Inspection framework: Independent single specialty providers of Diagnostic Imaging reporting services only

Single Specialty: Diagnostic Imaging - reporting services only (Teleradiology)

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

1. Single specialty services providing solely or mainly diagnostic imaging- reporting services only

Teleradiology is the transmission of images and associated data between locations for the purpose of primary interpretation or consultation and clinical review. Teleradiology also encompasses the process of remote viewing of images via a web viewer. Such processes include the sharing of patient identifiable information within and among organisations and across international boundaries.

Diagnostic imaging includes imaging services and screening procedures, such as X-rays, fluoroscopy, MRIs, PET, CT and DEXA scans, ultrasound (including baby ultrasound that is not part of a maternity service), nuclear medicine scans, and symptomatic mammography.

Interviews, focus groups, observations

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

- Head of clinical services or commissioner of the reporting service
- Head of image reporting services
- Head of quality and governance
- Teleradiologist and radiographers (if included in service)
- Call centre staff

  Radiologists and call centre staff will likely not be based in an office in England. They may either be based at home (radiologists) or abroad (call centre and radiologists).

Service specific things to consider

This service will generally not have direct contact with patients.

Suggested reading:

https://www.rcr.ac.uk/publication/standards-provision-teleradiology-within-united-kingdom-second-edition

Safe

By safe, we mean people are protected from abuse* and avoidable harm.
*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Key lines of enquiry: S1

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

Report sub-heading: **Mandatory training**

Prompts	Professional standard	Sector specific guidance
• 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?		

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?	• Safeguarding children and young people: Roles and competencies for healthcare staff (January 2019) • Adult safeguarding: Roles and competencies for healthcare staff (August 2018)	• What protocols are there to identify and verify the patient? • Are there appropriate safeguarding arrangements in place if there is evidence of abuse or harm when reporting both child and adult images?

- S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.

- S1.4 How is safety promoted in recruitment practice, arrangements to support staff, disciplinary procedures,band 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?

- HM Government: Working Together: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. July 2018

- The radiological investigation of suspected physical abuse in children

- Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015)

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?		Not applicable in these services
Report sub-heading: **Environment and equipment**		
• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Do the design, maintenance and use of facilities and premises keep people safe? • S1.10 Do the maintenance and use of equipment keep people safe? • S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)	• Picture archiving and communication systems (PACS) and guidelines on diagnostic display devices: https://www.rcr.ac.uk/publication/picture-archiving-and-communication-systems-pacs-and-guidelines-diagnostic-display	• Do they have a QA programme and are they doing this on the reporting monitors at the appropriate time? • Has the provider carried out a risk assessment for the use of VDUs? • Do reporting monitors comply with the RCR standards?

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? • 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?		• What are the processes for escalating unexpected or significant findings? • What is the process for justification of medical exposures? Are all requests justified by an IRMER practitioner? How is this recorded?

Report sub-heading: **Radiographers and Nurse (where appropriate) Staffing**

Prompts	Professional standard	Sector specific guidance
• 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?		• How are staffing requirements assessed or calculated?

• 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?		
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?		• How are staffing requirements assessed or calculated?
• 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?		

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.)	• Teleradiologists must have access to the same breadth of patient information as they would in the base hospital and the standard should be the same regardless of whether an image is reported in a trust or through an independent service provider: STANDARD ONE: there should be clear and transparent systems in place for rapid, secure transfer and review of images and where necessary storage of patient data STANDARD TWO: reporting must be the same standard independent of where and by whom the data is reported. STANDARD THREE: the same person should interpret the examination and issue the report to the referring clinical and should be clearly identified, with the results communicated and integrated into the base hospital's radiology information system (RIS), picture archiving and communications system (PACS) and electronic patient record (EPR) in a timely manner	• Are the Radiology Information System and Picture Archiving and Communication System secure and password protected? • Does the use of teleradiology follow RCR guidelines? • How is patient information kept secure, particularly when it is sent outside the EU? Is this compliant with the General data protection regulation* (GDPR)? • How is the patient's history accessed if appropriate?

	• [Standards for the provision of teleradiology](#) • [general data protection regulation](#)	

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?		• Is there access to pathology results for assessment of renal function for the justification of contrast administration?

• S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence? • S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines? • S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?		

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,	Where there have been critical, urgent and unexpected significant radiological findings, there are local procedures in place, which are being followed to ensure: • It is the responsibility of the radiologist to produce reports as quickly and efficiently as possible • It is the responsibility of the requesting doctor and/or their clinical team to	• How is learning from clinical incidents disseminated? • How many incidents have occurred in the last year? What processes have been put in place as a result?

and to report them internally and externally, where appropriate?

- S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations

- S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?

- S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?

- S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?

read, and act upon the report findings as quickly and efficiently as possible
- It is the responsibility of the trust or other equivalent healthcare organisation to provide systems, whereby as soon as a verified imaging report has been produced, it is easily available to be read and acted upon by the referrer, their team, and other relevant clinicians

This document aims to outline responsibilities for each of those involved in the radiology reporting system: RCR Standards for the communication radiological reports and fail safe alert notification

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)?		Not applicable in these services

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?	National Institute for Clinical Excellence, _Head injury: assessment and early management: Key priorities for implementation_, June 2017 National Institute for Clinical Excellence, _Major trauma: assessment and initial management - Recommendations_, February 2016 https://www.nice.org.uk/guidance/ng39/chapter/Recommendations https://www.rcr.ac.uk/clinical-radiology/publications-and-standards	• Do they audit their practice locally against the guidelines from NICE, RCR etc? • How does the service ensure that individual providers' protocols are managed? • How does the service ensure that it meets clinical guidance for report turnaround time?

• E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?		
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?		Not applicable in these services
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?		Not applicable in these services

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?	- https://www.rcr.ac.uk/clinical-radiology/service-delivery/quality-standard-imaging-qsi - Standards for Learning from Discrepancies meetings	- Does the provider participate in the Quality Standards for Imaging (? If so what departments are accredited and what level of accreditation does it hold? - Is the service regularly reviewing the effectiveness of its reporting through local and national audits? - What evidence is there that the service has changed in response to their audits? - Do they have regular audit meetings to learn/ feedback? - Does the service undertake regular discrepancy meetings as per RCR guidance? What is the process for sharing discrepancies with hospital providers?

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?	- Standards for the reporting of imaging investigations by non-radiologist medically qualified practitioners - Non-radiologists who interpret images should work in teams with ready access to radiologists for advice https://www.rcr.ac.uk/publication/standards-reporting-and-interpretation-imaging-investigations - Medical training is required when imaging findings are correlated with clinical details and the results of laboratory tests to makes a clinical diagnosis https://www.rcr.ac.uk/publication/standards-reporting-and-interpretation-imaging-investigations	- What induction and training do bank/agency staff receive? - Does the service use call centre staff? What training do they receive and what procedures do they use? - Are IRMER practitioners entitled under the providers radiation protection framework? - Is the service aware of the providers' Employer's Procedures and do they adhere to them? - Does the service ensure that all practitioners have GMC or other professional registration in England? - How are the learning needs of all staff identified? Is there peer review?

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?		• Does the service attempt to make use of previous images of the same patient, even when these have been taken elsewhere? • Are teleradiologists available for advice for both radiographers and referrers? • How does the service ensure that if the referrer wants to discuss results with the "reporter" they will be able to discuss this with them directly?
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.)		Not applicable in these services

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,		Not applicable in these services

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?		

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?

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?		Not applicable in these services

• 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?		Not applicable in these services

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?		Not applicable in these services

• 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? • R1.3 Are the facilities and premises appropriate for the services that are delivered?		• What are the operating times for radiology reporting services?

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?	• [Accessible Information Standard](#)	Not applicable to these services
• R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?		
• R2.2 How are services delivered and co-ordinated to be accessible and responsive to people with complex needs?[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?		

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

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? • R3.8 How is technology used to support timely access to care and treatment? Is the	• [Diagnostic Waiting Times & Activity FAQs](#)	• What action is taken to minimise the time people have to wait for a report to be available? • What is the process for informing providers about any disruption to services?

| technology (including telephone systems and online/digital services) easy to use? | | |

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?
	• 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, of which membership is voluntary. It is only applicable if the provider subscribes to ISCAS.
		• 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) of which membership is voluntary, 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.

• 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?	(please note that you may need to open this link in a non-IE browser)	

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? • 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?		

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?	• [WRES in Independent health care providers](#)	• How is clinical oversight of remote staff managed? • How do remote staff interact with each other? How is individual performance managed i.e. appraisals, P&Ps, CPD?

Prompts	Professional Standard	Sector specific guidance
• 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?		• How are risks managed, assessed and identified? • Do they understand their scanning rates against national levels?

• W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?		

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 seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?		• What contingency plans exist for IT failures? • What is the process for informing providers of any disruption to service?

• 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?

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 performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?	• There must be a reliable method for the referrer to discuss difficult cases in more detail with the individual who reports the investigation: https://www.rcr.ac.uk/publication/standards-reporting-and-interpretation-imaging-investigations GDPR	• Does the service provide electronic access to diagnostic results? • Does the service have arrangements in place to make sure diagnostic imaging results are available in a timely manner and are there robust service performance measures which are reported and monitored? • How does the service communicate with the provider/ referrer? How long does this take/ Is it measured or monitored in any way? • Is all data encrypted between the referrer and service? • If data is being sent is it GDPR compliant?

Prompts	Professional Standard	Sector specific guidance
• 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.7 Are 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		

Prompts	Professional standard	Sector specific guidance
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?		

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?		

• 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?		