

Inspection framework: IH surgery acute hospitals

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
All	All	Complete review and update to reflect the new single assessment framework
S1, E6, C2, R2, R4	5, 42, 46, 49, 51	Sector specific guidance added where children are seen or treated
S1	5, 6	CQC statement on safeguarding and new DBS guidance added
S1 and W5	58	HBN theatre guidance added
S2	15	Added prompt on sedation administration
S3	17	Implant register link added
throughout	throughout	Removed AIHO references where these are no longer accessible or are out of date
W4	56	Practicing privileges
E1	21	CEPOD statement added
E3	32	Added a note under staff competency to clarify position about GMC specialist register.

E4, E6	2, 3	Interventional radiology and breast biopsy confirmed in surgery core service. Additional professional standards and specific guidance added.
E6, W3	39-40, 53	Added links to guidance on consent including and duty of candour W3
R1 / R2 Meeting people's individual needs	46	Addition in the professional standards column of links from Age UK
W1 Leadership	51, 52	Addition in the sector specific guidance column of a question around invasive procedures Fitness to practice guidance added
W6 Managing information	57	SNOMED coding moved from W1 TO W6

Core service: surgery

This includes most surgical activity in the hospital, for example, planned (elective), emergency and day case surgery. It includes anaesthetic services that are being provided alongside the surgery. We inspect pre-assessment areas, theatres and anaesthetic rooms and recovery areas.

All surgical disciplines should be included when they are provided, for example, cosmetic, orthopaedic, urology, ENT, gynaecology, cardiac surgery (not cardiac catheterisation which sits within cardiology (medicine), vascular, ophthalmic surgery, breast surgery including breast biopsy, neurosurgery and general surgery etc. The surgery core service also includes interventional radiology when the procedure is carried out in the theatre department.

Surgery for children is covered under the core service of Children's Care and some specialist surgery including caesarean section is included under Maternity

The surgery core service also includes interventional radiology with the interest in the quality of care patients receive rather than for technical or managerial reasons. Ineffective joint working between surgery and interventional radiology is a key quality concern in many trusts, particularly when managed separately creates a clinical risk.

Areas to inspect*

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

- Pre-Operative Assessment Unit
- Pre-admission ward (if one is part of the admission pathway for surgical patients)
- Anaesthetic Room(s)
- Equipment rooms/storage/HSSD(Hospital Sterile Supplies Department)
- Diagnostic facilities for example those providing interventional radiological procedures e.g. angioplasties in cardiac catheter labs, interventional suites, interventional procedures in ultrasound, and CT away from diagnostic procedures such as angiograms.

- Theatres suites
- Post-operative and rehabilitation
- Recovery
- Post Anaesthetic Extended Care Unit (PAECU)
- Critical Care Unit (cross reference with Critical Care for post-surgical ITU/ HDU)
- Post-surgical ward/s
- Remote areas or sites where surgical procedures may be carried out.

Interviews/focus groups/observations

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

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

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

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| <ul style="list-style-type: none"> • Consultant surgeons holding practising privileges • Consultant anaesthetists holding practising privileges • Radiologists • Operating Department Practitioner (ODP) • Registered theatre nurse and ward nurse. Student nurses if the hospital has students on placement. • Pre-admission nurses • Ward sister/charge nurse. | <ul style="list-style-type: none"> • Allied health professionals including physiotherapist, radiographer and pharmacist. • Technical specialists if the hospital provides services that require these staff, i.e. perfusionists, ultrasound technicians • People who use services (in particular there is likely to be an ideal opportunity to speak to people who use services when they attend pre-assessment clinics) • Theatre porters |
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- Resident Medical Officer
- Booking clerk/officer

Service-specific things to consider

We have identified a number of specific prompts for this core service that are set out below. Inspection teams should use these **together with** the standard key lines of enquiry and prompts. These are not intended to be a definitive list or to be used as a checklist by inspectors.

*Indicates information included in the inspection data pack.

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? 	<p>NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations</p>	<ul style="list-style-type: none"> Is there a policy for sepsis management and are staff aware of it? Have staff had training for screening and application of a sepsis protocol? Do they know of the providers Sepsis policy?

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 to staff? S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? S1.3 How are people protected from 	<ul style="list-style-type: none"> Safeguarding intranet page and inspector handbook on safeguarding includes guidance on level of training required and CQC inspection of safeguarding. This includes the 2018 statement on CQC's roles and responsibilities for safeguarding children and adults. Female genital mutilation multi-agency practice guidelines published in 2016 	<ul style="list-style-type: none"> Who is responsible for post-operative care? Is there medical input? If the service treats patients under the age of 18 years are there appropriate child safeguarding arrangements in place? <p>Where children are seen or treated</p> <ul style="list-style-type: none"> Are staff able to access a named or
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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?

- [DH Female Genital Mutilation and Safeguarding](#): Guidance for professionals March 2016
- [FGM Mandatory reporting of FGM in healthcare](#)
- [Guidelines for physicians on the detection of child sexual exploitation](#) (RCP, November 2015)
- CQC cross sector [DBS guidance](#).
- CQC [inspector guidance regarding delays in DBS checks](#)
- [NHS Employers](#) guidance/advice on DBS checks

Where children are seen or treated

- Does the service ensure that all staff are trained to appropriate level set out in the [Intercollegiate Framework](#) and are familiar with Government guidance 'Working Together to Safeguard Children'?

This guidance references the [intercollegiate document](#) *Safeguarding Children and Young People: Roles and competencies for Health Care Staff* published in March 2014, which sets out

designated professional (internal or external) for advice at all times 24 hours a day?

- Is there an identifiable lead responsible for co-ordinating communication for children at risk of safeguarding issues?
- Do staff have an awareness of CSE and understand the law to detect and prevent maltreatment of children?
- How do staff identify and respond to possible CSE offences? Are risk assessments used/in place?
- What safeguarding actions are taken to protect possible victims of CSE? Are timely referrals made? And is there individualised and effective multi-agency follow up?
- Are leaflets available about CSE with support contact details? What wider safeguarding protocol/guidance is in place - how are safeguarding issues talked about, who manages them, are lessons learned etc.?
- Is there a chaperoning policy in place for children and young people? Are staff aware of and understand this policy?
- If a child/young person is identified as being on a child protection plan, what systems are in place to ensure the correct information is shared and actions put in place

that all clinical staff working with children, young people and/or their parents/ carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person should be trained to level 3 in safeguarding.

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

Report sub-heading: **Cleanliness, infection control and hygiene**

- S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?
- S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?

- Refer to [NICE CG74](#). This sets out explicit guidance based on best evidence in respect of the **preoperative phase**, including showering, hair removal, patient theatre wear, staff theatre wear, staff leaving the operating area, nasal decontamination bowel preparation, hand jewellery, artificial nails and nail polish. The **Intraoperative phase** including hand decontamination, incise drapes, sterile gowns, gloves antiseptic skin preparation and the **postoperative phase**
- [NICE QS61 Statement 3](#): People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.
- [NICE QS61 Statement 4](#): People who need a urinary catheter have their risk

- How does the service ensure systems, process and practice reflect [NICE CG74](#) regarding Surgical site Infection?
- How does the service screen new admissions for MRSA/c-difficile/ MSSA and GNBSI?
- Are there adequate and appropriate arrangements to isolate people awaiting elective procedures from people requiring emergency surgery? (applicable if the service carries out emergency admission for surgery)
- Is the provider following the decontamination guidance outlined in the management and decontamination of flexible endoscopes HTM?

	<p>of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.</p> <ul style="list-style-type: none"> • 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 • Health Technical Memorandum 01-06: Decontamination of flexible endoscopes • Decontamination of surgical instruments (CFPP 01-01) (chapter 6) 	<ul style="list-style-type: none"> • Is the provider managing and decontaminating reusable medical devices in line with national guidance such as the DH Health Technical Memorandum on decontamination?
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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 References as examples: <ul style="list-style-type: none"> ○ AAGBI guidelines for checking for anaesthetic equipment / checklist 2012. ○ AAGBI Day Case and Short Stay Surgery ○ RCS Good Surgical Practice 	<ul style="list-style-type: none"> • 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 (HDU)? • If bariatric surgery is carried out is equipment safe and appropriate for this
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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.) 	<ul style="list-style-type: none"> ○ 2014 ○ RCS Professional Standards for Cosmetic Surgery • Health Building Note (HBN) 26 facilities for surgery in acute general hospitals and also HBN 10-02 day surgery facilities. 	<p>patient group?</p> <ul style="list-style-type: none"> • Are instruments, equipment and implants in compliance with MHRA requirements? Are there processes for providing feedback on product failure to the appropriate regulatory authority? • Are there recording systems that allow details of specific implants and equipment to be provided rapidly to the health care products regulator? • Are facilities, surgical and anaesthetic equipment including resuscitation and anaesthetic equipment available, fit for purpose and checked in line with professional guidance?
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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 positively? • S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating 	<ul style="list-style-type: none"> • There must be a hospital wide 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 	<ul style="list-style-type: none"> • Does the hospital have an admission policy setting out safe and agreed criteria for selection and admission of people using the service? • If the hospital accepts patients with an acute healthcare problem that requires prompt clinical assessment, appropriate investigations and institution of a clear

health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?

[NPSA 2007](#)

- [NCEPOD: `Emergency admissions: a journey in the right direction` 2007](#)
- [NPSA: 5 steps to safer surgery](#)
- [NPSA WHO surgical checklist for radiological interventions](#)
- [NPSA WHO Surgical Safety Checklist: for cataract surgery only](#)
- [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 2017](#)
- Pre-operative assessment should be in line with [NICE CG3: Pre-operative assessments](#)
- [National Early Warning Score \(NEWS\): Standardising the assessment of acute-illness severity in the NHS](#)

management plan are the recommendations in the NCEPOD `Emergency admissions: a journey in the right direction` taken account of?.

- How does the service ensure risk based pre-operative assessments are carried out in line with guidance on pre-operative assessment (day cases/inpatient) from the Modernisation Agency?
- If cosmetic surgery is carried out, how does the service ensure that the consultation takes account of the RCS recommended key aspects for cosmetic surgery including ensuring that any psychologically vulnerable patient is identified and referred for appropriate psychological assessment?
- How does the service ensure compliance with the 5 steps to safer surgery, World Health Organisation (WHO) surgical checklist including marking of the surgical site)
- Is the WHO surgical checklist used for radiological interventions and adapted to fit local practice??
- Is the Surgical Safety Checklist for Cataract Surgery in use?
- Are all people admitted acutely continually assessed using the National Early Warning System (NEWS)?

- Ref: AAGBI & BADS Guidelines for day case and short stay surgery set out : *Best practice is a helpline for the first 24hrs after discharge and to telephone the patient the next day.*

[NICE NG51](#) Sepsis: recognition, diagnosis and early management.

- [NICE QS86 March 2015 Falls in older people.](#)

<http://www.nrls.npsa.nhs.uk/alerts/?entryid45=83659> – including supporting PDF`s

<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59873> - including supporting PDF`s

- [National Safety Standards for Invasive Procedures \(NatSSIPs\)](#) Version number: 1 published: 7 September 2015
- [Brief guide: NatSSIPs and LocSSIPs](#) (CQC internal guidance)

- How does the service ensure that there is access to consultant medical input?
- 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?
- Are patients with suspected/confirmed sepsis receiving prompt assessment when escalated to multi-professional team? For example:
 - Critical Outreach Team
 - HDU/ITU review
- Is treatment delivered to patients with presumed sepsis within the recommended sepsis pathway timelines? E.g. antibiotics within an hour
- Has the service implemented a safe and effective escalation protocol e.g. competency based Modified Early Warning System (MEWS) or National Early Warning System (NEWS)?
- For those service that carry out day surgery, how does the service ensure

- RCoA [Guidelines for Emergency Anaesthesia Services 2017](#) which include a section on transfer to another hospital

that there is appropriate 24-hour emergency call or hotline arrangements in place following discharge and to named suitably-qualified person?

- In hospitals where emergency surgery is undertaken, is ASA (or equivalent) assessed on admission? If –pre-operative mortality is assessed at >10% are they reviewed by a consultant within 4 hours and is the procedure overseen by a consultant surgeon/ anaesthetist irrespective of time of day/night? If the predicted mortality is >5% is there consultant input? How is this assured?
- Is there 24/7 access to IR and therapeutic endoscopy? (if not on-site then networked arrangements?)
- Is there adequate planning ensuring availability of level 2 facilities for high risk patients?
- Are there protocols including an SLA for the transfer of people using services to NHS in the event of complications from surgery? (or other appropriate facilities)
- How does the service ensure that appropriate falls assessment and subsequent action is taken as necessary?

		<ul style="list-style-type: none">• Where an independent provider uses NHS theatres under an SLA, or where an acute trust has a private patient unit, what processes are in place if a private patient requires a return to theatre at a time when there are NHS lists running• If the service undertake cosmetic surgery, how is it ensured that the consultation takes account of the RCS recommended key aspects for cosmetic surgery including ensuring that any psychologically vulnerable patient is identified and referred for appropriate psychological assessment?• What tested arrangements are in place in cases of life threatening haemorrhage, this includes immediate availability of blood for transfusion, an SLA to get more blood, effective tested communication systems, access to emergency equipment, such as the appropriate sutures and packs. (The emergency arrangements will need to reflect the range of surgery undertaken in the unit and the degree of geographical isolation from other healthcare services).• How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding and are educated in good
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		<p>safety practice, as set out in the national standards?</p> <ul style="list-style-type: none"> • Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?
<p>Report sub-heading: Nurse staffing</p>		
<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. 	<ul style="list-style-type: none"> • Is guidance on staffing levels followed? • Is guidance on theatre staffing levels followed as set out by recognised professional bodies?

Report sub-heading: **Medical staffing**

- S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?
- S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?
- S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?
- S2.4 How do arrangements for handovers and shift changes ensure that people are safe?
- S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?

Refer to page 20 of [RCS Emergency Surgery: Guidance for providers, commissioners and service planners. February 2011 Standards for Unscheduled surgical care.](#) (Surgeons with private practice commitments make arrangements for their private patients to be cared for by another surgeon/team when they are on call for emergency admissions.)

- Reference: Royal College of Anaesthetists' Guidelines for the Provision of Anaesthetic Services (GPAS) 2017
<http://www.rcoa.ac.uk/gpas2017>
These documents make a number of recommendations. Refer to full RCOA guidance for details.
Refer also to RCOA Guidance on the provision of sedation services 2016
<http://www.rcoa.ac.uk/system/files/GPAS-2016-19-SEDATION.pdf>

and in addition:

<https://www.rcoa.ac.uk/tags/sedation>

- Is surgery consultant delivered and led?
- How does the service ensure that the consultant or nominated (equivalent) deputy is always contactable 24hrs a day and within a 30min time frame if required to attend a patient? This includes arrangements when the consultant surgeon may be on call for the NHS or otherwise unavailable to attend
- How does the service ensure that the anaesthetist is always available postoperatively if required? How quickly are able to attend?
- Is an ST3 (or someone with MRCS and ATLS able to see urgent patients within 30mins?¹

¹ RCS Emergency Surgery 2011

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		
<ul style="list-style-type: none"> 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.) 	<ul style="list-style-type: none"> RCS Good Surgical Practice 2014 Point 1.2.1 RCS: Good Surgical Practice 2014. Point 3.4 AAGBI & British Association of Day Care Surgery: Day Case and Short Stay Surgery Records management code of practice for health and social care. (This code sets out standards required for the management of records for organisations who work within, or under contract to the NHS in England) NICE QS121_Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record NICE QS15 statement 12: Patients experience coordinated care with 	<ul style="list-style-type: none"> How does the service ensure that appropriate pre op assessment is recorded? How is discharge communicated to GPs? How soon after discharge does this occur? 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 used, are sent to the patient and to the patient's GP? Do GPs have direct access? Can they speak to a surgical consultant/SpR for advice on the phone? Are medication changes, in particular those of older people with complex needs communicated promptly to the GP, and care home staff or domiciliary care staff if appropriate

	<p>clear and accurate information exchange between relevant health and social care professionals.</p> <p>Example - Discharge summaries (for older people with complex needs) should include:</p> <ul style="list-style-type: none"> • Reasons for admission to hospital • Investigations done and results • Changes to medication • Destination on discharge • Plan for follow up • Plan for rehabilitation if appropriate • DNACPR status if appropriate • Important information that will aid community management e.g. pressure risk, weight • Recommendation 12 of the Review of the Regulation of Cosmetic Interventions • NHS Digital - Breast and Cosmetic Implant Register. The registry records the details of any individual, who has breast implant surgery, so that they can be traced in the event of a product recall or safety concerns relating to the implant. Provided patients sign the Registry Participant Consent Form, their details should be added to the 	<ul style="list-style-type: none"> • How does the service ensure that consultants operating records and the patient clinical record are integrated into the hospital record for the patient? • When people are prescribed an antimicrobial do they have the clinical indication, dose and duration of treatment documented in their clinical record? • When relevant, do staff have access to patient-specific information, such as care programme approach (CPA) care plans, positive behaviour support plans, health passports, communication aids? Do they use or refer to them?
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registry.

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		
<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 	<ul style="list-style-type: none"> • NMC - Standards for Medicine Management 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 	<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 drugs as per the Nursing and Midwifery Council – Standards for Medicine Management? • Are there local microbiology protocols for the administration of antibiotics and are prescribers using them? • What SLAs exist (if required) for the provision of pharmacy support? • When older people with complex needs are being discharged is medication explained to them and to people important to the patient and are they told what to do about their previous medication?

<p>evidence?</p> <ul style="list-style-type: none"> • 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"> • Is it clear which clinician is responsible for which aspects of care?
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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
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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 	<ul style="list-style-type: none"> • Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined. • Never Events should be investigated using the Revised Never Events Policy Framework <ul style="list-style-type: none"> ○ Never events list 2015/16 ○ Never events list 2015/16 - FAQ 	<p>The criteria within the Serious Incident Framework describes the general circumstance in which providers and commissioners should expect Serious Incidents to be reported.</p> <ul style="list-style-type: none"> • Surgical site infection rates for all surgery including hip replacement, knee replacement, repair of neck of femur and reduction of long bone fractures? • Do surgical mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt? • Is there evidence in incident investigations that duty of candour has
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<p>things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and 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"> • Serious incidents should be investigated using the Serious Incident Framework 2015. (Surgical SIs include SIs in anaesthesia). • (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents. • Multi-professional surgical (including anaesthetic) morbidity and mortality reviews should be undertaken monthly and minuted • 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. http://www.cqc.org.uk/content/regulation-20-duty-candour 	<p>been applied?</p>
<p>Report sub-heading: Safety Thermometer</p>		
<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? • S5.2 How does safety performance compare 	<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 	<ul style="list-style-type: none"> • Does the service monitor the incidence of any of the following for <u>inpatients</u>? Does the service take appropriate action

<p>with other similar services?</p> <ul style="list-style-type: none"> • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? 	<p>described in the national tool.</p> <ul style="list-style-type: none"> • NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding. • Note that <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>as a result of the findings?</p> <ul style="list-style-type: none"> ○ Pressure ulcers ○ Falls ○ Catheters and UTIs ○ VTE <ul style="list-style-type: none"> •
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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 is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and 	<ul style="list-style-type: none"> RCS Good Surgical Practice (September 2014) RCS standards for unscheduled surgical care NCEPOD recommendations e.g. review of cosmetic surgery 'on the face of it' and review of bariatric surgery 'Too Lean a service'? AIHO and CEPOD statement 2016 AAGBI guidelines CG3 Preoperative tests QS49 Surgical Site Infection CG92 Venous thromboembolism: reducing the risk people undergoing emergency laparotomy to be admitted to critical care. CG24 Hip fracture and elective hips and knees NICE NG51 Sepsis: recognition, diagnosis 	<ul style="list-style-type: none"> How does the service ensure that surgery is managed in accordance with the principles in the following: <ul style="list-style-type: none"> NCEPOD recommendations e.g. review of the peri-operative care of surgical patients RCS standards for unscheduled surgical care AAGBI guidelines Elective hips and knees Surgical venous thromboembolism pathway VTE assessments How does the service ensure that

<p>do staff have regard to the MHA Code of Practice?</p> <ul style="list-style-type: none"> E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? 	<p>and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations</p> <ul style="list-style-type: none"> NICE QS66 Statement 2: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience. (NICE QS3 Statement 5): Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance. NICE QS90 urinary tract infections in adults Use of the Lester tool supports the recommendations in NICE CG 178 Psychosis and schizophrenia in adults: prevention and management and NICE CG 155 Psychosis and schizophrenia in children and young people: recognition and management NICE NG10 - Violence and aggression: short-term management in mental health, health and community settings NICE CG42 - Dementia: supporting people with dementia and their carers in health and social care 	<p>cosmetic and bariatric surgery is managed in accordance with professional and expert guidance?</p> <ul style="list-style-type: none"> Participation in National benchmarking clinical audits Where the service undertakes cosmetic surgery: is account taken of relevant Government recommendations about the Regulation of Cosmetic Interventions? And the RCS Professional Standards for Cosmetic Surgery 2016 How does the service ensure that people undergoing cosmetic surgery receive appropriate pre-operative assessment in line with the RCS standards, including where relevant psychiatric history and discussion with people about body image before surgery is carried out? Does the service use the RCS
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	<ul style="list-style-type: none"> • NICE CG90 - Depression in adults: recognition and management • NICE CG91 - Depression in adults with a chronic physical health problem: recognition and management • 	<p>audit tool that covers key aspects of the pre-operative and consultation stage?</p> <ul style="list-style-type: none"> • How does the service ensure that professional guidance is followed in respect of recording and management of medical device implants for example inclusion in the Breast and Cosmetic Implant Registry (BCIR) The breast implant register is available for any NHS or IH provider) • Once transferred from the acute area of the hospital to a ward, are patients reviewed on their sepsis management? • How does the service ensure that care is managed in accordance with NICE guidelines? E.g. CG Hip fracture or QS49 surgical site infection <p>NB: In assessing whether NICE guidance is followed, take the following into account: Details of the provider's Clinical Audit programme to support and monitor implementation of NICE guidance</p> <ul style="list-style-type: none"> ○ Utilisation of NICE implementation support
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		<p>tools such as the baseline assessment tools.</p> <ul style="list-style-type: none"> ○ A Provider submission demonstrating good practice to the NICE shared learning database. NICE checks that the examples are in line with their recommendations and quality statements. ○ Participation in National benchmarking clinical audits <ul style="list-style-type: none"> ● How does the service ensure that professional guidance is followed in respect of recording and management of medical device implants? (i.e. joint register and any other national implant register) ● Is sepsis screening and management done effectively, in line with National guidance (i.e. NICE guidance; UK Sepsis Trust) ● How does the service ensure that following surgery people are supported to be mobile through minimal use of drips/catheters ● Do prescribers in secondary care
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		use electronic prescribing systems which link the indication with the antimicrobial prescription?
Report sub-heading: Nutrition and hydration		
<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 people are given effective management of nausea and vomiting? Do people using services have access to dietician services post operatively, especially post bowel surgery? Do people receiving bariatric surgery have access to dietician?
Report sub-heading: Pain relief		
<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? 	Core Standards for Pain Management Services in the UK. Edition 1, 2015	<ul style="list-style-type: none"> How does the service ensure that following surgery people are given effective pain relief? Is there a specified pain team? Are they available 24/7? How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management (2015)? Do staff use an appropriate tool to help assess the level of pain in

patients who are non-verbal? For example, [DisDAT](#) (Disability Distress Assessment Tool) helps to identify the source of distress, e.g. pain, in people with severe communication difficulties. [GMC](#) recommended. [Abbey Pain Scale](#) for people with dementia

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 	<ul style="list-style-type: none"> RCS standards and guidance RCS Patient Reported Outcome Measures (PROMS) https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/datasets-and-qproms/patient-reported-outcome-measures RCS data set on clinical quality indicators for cosmetic surgery. https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/datasets-and-qproms/dataset-of-clinical-quality-indicators Anaesthesia Clinical Services Accreditation scheme (ACSA) 	<ul style="list-style-type: none"> How does the service ensure that care bundles are in place improve people's outcomes e.g. surgical site infections? How does the service review and improve people's outcomes through the use of performance dashboards, for example: RCS surgical quality dashboards, or other dashboards such as. Institute of Innovation and Improvement neck of femur balanced scorecard? Does the provider participate in the Anaesthesia Clinical Services Accreditation scheme (ACSA). If

<p>information to improve outcomes?</p>	<p>https://www.rcoa.ac.uk/acsa</p>	<p>so what level of accreditation does it hold?</p> <ul style="list-style-type: none"> • Is the service regularly reviewing the effectiveness of care and treatment through local audit and national audit? Are there audits that the service does not contribute to? What are their outcomes compared with benchmarks? For example: <p><u>Oncology</u></p> <ul style="list-style-type: none"> • National Bowel Cancer Audit*(HSCIC/HQIP) • Head and Neck Oncology * (HSCIC/HQIP) • Oesophago-Gastric Cancer (HSCIC/HQIP) • Prostate Cancer (HSCIC/HQIP) • Rate of laparoscopic completed” rather than “attempted” in the Bowel Cancer Audit data • Cardiac Surgery Audit* <p><u>Trauma and Orthopaedics</u></p> <ul style="list-style-type: none"> • National Joint Registry • Hip fracture audit* • Hips and Knee’s (PROMs) • Falls and Fragility Fractures • Trauma Network (If applicable) <p><u>Other</u></p> <ul style="list-style-type: none"> • National Emergency Laparotomy
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		<p>(NIAA/HQIP)</p> <ul style="list-style-type: none"> • Participation in audits on sepsis • Adult Cardiac Surgery – if applicable (NICOR / HQIP) • National Vascular Registry: 2013 Report on Surgical Outcomes – if applicable* (RCS/HQIP) • Nephrectomy Outcomes Data* • UK Carotid Endarterectomy Audit • National Joint Registry and Patient Reported Experience Measures (PREMS) • Waiting time for diagnostic procedures to be carried out. • Whether PROMs data for service has improved over time • What evidence is there that management has changed in response to their audits? • Do they have regular audit meetings to learn/ feedback • How do the audit outcome compare against National standards? <ul style="list-style-type: none"> • Is the service regularly reviewing the effectiveness of sepsis management through local and national audit? <ul style="list-style-type: none"> • Does the service hold regular audit
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		<p>meetings to review performance in regards sepsis management and patient outcomes?</p> <ul style="list-style-type: none"> • Where issues have arisen in regards sepsis management and patient outcomes has there been evidence of quality improvement?' • Where issues have arisen in regards sepsis management and patient outcomes have staff been given appropriate support and training? • If cosmetic surgery is carried out, 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 • rhinoplasty • rhytidectomy (face lift) <p>Is the provider engaged with the Private Healthcare Information Network (PHIN) so that data can be submitted in accordance with legal requirements regulated by the</p>
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Competition Markets Authority (CMA)? (data must be submitted to PHIN by 1 September 2016)

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

- [The Perioperative Care Collaborative: Position statement re Surgical First assist Nov 2012](#)
- [NICE NG11](#) - Challenging behaviour and learning disabilities prevention and interventions for people with learning disabilities whose behaviour challenges
- [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.
- [Start Smart then Focus: Antimicrobial Stewardship Toolkit](#)

- How does the service ensure that consultant surgeons only carry out surgery that they are skilled, competent and experience to perform? (Do they perform similar work in the NHS?)
- How does the service ensure that consultant surgeons only carry out surgery that they are skilled, competent and experience to perform? (Do they perform similar work in the NHS?)
- How does the service ensure that first assistant's for consultant (these may be referred to as advanced scrub practitioner (ASP)) surgeons are appropriately qualified and competent?

required, and are they trained and supported for the role they undertake?

- [RCS Certification](#)
- [RCS Certification: Operative Exposure in the Area of Certification](https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/certification-updates)
<https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/certification-updates>

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/>
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.

- How does the service ensure that anaesthetists have relevant skills and expertise for the procedures being undertaken?
- If intravenous sedation is used, how does the service ensure that practitioners administering sedation have received appropriate training in sedation and be competent with airway management and resuscitation?
- What are the arrangements for granting and reviewing practising privileges
- What are the arrangements to ensure staff working under practising privileges on an occasional or infrequent basis are competent and skilled to carry out care and 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?

		<ul style="list-style-type: none"> • Are there arrangements in place to make sure that local healthcare providers are informed in cases where a staff member is suspended from duty? NHS Employers: Guidance for employers on sharing information about a healthcare worker where a risk to public or patient safety has been identified July 2013 • 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 cosmetic surgery cases? • Is there plans in place to fully comply with the Competition and Markets Authority's (CMA) requirements in relation to information about each surgeons performance? • Do all surgeons carrying out cosmetic surgery have operative
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	<ul style="list-style-type: none"> • RCS Certification: Operative Exposure in the Area of Certification https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/certification-updates 	<p>exposure in the area of certification as recommended by the RCS? i.e. are the requisite minimum number of procedures in the area of certification being carried out?</p> <ul style="list-style-type: none"> • Have staff in the department received training on sepsis <ul style="list-style-type: none"> - Screening - Management - Provider policy • Where failure in the sepsis protocol has been identified have staff 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
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, 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? 	<p>PHO: a report of investigation into unsafe discharge from hospital</p> <p>NICE NG27 Transition between inpatient settings and community or care home settings for adults with social care needs https://www.nice.org.uk/guidance/ng27/cha-pter/Recommendations</p>	<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. ○ Team working between surgery/physiotherapy e.g. people using services receive suitable pain relief up to 30minutes before physiotherapy • How does the service ensure the arrangements for discharge are considered prior to elective surgery taking place? • How does the service liaise with families/ carers when discussing discharge plans? • Does the service avoid discharging older people late at night if they have complex needs and live

	<p style="text-align: center;"><u>The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients</u></p> <p>Refer to the Review of the Regulation of Cosmetic Interventions and RCS Professional Standards for Cosmetic Surgery.</p>	<p>alone?</p> <ul style="list-style-type: none"> • How is key information about older people with complex needs communicated to members of the community health team on discharge? For example sharing of assessments, including tissue viability (pressure risk) and nutritional assessment and risk. • How does the service ensure that access to medical consultant/s is available when needed (for surgical patients)? • How does the service ensure that the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients has been implemented? • 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
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	<p>NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/cha pter/Recommendations</p>	<p>Review of the Regulation of Cosmetic Interventions and the RCS Professional Standards for Cosmetic Surgery.</p> <ul style="list-style-type: none"> • How does the service ensure that access to medical consultant/s is available when needed (for surgical patients) • 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) • Is there evidence of multi-disciplinary/ interagency working when required? If not, how do staff ensure safe discharge arrangements for people with complex needs?
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<p>Report sub-heading: Seven-day services</p>		
<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? 	<p>NCEPOD (2007): Emergency Admissions: A journey in the right direction? RCS (2011): Emergency Surgery, Standards for unscheduled surgical care</p> <p>NICE NG40 Major trauma service delivery Interventional radiology access in major trauma centres</p> <p>Standards for providing a 24-hour interventional radiology service</p>	<ul style="list-style-type: none"> Is there routine physio /OT input at weekends? Is there availability of pharmacy input out of hours including weekends? Is there access to all key diagnostic services in a timely manner 24 hours a day, seven days a week to support clinical decision making: <ul style="list-style-type: none"> Critical – imaging and reporting within 1 hour Urgent – imaging and reporting within 12 hours All non-urgent – within 24 hours Where appropriate, does the service provide formal emergency interventional radiology services 24/7? <ul style="list-style-type: none">

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 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.) 		<ul style="list-style-type: none"> • How does the service support the patient to be as fit as possible for surgery e.g. eat the right food, mobilise joints, stop smoking, reduce alcohol?

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		
<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 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 	<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 Surgical Practice 2014 RCS good practice guide on consent following Montgomery Consent: patients and doctors making decisions together GMC) Department of Health Reference guide to consent for examination or treatment BMA 2015 consent toolkit Consent - The basics (Medical Protection) BMA Children and young people tool kit Gillick competence 	<ul style="list-style-type: none"> How do staff ensure that informed consent is given by speaking to pre and post op patients about their understanding of their surgery (is there documented evidence of risk assessment and shared care plans? Are interventional procedures consented for appropriately In areas where ethnic minority groups form a significant proportion of the local population, are processes in place to aid translation during the consent process? How does the service ensure that when cosmetic surgery is being carried out that the consultant surgeon carrying out the surgery explains the expected outcomes and ensures the patient

<p>ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan?</p> <ul style="list-style-type: none"> • 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? 		<p>understands the expected outcomes and risks before agreeing to go ahead with surgery?</p> <ul style="list-style-type: none"> • How does the service ensure that there is 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 2016). <p>Where children are seen or treated</p> <ul style="list-style-type: none"> • Is there a consent policy specific to CYP in place? • Is there a CYP specific consent form used? • Does the policy contain information for staff on Gillick competency and other issues around consent? • How are CYP engaged (age and developmentally appropriate) in the consent process? • How are the needs of older young people and their parents addressed in the consent and information sharing process?
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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? 	<ul style="list-style-type: none"> • NICE QS15 Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty. • NICE QS15 Statement 3: Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team. 	<ul style="list-style-type: none"> • How do staff make hospital feel as normal as possible e.g. oral/nutrition/not eating in bed? • How do staff support people using services 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

<ul style="list-style-type: none"> • 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? 		<p>or any aspect of their care?</p>
<p>Report sub-heading: Emotional support</p>		
<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 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"> • Are patients (and their families) who receive life-changing diagnoses given appropriate emotional support, including help to access further support services? <p>(Life-changing conditions include, but are not limited to, terminal illness, bariatric surgery or HIV. Menopause can also impact on women’s emotional health)</p> <ul style="list-style-type: none"> • If a patient becomes distressed in an open environment, how do staff assist them to maintain their privacy and dignity?
<p>Report sub-heading: Understanding and involvement of patients and those close to them</p>		
<ul style="list-style-type: none"> • C2.1 Do staff communicate with people so that they understand their care, treatment 	<ul style="list-style-type: none"> • NICE QS15 Statement 2: Patients experience effective interactions with 	<ul style="list-style-type: none"> • How does the service ensure that staff advise people about all possible costs

<p>and condition and any advice given?</p> <ul style="list-style-type: none"> • 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? • 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 	<p>staff who have demonstrated competency in relevant communication skills.</p> <ul style="list-style-type: none"> • NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care. • NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. • NICE QS15 Statement 13: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care. • GMC Guidance and resources for people with communication difficulties • RCS Good Surgical Practice 2014 • Regulation 19 of the Care Quality Commission Registration Regulations 2009 • RCS Professional Standards for Cosmetic Surgery 2016 	<p>that will be incurred in a timely manner and check that people understand this information/?</p> <ul style="list-style-type: none"> • 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? • When older people with complex needs are being discharged, do the staff involve those close to the person so that correct clothing can be brought into hospital? <p>Do staff have access to communication aids to help patients become partners in their care and treatment? For example, is there evidence that they use the patient's own preferred methods or are easy read materials available (and used)?</p> <p>Where children are seen or treated</p> <ul style="list-style-type: none"> • Do staff communicate appropriately with children and young people and their relatives? • Is information and support provided in a child friendly format to help CYP make decisions about or agree to care and treatment (including consent/assessment). • Can older children talk to a clinician
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people to make and review choices about sharing their information?		without a parent present?
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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? 	<ul style="list-style-type: none"> Butterfly scheme (other schemes exist) 	<ul style="list-style-type: none"> Are there any systems or staff members in place to aid the delivery of care to patients in need of additional support? For example dementia champions or dementia symbols above bed or Learning Disability link nurses or stickers on paper records.

Report sub-heading: Meeting people's individual needs

- R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so?
- R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?
- R2.2 How are services delivered and coordinated to be accessible and responsive to people with complex needs?²
- 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?

- [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 standards NHS England](#)

See links for examples from Age UK:

<http://www.ageuk.org.uk/suffolk/services-and-information/welcome-home-service/>

- Age UK operates a welcome home service in some areas and ensures houses are warm and fridges stocked with essentials for people on discharge
- [NICE NG27](#) Transition between inpatient hospital settings and community or care home settings for adults with social care needs. Of particular relevance to Looked After Children and Young People – see [NICE QS31](#)

- Are appropriate arrangements put into place to take account of individual needs of people being discharged who have complex health and social care needs that require special considerations? For example older people with complex needs?
- Are there arrangements in place for people who need translation services?
- Are there suitable arrangements in place for people with a learning disability?
- How well does the service care for people with other complex needs, e.g. deaf/blind/wheelchair access?
- If NHS funded care is provided does the provider comply with Accessible Information standards by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss?
- How well do they care for people living with dementia? Is there a dementia lead? How many staff have dementia / 'forget me not' training?

². For example, people living with dementia or people with a learning disability or autism.

		<ul style="list-style-type: none"> • What are the arrangements in place for ensuring psychiatric support? • Are appropriate discharge arrangements in place for people with complex health and social care needs? This may mean taking account of chaotic lifestyles. <p>If the hospital provides surgery for both NHS and privately funded patients is priority given to one group over the other. If so is this based on the individual's clinical need?</p> <p>Where children are seen or treated</p> <ul style="list-style-type: none"> • What steps have been taken to ensure areas where CYPs are treated are safe and suitable for the age group? • If CYP are seen in predominantly adult based - how are the needs CYP and parents met whilst in these areas e.g. is there a separate waiting area, is there a play area etc.? <ul style="list-style-type: none"> - Are waiting times kept to a minimum for CYP? • What reasonable adjustments are made for a child that might struggle with the hospital environment?
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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
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 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 		<p>How does the service manage the provision of un-planned surgery, such as unexpected return to theatre, particularly at night, weekends and public holidays</p>

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		
<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 confident are they to speak up? • R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? • R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? • R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? 	<ul style="list-style-type: none"> • RCS Good Surgical Practice 2014. In particular section 3 • RCS Professional Standards for Cosmetic Surgery 2016 • ISCAS: Patient complaints adjudication service for independent healthcare <p>In respect of NHS patients:</p> <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. 	

<ul style="list-style-type: none"> • R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 	<p>Where children are seen or treated</p> <ul style="list-style-type: none"> • Is there a child friendly complaints process appropriate for CYP of different age ranges to easily access and use? • Is there a child-friendly format inpatient patient satisfaction survey/ friends and family test, suggestion boxes etc. 	
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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"> Fit and Proper Persons Guidance 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 	<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? 	<ul style="list-style-type: none"> • Fit and Proper Persons Guidance 	

Key line of enquiry: **W3**

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

Generic prompts	Professional Standard	Sector specific guidance
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 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 	<ul style="list-style-type: none"> 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 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 or the provider only carry out marketing 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

<p>with particular protected characteristics under the Equality Act, feel they are treated equitably?</p> <ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> NRLS - Being Open Communicating patient safety incidents with patients, their families and carers Duty of Candour – CQC guidance RCS guidance on duty of candour National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015. Applies to those providing NHS funded care 	<p>referring clinician to refer private patients to, or treat private patients at, the facilities?</p> <ul style="list-style-type: none"> How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)
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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 	<ul style="list-style-type: none"> NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations Staff working under practising privileges must hold appropriate indemnity insurance in accordance with The Health Care and Associated Professions (Indemnity Arrangements) Order 2014 	<ul style="list-style-type: none"> Is there a clinical governance group responsible for reviewing surgical procedures? Is there a sepsis lead who oversees the departmental/hospital sepsis management? Is there evidence of learning from sepsis audits? How does the hospital

<p>providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?</p>	<p>and their professional body</p>	<p>manager ensure that consultant 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?</p> <ul style="list-style-type: none"> • How does the hospital manager ensure that surgeons, including those carrying out cosmetic surgery have an appropriate level of valid professional indemnity insurance in place? • Are roles and responsibilities of the Medical Advisory Committee 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
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		<p>annual appraisal and maintain accurate information about their personal performance in line with national guidance on appraisal for doctors?</p> <ul style="list-style-type: none"> • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?
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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

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 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? 	<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, audit and review of IV fluid prescribing, and patient outcomes. 	<ul style="list-style-type: none"> • How does the hospital manager ensure that all surgery carried out is monitored and reviewed? • 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?
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<ul style="list-style-type: none"> • 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? 	<ul style="list-style-type: none"> • 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. • NICE NG51 Sepsis: recognition, diagnosis and early management. https://www.nice.org.uk/guidance/ng51/chapter/Recommendations • National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015 <i>NatSSIPs sets out on page seven specific responsibilities for those providing NHS funded care in respect of for members of a Trust Board, Medical Director or Chief Nurse and local governance or safety lead,</i> • 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. 	<p>Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?</p> <ul style="list-style-type: none"> • Does the service have tested back up emergency generators in place in case of failure of essential services? • Is there effective trust board oversight of performance regarding antimicrobial prescribing and stewardship? What action is taken when issues are identified? • Does the service participate in any audits that are related to (or refer) to mental health and emotional wellbeing? Have there been any relevant actions arising from audits?
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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
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 	<p>RCS coding using SNOMED-CT, with ongoing development after this. Refer to RCS for further information</p> <p>https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/datasets-and-qproms/coding</p>	<ul style="list-style-type: none"> • Does the service ensure surgical cosmetic procedures are coded in accordance with SNOMED_CT?

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

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?
- W7.5 Is there transparency and openness with all stakeholders about performance?

- 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

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		
<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, and processes for evaluating and sharing the results of improvement work? 	<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 • https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/certification/ • GMC's guidance on cosmetic practice and RCS's Professional Standards for Cosmetic Surgery 2016 	<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