub-heading: **Mandatory training**

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> • Do staff receive effective mandatory training in the safety systems, processes and practices? 		<ul style="list-style-type: none"> • Is there a policy for sepsis management and are staff aware of it? • Have staff had training for screening and application of a sepsis protocol? • Do they know of the Trust's Sepsis policy? • Check statutory and mandatory training records

Report sub-heading: **Safeguarding**

<ul style="list-style-type: none"> • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? • Are there arrangements in place to safeguard adults and children from abuse 	<ul style="list-style-type: none"> • Female genital mutilation multi-agency practice guidelines published in 2014 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 • FGM guidance for professionals on the NHS Choices website 	<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>that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures?</p>		
<p>Report sub-heading: Cleanliness, infection control and hygiene</p>		
<ul style="list-style-type: none"> • How are standards of cleanliness and hygiene maintained? • Are reliable systems in place to prevent and protect people from a healthcare-associated infection? • Is implementation of safety systems, processes and practices monitored and improved when required? 	<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 ➤ CVC related blood stream infections (CVCBSI) ➤ Ventilator Associated Complications including VAP <p>(Include results from ICNARC Case Mix Program)</p>
<p>Report sub-heading: Environment and equipment</p>		
<ul style="list-style-type: none"> • Does the design, maintenance and use of facilities and premises keep people safe? 	<ul style="list-style-type: none"> • All equipment must conform to the relevant safety standards and be 	<ul style="list-style-type: none"> • How does service make sure facilities conform to professional standards?

<ul style="list-style-type: none"> • Does the maintenance and use of equipment keep people safe? • Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 	<p>regularly serviced as set out in the Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> ➤ 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 	<ul style="list-style-type: none"> • Is there a program in place for the routine replacement of capital equipment?
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Report sub-heading: Medicines

<ul style="list-style-type: none"> • Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 	<ul style="list-style-type: none"> • Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council NMC - Standards for Medicine Management • NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. 	<ul style="list-style-type: none"> • Are allergies clearly documented in the prescribing document used? • Are nursing staff aware of policies on administration of controlled drugs? • Are local microbiology protocols for the administration of antibiotics in use?
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Report sub-heading: Records

<ul style="list-style-type: none"> • Are people's individual care records written and managed in a way that keeps people safe? (This includes ensuring people's records are accurate, complete, legible, up to date and stored securely). • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 	<ul style="list-style-type: none"> • 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: Recognition and response to acute illness in adults in hospital) • Records management code of practice for health and social care 	<ul style="list-style-type: none"> • Are specific critical care assessment proformas in use?
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Key line of enquiry: S4

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

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

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> • Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? 	<p>Guidelines for the Provision of Intensive Care Services, 2015</p> <p>Royal College of Physicians (2012) National Early Warning Score (NEWS) Standardising the assessment of acute-illness severity in the NHS:</p> <ul style="list-style-type: none"> • 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 	<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?

	<p>occur within 4 hours of making the decision to admit.</p> <p>NICE QS86 (2015): Falls in older people</p>	<ul style="list-style-type: none"> • 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? • For those patients that are admitted from admissions areas and identified as having sepsis, is there evidence of continuation of monitoring and treatment? • Is there evidence of the sepsis toolkit being used on the ward?
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Report sub-heading: Nurse staffing

<ul style="list-style-type: none"> • How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available? • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • Level 3 patients require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care • Level 2 patients require a registered nurse/ patient ratio of a minimum 1:2 to deliver direct care • 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 	<ul style="list-style-type: none"> • Is an acuity tool in use for planning staffing requirements? • Last 3 months Nursing Rota – Planned and Actual. • How do nursing staffing level compare with the professional standards? • 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?
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	<p>assessment is require.</p> <ul style="list-style-type: none"> • 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"> • Is there appropriate induction / competency checking for agency staff? • Are non-registered support staff, appropriately trained and their competence assessed?
<p>Report sub-heading: Medical staffing</p>		
<ul style="list-style-type: none"> • How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available? • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • Care must be led by a Consultant in Intensive Care Medicine (fellow/ associate fellow of Faculty of Intensive Care Medicine or eligible to become one¹) • Consultant work patterns should deliver continuity of care • In general, the Consultant: Patient ratio should not exceed a range between 1:8- 1:15 • 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 	<ul style="list-style-type: none"> • How do medical staffing level compare with the professional standards? <ul style="list-style-type: none"> ➢ Last 3 months Consultant rota ➢ Last 3 months Trainee rota • Do all consultants providing an 'on-call' service to the ICU have Programmed Activities (PAs) committed to Intensive Care Medicine (ICM)? • Is there appropriate induction / competency checking for agency staff?

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.

- 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
- There must be immediate access to a practitioner who is skilled with advanced airway techniques
- An ICU resident may be a medical trainee, 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

Key line of enquiry: **S5**

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

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Major incident awareness and training**

- How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?
- What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?
- How is the impact on safety assessed and monitored when carrying out changes to the

- Local Emergency Preparedness Resilience Policy (EPRR policy).

service or the staff?

Effective

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

Key line of enquiry: E1

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

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: Evidence-based care and treatment

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| <ul style="list-style-type: none">• How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies).• Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance?• Is discrimination, including on grounds of age, disability, , gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and | <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 | <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?• How does the service ensure compliance with critical care bundles• In assessing whether NICE guidance is followed, take the following into account:<ul style="list-style-type: none">➢ Details of the provider's Clinical Audit programme to support and |
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<p>treatment decisions?</p> <ul style="list-style-type: none"> • How is technology and equipment used to enhance the delivery of effective care and treatment? • Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice? 	<ul style="list-style-type: none"> ➤ hospital ➤ CG83 Rehabilitation after critical illness? ➤ NICE QS90 (2015) UTI in adults <ul style="list-style-type: none"> • Guidelines for the Provision of Intensive Care Services, 2015: <ul style="list-style-type: none"> ➤ All patients should be screened on admission for delirium. 	<p>monitor implementation of NICE guidance</p> <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> • Has the service adapted guidance on quality standards for sepsis screening and management? • Once transferred from the acute area of the hospital to a general ward, are patients reviewed on their sepsis management?
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Report sub-heading: Nutrition and hydration

<ul style="list-style-type: none"> • How are people's nutrition and hydration needs assessed and met? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • All patients unable to take oral intake should normally have nutrition support (enteral or parenteral) commenced on admission, to ensure adequate 	<ul style="list-style-type: none"> • What arrangements are in place for dietician support? <ul style="list-style-type: none"> ➤ Is there a designated dietician assigned to the unit? ➤ Is there referral policy and evidence of review?
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	<p>nutrition to facilitate rehabilitation.</p> <ul style="list-style-type: none"> The ICU lead dietician will be involved in the assessment, implementation and management of appropriate nutrition support route. 	
<p>Report sub-heading: Pain relief</p>		
<ul style="list-style-type: none"> How is the pain of an individual person assessed and managed? 	<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 appropriate to their clinical condition that is effective, safe and flexible. ➤ 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. 	<ul style="list-style-type: none"> How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015)?

Key line of enquiry: E2

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

Generic prompts	Professional Standard	Additional prompts
Report sub heading: Patient outcomes		
<ul style="list-style-type: none"> • Is information about the outcomes of people's care and treatment routinely collected and monitored? • Does this information show that the intended outcomes for people are being achieved? • How do outcomes for people in this service compare to other similar services and how have they changed over time? • Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials? • How is information about people's outcomes used and what action is taken as a result to make improvements? • Are staff involved in activities to monitor and improve people's outcomes? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • The ICU should participate in a National database for Adult Critical Care. • Presence of an Audit Calendar which is regularly updated and acted upon. • Unplanned readmission rate to ICU within 48hrs of discharge, to a ward, should be minimal. 	<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? • What are their outcomes compared with benchmarks? For example: <ul style="list-style-type: none"> - Participation in audits on sepsis • Is there evidence of action plans being created to address deviations from national targets? • Do they have regular audit meetings to learn/ feedback?

Key line of enquiry: E3

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

Generic prompts	Professional Standard	Additional prompts
Report sub heading: Competent staff		

<ul style="list-style-type: none"> • Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis? • How are the learning needs of staff identified? • Do staff have appropriate training to meet their learning needs? • Are staff encouraged and given opportunities to develop? • What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • How is poor or variable staff performance identified and managed? How are staff supported to improve? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • All staff must be appropriately trained, competent and familiar with the use of equipment • 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 be competent 	<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? • 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)? • Have staff in the department received training on sepsis <ul style="list-style-type: none"> - Screening - Management - Trust policy • Where failure in the sepsis protocol has been identified have staff been given support and education?
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Key line of enquiry: **E4**

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

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Multidisciplinary working**

<ul style="list-style-type: none"> • Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's care and treatment? • How is care delivered in a coordinated way when different teams or services are involved? • Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition? • When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed and is this only done when any ongoing care is in place? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • On admission to Intensive Care all patients must have a treatment plan discussed with a Consultant in Intensive Care Medicine • 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 	<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 the communicated to other specialities? • Is there an escalation policy for patient with sepsis who require immediate review on the ward? • Are patients receiving prompt screening when escalated for sepsis by a multi-professional team? For example: <ul style="list-style-type: none"> - Critical Out Reach Team - HDU/ITU review <p>Transfer/ step down to wards</p> <ul style="list-style-type: none"> • 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? • Are all people using services reviewed by the outreach team on discharge?
<p>Report sub-heading: Seven-day services</p>		
	<p>Guidelines for the Provision of Intensive Care Services, 2015:</p> <ul style="list-style-type: none"> • Consultant Intensivist led multi-disciplinary clinical ward rounds within 	<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?

Intensive Care must occur 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](#)

Time to first consultant review

- All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital

- [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

- Is there minimum of five days a week cover from the pharmacist?
- Does the provider meet NHS England's seven day services priority standards around
 - Time to First Consultant Review?
 - Diagnostics
 - Intervention / key services
 - Ongoing review

- 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 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**

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

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Access to information**

- Is all the information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.)
- When people move between teams and services, including at referral, discharge, transfer and transition, is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?
- How well do the systems that manage

- Transfer from Critical Care to a ward must be formalised and satisfy the requirements of [NICE CG50](#).
- [NICE QS15 Statement 12](#): Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

- Is there evidence of use of a formal handover document for people being stepped down from the critical care unit?

information about people who use services support staff to deliver effective care and treatment? (This includes coordination between different electronic and paper based systems and appropriate access for staff to records).

Key line of enquiry: E6

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

Generic prompts

Professional Standard

Additional prompts

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

- Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004?
- How are people supported to make decisions?
- How and when is a person's mental capacity to consent to care or treatment assessed and, where appropriate, recorded?
- When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation?
- How is the process for seeking consent monitored and improved to ensure it meets

- [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 2015 Consent Toolkit](#)
- [In October 2015 The Divisional Court handed down an important decision about the deprivation of liberty in the ICU setting.](#)
- Whilst likely to be appealed, it suggests ICUs are not likely to need

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

<p>responsibilities within legislation and follows relevant national guidance?</p> <ul style="list-style-type: none"> Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty? Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use? 	<p>DoLS. CQC's MCA NPA advice to hospital trusts would be seek legal advice before changing practice to reply on this judgement. However, it would be sufficient for us to assess their practice as good even if they've changed their policies to reflect this judgement and are not putting in DoLS applications for all people who lack mental capacity in intensive care/treatment settings.</p>	
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Caring

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

Key line of enquiry: C1

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

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Compassionate care		
<ul style="list-style-type: none"> Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account? Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner? Do staff show an encouraging, sensitive and 	<ul style="list-style-type: none"> NICE QS15 Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty. NICE QS15 Statement 2: Patients experience effective interactions with staff who have demonstrated 	

<p>supportive attitude to people who use services and those close to them?</p> <ul style="list-style-type: none"> • Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • How do staff make sure that people's privacy and dignity is always respected, including during physical or intimate care? • When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way? • Do staff respect confidentiality at all times? 	<p>competency in relevant communication skills.</p> <ul style="list-style-type: none"> • NICE QS15 Statement 3: Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team. • NICE QS15 Statement 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care. 	
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Key line of enquiry: **C2**

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

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Understanding and involvement of patients and those close to them**

<ul style="list-style-type: none"> • Do staff communicate with people so that they understand their care, treatment and condition? • Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or 	<ul style="list-style-type: none"> • NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. • NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. 	<ul style="list-style-type: none"> • How do staff manage approaching relatives for organ donations when treatment is being withdrawn?
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<p>advocates.)</p> <ul style="list-style-type: none"> How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment? 		
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Key line of enquiry: C3

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

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: Emotional support

<ul style="list-style-type: none"> Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? What emotional support and information is provided to those close to people who use services, including carers and dependants? Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? How are people enabled to have contact with those close to them and to link with their social networks or communities? 	<ul style="list-style-type: none"> NICE QS15 Statement 10): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. 	
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Responsive

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

Key line of enquiry: R1

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

Generic prompts

Professional Standard

Additional prompts

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

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|---|---|--|
| <ul style="list-style-type: none"> • Is information about the needs of the local population used to inform how services are planned and delivered? • How are commissioners, other providers and relevant stakeholders involved in planning services? • Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • Where people's needs are not being met, is this identified and used to inform how services are planned and developed? • Are the facilities and premises appropriate for the services that are planned and delivered? | <p>Guidelines for the Provision of Intensive Care Services, 2015:</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. | <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. • 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)? |
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Key line of enquiry: R2

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

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Meeting people's individual needs		
<ul style="list-style-type: none"> • How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? • How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? • How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability? • Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others? • How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services? 	<ul style="list-style-type: none"> • NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions. • Accessible Information Standard 	<ul style="list-style-type: none"> • What are the arrangements in place for ensuring: <ul style="list-style-type: none"> ➢ Translation services ➢ Psychiatric support ➢ Support for people with learning disabilities • Does the provider comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss?

Key line of enquiry: R3

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

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Access and flow		
<ul style="list-style-type: none"> Do people have timely access to initial assessment, diagnosis or urgent treatment? As far as possible, can people access care and treatment at a time to suit them? What action is taken to minimise the time people have to wait for treatment or care? Does the service prioritise care and treatment for people with the most urgent needs? Where there is an appointments system, is it easy to use and does it support people to access appointments? Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible? Do services run on time, and are people kept informed about any disruption? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</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 possible, and should be documented as an adverse incident if it occurs. 	<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?

Key line of enquiry: **R4**

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

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Learning from complaints and concerns		

<ul style="list-style-type: none"> • Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up? • How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint? • Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept? • Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with? • How are lessons learned from concerns and complaints, and is action taken as a result to improve the quality of care? Are lessons shared with others? 	<ul style="list-style-type: none"> • The NHS constitution gives people the right to <ul style="list-style-type: none"> ➤ Have complaints dealt with efficiently and be investigated. ➤ Know the outcome of the investigation. ➤ Take their complaint to an independent Parliamentary and Health Service Ombudsman. <p>Receive compensation if they have been harmed.</p> 	<ul style="list-style-type: none"> • How many complaints have been referred to the Parliamentary and Health Service Ombudsman?
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Well-led

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

Key line of enquiry: **W1**

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

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Vision and strategy for this service**

<ul style="list-style-type: none"> • Is there a clear vision and a set of values, with quality and safety the top priority? • Is there are a robust, realistic strategy for achieving the priorities and delivering good quality care? • How have the vision, values and strategy been developed? • Do staff know and understand what the vision and values are? • Do staff know and understand the strategy and their role in achieving it? • Is progress against delivering the strategy monitored and reviewed? 		
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Key line of enquiry: **W2**

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

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

<ul style="list-style-type: none"> • Is there an effective governance framework to support the delivery of the strategy and good quality care? • Are staff clear about their roles and do they understand what they are accountable for? • How are working arrangements with partners and third party providers managed? • Are the governance framework and management systems regularly reviewed and improved? • Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information? • Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance? • Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • Is there a systematic programme of clinical and internal audit, which is used to monitor quality and systems to identify where action should be taken? • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? 	<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, adult and review of IV fluid prescribing, and patient outcomes. • Guidelines for the Provision of Intensive Care Services (2015)? • National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015 <ul style="list-style-type: none"> ➤ NatSSIPs sets out on page 7, specific responsibilities for those providing NHS funded care in respect of members of a trust board, Medical Director or Chief Nurse and local governance or safety lead 	<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)? • 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? • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties? • Is there a sepsis lead who oversees the departmental/trust sepsis management? • Is there evidence of learning from sepsis audits?
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<ul style="list-style-type: none"> • Is there alignment between the recorded risks and what people say is 'on their worry list'? 		
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Key line of enquiry: W3

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

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Leadership of service**

<ul style="list-style-type: none"> • Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • Do leaders have the capacity, capability, and experience to lead effectively? • Do the leaders understand the challenges to good quality care and can they identify the actions needed address them? • Are leaders visible and approachable? • Do leaders encourage appreciative, supportive relationships among staff? 	<p>Guidelines for the Provision of Intensive Care Services, 2015:</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 	<ul style="list-style-type: none"> • 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.
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units. Units with <6 beds may consider having a supernumerary clinical coordinator to cover peak activity periods, i.e. early shifts

- Units with greater than 10 beds will require additional supernumerary (not rostered to deliver direct patient care) RGN over and above the clinical coordinator
- [National Safety Standards for Invasive Procedures \(NatSSIPs\) Version number: 1 published: 7 September 2015.](#)

Report sub-heading: **Culture within the service**

- Do staff feel respected and valued?
- Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?
- Is the culture centred on the needs and experience of people who use services?
- Does the culture encourage candour, openness and honesty?
- Is there a strong emphasis on promoting the safety and wellbeing of staff?
- Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care?

- 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

- How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)

Key line of enquiry: **W4**

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

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Public and staff engagement**

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

Key line of enquiry: **W5**

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

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Innovation, improvement and sustainability**

<ul style="list-style-type: none"> • When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? • Are there examples of where financial pressures have compromised care? • In what ways do leaders and staff strive for continuous learning, improvement and innovation? • Are staff focused on continually improving the quality of care? • How are improvements to quality and innovation recognised and rewarded? • How is information used proactively to improve care? 	<p>NHS England. Developing Operational Delivery Networks: The Way Forward:</p> <ul style="list-style-type: none"> • The new commissioning system encourages the development of operational development networks (ODN) focused on co-ordinating patient pathways between providers over a wider area. 	<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)? • How does the service ensure that links with Operation Delivery Networks are maintained and well managed?
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For Use in