

Inspection framework: NHS acute hospitals

Core service: Outpatients and diagnostic imaging

Outpatients includes all areas where people undergo physiological measurements, diagnostic testing, receive diagnostic test results, are given advice or receive care and treatment without being admitted as an inpatient or day case.

This core service includes imaging services, such as diagnostic radiology tests. Diagnostic imaging includes baby ultrasound that is not part of a maternity service.

Please note: children's outpatient and diagnostic imaging services should be reported under the children and young people core service.

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.

- Ophthalmic clinics
- Orthopaedic clinics, including fracture clinics
- Cardiothoracic clinics and cardiac investigations, e.g. EEG, ECG, Echo, X-ray, exercise test, Chest Pain Clinic
- Neurology clinics
- Pre-operative assessment clinics (cross reference with surgery)

- Sample of imaging areas, e.g. plain film, CT, MRI, Ultrasound, Nuclear Medicine
- Sample of physiological monitoring areas, e.g. Respiratory Clinic
- Renal and dialysis clinics
- Ante natal clinics (cross reference with maternity and family planning services)
- Women's services (cross reference with maternity and family planning services)
- ENT clinics
- Pathology, including phlebotomy
- Children's areas (cross reference with children's and young peoples' services)

Interviews/focus groups/observations

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

- People who use services and those close to them
- Clinical director/lead
- Nursing lead for each ward/unit/area
- Directorate/divisional manager

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

- Pathology lead
- Administrative staff such as reception, ward clerks, unit aides
- Nurses
- Doctors
- Ultrasonographers
- Imaging lead radiographers
- Physicists and technicians
- Health Care Assistants
- Volunteers
- Medical and surgical secretaries

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 & S2

S1. What is the **track record** on safety?

S2. Are **lessons learned and improvements made** when things go wrong?

Report sub-heading: **Incidents**

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> • What is the safety performance over time, based on internal and external information? • How does safety performance compare to other similar services? • Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally? • Have safety goals been set? How well is performance against them monitored using information from a range of sources? • Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result? • When things go wrong, are thorough and robust reviews or investigations carried out? Are all relevant staff and people who use services involved in the review or investigation? • How are lessons learned, and is action taken as a result of investigations when things go wrong? 	<ul style="list-style-type: none"> • A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> ○ Revised never events policy and framework (2015) ○ Never events list 2015/16 ○ Never Events List 2015/15 - FAQ • Serious Incidents (SIs) should be investigated using the Serious Incident Framework 2015. • 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. 	<ul style="list-style-type: none"> • Do mortality and morbidity reviews feed into service improvement? Are these undertaken monthly, MDT attended, minuted and lessons learnt? • Evidence of adherence to duty of candour regulation, including process and evidence for written apologies. • How does the imaging service ensure that radiation incidents are fed into risk management and for exposures 'much greater than intended', notified to us under IR(ME)R or to HSE under IRR99 requirements?

<ul style="list-style-type: none"> How well are lessons shared to make sure action is taken to improve safety beyond the affected team or service? 		
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Report sub-heading: **Safety Thermometer**

Generic prompts	Professional Standard	Additional prompts

Key line of enquiry: **S3**

Are there **reliable systems, processes and practices** in place to keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> Do staff receive effective mandatory training in the safety systems, processes and practices? 		

Report sub-heading: **Safeguarding**

<ul style="list-style-type: none"> Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? Is implementation of safety systems, processes and practices monitored and 	<ul style="list-style-type: none"> <u>'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff'</u> (March 2014) <u>HM Government</u>: Working together to safeguard children: A guide to inter-agency working to safeguard and 	<ul style="list-style-type: none"> Are there processes in place to ensure the right person gets the right radiological scan at the right time? Does the imaging service ensure the
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<p>improved when required?</p> <ul style="list-style-type: none"> Are there arrangements in place to safeguard adults and children from abuse that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures? 	<p>promote the welfare of children. March 2015</p> <ul style="list-style-type: none"> Female genital mutilation multi-agency practice guidelines published in 2014 DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 FGM guidance for professionals on the NHS Choices website <p>Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015)</p>	<p>WHO Surgical Safety Checklist is a core set of safety checks for use when carrying out non-surgical interventional radiology with the expectation that it can be adapted to fit local practice?</p> <ul style="list-style-type: none"> Have staff been trained in safeguarding? NB – all staff in paediatric outpatients should have Level 3 – all others Level 2 Is a process in place for the identification and management of people at risk of abuse (including domestic violence) and follow the appropriate policies? Are there arrangements in place to safeguard women or children with, or at risk of, Female Genital Mutilation (FGM)?
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Report sub-heading: **Cleanliness, infection control and hygiene**

<ul style="list-style-type: none"> How are standards of cleanliness and hygiene maintained? Are reliable systems in place to prevent and protect people from a healthcare-associated infection? Is implementation of safety systems, processes and practices monitored and improved when required? 	<ul style="list-style-type: none"> NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and 	<ul style="list-style-type: none"> What precautions are taken in the outpatients and radiology settings when seeing people with suspected communicable diseases? E.g. TB / Flu etc What infection control measures are in use when carrying out a consultation / performing a scan on people requiring isolation? E.g. people with infectious
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	<p>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. • Decontamination of surgical instruments (CFPP 01-01) (chapter 6) • Health Technical Memorandum 01-06: Decontamination of flexible endoscopes 	<p>diarrhoea</p> <ul style="list-style-type: none"> • What are the results of local cleaning / hand hygiene audits? • Is the trust managing and decontaminating reusable medical devices in line with national guidance such as the DH Health Technical Memorandum on decontamination? • Is the trust following the guidance outlined in the management and decontamination of flexible endoscopes HTM?
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Report sub-heading: **Environment and equipment**

<ul style="list-style-type: none"> • Does the design, maintenance and use of facilities and premises keep people safe? • Does the maintenance and use of equipment keep people safe? • 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.) • Are the systems, processes and practices 		<ul style="list-style-type: none"> • Is resuscitation equipment readily available? • Has the imaging service carried out a risk assessment for all new or modified use of radiation? Do the risk assessments address occupational safety as well as consideration of risks to people who use services and public? • How does the imaging service ensure that non-ionising radiation premises in particular MRI scanners, high power
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<p>that are essential to keep people safe identified, put in place and communicated to staff?</p> <ul style="list-style-type: none"> • Is implementation of safety systems, processes and practices monitored and improved when required? 		<p>lasers and IPL, have arrangements in place to control the area and restrict access?</p> <ul style="list-style-type: none"> • How does the service ensure specialised personal protective equipment is available and used?
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Report sub-heading: **Medicines**

<ul style="list-style-type: none"> • Do arrangements for managing medicines, medical gases and contrast media keep people safe? (This includes obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal.) • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 	<ul style="list-style-type: none"> • Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council NMC - Standards for Medicine Management • NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. 	<ul style="list-style-type: none"> • Is an outpatient survey carried out and does it include information about: proportion of respondents to the survey indicating that a member of staff did not explain to them: <ul style="list-style-type: none"> ○ How to take new medications? ○ The purpose of the medications they were to take at home in a way they understood? ○ About medication side effects to watch for? ○ The reason for the change to their medication in a way that they could understand? • Are there arrangements to ensure safe arrangements for safety of controlled drugs and chemotherapy given in outpatients? • Are there arrangement to ensure safe storage of prescription FP10`s? • How does the imaging service using nuclear medicine ensure that The
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		Medicines (Administration of Radioactive Substances) Regulations 1978 [MARS], is taken account of?
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Report sub-heading: **Records**

<ul style="list-style-type: none"> • Are people’s individual care records written and managed in a way that keeps people safe? (This includes ensuring people’s records are accurate, complete, legible, up to date and stored securely). • Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff? • Is implementation of safety systems, processes and practices monitored and improved when required? 	<ul style="list-style-type: none"> • Records management code of practice for health and social care. 	<ul style="list-style-type: none"> • Is there a system for ensuring medical records availability for clinics? <ul style="list-style-type: none"> ➤ Is this audited? ➤ What has been done to increase compliance? ➤ Can risk be mitigated - i.e. are records available electronically? ➤ What happens if notes not available – are clinic appointments cancelled or people seen without notes?
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Key line of enquiry: **S4**

How are **risks to people who use services** assessed, and their safety monitored and maintained?

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

Generic prompts	Professional Standard	Additional prompts
<ul style="list-style-type: none"> • 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? • How do staff identify and respond appropriately to changing risks to people 		<ul style="list-style-type: none"> • How does the imaging service ensure that the radiation protection advisor is easily accessible for providing radiation advice? • In the case of imaging services has the service appointed Radiation Protection Supervisors in each clinical area? How

who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges?

does the service ensure that the 'requesting' of an X-ray, MRI, nuclear medicine or other radiation diagnostic test, e.g. by GP's or others is only made by staff / persons in accordance with IR(ME)R.

- Are there signs/information displayed in the radiation department waiting area informing people about areas/rooms where radiation exposure takes place?
- How does the imaging service ensure that women (including women using the services and female staff) who are or may be pregnant always inform a member of staff before they are exposed to any radiation?
- What are the local policies for the risk assessment and prevention of contrast induced nephropathy? Are they in keeping with NICE AKI guidelines and the RCR standards for intravascular contrast agent administration?
- Are there clear pathways and processes for the assessment of people within outpatient clinics or radiology departments who are clinically unwell and require hospital admission?

Report sub-heading: **Nurse staffing**

- How are staffing levels and skill mix planned

Note: there are no standards or guidelines for how OP clinics should be staffed (either

<p>and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available?</p> <ul style="list-style-type: none"> • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? 		<p>medical or nursing)</p> <ul style="list-style-type: none"> • How are staffing requirements ascertained? • Do they use agency? What are the local induction policies?
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Report sub-heading: **Medical staffing**

<ul style="list-style-type: none"> • How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times, in line with relevant tools and guidance, where available? • How do actual staffing levels compare to the planned levels? • Do arrangements for using bank, agency and locum staff keep people safe at all times? • How do arrangements for handovers and shift changes ensure people are safe? 		<p>Note: there are no standards or guidelines for how OP clinics should be staffed (either medical or nursing)</p> <ul style="list-style-type: none"> • How are staffing requirements ascertained? • Do they use agency? What are the local induction policies?
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Key line of enquiry: **S5**

How well are potential risks to the service **anticipated** and **planned** for in advance?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Major incident awareness and training**

<ul style="list-style-type: none">• How are potential risks taken into account when planning services, for example, seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing?• What arrangements are in place to respond to emergencies and major incidents? How often are these practised and reviewed?• 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">• In case of a service using radiation or radioactive substances are there effective arrangements in place in case of a radiation or radioactive incident occurring?
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For Use in Q

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

Are people's needs assessed and care and treatment delivered in line with legislation, standards and **evidence-based guidance**?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Evidence-based care and treatment**

<ul style="list-style-type: none"> • How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered? (This includes from NICE and other expert and professional bodies). • Do people have their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice? How is this monitored to ensure compliance? • Is discrimination, including on grounds of age, disability, , gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions? • How is technology and equipment used to enhance the delivery of effective care and 	<ul style="list-style-type: none"> • NICE guideline NG28 – Type 2 diabetes in adults: management • NICE guideline 101 – COPD in over 16s: diagnosis and management • NICE guideline 118 – Colonoscopic surveillance for preventing colorectal cancer in adults with ulcerative colitis, Crohn's disease or adenomas • NICE QS90 (2015) UTI in adults 	<ul style="list-style-type: none"> • How does the imaging service ensure the adoption and use of diagnostic reference levels (DRL's) as an aid to optimisation in medical exposure? <ul style="list-style-type: none"> ➤ Are the levels used audited? • How does the service ensure it identified and implements relevant best practice and guidance, such as NICE guidance? • Are there protocols/ proformas in place in clinics? • Do they audit their practice locally against the guidelines? • How does the service ensure that NICE guidelines for acting on an image report/radiologist report are followed?
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<p>treatment?</p> <ul style="list-style-type: none"> • Are the rights of people subject to the Mental Health Act (MHA) protected and do staff have regard to the MHA Code of Practice? 		<ul style="list-style-type: none"> • Are outpatient procedures such as hysteroscopy / cystoscopy etc carried out in line with professional guidance? • In assessing whether NICE guidance is followed, take the following into account: <ul style="list-style-type: none"> ➢ Details of the provider's Clinical Audit programme to support and monitor implementation of NICE guidance ➢ Details of additional prescribing audits that may be completed by junior doctors on rotation. ➢ Utilisation of NICE implementation support tools such as the baseline assessment tools. ➢ 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
<p>Report sub-heading: Nutrition and hydration</p>		
<ul style="list-style-type: none"> • How are people's nutrition and hydration needs assessed and met? 		<ul style="list-style-type: none"> • What arrangements are in place in terms of food and drink for patients who are in the department for any length of time?
<p>Report sub-heading: Pain relief</p>		
<ul style="list-style-type: none"> • How is the pain of an individual person assessed and managed? 	<ul style="list-style-type: none"> • Core Standards for Pain Management Services in the UK (Faculty of Pain Medicine, 2015) in particular: 	<ul style="list-style-type: none"> • How has the service implemented the Faculty of Pain Medicine's Core Standards for Pain Management

- 3.4 Standard 1 - A specialist pain management service will have at least two consultants who have achieved competencies and experience in advanced pain medicine, as defined by the Faculty of Pain Medicine of the Royal College of Anaesthetists, and undergo successful annual appraisal.
- 3.4 Standard 2 - No sole practitioner acting in isolation, whatever their profession, can claim to run a pain management clinic or service.
- 3.4 Standard 4 - Specialist pain management services will involve nursing, physiotherapy, occupational therapy and clinical psychology staff. These specialists will have dedicated sessional time in the pain management service and attend multidisciplinary team (MDTs) meetings.
- 3.4 Standard 5 - Specialist pain management services must have access to dedicated pharmacy input.
- 3.4 Standard 6 - Input from other local specialists, e.g. psychiatry, palliative medicine, surgical and medical specialities, gynaecology, paediatrics, neurology and rehabilitation medicine must be

(2015)?

available as needed to manage the patient case mix.

Key line of enquiry: **E2**

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

Generic prompts

Professional Standard

Additional prompts

Report sub heading: **Patient outcomes**

- Is information about the outcomes of people's care and treatment routinely collected and monitored?
- Does this information show that the intended outcomes for people are being achieved?
- How do outcomes for people in this service compare to other similar services and how have they changed over time?
- Is there participation in relevant local and national audits, benchmarking, accreditation, peer review, research and trials?
- How is information about people's outcomes used and what action is taken as a result to make improvements?
- Are staff involved in activities to monitor and improve people's outcomes?

- How has the service responded to the CQC Inpatient Survey, in particular the proportion of respondents who stated that they rated the care they received at the outpatients department as poor or very poor?
- Does the provider participate in the [Imaging Services Accreditation Scheme \(ISAS\)](#). If so what departments are accredited and what level of accreditation does it hold?
- Does the provider participate in the [Improving Quality in Physiological Services \(IQIPS\)](#). If so what departments are accredited and what level of accreditation does it hold?

Key line of enquiry: **E3**

Do **staff** have the **skills, knowledge and experience** to deliver effective care and treatment?

Generic prompts

Professional Standard

Additional prompts

Report sub heading: **Competent staff**

<ul style="list-style-type: none"> • Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new responsibilities and on a continual basis? • How are the learning needs of staff identified? • Do staff have appropriate training to meet their learning needs? • Are staff encouraged and given opportunities to develop? • What are the arrangements for supporting and managing staff? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • How is poor or variable staff performance identified and managed? How are staff supported to improve? 		<ul style="list-style-type: none"> • Are staff administering radiation appropriately trained to do so? • Are staff who are not formally trained in radiation administration, adequately supervised in accordance with legislation set out under IR(ME)R? • Are sub-speciality clinics run by clinicians with the required training in the field? • Are there clear records showing who is entitled to administer RMP together who has the necessary certificate from 'The Administration of Radioactive Substances Advisory Committee' (ARSAC)?
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Key line of enquiry: **E4**

How well do **staff, teams and services work together** to deliver effective care and treatment?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Multidisciplinary working		
<ul style="list-style-type: none"> • Are all necessary staff, including those in different teams and services, involved in assessing, planning and delivering people's 		<ul style="list-style-type: none"> • As part of the justification process to carry out exposure to radiation, how does the imaging service attempt to make use of previous images of the

<p>care and treatment?</p> <ul style="list-style-type: none"> • How is care delivered in a coordinated way when different teams or services are involved? • Do staff work together to assess and plan ongoing care and treatment in a timely way when people are due to move between teams or services, including referral, discharge and transition? • When people are discharged from a service is this done at an appropriate time of day, are all relevant teams and services informed and is this only done when any ongoing care is in place? 		<p>same persons requiring the test, even if these have been taken elsewhere?</p> <ul style="list-style-type: none"> • How does the service ensure that it meets clinical guidance for report turnaround time for medical staff requesting diagnostic imaging to be carried out? • Does the service use specialist nurses in clinic? • Does the service provide one stop clinics involving different disciplines of staff working together?
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Report sub-heading: **Seven-day services**

Key line of enquiry: **E5**

Do staff have all the **information they need** to deliver effective care and treatment to people who use services?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Access to information**

<ul style="list-style-type: none"> • Is all the information needed to deliver effective care and treatment available to relevant staff in a timely and accessible way? (This includes care and risk assessments, care plans, case notes and test results.) • When people move between teams and 	<ul style="list-style-type: none"> • NICE QS15 Statement 12: Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. 	<ul style="list-style-type: none"> • Does the service provide electronic access to diagnostic results? • Does the service have arrangements in place to make sure that diagnostic imaging results are always available in a timely manner?
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<p>services, including 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?</p> <ul style="list-style-type: none"> • How well do the systems that manage information about people who use services support staff to deliver effective 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"> • How does the provider communicate with GP's? How long does it take? Is this measured / monitored by the provider?
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Key line of enquiry: E6

Is people's **consent** to care and treatment always sought in line with legislation and guidance?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: Consent, Mental Capacity Act and DOLs

<ul style="list-style-type: none"> • Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004? • How are people supported to make decisions? • How and when is a person's mental capacity to consent to care or treatment assessed 	<ul style="list-style-type: none"> • Consent: patients and doctors making decisions together (GMC) • Consent – The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment 	
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<p>and, where appropriate, recorded?</p> <ul style="list-style-type: none"> • When people lack the mental capacity to make a decision, do staff make 'best interests' decisions in accordance with legislation? • How is the process for seeking consent monitored and improved to ensure it meets responsibilities within legislation and follows relevant national guidance? • Do staff understand the difference between lawful and unlawful restraint practices, including how to seek authorisation for a deprivation of liberty? • Is the use of restraint of people who lack mental capacity clearly monitored for its necessity and proportionality in line with legislation and is action taken to minimise its use? 	<ul style="list-style-type: none"> • BMA 2015 Consent Toolkit 	
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Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Key line of enquiry: **C1**

Are people treated with kindness, **dignity, respect** and **compassion** while they receive care and treatment?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Compassionate care**

<ul style="list-style-type: none"> • Do staff understand and respect people’s personal, cultural, social and religious needs, and do they take these into account? • Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate manner? • Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? • Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • How do staff make sure that people’s privacy and dignity is always respected, including during physical or intimate care? • When people experience physical pain, discomfort or emotional distress do staff respond in a compassionate, timely and appropriate way? • Do staff respect confidentiality at all times? 	<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 2: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills. • 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. • 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. 	<ul style="list-style-type: none"> • Are service users able to speak to the receptionist without being overheard? • How do staff ensure that when intimate personal care and support is being given by a member of the opposite sex, service users are offered the option on a chaperone? • How do staff ensure that chaperones are, where possible, the same gender as the service user?
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Key line of enquiry: C2

Are people who use services and those close to them **involved as partners** in their care?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Understanding and involvement of patients and those close to them		
<ul style="list-style-type: none"> • Do staff communicate with people so that they understand their care, treatment and condition? 	<ul style="list-style-type: none"> • NICE QS15 Statement 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their 	<ul style="list-style-type: none"> • Following their appointment, do service users understand how and when they will receive test results / next appointment date?

<ul style="list-style-type: none"> Do staff recognise when people who use services and those close to them need additional support to help them understand and be involved in their care and treatment and enable them to access this? (This includes language interpreters, sign language interpreters, specialist advice or advocates.) How do staff make sure that people who use services and those close to them are able to find further information or ask questions about their care and treatment? 	<p>individualised care.</p> <ul style="list-style-type: none"> NICE QS15 Statement 5: Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences. 	<ul style="list-style-type: none"> Do service users describe receiving copies of letters sent between the hospital and their GP? Do service users describe knowing who to contact if they were worried about their condition or treatment after they left hospital? Is information regarding safeguarding from abuse displayed where service users will see it? Are service users informed in advance if there is a planned change of consultant?
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Key line of enquiry: C3

Do people who use services and those close to them receive the support they need to **cope emotionally** with their care, treatment or condition?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Emotional support**

<ul style="list-style-type: none"> 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? Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? 	<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"> Do staff provide people who use services with information leaflets / written information to explain their condition and treatment plan? Are treatment options discussed with
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<ul style="list-style-type: none"> • What emotional support and information is provided to those close to people who use services, including carers and dependants? • Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? • How are people enabled to have contact with those close to them and to link with their social networks or communities? 		<p>people and are they encouraged to be part of the decision making process?</p>
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Responsive

By responsive, we mean that services are organised so that they meet people's needs

Key line of enquiry: R1		
Are services planned and delivered to meet the needs of people?		
Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Service planning and delivery to meet the needs of local people		
<ul style="list-style-type: none"> • Is information about the needs of the local population used to inform how services are planned and delivered? • How are commissioners, other providers and relevant stakeholders involved in planning services? • Do the services provided reflect the needs of 		<ul style="list-style-type: none"> • Is the environment appropriate and patient centred (comfortable/sufficient seating, toilets and magazines, drinks machine, separate play area for children in an adult clinic)? • Is there sufficient care parking available (change available from a

the population served and do they ensure flexibility, choice and continuity of care?

- Where people's needs are not being met, is this identified and used to inform how services are planned and developed?
- Are the facilities and premises appropriate for the services that are planned and delivered?

machine, shuttle service from distant car parks, parking paid for on exit, one price per appointment therefore if clinics running late then still pay same amount)?

- Is the department clearly signposted (or volunteers to help)?
- Is information provided to service users in accessible formats before appointments, e.g. contact details, hospital map and directions, consultant name, information about any tests / samples / fasting required?
- Are there specialist clinics for local population (eg people with sickle cell disease)?
- Is public transport availability considered? What is the timeliness of appointments?
- Are there out of hours clinics - evening and weekends?
- Are people who use services given pagers so they can leave the waiting room for a break?

Is there any use of telemedicine / skype/ telephone appointments as alternative to face to face appointments?

Key line of enquiry: R2

Do services take account of the **needs of different people**, including those in vulnerable circumstances?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Meeting people's individual needs		
<ul style="list-style-type: none"> • How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? • How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? • How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability? • Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others? • How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services? 	<ul style="list-style-type: none"> • NICE QS15 Statement 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions • Accessible Information Standards 	<ul style="list-style-type: none"> • How does the service ensure that appointments for new service users allow time to ask questions and have follow-up tests? • Is support with transport available to service users with mobility issues? • Does the service provide appropriate support for bariatric patients? • How does the service manage care of vulnerable service users; for example, allowing service users living with dementia to bypass queues at reception / when clinics are running late? • How does the service take account of individual needs of the following groups of patients: <ul style="list-style-type: none"> ○ People with complex needs ○ People with learning disabilities ○ People with dementia • In areas where ethnic minority groups form a significant proportion of the

local population, are processes in place to aide translation?

Key line of enquiry: R3

Can people access care and treatment in a **timely** way?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Access and flow**

- Do people have timely access to initial assessment, diagnosis or urgent treatment?
- As far as possible, can people access care and treatment at a time to suit them?
- What action is taken to minimise the time people have to wait for treatment or care?
- Does the service prioritise care and treatment for people with the most urgent needs?
- Where there is an appointments system, is it easy to use and does it support people to access appointments?
- Is care and treatment only cancelled or delayed when absolutely necessary? Are cancellations explained to people, and are people supported to access care and treatment again as soon as possible?
- Do services run on time, and are people kept informed about any disruption?

- Are there arrangements for temporary workforce / homeless / travellers (specifically thinking about communication of appointments and letters)?
- Are service users offered a choice of appointments?
- Are same day / next day appointments available if needed? (so called 'hot' clinics)
- What is the waiting times for outpatient appointments to be made? Including cancer waiting times?
- How long are people kept waiting once they arrive in the department?
- How long are people kept waiting if they require an additional appointment for example diagnostic or imaging
- Is the waiting time for appointments / at appointments communicated?

- How does the service manage DNA rates?

Key line of enquiry: **R4**

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

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Learning from complaints and concerns**

- Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?
- How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?
- Are complaints handled effectively and confidentially, with a regular update for the complainant and a formal record kept?
- Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?
- How are lessons learned from concerns and complaints, and is action taken as a result to improve the quality of care? Are lessons shared with others?

- The [NHS constitution](#) gives people the right to
 - Have complaints dealt with efficiently and be investigated.
 - Know the outcome of the investigation.
 - Take their complaint to an independent Parliamentary and Health Service Ombudsman.
 Receive compensation if they have been harmed.

- How many complaints have been referred to the Parliamentary and Health Service Ombudsman?

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

Is there a clear **vision** and a credible **strategy** to deliver good quality?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Vision and strategy for this service**

- Is there a clear vision and a set of values, with quality and safety the top priority?
- Is there are a robust, realistic strategy for achieving the priorities and delivering good quality care?
- How have the vision, values and strategy been developed?
- Do staff know and understand what the vision and values are?
- Do staff know and understand the strategy and their role in achieving it?
- Is progress against delivering the strategy monitored and reviewed?

Key line of enquiry: W2

Does the **governance** framework ensure that **responsibilities** are clear and that **quality, performance and risks** are understood and managed?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Governance, risk management and quality measurement		
<ul style="list-style-type: none"> • Is there an effective governance framework to support the delivery of the strategy and good quality care? • Are staff clear about their roles and do they understand what they are accountable for? • How are working arrangements with partners and third party providers managed? • Are the governance framework and management systems regularly reviewed and improved? • Is there a holistic understanding of performance, which integrates the views of people with safety, quality, activity and financial information? • Are there comprehensive assurance system and service performance measures, which are reported and monitored, and is action taken to improve performance? • Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • Is there a systematic programme of clinical and internal audit, which is used to monitor quality 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. • National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015 (NatSSIPs sets out on page seven specific responsibilities for members of a Trust Board, Medical Director or Chief Nurse and local governance or safety lead) 	<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? • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?

<ul style="list-style-type: none"> • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? • Is there alignment between the recorded risks and what people say is 'on their worry list'? 		
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Key line of enquiry: W3

How does the **leadership** and **culture** reflect the vision and values, encourage openness and transparency and promote good quality care?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Leadership of service**

<ul style="list-style-type: none"> • Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? • Do leaders have the capacity, capability, and experience to lead effectively? • Do the leaders understand the challenges to good quality care and can they identify the actions needed address them? • Are leaders visible and approachable? • Do leaders encourage appreciative, supportive relationships among staff? 	<ul style="list-style-type: none"> • National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015 	<ul style="list-style-type: none"> • How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding be educated in good safety practice, as set out in the national standards.
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Report sub-heading: **Culture within the service**

<ul style="list-style-type: none"> • Do staff feel respected and valued? • Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • Is the culture centred on the needs and experience of people who use services? • Does the culture encourage candour, openness and honesty? • Is there a strong emphasis on promoting the safety and wellbeing of staff? • Do staff and teams work collaboratively, resolve conflict quickly and constructively and share responsibility to deliver good quality care? 	<ul style="list-style-type: none"> • <u>NMC Openness and honesty when things go wrong</u>: the professional duty of candour • <u>NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</u> • <u>Duty of Candour</u> – CQC guidance 	<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**

How are **people** who use the service, the **public** and **staff engaged** and **involved**?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Public and staff engagement		
<ul style="list-style-type: none"> • How are people's views and experiences gathered and acted on to shape and improve the services and culture? • How are people who use services, those close to them and their representatives actively engaged and involved in decision-making? 		<ul style="list-style-type: none"> • Are outpatient surveys in use? • Are the questions sufficiently open ended to allow people to express themselves?

<ul style="list-style-type: none"> • Do staff feel actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? • How do leaders prioritise the participation and involvement of people who use services and staff? • Do both leaders and staff understand the value of staff raising concerns? Is appropriate action taken as a result of concerns raised? 		
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Key line of enquiry: W5

How are services **continuously improved** and **sustainability** ensured?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: Innovation, improvement and sustainability

<ul style="list-style-type: none"> • 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? • In what ways do leaders and staff strive for continuous learning, improvement and innovation? • Are staff focused on continually improving the quality of care? • How are improvements to quality and innovation recognised and rewarded? 	<ul style="list-style-type: none"> • NHS England. Developing Operational Delivery Networks: The Way Forward: The new commissioning system encourages the development of operational development networks (ODN) focused on co-ordinating patient pathways between providers over a wider area. 	<ul style="list-style-type: none"> • How does the service ensure that links with Operation Delivery Networks are maintained and well managed?
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<ul style="list-style-type: none">• How is information used proactively to improve care?		
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For Use in Q3