Inspection framework: Independent single specialty providers of endoscopy

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
All	All	The whole framework has been reviewed and updated reflect the new single assessment framework for health
Environment and Equipment	7	Removal of reference to PAT testing and addition of reference to HSE guidance on portable electrical equipment and MHRA on managing medical devices
Environment and Equipment	7	Added prompt in sector specific guidance – do they have accessories (e.g. clips, diathermy) available on site for any immediate procedure related bleeds?
Environment and Equipment & Assessing and Responding to patient risk	10,11	Additional prompts added to sector specific prompts in relation to if patient suffers a perforation and escalation of care; and processes in place to direct patients as to what they should do if they have a complication or concern post procedure and staff access to accessories to stop bleeds
Responding to complaints and concerns	35	ISCAS prompt added under sector specific prompt and clarification that subscription to ISCAS is voluntary.
Mandatory Training	4	Link to skills for health added

Section / Report sub heading	Page number	Detail of update
safeguarding	4	Links updated to most recent guidance on adult, and children and young people safeguarding
Responding to patient risk	10	Additional prompt about transfer arrangements and local agreements with any local NHS trusts
Records	13	NICE QS 15 statement on information exchanged added
Medicines	14	Removal of NMC medicines management standards
Nutrition and hydration	15	Removal of redundant NICE QS15 Statement 10
Compassionate Care	28	NICE QS15 relevant Statements added
Emotional support	29	Removal of redundant NICE QS15 statement 10
Understand patient involvement and those close to them	30	NICE QS15 relevant statements added
Service delivery to meet the needs of local people	31	NICE QS15 relevant statement added
Meeting individual needs	32	NICE QS15 relevant statement added
Learning from complaints	37	New additional prompt question added regarding handling of complaints

Culture	41	WRES for independent Providers added
Managing information	45	Guide to GDPR link added

Single Specialty: Endoscopy

This inspection framework should be used when inspecting the following types of service:

1. Single specialty services providing solely or mainly endoscopy.

An endoscopy is a procedure where the inside of the body is examined using an instrument called an endoscope.

An endoscope is a long thin rigid or flexible tube that has a light source and camera at one end; allowing images which are captured to be relayed to a television screen. With advances in technology it is also possible to perform an ultrasound via an endoscopy i.e. endoscopic ultrasound.

Endoscopes can be inserted into the body through a natural opening such as the mouth and down the throat into the lungs or digestive system, or through the rectum. Procedures may be carried out using intravenous sedation.

For the purposes of our inspection methodology of single specialty endoscopy services we will look at procedures carried out within an endoscopy unit, including:

- oesophago-gastro- duodenoscopy (**OGD**)

- small bowel enteroscopy

- colonoscopy

- sigmoidoscopies

- capsule endoscopy

- endoscopic ultrasound (EUS)

- endoscopic retrograde cholangio-pancreatography (ERCP) &

- bronchoscopy

The above procedures can be either diagnostic or therapeutic e.g. the treatment of gastro-intestinal bleeds; the removal of gallstones; the removal of polyps and stent placement.

For the purposes of our inspection methodology of (single specialty) endoscopy services, the definition excludes services that include medical consultations carried out in an outpatients setting that include the use of endoscopes which don't have a channel for passing fluid or instruments through, such as a fibre optic (flexible) nasoendoscope, or a fibre optic (flexible) rhinolaryngoscope, or consultation that includes examination with the use of a rigid sigmoidoscope.

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 • Endoscopy unit including reception and discharge areas/theatre/recovery area/decontamination area and radiology recovery area for ERCP

Interviews/focus groups/observations
You should conduct interviews of the following people at every inspection:
• People who use services and those close to them • Endoscopy clinical lead and nurse lead • Endoscopy manager/lead • Decontamination lead

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

- Radiologists (NB cross over with endoscopy ERCP)
- Endoscopy technicians including decontamination?
- Endoscopy: consultants, , nurse endoscopists,
- Administrative staff such as the receptionists, ward clerks
- Nurses
- Assistant Practitioners
- Doctors
- Health Care Assistants
- Pharmacist

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.

Requires further investigation:

- No evidence of consultation with an authorised engineer decontamination (AE(D). Their involvement will vary according to the service provided but may include annual audit of the decontamination service and where any major alterations in service provision are planned.

- No evidence of involvement from an infection prevention department/microbiologist for advice, review of test data and subsequent continued use of an endoscope disinfector in the event of a microbiological failure

Data to be considered when making judgements:

- Evidence of regular maintenance and servicing and proof of commissioning on installation

- Are adequate written safety procedures, work instructions, emergency procedures and operating instructions in place for all types of endoscopy undertaken? These documents should be reviewed and updated at regular intervals and after any significant changes to equipment.

- Decontamination policies, risk assessments and working instructions

Key lines of enquiry: **S1**

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

Report sub-heading: **Mandatory training**

Prompts	Professional standard	Sector specific guidance
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.5 Do staff receive effective training in safety systems, processes and practices?	• Core skills training framework	

Report sub-heading: **Safeguarding**

Prompts	Professional standard	Sector specific guidance
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.	• Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding. This includes the 2018 position statement on safeguarding children training. • Adult safeguarding roles and competencies for healthcare staff August 2018 • Safeguarding children and young people roles and competencies for healthcare staff January 2019	• If the service treats patients under the age of 18 years are there appropriate child safeguarding arrangements in place? **Where children are seen and treated:** • Does the service ensure that all staff are trained to appropriate level set out in the Intercollegiate Framework and are familiar with Government guidance 'Working Together to Safeguard Children'? • Are staff able to access a named or designated professional (internal or

• S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices? • S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?	• Working Together to Safeguard-Children: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. • Female genital mutilation multi-agency practice guidelines published in 2016 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 • Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) • CQC cross sector DBS guidance.	external) for advice at all times 24 hours a day? • Is there an identifiable lead responsible for co-ordinating communication for children at risk of safeguarding issues? • Do staff have an awareness of CSE and understand the law to detect and prevent maltreatment of children? • How do staff identify and respond to possible CSE offences? Are risk assessments used/in place? • What safeguarding actions are taken to protect possible victims of CSE? Are timely referrals made? And is there individualised and effective multi-agency follow up? • Are leaflets available about CSE with support contact details? What wider safeguarding protocol/guidance is in place - how are safeguarding issues talked about, who manages them, are lessons learned etc.? • Is there a chaperoning policy in place for children and young people? Are staff aware of and understand this policy? • If a child/young person is identified as being on a child protection plan, what systems are in place to ensure the correct information is shared and actions put in place

		• Are there protocols in place for children with safeguarding concerns?

Report sub-heading: **Cleanliness, infection control and hygiene**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?	• [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.	• Does the provider have defined roles and responsibilities for patient areas of the patient pathway and for decontamination? • Does the bedside clean take place immediately after the completion of the endoscopic procedure and is then followed by the manual clean of the endoscope? • Is the scope kept in a moist environment until reprocessed in a washer disinfector as soon as possible and within 3 hours, as is best practice? • Is there evidence of daily, weekly, quarterly and annual testing reports to the NHS guidance HTM 01.06 (WHTM 01.06/V2.0 Compliant Endoscope Decontamination Unit) BS EN 15883 parts 1,2, and 4 BS EN ISO 14971:2007 Medical devices – Application of risk management to medical devices?

	• Health Technical Memorandum 01-06: Decontamination of flexible endoscopes: https://www.gov.uk/government/publications/management-and-decontamination-of-flexible-endoscopes • Health Technical Memorandum 01-01 decontamination of surgical instruments (medical devices) used in acute care: https://www.gov.uk/government/publications/management-and-decontamination-of-surgical-instruments-used-in-acute-care	• Are the outcomes of annual audit documented, with an action plan to achieve the essential quality requirements within HTM 01-06 and work towards best practice? • Are there formal validated systems in place to guarantee the integrity of any portable storage device (e.g. cabinets, vacuum packed systems) over the prescribed elongated storage periods? • Are test reports validated by an independent authorising engineer in decontamination (AED)?
Report sub-heading: Environment and equipment		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Do the design, maintenance and use of facilities and premises keep people safe? • S1.10 Do the maintenance and use of equipment keep people safe? • S1.11 Do the arrangements for managing waste and clinical specimens keep people	• HSE guidance on portable electrical equipment • MHRA managing medical devices • Adherence to BSG and DH guidelines on decontamination and traceability for endoscopic equipment • Assessing Controlled Substances Hazardous to Health Regulations 2002	• Is the environment appropriate and patient centred (comfortable/sufficient seating, toilets and magazines, drinks machine, separate play area for children in an adult clinic)? • Does the provider have systems in place to ensure that access to particular areas is restricted where appropriate?

| safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) | • Accreditation of decontamination facilities to the medical device directive ISO 13485 and ISO 9001 (2013)

• HTM 03 01 Part A Specialised Ventilation for Healthcare Premises – deals with the design and installation of ventilation systems

• https://www.gov.uk/government/publications/management-and-decontamination-of-flexible-endoscopes

• Health Technical Memorandum 01-06: Decontamination of flexible endoscopes: https://www.gov.uk/government/publications/management-and-decontamination-of-flexible-endoscopes

https://www.gov.uk/government/publications/guidance-on-specialised-ventilation-for-healthcare-premises-parts-a-and-b | • Does the provider have systems in place to ensure maintenance and quality assurance of all equipment with corresponding records?

• Does the provider have systems in place to ensure that equipment replacement is planned?

• Does the provider follow HBN 52 Volume 2 – Accommodation for day care Endoscopy Unit?

• Does the provider follow guidance for loan instrument, repairs and maintenance?

• Is there a robust tracking and tracing system that records each stage of the decontamination process for each endoscope, the persons involved, storage and subsequent patient use including when scopes are used at multiple locations?

• Is there a clear flow of dirty to clean instrumentation within the decontamination area. If a single room is used as per HTM 01 06 are there systems in place to minimise cross |

		contamination and prevent the release of scopes not decontaminated appropriately?
		• Is the ventilation suitable i.e. negative pressure in dirty room, or flow from clean to dirty in a one room setting? (HTM 03.01 guidance)
		• Are all accessory items marked as single use and used appropriately in accordance with MHRA guidance (2013)?
		• Is the protective equipment available to all staff working within decontamination and worn appropriately?
		• Where decontamination of endoscopic equipment is not provided on site are scopes transported safely and securely?
		• If at any time endoscopic equipment has to be reprocessed off site by a facility external to the organisation, is the receiving decontamination unit providing the service accredited to the Medical devices directive ISO 13485 and ISO 9001 (2013)?

		• Is there provision for the decontamination of endoscopic equipment out of normal working hours?
		• Is resuscitation equipment readily available and appropriate to use in the endoscopy environment?
		• Do they undertake assessments and reviews of their activities under the control of Substances Hazardous to Health Regulations 2002 (COSHH)?
		• Do staff have access to appropriate accessories (e.g. Clips, diathermy) for any immediate procedure related bleeds?

Key line of enquiry: **S2**

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

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

Prompts	Professional standard	Sector specific guidance
• S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?	• Sepsis: recognition, diagnosis and early management (NICE Guideline 51) • For endoscopic procedures, the service takes into account British	• Are there clear pre-assessment processes for high risk patients? • Is an endoscopist always available to deal with GI emergencies out of hours?

• S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?	Society of Gastroenterology Quality and Safety Indicators for endoscopy • For decontamination purposes services need to take into account of an independent Authorised Engineer for Decontamination AE(D) holding a valid registration with the Institute of Healthcare Engineering and Estate Management (IHEEM) • https://www.gov.uk/government/publications/guidance-from-the-acdp-tse-risk-management-subgroup-formerly-tse-working-group	• Do they have systems and processes in place to escalate patients who need a higher level of care, due to a perforation for example? • Are there agreed and documented protocols for the transfer of people using services to NHS care in the event of complications? Has the service established links with local NHS trusts? • Do they have processes to direct patients what to do if they have a complication post procedure? • Is there a procedure in place to identify and manage patients with Transmissible Spongiform Encephalopathy such as sporadic Creutsfelt –Jakob Disease (sCJD) and variant Creutzfelt-Jakob Disease (vCJD) in line with Annex F, TSE guidance?
Report sub-heading: Endoscopists and Nurse (where appropriate) staffing		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?		• How are rotas and rosters made available to staff members and other parts of the service as appropriate? • Does the provider establish and comply with the policies and procedures for

• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		recruitment of staff members involved in the service, including employment of locums or other temporary staff members? • Do they use agency or locum staff and what are the local safety checks and induction policies of these staff?

Report sub-heading: **Medical staffing**		
• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe?		• How are rotas and rosters made available to staff members and other parts of the service as appropriate? • Does the provider comply with the policies and procedures for recruitment of staff members involved in the service, including employment of locums or other temporary staff members?

• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?		

Key line of enquiry: **S3**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Records**		

• S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe?
 	
• S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.)
 	
• S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?
 	
• S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)
	• Records management code of practice for health and social care
	
	• NICE QS15 information-exchange
		• Is there a system in place to ensure that medical records generated by staff holding practising privileges are available to staff (or other providers) who may be required to provide care or treatment to the patient?
		
		• Is there a system for ensuring medical records availability?
		  - Is this audited?
		  - What has been done to increase compliance?
		  - Can risk be mitigated - i.e. are records available electronically?
		  - What happens if records or scan pictures are not available - are procedures or investigations cancelled or people using services seen without records?
		
		• Does the service have an endoscopy reporting system to support clinical reporting and patient reports?

Key line of enquiry: **S4**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Medicines**		
• S4.1 How are medicines and medicines-related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.) • S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence? • S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence? • S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? • S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care? • S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in	• NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. Guidelines are followed for people in need of sedation for endoscopic procedures: BSG Quality and Safety indicators for endoscopy Guidance on the provision of sedation-services - 2016 http://www.bsg.org.uk/clinical-guidance/endoscopy/index.html	• How does the service ensure that guidelines are followed for people in need of sedation for endoscopic procedures? • Is there a system, SOP process for medical gases such as Nitrous Oxide and Co2?

accordance with current national guidance or evidence? • S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines? • S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?		

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

S5. What is the track record on safety?

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Incidents**		
- S5.1 What is the safety performance over time? - S5.2 How does safety performance compare with other similar services? - S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? - S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? - S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations - S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?	- A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined. - 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. (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.	- Does the endoscopy service have safety policies and processes in place to monitor, report and action never events and serious incidents? - How many incidents have occurred in the endoscopy service in the last year; and what processes have been put in place as a result? - Does the endoscopy service have core clinical protocols in place to support patient safety? - Is there evidence of adherence to duty of candour regulations, including a process for and evidence of written apologies? - What does the 30 day mortality and 8 day readmission data for endoscopy show: what are the audit outcomes?

• S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?	• 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. • GRS endoscopy standards for safety and appropriateness	• Are there processes in place to ensure that the right person gets the right procedure? • Is there a safety checklist in use for endoscopy such as a modified WHO checklist or productive endoscopy unit safety checklist?
Report sub-heading: Safety Thermometer		
• S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?	• NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding. • Safety Thermometer	*The NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system progress in providing a care environment free of harm for patients.* The NHS safety thermometer `system of recording` is only available to providers of NHS funded care**. Non NHS funded providers may have a similar system in place in order to monitor and measure the same types of harms.**

Effective

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

Key line of enquiry: E1

E1. Are people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Evidence-based care and treatment**		
• E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? • E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? • E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? • E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and	• 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. • NICE QS90 (2015) UTI in adults • BSG/JAG Quality and Safety indicators	• Are endoscopic procedures, for example, diagnostic upper GI endoscopy carried out in line with professional guidance? • Does the service meet the NICE guidelines on upper GI bleeding and if not is there an implementation plan. • Is the provider following the guidance outlined in the management and decontamination of flexible endoscopes HTM 01 06 and Health Technical Memorandum 01-01 decontamination of surgical instruments (medical devices) used in acute care?

do staff have regard to the MHA Code of Practice? • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?	• [Acute Upper gastrointestinal bleeding in over 16s NICE clinical guidance](#) • Health Technical Memorandum 01-06: Decontamination of flexible endoscopes: https://www.gov.uk/government/publications/management-and-decontamination-of-flexible-endoscopes • Health Technical Memorandum 01-01 decontamination of surgical instruments (medical devices) used in acute care: • https://www.gov.uk/government/publications/management-and-decontamination-of-surgical-instruments-used-in-acute-care	
Report sub-heading: **Nutrition and hydration**		
• E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?		• Are there processes in place for vulnerable patients e.g. diabetic, frail that require pre examination fasting/drinking prior to treatment?

Report sub-heading: **Pain relief**		
• E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating?	• [Core Standards for Pain Management Services in the UK](#)	

Key line of enquiry: **E2**

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

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Patient outcomes**		
• E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? • E2.2 Does this information show that the intended outcomes for people are being achieved? • E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time? • E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?	• The Joint Advisory Group (JAG). • [JAG Quality and Safety indicators](#)	• Does the provider have systems in place to monitor and act upon outcomes from upper gastrointestinal (GI) bleeds and mortality and readmission resulting from procedures? • Does the provider monitor and review inpatient endoscopy (indications, waiting times, British Society of Gastroenterology (BSG) auditable outcomes and quality standards).

Key line of enquiry: **E3**

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

Prompts	Professional standard	Sector specific guidance
Report sub heading: **Competent staff**		
- E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? - E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? - E3.3 Are staff encouraged and given opportunities to develop? - E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) - E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? - E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake?	[Guidance for employers sharing information about healthcare workers where a risk to public or patient safety has been identified](#)	- Does the provider monitor and review individual endoscopist performance against key performance indicators (KPIs) with supporting feedback systems? - Does the provider undertake a workforce skillmix review and impact assessment, and how frequently is this carried out? - Does the provider ensure that it has adequate staff members with the required competencies to deliver the education, training and professional development needs of the service? - For all clinical staff members, does the provider implement a process to provide clinical supervision and support revalidation including the

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opportunity for reflection, discussion and confirmation as part of their training programme? Activities shall include service-specific education and training to support the delivery of safe care.

- Is there evidence that all decontamination staff (including staff who undertake any part of the decontamination or handling of endoscopes) are trained and hold demonstrable competencies for their role? Is there an appointed decontamination lead?

- Is there evidence of COSHH (Control of Substances Hazardous to Health) training for all decontamination staff?

- What induction and training do bank/agency staff receive?

- How does the service ensure that consultants working under practising privileges arrangements only carry out treatments, procedures or reporting that they are skilled, competent and experience to perform? (e.g. do they perform similar work in their NHS practice?)

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		- What are the arrangements for granting and reviewing practising privileges? - Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty? - How is the competency of agency staff or locum staff ascertained? - Is BSG/JAG nursing workforce guidance followed?

Key line of enquiry: **E4**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Multidisciplinary working**		
• E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? • E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? • E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? • E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place?	• PHSO: A report of investigations into unsafe discharge from hospital • Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NICE guideline 27)	• How does the service ensure that it meets clinical guidance for report turnaround time for medical staff requesting an endoscopy to be carried out? • Does the provider have access to specialist nurses to provide advice for patients?
Report sub-heading: **Seven-day services**		
• E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?		

Key line of enquiry: **E5**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Health promotion**		

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

Key line of enquiry: **E6**

E6. Is consent to care and treatment always sought in line with legislation and guidance?		
Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Consent, Mental Capacity Act and DOLs**		
• E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance? • E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? • E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? • E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? • E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe,	• Consent: patients and doctors making decisions together (GMC) • Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment • BMA Consent Toolkit • BMA Children and young people tool kit • Gillick competence • MHA 1983 Code of Practice (including children and young people – chapter 19) BSG Consent Guidelines (http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp) or http://www.medicalprotection.org/uk/england-factsheets/consent-basics	• Are procedures consented for appropriately? • Do staff know what to do if a patient withdraws their consent during an endoscopy procedure? **Where children are seen or treated:** • Is there a consent policy specific to CYP in place? • Is there a CYP specific consent form used? • Does the policy contain information for staff on Gillick competency and other issues around consent? • How are CYP engaged (age and developmentally appropriate) in the consent process?

proportionate, and monitored way as part of a wider person centred support plan? • E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?	• http://www.medicalprotection.org/uk/advice-booklets/an-mps-essential-guide-to-consent/withdrawing-consent	• How are the needs of older young people and their parents addressed in the consent and information sharing process?

Caring

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

Key line of enquiry: **C1, C2 & C3**

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

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

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Compassionate care		
• C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? • C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? • C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?	• https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-1-Empathy-dignity-and-respect • https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-2-Contacts-for-ongoing-care • https://www.rcr.ac.uk/publication/intimate-examinations-and-use-chaperones	• What privacy considerations are made for patients having colonoscopy /sigmoidoscopy?

• C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?		
Report sub-heading: Emotional support		
• C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants?		• Does the provider have policies and processes in place to support patients who are diagnosed with cancer? • Are patients provided with information and advice on discharge?

Report sub-heading: **Understanding and involvement of patients and those close to them**		
• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their protected equality or other characteristics make this necessary? • C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these? • C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing? • C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered? • C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?	• https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-5-Preferences-for-sharing-information • https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-6-Decision-making	• Does the provider have systems in place to ensure that patient feedback on comfort is measured, reported and actioned? • In cases where the patient will be responsible for full or partial cost of care or treatment, are there appropriate and sensitive discussions about cost? **Where children are seen or treated:** • Do staff communicate appropriately with children and young people and their relatives? • Is information and support provided in a child friendly format to help CYP make decisions about or agree to care and treatment (including consent/assessment). • Can older children talk to a clinician without a parent present?

• C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?		

Responsive

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

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

R1. How do people receive personalised care that is responsive to their needs?

R2. Do services take account of the particular needs and choices of different people?

Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Service delivery to meet the needs of local people**		
• R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?	• https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-4-Individualised-care	• Is information provided to service users in accessible formats before appointments, e.g. contact details, hospital map and directions, consultant name if appropriate, information about any tests / samples / fasting required?

• R1.3 Are the facilities and premises appropriate for the services that are delivered?		• Are there out of hours appointments available, for example evening and weekends? • Is there any use of telemedicine / skype/ telephone appointments as alternative to face to face appointments, where appropriate?
Report sub-heading: Meeting people's individual needs		
• R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so? • R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances? • R2.2 How are services delivered and co-ordinated to be accessible	• Accessible Information Standard • https://www.nice.org.uk/guidance/qs15/chapter/Quality-statement-4-Individualised-care •	• Does the provider produce clear information about the range of endoscopy procedures provided (for referrers, patients and carers)? • How does the provider communicate pre-check in information with the patient before the date of the procedure? • How does the service ensure that appointments for new service users allow time to ask questions and have follow up tests?

and responsive to people with complex needs?[1] • R2.3 How are people, supported during referral, transfer between services and discharge? • R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? • R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?		• Does the provider have processes and systems in place to monitor, review and optimise patient comfort levels during all endoscopy procedures? • Following their appointment, do patients understand how and when they will receive test results / next appointment date? • Do service users describe receiving copies of letters sent between the hospital and their GP? **where children are seen or treate** • Is there a consent policy specific to CYP in place? • Is there a CYP specific consent form used? • Does the policy contain information for staff on Gillick competency and other issues around consent?

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[1]. For example, people living with dementia or people with a learning disability or autism.

		How are CYP engaged (age and developmentally appropriate) in the consent process? How are the needs of older young people and their parents addressed in the consent and information sharing process?

Key line of enquiry: **R3**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Access and flow		
• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.2 Can people access care and treatment at a time to suit them? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? • R3.4 Do people with the most urgent needs have their care and treatment prioritised? • R3.5 Are appointment systems easy to use and do they support people to access appointments? • R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • R3.7 Do services run on time, and are people kept informed about any disruption?		• Does the provider have policies, processes and systems in place to book and schedule patients? • Does the provider achieve and maintain standards for endoscopy waits as per national requirements? • Are all inpatient procedures performed within appropriate timescales? • How does the provider manage patient waits and plans for future patient demand? • Are service users offered a choice of appointments? • Are waiting times for appointments being met? Including cancer waiting times?

• R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use?		• How long are people kept waiting once they arrive in the department/unit? Is the waiting time for appointments communicated clearly? • How does the service manage Do Not Attend rates, cancellations and what is the process for rebooking?

Key line of enquiry: **R4**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: **Learning from complaints and concerns**		

• R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up?
 	
• R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint?
 	
• R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?
 	
• R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?
 	
• R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?
	• The NHS constitution gives people the right to
	
	   ➢ 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.
	
	   ➢ Receive compensation if they have been harmed.
	
	• The Independent Sector Complaints Adjudication Service (ISCAS) is the patient complaints **adjudication** service for independent healthcare, only applicable though if the provider subscribes to ISCAS.
	
	(please note that you may need to open this link in a non-IE browser)
		• Does the provider have defined roles and responsibilities for managing complaints from patients, carers and relatives?
		
		• Where the internal complaints process has been exhausted, what arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services Complaint Advisory Services (ISCAS voluntary scheme) and if not, does the provider have an alternative arrangement?). This includes NHS Private Patient Units, whose patients do not have access to the PHSO if their care is not NHS funded

		Where children are seen or treated:
		• Is there a child friendly complaints process appropriate for CYP of different age ranges to easily access and use?
		• Is there a child-friendly format inpatient patient satisfaction survey/ friends and family test, suggestion boxes etc.

Well-led

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

Key line of enquiry: W1

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

Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Leadership**		
• W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?	• National Safety Standards for invasive procedures(NatSSIPs) Version number: 1 published: 7 September 2015. • Fit and Proper Persons Guidance	• Are the roles and responsibilities of individuals in the leadership team defined and the team is supported by a leadership and organisational structure with clear lines of accountability?

• W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? • W1.3 Are leaders visible and approachable? • W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?		• Does the leadership team have sufficient managerial, administrative and technical support (such as information technology (IT)) to organise and deliver the service effectively? • Does the provider have a clear description of the members of the team, and the responsibilities of both the core, and wider team, in the running and development of the endoscopy service? • Does the leadership team have systems and processes in place to support the endoscopy team in delivering the endoscopy service patient care safely? • How do leaders ensure employees who are involved in invasive procedures develop shared understanding, and are educated in good safety practice, as set out in the national standards? Applies to those providing NHS funded care

Key line of enquiry: **W2**

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

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Vision and strategy		
• W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?		

Key line of enquiry: **W3**

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

Prompts	Professional Standard	Sector specific guidance
Report sub-heading: Culture		
• W3.1 Do staff feel supported, respected and valued? • W3.2 Is the culture centred on the needs and experience of people who use services? • W3.3 Do staff feel positive and proud to work in the organisation? • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vison and values, regardless of seniority? • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • W3.7 Is there a strong emphasis on the safety and well-being of staff?	• 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 WRES guidance for IH providers	• How has the provider prepared/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring?

• W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?		

Key line of enquiry: W4

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

Prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Governance**		
• W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate	• **The Health Care and Associated Professions (Indemnity Arrangements) Order 2014**	• Does the provider have a defined communications structure and processes to support the organisation and delivery of the service (e.g. operational and governance meetings)? • Does the provider have an annual audit plan for the service with named leads and timescales for completion (Note: should include quality and other audits)? • Is there a process to review and maintain all policies and standard operating procedures?

interaction and promote coordinated, person-centred care?		• Does the provider have governance policies, processes and systems in place to monitor, report and action the quality and safety indicators for all endoscopists? • How does the provider ensure that practitioners holding practising privileges have an appropriate level of valid professional indemnity insurance? • How does the provider ensure that all staff undergo appropriate checks as required by Schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2014? • In cases where there is a Medical Advisory Committee are roles and responsibilities set out and available? • How does the provider make sure those medical practitioners involved in endoscopy procedures in the independent sector, inform their appraiser of this in their annual appraisal and maintain accurate information about their personal performance in line with national guidance on appraisal for doctors?

		• Is there a designated lead for decontamination who reports to the organisations board/CEO?

Key line of enquiry: **W5**

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

Prompts	**Professional Standard**	**Sector specific guidance**
Report sub-heading: **Managing risks, issues and performance**		
• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? • W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? • W5.5 Are potential risks taken into account when planning services, for example	• 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.	• Does the provider have an action plan to address areas where it is unable to currently meet the quality measures in the 2013 National Institute for Health and Care Excellence (NICE) guidelines for acute upper GI bleeding? • Are the outcomes of annual audit documented, with an action plan to achieve the essential quality requirements within HTM 01-06 and work towards best practice?

seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?		
• W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?		

Key line of enquiry: **W6**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Managing information**		
• W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and	CAP: Healthcare: Overview • guide to gdpr	• Are arrangements for advertising or promotional events in accordance with advertising legislation and professional guidance? • Is there a system in place to ensure non-NHS-funded people using the service are provided with a statement that includes terms and conditions of the services being provided to the person and the amount and method of payment of fees.

performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?

- W6.5 Are information technology systems used effectively to monitor and improve the quality of care?

- W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required?

- W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?

Key line of enquiry: **W7**

W.7Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Prompts	Professional Standard	Sector specific guidance
Report sub-heading: **Engagement**		
• W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? • W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does		• Does the provider have systems in place to review and update (as required) all patient information to reflect patient feedback and changes in practice or risks (covers website, printed information and other)?

this include people in a range of equality groups? • W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic? • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? • W7.5 Is there transparency and openness with all stakeholders about performance?		• Does the provider have systems in place to ensure that all staff are involved in the development of the endoscopy service? • Is there evidence of change from comments/complaints raised through patient surveys?

Key line of enquiry: **W8**

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

Prompts	**Professional standard**	**Sector specific guidance**
Report sub-heading: **Learning, continuous improvement and innovation**		
• W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? • W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them?		• Does the provider have a quality improvement plan that includes improvement initiatives for both clinical and non-clinical services?

• W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements? • W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? • W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?		