

## Support with answering Transitional Monitoring Activity (TMA) framework questions: Independent Ambulances

This guidance supports the cross-sector Transitional Monitoring Activity (TMA) Guidance and provides sector-specific supporting information.

This guidance covers **independent ambulances**.

**REMEMBER:** the main way we will gather information from providers is through the conversation we have with them when working through the Transitional Monitoring Activity (TMA).

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. Please structure your conversations with providers in whatever way you see fit. This may mean, for example, covering the Well-led discussion questions first.

A list of potential evidence that can be requested during monitoring conversations is available to support this guidance. Inspectors do not have to routinely ask for evidence or request everything in this list. They should apply professional judgement to identify the evidence they need to answer a particular question to determine that they have sufficiently assessed each KLOE's risk level.

### **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. In addition, check our [MOU and information sharing agreements](#), with HSE and other regulators and professional bodies.

**The medicines optimisation team are available to support inspectors in their assessment of question S.4: “How does the provider ensure the proper and safe use of medicines, where the service is responsible?”** 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](mailto:medicines.enquiries@cqc.org.uk) with any queries.

Overarching question (displayed in tool) and prompts	Any related guidance <sup>1</sup>
<p><b>S1: How do systems, processes and practices keep people safe and safeguarded from abuse?</b></p> <ul style="list-style-type: none"> <li>• <i>Are infection risks to people using the service being thoroughly assessed and managed?</i></li> <li>• <i>Have changes been made to the layout/environment of clinical and non-clinical areas to continue to provide services safely in this period? e.g. clean sites, vehicle layout, separate entrances and waiting areas for known/suspected COVID patients, additional signage, spaces between stations, isolation facilities, ensuring compliance with best practice guidance when visiting people in their own homes etc.</i></li> <li>• <i>Does the service have the resources to obtain, and reliable access to, all the supplies, personal protective equipment and C-19 testing it needs, for both staff and, where appropriate, people who use the service?</i></li> <li>• <i>Are working arrangements and procedures clear and accessible to staff, people who use the service, their supporters and, where appropriate, visitors to the service?</i></li> <li>• <i>Are people using the service being protected from abuse, neglect, discrimination and loss of their human rights?</i></li> <li>• <i>Where applicable, has the provider identified when they may be depriving a person of their liberty, and followed the correct and lawful procedures e.g. DoLS application, Court of Protection?</i></li> <li>• <i>Are the service's safeguarding and other policies and practice, together with local systems, properly managing any concerns about abuse and protecting people's human rights?</i></li> </ul>	<p><b>Infection control guidance</b></p> <p>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)</p> <p><a href="#">PHE COVID-19 Infection Prevention and Control Guidance Library</a>: with particular consideration to:</p> <ul style="list-style-type: none"> <li>• <a href="#">Key messages and explanation of updates</a> (21<sup>st</sup> August 2020)</li> <li>• <a href="#">Governance and responsibilities</a></li> <li>• <a href="#">Care pathways</a> <ul style="list-style-type: none"> <li>○ <a href="#">Standard infection prevention control precautions (SICPs) – all pathways</a></li> <li>○ <a href="#">Low risk pathway – key principles</a></li> <li>○ <a href="#">Medium risk pathway – key principles</a></li> <li>○ <a href="#">High risk pathway – key principles</a></li> </ul> </li> <li>• <a href="#">Considerations for acute PPE shortages</a></li> </ul> <p><a href="#">HSE Guidance on PPE fit testing</a></p>

<sup>1</sup> Guidance for NHS funded services has been included. Where an independent ambulance service is not NHS funded, this guidance can be considered best practice.

**Note:** Remember to consider whether it is necessary and appropriate to notify other bodies (or share relevant information with them) about incidents or risks CQC has identified that may be relevant to the exercise of their functions, for instance HSE of health and safety risks to workers

#### [Guidance on the supply and use of PPE](#)

#### [COVID-19: Guidance for Ambulance Trusts](#) and the [CQC impact assessment](#)

- Driver PPE requirements depend on whether the vehicle has a closed bulkhead
- Remove non-essential equipment
- Avoid opening cupboards and compartments unless essential
- Air conditioning or ventilation set to extract not recirculate

#### [Working safely during COVID-19 in Ambulance service non-clinical areas](#) and the [CQC impact assessment](#)

#### **Safeguarding**

The sector often has gaps in staff training, especially around safeguarding and care of vulnerable patients.

[Safeguarding intranet page](#) and [inspector handbook on safeguarding](#) includes guidance on level of training required and CQC inspection of safeguarding.

- Fourth edition of Intercollegiate guidance for Safeguarding Children and Young People: Roles and competencies for Healthcare Staff (2019)
- 2018 position statement on safeguarding children training
- First edition of Intercollegiate Guidance for Adult Safeguarding (2018)

	<p><a href="#">Closed cultures intranet page</a>, with particular reference to:</p> <ul style="list-style-type: none"> <li>• <a href="#">Identifying and responding to closed cultures – Guidance for CQC staff</a></li> </ul> <p><b>Vehicle testing</b></p> <p><a href="#">DfT &amp; DVSA COVID-19 transport and travel guidance library</a>; with particular consideration to:</p> <ul style="list-style-type: none"> <li>• <a href="#">Coronavirus: MOTs due 30<sup>th</sup> March 2020 – 31<sup>st</sup> July 2020 extended for 6 months</a></li> <li>• <a href="#">Coronavirus: specialist vehicle approval tests</a></li> </ul>
<p><b>S2: How are risks to people assessed, and their safety monitored and managed, so they are supported to stay safe?</b></p> <ul style="list-style-type: none"> <li>• <i>Are risks to the health and wellbeing of people using the service being properly assessed, monitored and managed?</i></li> <li>• <i>Are there enough suitable staff to provide safe care and treatment in a dignified and respectful way? Are escalation plans in place in response to surges in demand e.g. second wave, seasonal pressures?</i></li> <li>• <i>How is the service identifying and managing risks for patients including any restrictive practices or issues affecting their legal or human rights?</i></li> </ul>	<p><b>Staffing and recruitment</b></p> <p>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.</p> <p>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</p> <p>Safe recruitment is a risk for ambulances. DBS and recruitment checks have been eased to speed up recruitment and this could allow unsuitable individuals access to vulnerable people</p>

[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](#)

### **Patients with mental health needs and restrictive practices**

[CQC provider guidance on working within the Mental Capacity Act during the coronavirus 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](#)

[Brief Guide – Assessing mental health care in ambulance services](#)

[Independent ambulance inspections – Use of restraint checklist](#)

## **S2. Additional prompts for independent ambulance services**

- *How is the provider maintaining an oversight of any new staff, volunteers and sub-contractors to ensure there are robust and safe recruitment practices and staff induction?*

<p><b>S3: Do staff have all the information they need to deliver safe care and treatment to people?</b></p> <ul style="list-style-type: none"> <li>• <i>Does the service have access to and is following guidelines around Treatment Escalation Plans (TEPs), anticipatory care planning, Do Not Attempt CPR(DNACPR) orders and individualised care plans? Are plans in place for rapid transfer to preferred places of care – relationships and planning with PMS, district nursing etc.</i></li> <li>• <i>Is the service able to effectively manage referrals and, where relevant, discharges and ensure safe transfers of care? Where relevant, what testing arrangements are in place, and how does the service handle transfers of known/suspected COVID patients safely? How is the service working with other partners?</i></li> </ul>	<p><a href="#">Joint statement on advance care planning</a> (BMA, CPA, CQC and RCGP).</p> <p><a href="#">COVID-19: Guidance for Ambulance Trusts</a> and the <a href="#">CQC impact assessment</a></p> <p><a href="#">Managing a fall that may require an ambulance during the COVID-19 pandemic</a></p> <p><a href="#">RCN Guidance on DNACPR and verification of death</a></p>
<p><b>S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible?</b></p> <ul style="list-style-type: none"> <li>• <i>Are medicines being managed safely and effectively? Has Covid-19 impacted the service’s ability to manage medicines?</i></li> </ul>	<p>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.</p> <p><a href="#">CQC Medicines Optimisation Team Brief Guide: COVID-19 Access to medicines</a></p> <p><a href="#">Advisory Council on the Misuse of Drugs advice on COVID-19 emergency legislation to enable supply of controlled drugs</a></p>

<p><b>S5: What is the track record on safety?</b></p> <ul style="list-style-type: none"> <li>• <i>Are there any significant trends in non-COVID-19 activity - Never Events, Significant Incidents, themes in incidents, Mortality, Unexpected deaths? What is being done by the provider to assess and learn, including mortality reviews of non-COVID patients?</i></li> <li>• <i>Are there any significant trends where groups of patients are faring worse in terms of safety concerns?</i></li> </ul>	<p><b>Patient Safety Bulletins</b> The NHSI Patient Safety team have issued patient safety bulletins with key safety messages.</p> <ul style="list-style-type: none"> <li>• <a href="#">Issue 1 (1<sup>st</sup> May 2020)</a></li> <li>• <a href="#">Issue 2 (15<sup>th</sup> May 2020)</a></li> <li>• <a href="#">Issue 3 (29<sup>th</sup> May 2020)</a></li> <li>• <a href="#">Issue 4 (12<sup>th</sup> June 2020)</a></li> <li>• <a href="#">Issue 5 (23<sup>rd</sup> June 2020)</a> – please note date on bulletin itself is wrong)</li> <li>• <a href="#">Issue 6 (10<sup>th</sup> July 2020)</a></li> <li>• <a href="#">Issue 7 (27<sup>th</sup> July 2020)</a></li> </ul>
<p><b>E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?</b></p> <ul style="list-style-type: none"> <li>• <i>How is the service identifying, cascading and keeping up-to-date with changes in clinical guidance?</i></li> <li>• <i>Where people are subject to the MHA, how is the service ensuring compliance with the MHA?</i></li> </ul>	<p><a href="#">Brief Guide – Assessing mental health care in ambulance services</a></p>
<p><b>E2: How are people’s care and treatment outcomes monitored and how do they compare with other similar services?</b></p> <ul style="list-style-type: none"> <li>• <i>How is the service collecting information about people's care treatment and outcomes? Where relevant, are they continuing to submit to relevant national clinical audits?</i></li> <li>• <i>How are outcomes being monitored for groups of people that may be at higher risk, such as BAME people and older people?</i></li> </ul>	
<p><b>E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?</b></p> <ul style="list-style-type: none"> <li>• <i>How is the service ensuring that all staff, including those being flexibly re-deployed, have the skills and training to carry out their roles effectively?</i></li> </ul>	

<p><b>E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?</b></p> <ul style="list-style-type: none"> <li>• <i>How is the service ensuring that the necessary staff, teams and services are involved in assessing, planning and delivering peoples care and treatment?</i></li> </ul>	
<p><b>E6: Is consent to care and treatment always sought in line with legislation and guidance?</b></p> <ul style="list-style-type: none"> <li>• <i>How does the service ensure consent to care and treatment is always sought in line with legislation and guidance? Including, where appropriate:</i> <ul style="list-style-type: none"> <li>○ <i>ensuring that people are involved in decisions about not providing care and treatment, including advanced care plans and DNACPR decisions?</i></li> <li>○ <i>promoting supportive practice that avoids the need for physical restraint? Where physical restraint 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?</i></li> <li>○ <i>Ensuring staff apply relevant legislation where people may lack capacity to consent to particular care and treatment, including the Mental Capacity Act 2005 (including DoLS) and the Children’s Acts 1989 and 2004?</i></li> </ul> </li> </ul>	<p><b>Patients with mental health needs and restrictive practices</b></p> <p><a href="#">Brief Guide – Assessing mental health care in ambulance services</a></p> <p><a href="#">Independent ambulance inspections – Use of restraint checklist</a></p> <p><a href="#">CQC provider guidance on working within the Mental Capacity Act during the coronarvirus pandemic</a></p> <p><a href="#">CQC Brief Guide: Working within the MCA and DoLS during the Covid-19 emergency</a></p> <p><a href="#">DHSC guidance for all sectors on the application of the MCA and DoLS during the pandemic</a></p>
<p><b>C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?</b></p> <ul style="list-style-type: none"> <li>• <i>How has the service adapted how they support and engage with patients and their families/loved ones?</i></li> <li>• <i>How does the service ensure the care delivered is compassionate and upholds people's human rights?</i></li> </ul>	<p><a href="#">COVID-19: Guidance for Ambulance Trusts</a> and <a href="#">CQC impact assessment</a></p> <ul style="list-style-type: none"> <li>• Except in the case of a parent or guardian accompanying a child, observers and family members should remain at home</li> </ul>



<p><b>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?</b></p> <ul style="list-style-type: none"> <li>• <i>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?</i></li> <li>• <i>Where appropriate, how is the service managing the impacts of limited visiting on patient's wellbeing?</i></li> <li>• <i>Where appropriate, how is the service promoting and ensuring patients know how to access advocacy support in the absence of ward visits?</i></li> </ul>	
<p><b>C2. Additional prompts for independent ambulances</b></p> <ul style="list-style-type: none"> <li>• <i>Where the service has made changes to how they operate to manage COVID and non-COVID patients, how is this communicated to patients?</i></li> </ul>	
<p><b>R1: How do people receive personalised care that is responsive to their needs?</b></p> <ul style="list-style-type: none"> <li>• <i>How does the service ensure that they meet the needs of the population served and do they enable flexibility, choice and continuity of care?</i></li> <li>• <i>Where relevant, do individual patients have choices about how, when and where they are seen?</i></li> </ul>	
<p><b>R2: Do services take account of the particular needs and choices of different people?</b></p> <ul style="list-style-type: none"> <li>• <i>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? This may include:</i> <ul style="list-style-type: none"> <li>○ <i>How does the service ensure that each patient has their information and communication needs identified, recorded, flagged, shared and met?</i></li> <li>○ <i>How does the service identify and make other reasonable adjustments for disabled people?</i></li> </ul> </li> </ul>	<p><a href="#">Access to hospital care and treatment for older and disabled people living in care homes and in the community during the pandemic</a></p> <p><a href="#">COVID-19: Guidance for Ambulance Trusts</a> and the <a href="#">CQC impact assessment</a></p> <p><a href="#">Managing a fall that may require an ambulance during the COVID-19 pandemic</a></p> <p><a href="#">Accessible Information Standard</a> (for those providing NHS care)</p>

<ul style="list-style-type: none"> <li>• <i>Where new protocols for admission are being used, how are these being communicated to staff and how are they reviewed to ensure they are non-discriminatory?</i></li> </ul>	
<p><b>R3: Can people access care and treatment in a timely way?</b></p> <ul style="list-style-type: none"> <li>• <i>How is the service managing access to the service to ensure that high-risk patients/pathways are being identified and prioritised appropriately, including reinstating services and handling backlogs of activity?</i></li> <li>• <i>Is there a structured approach to patient flow that ensures all components of the system are appreciated and managed appropriately, and flow issues are escalated appropriately? How does the approach take account of the pandemic?</i></li> </ul>	<p><a href="#">COVID-19: Guidance for Ambulance Trusts</a> and <a href="#">CQC impact assessment:</a></p> <ul style="list-style-type: none"> <li>• Section 1 – Guidance on identification of possible cases</li> <li>• Section 4 – Patient assessments (recommended advice is those with mild symptoms stay at home)</li> <li>• Section 5 – Conveyance including the most appropriate conveyance resource</li> <li>• Crews are required to notify the receiving unit to the fact that they are conveying a possible or confirmed COVID-19 patient and provide an expected time of arrival to ensure that the receiving unit can prepare for arrival and patient isolation.</li> </ul>
<p><b>R3. Additional prompts for independent ambulance services</b></p> <ul style="list-style-type: none"> <li>• <i>Has policy on non-conveyance changed?</i></li> </ul>	
<p><b>W1: Is there leadership capacity and capability to deliver high-quality, sustainable care?</b></p> <ul style="list-style-type: none"> <li>• <i>Has there been any impact on leadership capacity as a result of the COVID-19 crisis? Are there plans and mitigations in place should it be affected?</i></li> <li>• <i>Do leaders understand the challenges to quality and sustainability during this period, and can they identify the actions needed to address them?</i></li> </ul>	

<p><b>W3: Is there a culture of high-quality, sustainable care?</b></p> <ul style="list-style-type: none"> <li>• <i>Is the service monitoring and protecting the health, safety and wellbeing of staff?</i></li> <li>• <i>How is the provider taking action to protect the health, safety and wellbeing of staff, e.g. access to emotional support, supporting staff to raise concerns, adequately risk-assessing and placing staff in appropriate environments to protect their health and safety, including BAME staff and other staff at high risk of COVID 19? (not for NHS Trust - covered at trust level)</i></li> </ul>	<p><a href="#">PHE COVID-19 Infection Prevention and Control Guidance Library</a>: with particular consideration to:</p> <ul style="list-style-type: none"> <li>• <a href="#">Management of staff and exposed patients or residents in health and social care settings</a></li> </ul> <p>Joint statement on <a href="#">safety and speaking up during the Covid-19 emergency</a> (CQC Chief Inspectors and the National Freedom to Speak Up Guardian)</p>
<p><b>W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?</b></p> <ul style="list-style-type: none"> <li>• <i>Is the service able to work effectively with system partners when care and treatment is being commissioned, shared or transferred?</i></li> </ul>	<p><a href="#">COVID-19: Guidance for Ambulance Trusts</a> and <a href="#">CQC impact assessment</a></p> <p>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.</p> <p>There may also be new providers who have fast tracked registration to take on COVID related regulated activity.</p> <p>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.</p> <p>The sector often has poor governance processes which may be further relaxed and leads to failings in</p>

safety and quality. This is particularly risky if there are layers of sub-contracting arrangements.

[Brief Guide: Sub contracting clinical services](#)

**W4. Additional prompts for independent ambulances**

- *How is the service maintaining oversight of quality and governance for sub-contracted services?*

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

- *Does the service have effective systems and methods for monitoring the overall quality of the service and for responding to business risks and issues as they arise? How often are these reviewed?*