

Inspection framework: independent acute hospitals

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
Various	7,9,10,13,15,22,23. 21	December 2019; Broken hyperlinks restored. Removed reference to AIHO
R4	38, 39	May 2020: Third stage complaints prompts aligned with all other IH frameworks (to ensure consistency)

Inspection framework: independent acute hospitals

Service: Surgery (cosmetic surgery only)

Please read the following before using this inspection framework:

This inspection framework is intended for use when inspecting hospitals and clinics that carry out surgery that is **solely** cosmetic surgery.

Provision of cosmetic surgery is inspected under the CQC acute hospital methodology, and includes independent cosmetic surgery hospitals and clinics, for inpatients and/or day patients.

By cosmetic surgery (for the purpose of inclusion in CQC acute hospital inspection methodology), we mean surgery carried out by a healthcare professional for cosmetic purposes where the procedure involves instruments or equipment inserted into the body.

For the purpose of inclusion in CQC's acute hospital inspection methodology any of the following procedures are included in the meaning of cosmetic surgery (this list is **not** exclusive):

Face and neck lift (rhytidectomy) , brow surgery, facial contouring, eyelid surgery (blepharoplasty), ear surgery (otoplasty), nose surgery (rhinoplasty), free fat grafting, liposuction, mammoplasty, male breast (gynecomastia) surgery, nipple areola alteration, tummy tuck (abdominoplasty) , arm lift (brachioplasty), post-weight loss (post-bariatric) surgery, penis alteration, thigh lift, regenerative surgery of the hand, alloplastic augmentation of the face (facial implant), skeletal repositioning, chin surgery (genioplasty), nose surgery (rhinoplasty) surgery of the face, eye, or hair/beard transplant surgery.

Cosmetic surgery provision includes anaesthetic services that are being provided alongside the surgery.

Cosmetic surgery should be included regardless of whether these procedures might be carried out in an operating theatre or clinic treatment room.

Areas to inspect

The inspection team should carry out an initial visual inspection of each area, where applicable. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.

- Outpatient department / consulting rooms (in cases of solely cosmetic surgery provision)
- Ward
- Pre-Operative Assessment Unit
- Anaesthetic Room(s)
- Equipment rooms/storage/HSSD (Hospital Sterile Supplies Department)
- Recovery
- Post Anaesthetic Extended Care Unit (PAECU)

- Theatres and any area within the location where surgical procedures may be carried out.

Interviews/focus groups/observations

You should conduct interviews of the following people (where in post) at every inspection:

- People who use services and those close to them
- Registered Manager
- Hospital Matron or Head of Clinical Services
- A Medical Advisory Committee (MAC) representative for surgery
- MAC representative for anaesthesia
- Theatre Manager
- Surgeon/s
- Anaesthetists

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

- Surgeons holding practising privileges
- Anaesthetists holding practising privileges.
- Radiologists
- Operating Department Practitioner (ODP)
- Registered theatre nurse and ward nurse.
- Pre-admission nurses
- Ward sister/charge nurse.
- Resident Medical Officer.
- Booking clerk/officer
- Patients (in particular there is likely to be an ideal opportunity to speak to patients when they attend pre-assessment clinics)
- Theatre porters

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
<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> NICE NG51 Sepsis: recognition, diagnosis and early management. Skills for Health: Mandatory Core Skills Training Framework. https://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework 	<ul style="list-style-type: none"> Are there mandatory training records? Is there a policy for sepsis management and are staff aware of it? (NB: This applies in all cases, including cosmetic day surgery services where patients may contact the service following discharge for follow up or if they experience concerns/complications). Have staff received annual training on sepsis management; including the use of sepsis screening tools?

Report sub-heading: Safeguarding

<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated 	<ul style="list-style-type: none"> Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 (Intercollegiate 	<ul style="list-style-type: none"> If the service treats patients under the age of 18 years are there appropriate
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<p>to staff?</p> <ul style="list-style-type: none"> • 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. • 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? 	<p>document)</p> <ul style="list-style-type: none"> • Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 • Female genital mutilation multi-agency practice guidelines published in 2016 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2016 • Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) • <i>Providers treating children should have regard to the statutory guidance 'Working Together to Safeguard Children'.</i> 	<p>child safeguarding arrangements in place for children?</p> <ul style="list-style-type: none"> • If the provider does not provide treatment to patients under 18 years of age, how does the provider ensure that the young people seeking treatment are over the age of 18?
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Report sub-heading: **Cleanliness, infection control and hygiene**

<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. • NICE QS61 Statement 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. • Decontamination of surgical instruments 	<ul style="list-style-type: none"> • How does the service screen new admissions for MRSA and MSSA? • How does the service ensure systems, process and practice reflect NICE NG125 regarding Surgical site Infection? (NB: NG125 includes information for patients, and recommendations pre-op, during operation and post-operatively). • Is the provider managing and decontaminating reusable medical devices in line with national guidance such as the DH Health Technical Memorandum on decontamination of surgical instruments?
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Report sub-heading: **Environment and equipment**

<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • All equipment must conform to the relevant safety standards and be regularly serviced AAGBI guidelines for checking for anaesthetic equipment / checklist 2012. • Association of Anaesthetists British Association of Day Surgery 	<ul style="list-style-type: none"> • If bariatric surgery is carried out, is equipment safe and appropriate for this patient group? • Where major cosmetic surgery is carried out how does the service ensure that there is at a minimum Level 2 postoperative care provided in either a Post Anaesthetic Extended Care Unit (PAECU) or a level 2 critical care unit
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<ul style="list-style-type: none"> 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.) 	<p>(BADs) Day Case Surgery 2019</p> <ul style="list-style-type: none"> RCS Good Surgical Practice 2014 RCS Professional Standards for Cosmetic Surgery 2016 HSE: Maintaining portable electrical equipment MHRA: Guidance on managing medical devices Health Building Note (HBN) 26 facilities for surgery in acute general hospitals and also HBN 10-02 day surgery facilities. 	<p>(HDU)?</p> <ul style="list-style-type: none"> Are instruments, equipment and implants in compliance with MHRA requirements? Are there processes for reporting product failure to the appropriate regulatory authority? Are facilities, surgical and anaesthetic equipment including resuscitation and anaesthetic equipment available, fit for purpose and checked in line with professional guidance for example guidance issued by AAGBI, Resuscitation Council (UK) and RCoA? Are there back up generators in place that are tested regularly and that activate in the case of a power failure? If not, what are the arrangements in case of power failure or interruption of essential utilities?
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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
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Sepsis: recognition, diagnosis and early management (NICE Guideline 51) <p>NB: There must be a hospital / clinic wide</p>	<ul style="list-style-type: none"> Does the hospital have an admission policy setting out safe and agreed criteria for selection and admission of patients? How does the service ensure that risk

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?

standardised approach to the detection of the deteriorating patient and a clearly documented escalation response.

Ref: [Recognising and responding appropriately to early signs of deterioration in hospitalised patients NPSA 2007](#)

Ref: [Resuscitation Guidelines chapter 4 on Prevention of in-hospital cardiac arrest and decisions about cardiopulmonary resuscitation](#)

- [Guidance for Doctors Who Offer Cosmetic Interventions, GMC, 2016.](#) Surgeons who perform cosmetic surgery should:
 - Make attempts to identify the psychologically vulnerable patient and, where they have concerns, be prepared to avoid or defer operation pending psychological assessment.
 - Refer a patient to a mental health expert when they consider that the psychological state of the patient may affect the patient's satisfaction with the outcome of surgery.
- [Professional Standards for Cosmetic Surgery, RCS, 2016:](#)
 - Consider referral to a clinical psychologist when a patient requesting cosmetic surgery

based pre-operative assessment has been carried in out in line with guidance on pre-operative assessment (day cases/inpatient) from the Modernisation Agency? And, including in cases where general anaesthesia or intravenous sedation is used, a pre-operative assessment by the anaesthetist?

- How does the service ensure that the consultation takes account of the RCS professional Clinical Standards for Cosmetic Surgery?
- How is an assessment carried out that takes account of the following:
 - ensuring that the patients' vulnerabilities and psychological needs are appropriately considered?
 - That psychologically vulnerable patients are identified and referred for appropriate psychological assessment?
 - The patient's suitability for the procedure, taking into account their medical history, general health, age, co-morbidities, ongoing medications or other planned procedures?
 - Ensuring that the patients request for the cosmetic surgery is voluntary and not coerced?
- NB: Clinicians should be able to

	<p>appears to have unrealistic outcome expectations or an apparent disproportionate view of their appearance.</p> <ul style="list-style-type: none"> • Code of Practice, BAPRAS, 2019 • WHO: 5 steps to safer surgery • 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. • RCoA Guidance for the Provision of Anaesthesia Services for Pre-operative Assessment and Preparation 2019 • Pre-operative assessment should be in line with NICE NG45: Pre-operative assessments • Association Anaesthetists and British Association of Day Surgery Guidelines for day case surgery 2019 set out: <i>Best practice is a helpline for the first 24hrs after discharge and to telephone the patient the day after surgery.</i> 	<p>evidence that they have received adequate training in assessing psychological needs. It is not sufficient to expect patients to self-declare any psychological morbidity e.g. on a questionnaire. The provider should be able to demonstrate a pathway for patients that may benefit from further psychological assessment/input by a suitably trained professional e.g. psychologist.</p> <ul style="list-style-type: none"> • How does the service ensure compliance with the 5 steps to safer surgery for all surgical procedures carried out? World Health Organisation (WHO) surgical checklist including marking of the surgical site? • Is VTE assessment undertaken for patients undergoing cosmetic surgery? If not, can the provider explain why it is not necessary or why NICE guidance regarding VTE assessment is not being followed? • Has the service implemented a safe and effective escalation process e.g. Modified Early Warning System (MEWS) or National Early Warning System (NEWS)? • Is there a clear, documented process for monitoring patients, assessment and escalation when there is a deterioration?
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	<ul style="list-style-type: none"> • National Early Warning Score (NEWS): Standardising the assessment of acute-illness severity in the NHS • RCoA Guidelines for Emergency Anaesthesia Services 2019 which include a section on transfer to another hospital • Where appropriate: Pressure ulcers: prevention and management. NICE CG179 	<ul style="list-style-type: none"> ○ Is the process clear about who to escalate to? ○ Is the monitoring and escalation process/pathway documented and does it include a documented transfer process? • Is there evidence of use of a sepsis care bundle for the management patients with presumed/confirmed sepsis? (i.e. 'Sepsis 6' care bundle) • Is there an escalation policy for patients with presumed/confirmed sepsis who require immediate review? This includes patients contacting the provider in the event of concerns suggestive of sepsis following discharge. • How does the service ensure that patients are made aware of where they can seek urgent help and advice at any time (24-hour / 7 days a week) following discharge? • How does the service ensure that appropriate on-going care and treatment is available in the event a day patient is not fit for discharge? • Does the service ensure that patients can contact a named suitably-qualified person if they experience complications or have concerns outside of normal working hours?
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		<ul style="list-style-type: none">• In cases if / where high-risk patients are accepted for admission, is there adequate planning ensuring availability of level 2 facilities and staffing for patients?• Are there protocols for the transfer of patients in the event of complications from surgery or deterioration, to NHS acute trusts or other appropriate facilities? Does the documented transfer process take account of the design of the facilities/building? (i.e. access to the surgical area and safe transfer)• What processes are in place if a patient requires a return to theatre, or readmission after discharge?• If major cosmetic surgery is undertaken (for example abdominoplasty further to significant weight loss after bariatric surgery or large volume liposuction etc.) what tested arrangements are in place in cases of major or significant blood loss? This includes immediate availability of blood for transfusion, an SLA being in place for the immediate procurement of additional blood, effective tested communication and escalation systems, and access to emergency equipment, such as the appropriate sutures and packs. (The emergency arrangements
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		<p>will need to reflect the type of cosmetic surgery undertaken and the degree of geographical isolation from other acute healthcare services).</p> <ul style="list-style-type: none"> • How do providers ensure that all staff involved in performing invasive cosmetic procedures develop shared understanding and are educated in good safety practice, as set out in the national Standards for Invasive Procedures?
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Report sub-heading: Nurse staffing

<ul style="list-style-type: none"> • 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? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> • NICE guidelines SG1 recommends a systematic approach to nurse staffing at ward level to ensure that patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week. • NICE SG1 sets out that the occurrence of nursing red flag events (shown in section 1.4 of the NICE guidance) is monitored throughout each 24-hour period. Monitoring of other events may be agreed locally. • AAGBI Management of severe local anaesthetic toxicity 	<ul style="list-style-type: none"> • Is guidance on staffing levels followed? • Is guidance on theatre staffing and skill mix followed as set out by recognised professional bodies? • If liposuction is performed under tumescent local anaesthesia, is there an assistant with appropriate training to monitor the patient for signs and symptoms of toxicity?
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Report sub-heading: Medical staffing

<ul style="list-style-type: none"> • 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? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> • Reference: Royal College of Anaesthetists' (RCoA) Guidelines for the Provision of Anaesthetic Services (GPAS) 2019 These documents make several recommendations. Refer to full RCoA guidance for details. • Refer also to: Academy of Medical Royal Colleges: Safe Sedation Practice for Healthcare Procedures. Standards and Guidance. October 2013 	<ul style="list-style-type: none"> • How does the service ensure that the surgeon is always contactable 24hrs a day and available to attend a patient within a 30min time frame if required? • How does the service ensure that appropriate anaesthetic services are provided, and that there is suitable arrangement for anaesthetic provision out of hours/post operatively if required? How quickly are they able to attend? • How does the service ensure that suitable alternative arrangements are in place in the event of the surgeon or anaesthetist being unavailable / unobtainable, and for their planned absences? • In cases where sedation is administered by the person carrying out the procedure ('operator-sedationist') is there an appropriately trained second individual, whose main role is monitoring the patient during the procedure? Are they sufficiently training in interpreting the monitoring and responding to a deterioration?
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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
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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.)
- [NICE QS15 Statement 3](#): People using adult services experience coordinated care with clear and accurate information exchange between relevant health and social care.
 - [RCS Good Surgical Practice 2014 Point 1.2.1](#)
 - [RCS Professional Standards for Cosmetic Surgery 2016](#)
 - Recommendation 12: [Gov response to the Review of Regulation of Cosmetic Interventions](#)
 - AAGBI Day Case and Short Stay Surgery
 - [Records management code of practice for health and social care](#)
Sets out standards required for the management of records for organisations who work within, or under contract to the NHS in England
 - [NHS Digital - Breast and Cosmetic Implant Register](#). The registry records the details of any individual, who has breast implant surgery, so that they
- How does the service ensure that appropriate pre-op assessment is recorded?
 - How does the service ensure that the operating records and the patient clinical record are integrated into a single hospital/clinic record for the patient?
 - How is discharge communicated to the patient's GP? How soon after discharge does this occur? If the patient has refused consent for their GP to be contacted, has this been documented in the patient record?
 - Are care summaries sent to the patient's GP on discharge to ensure continuity of care within the community?
 - How does the service ensure that details of the surgery, and any implant or injectable used, are sent to the patient and to the patient's GP?
 - How does the service ensure that cosmetic implants are recorded in the national breast and cosmetic implant register?
 - Is there a system in place to ensure that medical records generated by staff holding practising privileges are available

	<p>can be traced in the event of a product recall or safety concerns relating to the implant.</p> <ul style="list-style-type: none"> • RCS: Good Surgical Practice 2014. Point 3.4 • RCS: Professional Standards for Cosmetic Surgery 2016 • Recommendation 12 of the Review of the Regulation of Cosmetic Interventions • NICE QS15 statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. • NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record. 	<p>to staff (or other providers) who may be required to provide care or treatment to the patient?</p> <ul style="list-style-type: none"> • When patients are prescribed an antimicrobial do they have the clinical indication, dose and duration of treatment documented in their clinical record?
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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
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Report sub-heading: **Medicines**

<ul style="list-style-type: none"> • 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 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? 	<ul style="list-style-type: none"> • NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. • NICE QS121 Statement 4: People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available • Start Smart then Focus: Antimicrobial Stewardship Toolkit • AAGBI Safety Guidance Managing Severe Local Anaesthesia Toxicity. • Recommendations Surgical site infections: prevention and treatment Guidance NICE Sets out to give antibiotic prophylaxis to patients before: <ul style="list-style-type: none"> • clean surgery involving the placement of a prosthesis or implant • clean-contaminated surgery • contaminated surgery. • Do not use antibiotic prophylaxis routinely for clean non-prosthetic uncomplicated surgery and do not use topical antimicrobial agents for 	<ul style="list-style-type: none"> • Are allergies clearly documented in the prescribing document used? • Are nursing staff aware of policies on administration of controlled medicines? • Are there local microbiology protocols for the administration of antibiotics and are prescribers adhering to them? • Is NICE 2019 guidance for surgical site infections: prevention and treatment followed? • In the case of liposuction performed under tumescent local anaesthesia does the provider have the necessary medicine (1000ml of 20% lipid emulsion and appropriate benzodiazepine to manage seizure) readily available to use in the event of toxicity? • What SLAs exist (if required) for the provision of pharmacy support?
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surgical wounds that are [healing by primary intention](#) to reduce the risk of surgical site infection.

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		
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Revised never events policy and framework (2015) ○ Never events list 2015/16 ○ Never Events List 2015/15 - FAQ • Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015. 	<ul style="list-style-type: none"> • Are surgical site infection rates for all cosmetic surgery monitored? • How do surgical (including anaesthetic) morbidity and mortality reviews feed into service improvement and lesson learnt? • Are these reviews undertaken monthly, MDT attended, minuted and lessons learnt? • Is there evidence in incident investigations that duty of candour has been applied? • Can staff explain the arrangement in place for receiving and acting effectively on safety alerts (received through the

<p>investigations</p> <ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents. • Duty of Candour: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. • Multi-professional surgical (including anaesthetic) morbidity and mortality reviews should be undertaken monthly and minuted. • https://www.cas.mhra.gov.uk/Home.aspx 	<p>Central Alerting System?)</p> <ul style="list-style-type: none"> • Can staff explain the procedure to follow in order to report failure of a medical product/device to the appropriate regulatory authority?
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Report sub-heading: **Safety Thermometer**

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • NICE QS3 Statement 4: Patients are 	<ul style="list-style-type: none"> • Does the service monitor the incidence of any of the following and take appropriate action as a result of the findings? <ul style="list-style-type: none"> - Pressure ulcers - VTE
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<p>information from a range of sources (including performance against safety goals where appropriate)?</p>	<p>re-assessed within 24 hours of admission for risk of VTE and bleeding.</p> <p><i>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.</i></p>	
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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		
<ul style="list-style-type: none"> E1.1 Are people's physical, mental health and social needs holistically assessed, and 	<ul style="list-style-type: none"> RCS Professional Standards for Cosmetic Surgery 2016 	<ul style="list-style-type: none"> How does the service ensure that cosmetic surgery is managed in

<p>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?</p> <ul style="list-style-type: none"> • 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 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? 	<ul style="list-style-type: none"> • Cosmetic surgery pre-operative assessment RSC Professional Standards for Cosmetic Surgery 2016 • NCEPOD recommendations regarding cosmetic surgery 'on the face of it' and review of bariatric surgery 'Too Lean a service'? • NHS - Enhanced Recovery Programme • CG3 Preoperative tests • QS49 Surgical Site Infection • RCS Good Surgical Practice (September 2014) • AAGBI guidelines • NCEPOD recommendations regarding bariatric surgery 'Too Lean a service' • 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, 	<p>accordance with professional and expert guidance for example as published by the RCS?</p> <ul style="list-style-type: none"> • How does the service ensure account is taken of relevant NICE guidance? • How does the service ensure that care is managed in accordance with NICE guidelines? for example: <ul style="list-style-type: none"> • CG3 Preoperative tests • QS49 Surgical Site Infection • In cases where no follow-up is planned, or the patient does not return for follow-up, how does the service seek to gain outcome data such as post-operative surgical site infections? • In cases where clinicians are performing novel or high-risk procedures, how do they justify how they are acting in the patient's best interest, keeping patients safe and conveying risk? • How does the service ensure professional recommendations and guidance is followed in respect of bariatric surgery? • How does the service ensure that cosmetic pre-operative assessment includes appropriate and relevant psychiatric history and discussion with
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	<p>prescribing and administering IV fluids, and monitoring patient experience.</p> <ul style="list-style-type: none"> • (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 • NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations • AAGBI Safety Guideline: Management of Severe Local Anaesthesia Toxicity 	<p>people about body image before surgery is carried out? (in line with RCS professional guidance)</p> <ul style="list-style-type: none"> • Do the service use the RCS audit tool that covers key aspects of the pre-operative and consultation stage? • Is sepsis screening and management done effectively, in line with national guidance (i.e. NICE guidance; UK Sepsis Trust) • If liposuction is performed under tumescent local anaesthesia, does the service ensure staff are adequately trained and have access to professional guidance on recognition and treatment of toxicity?
<p>Report sub-heading: Nutrition and hydration</p>		
<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. 	<ul style="list-style-type: none"> • How does the service ensure that following surgery patients are given effective treatment of nausea?
<p>Report sub-heading: Pain relief</p>		
<ul style="list-style-type: none"> • E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating? 	<ul style="list-style-type: none"> • Core Standards for Pain Management Services in the UK • NICE QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and 	<ul style="list-style-type: none"> • How does the service ensure that following surgery patient's pain is monitored and they are given effective pain relief?

addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

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		
<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> RCS cosmetic standards and guidance RCS data set on clinical quality indicators for cosmetic surgery. <p>https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/clinical-quality-and-outcomes/dataset-of-clinical-quality-indicators/</p> <ul style="list-style-type: none"> RCS Patient Reported Outcome Measures (PROMS) https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/clinical-quality-and-outcomes/patient-reported-outcome-measures/ 	<ul style="list-style-type: none"> Is the provider able to demonstrate that they are engaged with the Private Healthcare Information Network (PHIN) and are collecting and submitting data in accordance with legal requirements regulated by the Competition Markets Authority (CMA)? How does the service ensure that care bundles are in place to improve patient outcomes e.g. surgical site infections? Does the service audit surgical outcomes? Is this evidence available? Does the service make sure that routine collection of Q-PROMs takes place for all patients receiving the following procedures: <ul style="list-style-type: none"> abdominoplasty augmentation mammoplasty blepharoplasty liposuction

	<ul style="list-style-type: none"> • Anaesthesia Clinical Services Accreditation scheme (ACSA) https://www.rcoa.ac.uk/acsa 	<ul style="list-style-type: none"> ○ rhinoplasty ○ rhytidectomy (face lift) • Does the provider participate in the Anaesthesia Clinical Services Accreditation scheme (ACSA). If so what level of accreditation does it hold? • Is the service regularly reviewing the effectiveness of care and treatment through local audit? • Does the service hold regular audit meetings to review performance and engage in quality improvement where an issue is identified? • Where issues have arisen has there been evidence of quality improvement?
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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		
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • The Perioperative Care Collaborative: Position statement re Surgical First assist Nov 2012 • RCS Certification https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service- 	<ul style="list-style-type: none"> • How does the service ensure that surgeons only carry out surgery that they are skilled, competent and experienced to perform? Do they perform similar work in the NHS? • Are the cosmetic surgeons on the

<p>cover the scope of their work and is there protected time for this training?</p> <ul style="list-style-type: none"> • 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? 	<p>standards/cosmetic-surgery/certification/</p> <ul style="list-style-type: none"> • RCS Certification: Operative Exposure in the Area of Certification Further information is available in the certification guidelines. <p>Note: It's not a legal requirement for a medical practitioner to be on the GMC Specialist Register in order to perform surgery, including cosmetic surgery. See the following link that helps explain more about this; https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/rcs-calls-for-new-powers-to-protect-cosmetic-surgery-patients/</p> <p>It is a requirement for the doctor to be registered with the General Medical Council (GMC) and hold a GMC licence to practice. And it is a legal requirement for a surgeon to be skilled, competent and experienced. RCS certification may be very helpful evidence to demonstrate this.</p> <ul style="list-style-type: none"> • The GMC <i>Guidance for Doctors Who Offer Cosmetic Interventions</i>, GMC, 2016 states: <p><i>You must recognise and work within the limits of your competence and refer a patient to another practitioner when you</i></p>	<p>appropriate GMC Specialist Register for the area of cosmetic surgery they are carrying out? If not, how can the provider demonstrate that the surgeons are suitably skilled, competent and experienced to carry out the procedures being undertaken?</p> <ul style="list-style-type: none"> • Do all surgeons carrying out cosmetic surgery have sufficient operative exposure in the area of certification as recommended by the RCS? i.e. are the requisite minimum numbers of procedures in the area of certification being carried out? • How does the service ensure that first assistants for surgeons (these may be referred to as advanced scrub practitioner (ASP) are appropriately qualified and competent? The Perioperative Care Collaborative: Position statement re Surgical First assist Nov 2012 • How does the service ensure that anaesthetists have relevant skills, competence and experience for the procedures being undertaken? • In cases where the service is offering butt implant surgery or butt lift surgery; how does the provider make sure the surgeon has sound knowledge of
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cannot safely meet their needs.

- *Professional Standards for Cosmetic Surgery, RCS, 2016 states*

Surgeons who perform cosmetic surgery should be certified in the area of cosmetic surgery in which they practise. Cosmetic surgery certification requires surgeons to be on the GMC specialist register in a relevant surgical specialty and to meet a series of criteria that demonstrate competence in professional behaviours, clinical skills and experience.

- [Academy of Medical Royal Colleges: Safe Sedation Practice for Healthcare Procedures. Standards and Guidance. October 2013](#)

- *Code of Practice, BAPRAS, 2019 states:*

Surgeons should have the necessary expertise to complete a procedure to a reasonable standard and to manage foreseeable complications that may occur or arrange referral to a suitably qualified colleague where necessary.

- RCoA Guidelines for the Provision of Anaesthetic Services (GPAS) 2019 <https://www.rcoa.ac.uk/gpas2019>

anatomy and is trained and skilled in fat grafting techniques and that this procedure is only carried out in an appropriate hospital setting.

[Brazilian Butt Lift, BAAPS, March 2019](#)

- If intravenous sedation is used, how does the service ensure that practitioners administering sedation have received appropriate training in sedation and are competent in airway management and resuscitation?
- When providing sedation including conscious/ moderate sedation how does the service ensure that practitioners have the skills, knowledge and experience to rescue a patient who becomes inadvertently over-sedated and, where necessary, maintain an airway and establish satisfactory ventilation and oxygenation? (as described in sedation practice for healthcare procedures, Academy of Medical Royal Colleges, 2013)
- What are the arrangements for granting and reviewing practising privileges?
- What are the arrangements to ensure medical practitioners working under practising privileges on an occasional or infrequent basis are competent and skilled to carry out the care and

- [NICE QS121 Statement 5](#): Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.

treatment that they provide?

- Have clinicians domiciled abroad undergone a whole practice appraisal in the last year and do they have a revalidation date set by the GMC?
- Are there arrangements in place to make sure that local healthcare providers are informed in cases where a medical practitioner with practising privileges is suspended from duty, or their practising privileges have been withdrawn?
- How does the registered person ensure that surgeons carrying out cosmetic surgery undergo a multi-source feedback exercise during their revalidation cycle that includes their cosmetic practice?
- Do all surgeons carrying out cosmetic surgery undertake relevant continuing professional development (CPD) activities including in the area of professional behaviours?
- Are there regular case reviews of complex cases?
- Does the provider fully comply with the Competition and Markets Authority's (CMA) requirements in relation to

		<p>information about each surgeon's performance?</p> <ul style="list-style-type: none"> • Have staff in the department, including those working under practising privileges, received training on sepsis <ul style="list-style-type: none"> - Screening - Management - Provider policy • Where failure in applying the sepsis protocol has been identified have staff, including those working under practising privileges, been given support and education? • Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber level?
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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
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Report sub-heading: **Multidisciplinary working**

<ul style="list-style-type: none"> • 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, 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • How does the service work with other health and social care services to meet the needs of people, for example: <ul style="list-style-type: none"> - Team working between theatre/ward staff e.g. sharing information on never events. • How does the service ensure that the
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<p>services or organisations are involved?</p> <ul style="list-style-type: none"> • 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? 	<p>needs (NICE guideline 27)</p> <p>Refer to the Review of the Regulation of Cosmetic Interventions and RSC Professional Standards for Cosmetic Surgery 2016.</p> <p>NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations</p>	<p>objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented?</p> <ul style="list-style-type: none"> • Are all team members aware of who has overall responsibility for each individual's care? • How does the service ensure relevant information is shared between the provider and the patients GP's in order to ensure safety of the patient? For example, details of the surgery and any implant used (as set out in the Review of the Regulation of Cosmetic Interventions and the RCS Professional Standards for Cosmetic Surgery). • How does the service ensure that access to an appropriate level of medical advice is available when / if needed? • How does the service ensure the resident medical officer always receives appropriate information about the patients and surgery being undertaken at any time? (applies in cases where the surgeon and anaesthetist leave the premises before the patient is fit for discharge home),
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Report sub-heading: Seven-day services		
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> E5.1 Are people identified who may need extra support? This includes: <ul style="list-style-type: none"> 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 		

<p>between staff, people and their carers where necessary?</p> <ul style="list-style-type: none"> 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.) 		
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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
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Report sub-heading: **Consent, Mental Capacity Act and DOLs**

<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Recommendation 12 of the Review of the Regulation of Cosmetic Interventions RCS Professional Standards for Cosmetic Surgery 2016 RCS good practice guide on consent following Montgomery RCS Good Surgical Practice 2014 BAAPS publication about butt lift procedure: March 2019 Consent: patients and doctors making decisions together (GMC) 	<ul style="list-style-type: none"> How does the service ensure that the surgeon carrying out the cosmetic surgery explains the expected outcomes and ensures the patient understands the expected outcomes and risks before agreeing to go ahead with surgery? Do consent forms and speaking with patients provide evidence that this is happening in practice? In cases where the service is offering butt implant surgery or butt lift surgery; how does the provider make sure that the risks of this specific surgery are fully explained and provided in an easily understood format for the patient to read
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<p>to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?</p> <ul style="list-style-type: none"> • 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, 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? 	<ul style="list-style-type: none"> • 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 	<p>and understand? (including the reported mortality rate for this procedure due to due to the risk of injecting fat into large veins that can travel to the heart or brain and cause severe illness and death).</p> <ul style="list-style-type: none"> • How does the service ensure that there is at least a two week cooling off period between that patient agreeing to undergo cosmetic surgery and the surgery being performed? (As set out in the RCS Professional Standards for Cosmetic Surgery). Can the provider show evidence that this is happening?
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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		
<ul style="list-style-type: none"> • 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? • 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? 	<ul style="list-style-type: none"> • NICE QS15 Statement 1: People using adult services are treated with empathy, dignity and respect. • NICE QS15 Statement 2: People using adult services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs 	<ul style="list-style-type: none"> • How do staff support patients to be mobile and independent post-operatively? • How do staff respond to patients who might be <ul style="list-style-type: none"> ○ frightened ○ confused ○ phobic about medical procedures or any aspect of their care?
Report sub-heading: Emotional support		

<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • NICE QS15 C 5 People using adult services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care 	
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Report sub-heading: **Understanding and involvement of patients and those close to them**

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • RCS Good Surgical Practice 2014 • Regulation 19 of the Care Quality Commission Registration Regulations 2009 • RCS Professional Standards for Cosmetic Surgery 2016 • NICE QS15 Statement 6: Patients as supported in shared decision making 	<ul style="list-style-type: none"> • How does the service ensure that staff advise people about all possible costs that will be incurred in a timely manner and check that people understand this information/? • 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?
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<p>have a positive impact on their health, care and wellbeing?</p> <ul style="list-style-type: none"> • 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? • 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? 		
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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		
<ul style="list-style-type: none"> • 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? 		
Report sub-heading: Meeting people's individual needs		
<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions • Accessible Information Standard 	<ul style="list-style-type: none"> • Are appropriate arrangements put into place to take account of individual needs of people being discharged who may have complex health and social care needs that require special considerations? • Are there arrangements in place for people who need translation services? • How well does the service care for people with other complex needs? For example hearing or visual

<ul style="list-style-type: none"> • 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? 		<p>impairment / wheelchair access?</p> <ul style="list-style-type: none"> • What are the arrangements in place for ensuring psychiatric support where this is necessary?
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Key line of enquiry: R3

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

Prompts	Professional standard	Sector specific guidance
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Report sub-heading: Access and flow

<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • How does the service manage the provision of un-planned surgery, such as unexpected return to theatre, particularly at night, weekends and public holidays? • What arrangements are in place for
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¹. For example, people living with dementia or people with a learning disability or autism.

<p>length of time people have to wait for care, treatment, or advice?</p> <ul style="list-style-type: none"> • 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 technology (including telephone systems and online/digital services) easy to use? 		<p>patients accessing advice, help and appropriate treatment in cases where they develop problems or concerns following discharge? Can the provider evidence that the arrangements they have in place work and provide timely access and help for people?</p>
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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		
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • RCS Good Surgical Practice 2014. In particular section 3 RCS professional Standards for Cosmetic Surgery 2016 	<ul style="list-style-type: none"> • 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-

<p>confident are they to speak up?</p> <ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • The NHS constitution gives people the right to <ul style="list-style-type: none"> ➢ Have complaints dealt with efficiently and be investigated. ➢ Know the outcome of the investigation. ➢ Take their complaint to an independent Parliamentary and Health Service Ombudsman. ➢ 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. 	<p>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.</p>
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Well-led

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

Key line of enquiry: **W1**

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?		
Prompts	Professional standard	Sector specific guidance
Report sub-heading: Leadership		
<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015. Private hospitals that do not provide NHS-funded care can still create LocSSIPs that are compliant with the NatSSIPs. Refer to FAQs on Publications Gateway Reference: 04043 Fit and Proper Persons Guidance 	<ul style="list-style-type: none"> How do leaders ensure that employees who are involved in the performance of invasive procedures are given adequate time and support to be educated in good safety practice, to train together as teams and to understand the human factors that underpin the delivery of ever safer patient care? Can staff identify the emergency surgery medical/nursing lead and their roles and responsibilities?
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		

<ul style="list-style-type: none"> • 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? 		
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Key line of enquiry: W3

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

Generic prompts	Professional Standard	Sector specific guidance
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Report sub-heading: **Culture**

<ul style="list-style-type: none"> • W3.1 Do staff feel supported, respected and valued? • W3.2 Is the culture centred on the needs and 	<ul style="list-style-type: none"> • NMC Openness and honesty when things go wrong: the professional duty of candour 	<ul style="list-style-type: none"> • Does the service ensure that practitioners, and the hospital/clinic or the provider only carry out marketing
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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 vision 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?
- 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?

- [NRLS - Being Open Communicating patient safety incidents with patients, their families and carers](#)
- [Duty of Candour](#) – CQC guidance
- RCS guidance on duty of [candour](#)
- [CAP: Healthcare: Overview](#)
- [CAP: Cosmetic Interventions: Social Responsibility](#)
- [CAP: Cosmetic Surgery](#)
- RCS professional Standards for Cosmetic Surgery 2016
- GMC guidance about the CMA Order: http://www.gmc-uk.org/guidance/news_consultation/26575.asp
- Link to the CMA order: https://assets.digital.cabinet-office.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf
- <https://www.england.nhs.uk/publication/workforce-race-equality-standard-technical-guidance/>

that is honest and responsible and that complies with the guidance contained within the Committee on Advertising Practice's (CAP)?

- Is there a system in place to ensure 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?
- How does the provider ensure that they comply with the Competitions and Marketing Authority (CMA) Order that came into force in April 2015 about the prohibition of inducing a referring clinician to refer private patients to, or treat private patients at, the facilities?
- How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)
- Where relevant and applicable to the location being inspected, is the provider able to demonstrate the implementation of a workforce race equality (WRES) scheme? And do managers know whether there are issues for BME staff at a location level? how has the provider improved equality for staff?

Key line of enquiry: **W4**

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

Generic prompts	Professional Standard	Sector specific guidance
Report sub-heading: Governance		
<ul style="list-style-type: none"> 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 interaction and promote coordinated, person-centred care? 	<ul style="list-style-type: none"> NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. NICE QS66 Statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes. NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations Refer to Arrangements to The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 This requires those staff working under 	<ul style="list-style-type: none"> Is there a clinical governance group responsible for reviewing cosmetic surgical procedures? Is there a sepsis lead who oversees the departmental/hospital sepsis management? How is performance in regards sepsis management and patient outcomes fed back to the management team? How does the hospital/clinic manager ensure that surgeons inviting external first assistants, NHS staff or others into theatres are appropriately granted either practising privileges other checks as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014? How does the hospital/clinic manager ensure that surgeons carrying out cosmetic surgery have an appropriate

	<p>practising privileges to hold appropriate indemnity insurance in accordance with the Order.</p>	<p>level of valid professional indemnity insurance in place?</p> <ul style="list-style-type: none"> • Are roles and responsibilities of the Medical Advisory Committee and any sub-committees set out and available? • How does the provider make sure those medical practitioners involved in cosmetic surgery 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? • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties? • Is there evidence of learning from sepsis audits?
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Key line of enquiry: W5

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

Generic prompts	Professional Standard	Sector specific guidance
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Report sub-heading: **Managing risks, issues and performance**

<ul style="list-style-type: none"> • W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly 	<ul style="list-style-type: none"> • NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention 	<ul style="list-style-type: none"> • Does the service have tested back up emergency generators in place in case of failure of essential services? • How does the hospital/clinic manager
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<p>reviewed and improved?</p> <ul style="list-style-type: none"> 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? 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? 	<p>and control, including accountable leadership, multi-agency working and the use of surveillance systems.</p> <ul style="list-style-type: none"> Health Building Note (HBN) 26 facilities for surgery in acute general hospitals and also HBN 10-02 day surgery facilities. See sections on Emergency electrical supplies https://www.cas.mhra.gov.uk/Home.aspx 	<p>ensure that all cosmetic surgery carried out is monitored and reviewed?</p> <ul style="list-style-type: none"> Does the service have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems? Is the provider registered with the MHRA Central Alerting System (CAS) so that they receive medical device and medicine alerts that may be relevant to the services being provided? What system is in place to make sure that effective timely action is taken in respect of relevant alerts? Are instruments, equipment and implants in compliance with MHRA requirements? Are there processes for providing feedback on product failure to the appropriate regulatory authority?
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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
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Report sub-heading: **Managing information**

<ul style="list-style-type: none"> • 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? • 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 	<ul style="list-style-type: none"> • https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/clinical-quality-and-outcomes/snomed-ct-terminology/ 	<ul style="list-style-type: none"> • Is the service making arrangements that will ensure surgical cosmetic procedures are coded in accordance with SNOMED_CT?
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security standards? Are lessons learned when there are data security breaches?

Key line of enquiry: **W7**

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

Generic 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 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?

- RCS patient information pages <https://www.rcseng.ac.uk/patient-care/cosmetic-surgery/>

- Does the service ensure that people considering or deciding to undergo cosmetic surgery are provided with the right information and considerations to take account of to help them make the best decision about their choice of procedure and surgeon? For example, the RCS information pages for patients about cosmetic surgery and CQC website and inspection reports.

<ul style="list-style-type: none"> W7.5 Is there transparency and openness with all stakeholders about performance? 		
<p>Key line of enquiry: W8</p>		
<p>W8. Are there robust systems and processes for learning, continuous improvement and innovation?</p>		
<p>Prompts</p>	<p>Professional standard</p>	<p>Sector specific guidance</p>
<p>Report sub-heading: Learning, continuous improvement and innovation</p>		
<ul style="list-style-type: none"> 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, 	<ul style="list-style-type: none"> RCS Cosmetic surgery certification will launch in spring 2016. It is expected that by summer 2017 all surgeons currently practising cosmetic surgery in the private sector will have applied for certification in the areas in which they practice. GMC's guidance on cosmetic practice and RCS's Professional Standards for Cosmetic Surgery 2016 https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/certification/ 	<ul style="list-style-type: none"> What arrangements are in place for the service to encourage, record and monitor RCS Certification by surgeons who carry out cosmetic surgery? <ul style="list-style-type: none"> Including attendance at an accredited masterclass on professional behaviour in cosmetic surgery as recommended by the RCS? Also including confirmation of knowledge and adherence to the GMC's guidance on cosmetic practice and RCS's professional standards for cosmetic surgery.

and processes for evaluating and sharing the results of improvement work?		
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