Emergency Support Framework – guidance to support answering framework questions

Independent Health Care: ambulance services
May 2020

Support with answering ESF framework questions: Independent health care: ambulance services

This guidance supports the cross-sector COVID-19 Emergency Support Framework Guidance and provides sector-specific supporting information. This guidance covers **independent ambulance services.**

REMEMBER: the main way we will gather information from providers is through the conversation we have with them when working through the monitoring and engagement tool. Conversations should be supportive and, where appropriate, the inspector should signpost the provider to relevant external guidance and support.

There is no need to ask all the prompting questions – inspectors should use their judgement to determine which questions are relevant to the provider and what information supports them to answer the overarching question.

Requests for information or documentation will always be exceptional and should be agreed with an inspection manager.

Planning
Check the information we already hold about services when completing the planning tool (e.g. whistleblowing information stored in CRM). Also consider information from external sources, such as other stakeholders and healthcare professionals.

When using the Monitoring and Engagement Tool
Always remember that the primary way to answer the questions is through conversation with the provider. The table below shows potential areas of discussion against the questions in the engagement tool.

Inspectors must not routinely ask for additional evidence and never request everything in this list. They should apply professional judgement to identify the evidence they need to answer a particular question, by exception.

Asking for an overview of the service
It is important to ask for an overview of the service at the start of the call, and there are particular issues for the independent ambulance sector that should be clarified at this point. The answers to these questions will help inform further questions:
- *What regulated activity are you currently undertaking?*
- *What are the commissioning and sub-contracting arrangements for the regulated activity you are carrying out?*
- *If you are undertaking additional activity, how long do you expect to provide this?*
- *Has additional regulated activity resulted in significant change to your service provision, service user groups etc?*
- *Have you made any necessary updates to your CQC registration and / or Statement of Purpose?*

The medicines optimisation team are available to support inspectors in their assessment of question 1.5: "Are medicines managed effectively?". Where an inspector is unsure or concerned about the answers a provider is giving regarding medicines, the team can provide advice and training, or support conversations with the provider. Please e-mail medicines.enquiries@cqc.org.uk with any queries.

1. Safe care and treatment	
Overarching question (displayed in tool) and prompts	**Guidance notes and links**
1.1. Have risks related to infection prevention and control, including in relation to COVID-19, been assessed and managed? • *How effective are infection prevention and control arrangements? How do you audit the IPC measures in place to deal with COVID to ensure staff compliance?* • *How are routine processes and escalations working?* • *Have the arrangements been reviewed and amended in response to the pandemic?* • *Are systems in place to ensure prompt identification of people who have or are at risk of developing an infection?* • *Are there systems in place to ensure that all staff (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection?* • *What arrangements do you have in place to support you to keep up to date with current Government, DHSC, PHE and NHS Infection Prevention and Control (IPC) Guidance, and ensure adherence?* • *How are changes in guidance and processes being communicated to staff and any necessary training provided?* • *What contingency plans are in place if arrangements fail?* • *How is the service safely handling disposal of waste?* • *If the service is sub-contracting, how are they maintaining oversight and ensuring the sub-contractor has robust IPC arrangements?*	COVID-19: Guidance for Ambulance Trusts and the CQC impact assessment COVID-19 patient transport services: requirements and funding and the CQC impact assessment Holding place: HM Government guidance for non-clinical ambulance services PHE Covid-19 IPC Guidance Library NHSE IPC supporting documentation
1.2 Are there sufficient quantities of the right equipment to help the provider manage the impact of COVID-19?	PHE Covid-19 IPC Guidance Library; with particular consideration to:

• *Is appropriate equipment by patient group available for confirmed and suspected COVID and non-COVID patients?* • *What assurances does the provider have that staff are sufficiently skilled to use equipment in COVID and non-COVID areas?* • *What are the arrangements for fit testing PPE?* • *What is your current level of risk in relation to access to equipment including personal protective equipment (PPE)?* • *What arrangements do you have in place to access PPE and do you know who to contact if you require additional support?*	• Covid-19 personal protective equipment and the CQC impact assessment • Table 3: Recommended PPE for ambulance, paramedics, transport, pharmacists • Table 4: Additional considerations, in addition to standard infection prevention and control precautions (includes reference to patient transport) HSE Guidance on PPE fit testing Guidance on the supply and use of PPE PHE Considerations for acute PPE shortages
1.3 Was the environment suitable to containing an outbreak? • *Have you identified any risks within your environments (vehicles, people's homes, care homes, other premises) in relation to managing COVID-19?* • *How have you managed these risks?* • *Are staff still able to work in a way that respects and maintains people's dignity?* • *What changes have you made to the layout/environment of your vehicles in response to COVID-19?* • *How are patients managed in accordance with their suspected or confirmed COVID diagnosis where multiple patients are conveyed?* • *Has there been any impact from the pandemic on the routine checking and maintenance of equipment and vehicle checks? How have these risks been managed if so?*	Be aware that if demand is high then PTS may be undertaken in vehicles that are not included in CQC's scope of registration, despite patients potentially having conditions that means these vehicles are not necessarily suitable (e.g. seat fabrics not suitable for IPC reasons) COVID-19 patient transport services: requirements and funding and the CQC impact assessment DfT & DVSA COVID-19 transport and travel guidance library; with particular consideration to: • Coronavirus: MOTs due up to 29th March 2020 • Coronavirus: MOTs doe from 30th March 2020 • Coronavirus: specialist vehicle approval tests
1.4 Were systems clear and accessible to staff and patients? • *How is the service managing access to the service to ensure that high-risk patients are being identified and prioritised?*	COVID-19: Guidance for Ambulance Trusts and the CQC impact assessment COVID-19 patient transport services: requirements and funding and the CQC impact assessment

• *Where you have made changes to how you operate to manage COVID and non-COVID patients:*
 	
   o *is this clearly communicated to patients?*
   o *how do you ensure staff are aware of these changes?*
• *How have you taken into consideration vulnerable people and those with communication requirements, including as appropriate the provision of accessible information, including interpretation (both language and BSL)?*
• *What changes have you made to facilitate/improve access to your services in response to COVID-19? (e.g. increasing vehicle numbers to enable social distancing)*
• *What tools are being used to inform decision making regarding decision to convey?*
• *How are you meeting the needs of patients who:*
   o *do not speak English as a first language?*
   o *have a cognitive or hearing disability?*	

1.5 Are medicines managed effectively? • *Has COVID-19 impacted the provider's ability to manage medicines?* • *What steps have been and are being taken to ensure adequate and ongoing supplies of medicines are maintained?* • *What steps have been taken to ensure infection prevention and control are maintained when handling, administering and transferring medicines and associated paperwork? This includes the handling and transferring of patients' own medicines.* • *What system blocks (including legislation and guidance blocks) have you experienced or are experiencing which have impacted on managing medicines?* • *What steps have been taken to track and take action on incidents related to medicines during the COVID 19 period?*	Although patient transport services will not be responsible for all aspects of medicines management, they may handle patient's own medicines, carry over the counter medicines or carry medical gases. Some aspects of 1.5 will therefore still be relevant for these services. CQC Medicines Optimisation Team Brief Guide: COVID-19 Access to medicines Advisory Council on the Misuse of Drugs advice on COVID-19 emergency legislation to enable supply of controlled drugs
1.6 How is the service identifying and managing patient risks, and how has that been affected by the COVID-19 pandemic? • *Are there systems in place to manage and review existing risks?*	PHE: COVID-19 Investigation and initial clinical management of possible cases NHSE Guidance and updates for trusts: At-risk patients

• *Has the provider taken action in response to new and emerging risks, including but not limited to those pose by COVID-19?* • *Have there been any significant incidents related to COVID-19? If yes, how is learning from these being identified and shared?* • *Is the service managing risk in immuno-suppressed patients?* • *Is the service maintaining effective patient escalation protocols, such as NEWS2?* • *If the service is sub-contracting, how are they maintaining oversight and ensuring the sub-contractor has robust procedures for identifying and managing patient risks?*	

2. Staffing arrangements

2.1 Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the COVID-19 pandemic? • *Has the pandemic affected the provider's ability to staff the service?* • *Has the provider been able to make sure that people get care and support from workers with the right knowledge and skills?* • *How are you supporting staff to deliver services where there have been significant to changes to staffing arrangements?* • *How is the provider making sure that new staff and any volunteers are suitably skilled, and safety recruited?* • *Are there reasonable induction arrangements for new staff and volunteers?* • *Have you made changes to your recruitment and training processes in response to COVID-19, in line with relevant national guidance?* • *If the service is sub-contracting, how are they maintaining oversight and ensuring the sub-contractor has robust and safe recruitment practices?*	Prior to the pandemic, we had serious concerns about the recruitment of staff in independent ambulance services. We already have numerous examples of serious abuse in the sector as a result of failure to carry out enhanced DBS with barred list checks, and relaxation of rules around DBS checks, together with a general drop in recruitment checks in order to staff contracts, could allow unsuitable individuals access to vulnerable people. Health & Care Professions Council: COVID-19 Our approach to temporary registration CQC interim guidance on DBS and other recruitment checks COVID-19: how DBS is supporting the fight against coronavirus and the CQC impact assessment
2.2. Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies? • *How has the pandemic affected your ability to staff the service?* ➢ *Has your workforce increased to deal with any increase in regulated activity? If yes, what new roles / qualifications have been recruited, and on what type of contract?*	Services whose primary income was event medical cover (which is not a regulated activity) may well be seeking contracts with the NHS or other commissioners without necessarily having the appropriately skilled staff in place.

> *What has this meant for patients who use your services?* > *What have you done to mitigate any impact on staffing levels?* > *Where do you go to seek support?* > *Have any staff been furloughed?* • *Have you been able to engage with local system arrangements to share staff where required?* • *How are you monitoring the working hours of staff who are self-employed, or who have substantive contracts with other providers?* • *If the service is sub-contracting, how are they maintaining oversight and ensuring the sub-contractor has robust arrangements for safe staffing levels?*	Services that are regulated, but for which we have known concerns, may be undertaking additional work due to increased demand – this may impact the staff roles and qualifications they require.

3.	**Protection from abuse**
3.1 Were people using the service being protected from abuse, neglect and discrimination and having their human rights upheld? • *Has the pandemic affected the provider's ability to protect people?* • *Are people's human rights being recognised and respected, especially those people detained under the Mental Health Act?* • *Are any people at risk of being deprived of their liberty through restrictions imposed as a result of the pandemic? How is this being managed?* • *Have you encountered any issues which may affect the equality, diversity and human rights of your patients?* • *Do you have access to and are you following guidelines around Treatment Escalation Plans (TEPs), anticipatory care planning, Do not Resuscitate (DNR) orders and individualised care plans?*	CQC provider guidance on working within the Mental Capacity Act during the coronarvirus pandemic CQC Brief Guide: Working within the MCA and DoLS during the Covid-19 emergency DHSC guidance for all sectors on the application of the MCA and DoLS during the pandemic BMA ethical guidance, and the concerns about it raised by the EHRC Royal College of Physician's ethical guidance for frontline staff dealing with the pandemic and it's CQC impact assessment. Joint statement on advance care planning (BMA, CPA, CQC and RCGP).

3.2 Has the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?	The sector often has gaps in staff training, especially around safeguarding and care of vulnerable patients.
• *Have safeguarding arrangements and systems in the provider's area of operation remained effective?* • *Have you identified any risks relating to your management of safeguarding issues? (e.g. barrier to information-sharing with relevant stakeholders such as local authority; or the resilience of safeguarding functions when staff are called to the frontline)* • *How have you mitigated these risks?* • *If the service is sub-contracting, how are they ensuring robust safeguarding arrangements?* • *What systems are in place to identify vulnerable patients during the pandemic? e.g. elderly isolated patients, domestic abuse victims etc.*	DHSC statutory instrument in Parliament to order an exemption to the Safeguarding Vulnerable Groups Act 2006. This Order provides for 'the activity of removal of saliva or mucus from the mouth or nose of an individual where that is done for the purpose of testing an individual for coronavirus, not to be treated as a regulated activity within the meaning of the 2006 Act'

4. Assurance processes, monitoring and risk management	
4.1 Has the provider been able to take action to protect the health, safety and wellbeing of staff? • *How are you supporting and protecting the health and safety of staff during this period?* • *Are staff being adequately risk-assessed and supported to protect their health and safety, including BAME staff?* • *How are you managing staffing issues such as sickness and caring/childcare responsibilities?* • *What changes have you made to ways of working to support your staff and ensure their safety? e.g. remote working solutions* • *Are there systems in place to manage the occupational health needs and obligations of staff in relation to infection?* • *Is debriefing being used effectively and are staff being provided with appropriate access to emotional support, e.g. counselling?*	Second phase of NHS response to COVID-19 and it's CQC impact assessment. NHS Confederation: Action needed to mitigate COVID-19 risks to BME communities and staff PHE: Management of exposed healthcare workers and patients in health and social settings PHE Guidance on shielding and protecting people who are clinically extremely vulnerable from Covid-19 HSE: RIDDOR reporting of COVID-19
4.2 Has the provider been able to implement effective systems to monitor and react to the overall quality and safety of care? • *Has the pandemic impacted your ability to monitor the overall quality of care?*	Providers in this sector may be quickly changing their core business, in order to ensure financial sustainability of services that predominantly deliver event medical cover to ad hoc PTS work.

• *How are you keeping up to date with relevant standards and guidance relating to the delivery of care and treatment?* • *Has the provider been able to develop effective contingency plans relating to COVID-19?* • *How are 'business as usual' processes and systems being managed?* • *How have you updated and communicated changes in policies and practices if you are deviating from your core business?*	There may also be new providers who have fast tracked registration to take on COVID related regulated activity. NHS and other commissioner monitoring of independent providers may be reduced and there is a risk that quality and safety standards will not be maintained, especially where procurement is via e-portals. The sector often has poor governance processes which may be further relaxed and leads to failings in safety and quality. This is particularly risky if there are layers of sub-contracting arrangements.
4.3 Is the provider able to support staff to raise concerns during the pandemic? • *Have you made any changes to the way staff are able to speak up and raise concerns?* • *Are senior staff available for advice and support?* • *Are you still able to have team meetings?*	Joint statement on safety and speaking up during the Covid-19 emergency (CQC Chief Inspectors and the National Freedom to Speak Up Guardian)
4.4. Has care and treatment provided to people been sufficiently recorded during the COVID-19 pandemic? • *Has the impact of the pandemic led to changes in how records are kept and shared?* • *Are you experiencing any barriers to sharing or accessing patient information with other providers?*	NHSX Information Governance advice for staff working in health and care organisations
4.5 Has the provider been able to work effectively with system partners to plan and deliver care, including arrangements for sharing services and transferring service users? • *How are you working in your area, and sharing information with other services and/or providers?* • *How are you working with external partners and/or stakeholders, including information-sharing? e.g. sub-contractors, local commissioners, national bodies, Royal Colleges?*	COVID-19 patient transport services: requirements and funding and the CQC impact assessment