

Inspection framework: NHS acute hospitals

Core service: surgery

This includes most surgical activity in the hospital, for example, planned (elective), emergency and day case surgery. Areas that will be inspected include pre-assessment areas, theatres and anaesthetic rooms and recovery areas.

All surgical disciplines should be included when they are provided, for example, trauma and orthopaedics, urology, ENT, cardiac surgery, vascular, ophthalmic surgery, neurosurgery and general surgery etc. Interventional radiology should be included regardless of whether these procedures might be carried out outside the theatre department.

Surgery for children is covered under the core service for children and young people, and some specialist surgery, including caesarean section, is included under maternity and family planning.

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

- Pre-Operative Assessment Unit (cross reference with A&E/outpatients on referral pathway)
- 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)
- Theatre admission unit (if the service has them)
- Diagnostic facilities for example those providing interventional radiological procedures.
- Theatres suites including day theatres, emergency (CEPOD) theatre and ophthalmic theatres (cross reference with children's services for paediatric services)
- Post-operative and rehabilitation
- Recovery
- Post-surgical wards
- Remote areas or sites where surgical procedures may be carried out. Depending on the data pack information, consider inspecting the private patient unit or ward (PPU) if the trust runs and manages a PPU
- Discharge lounge

Interviews/focus groups/observations

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

- People using services and those close to them
- Clinical director/lead
- Clinical lead for anaesthesia
- Nursing lead for surgery
- Directorate/divisional 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 and non-consultant surgeons • Consultant Anaesthetists and non-consultant anaesthetists. • Operating department practitioners • Radiologists | <ul style="list-style-type: none"> • Bed manager • Theatre manager/day surgery manager/booking co-ordinator • Medical technical officers • Technical specialists; perfusionist, ultrasound technicians |
|---|--|

- Radiographers
- Registered and student nurses (includes theatre nurses)
- Pre-admission nurses
- Ward sister/charge nurse.
- Representative from medical staff (who will manage medical complications arising in surgery)
- Allied health professionals e.g. physiotherapists, dieticians, speech and language therapists, occupational therapists, phlebotomists.
- Rehabilitation teams
- People using services (in particular there is likely to be an ideal opportunity to speak to people using services when they attend pre-assessment clinics)
- Theatre porters
- Pharmacists

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 & S2**

S1. Are **lessons learned and improvements made** when things go wrong?

S2. What is the **track record** on safety?

Report sub-heading: **Incidents**

Generic prompts	Professional standards	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? • How well are lessons shared to make sure action is taken to improve safety 	<p>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</p> <ul style="list-style-type: none"> • Never Events should be investigated using the Revised Never Events Policy Framework • SI's 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 	<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?

beyond the affected team or service?	person in relation to the incident and offer an apology. http://www.cqc.org.uk/content/regulation-20-duty-candour	
Report sub-heading: Safety Thermometer		
Generic prompts	Professional standards	Additional prompts
	<ul style="list-style-type: none"> • NICE QS3 Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • NICE QS3 Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding. 	<ul style="list-style-type: none"> • Safety Thermometer: Does the service monitor the incidence of any of the following for inpatients? Does the service take appropriate action as a result of the findings? <ul style="list-style-type: none"> ○ Pressure ulcers ○ Falls ○ Catheters and UTIs ○ VTE
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 standards	Additional prompts
<ul style="list-style-type: none"> • Do staff receive effective mandatory training in the safety systems, processes and practices? 		<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?

		<ul style="list-style-type: none"> Do they know of the Trust's Sepsis policy?
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 improved when required? 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? 		<ul style="list-style-type: none"> Who is responsible for post-operative care? Is there medical input? Orthogeriatrics (especially post-operative #NOF)
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"> 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 	<ul style="list-style-type: none"> Are there arrangements to isolate people awaiting elective surgery pre-operatively from people requiring emergency surgery? How does the service screen new admissions for MRSA/c-difficile? Is the trust following the decontamination guidance outlined in the management and decontamination of flexible

	<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 maintenance of the catheter and its removal as soon as it is no longer needed. • NICE QS61 Statement 5: People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed • Health Technical Memorandum 01-06: Decontamination of flexible endoscopes • Decontamination of surgical instruments (CFPP 01-01) (chapter 6) 	<p>endoscopes HTM?</p> <ul style="list-style-type: none"> • Is the trust 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"> • 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 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"> • 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. ○ AAGBI Day Case and Short Stay Surgery ○ RCS Good Surgical Practice 2014 	<ul style="list-style-type: none"> • Is surgical equipment including resuscitation equipment available and fit for purpose and checked in line with professional guidance? • Is equipment used for bariatric services safe and appropriate for people?
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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 	<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. 	<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
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<p>communicated to staff?</p> <ul style="list-style-type: none"> Is implementation of safety systems, processes and practices monitored and improved when required? 		<p>protocols for the administration of antibiotics and are prescribers using them?</p> <ul style="list-style-type: none"> 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?
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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"> RCS Good Surgical Practice 2014 Point 1.2.1 AAGBI & British Association of Day Care Surgery: Day Case and Short Stay Surgery Records management code of practice for health and social care. 	<ul style="list-style-type: none"> How does the service ensure that appropriate pre op assessment is recorded?
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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 standards	Additional prompts
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<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 who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? 	<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 NPSA 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. • 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 • Ref: AAGBI & BADS Guidelines for day 	<ul style="list-style-type: none"> • 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? • 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? • Is the Surgical Safety Checklist for Cataract Surgery in use? • How does the service ensure that there is access to consultant medical input? • Are all people admitted acutely continually assessed using the National Early Warning System (NEWS)? • Is the NEWS competency-based escalation trigger protocol used for all people who use the service? • For those patients that are admitted from admissions areas and identified as having sepsis, is there evidence of continuation of
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	<p>case and short stay surgery set out : <i>Best practice is a helpline for the first 24hrs after discharge and to telephone the patient the next day.</i></p> <ul style="list-style-type: none"> • NICE QS86 March 2015 Falls in older people. 	<p>monitoring and treatment?</p> <ul style="list-style-type: none"> • Is there evidence of the sepsis toolkit being used on the ward? • How does the service ensure that there is appropriate 24-hour emergency call or hotline arrangements in place following discharge, for those service that carry out day surgery? • For emergency surgery, 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? • How does the service ensure that appropriate falls assessment and subsequent action is taken as necessary? • Is there 24/7 access to IR and therapeutic endoscopy? (if not on-site then networked arrangements?
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Report sub-heading: **Nurse 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? 	<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?
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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? 		<ul style="list-style-type: none"> • Is surgery consultant delivered and led? • Is there a consultant of the week? A 'Hot' consultant of the day (and are they freed from all other activity?) • Are the medical staff undertaking twice daily ward rounds? • Is an ST3 (or someone with MRCS and ATLS able to see urgent patients within 30mins?¹
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Key line of enquiry: **S5**

¹ RCS Emergency Surgery 2011

How well are potential risks to the service anticipated and planned for in advance?		
Generic prompts	Professional standards	Additional prompts
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? 		

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 standards	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 treatment? • 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"> • RCS standards for unscheduled surgical care • NHS Institute for Innovation and Improvement - Enhanced Recovery Programme? • RCS Good Surgical Practice (September 2014) • AAGBI guidelines • 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 	<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 ○ NHS Institute for Innovation and Improvement - Enhanced Recovery Programme? ○ AAGBI guidelines ○ elective hips and knees ○ surgical venous thromboembolism pathway ○ VTE assessments • How does the service ensure that care is managed in accordance with NICE guidelines?, for example <ul style="list-style-type: none"> ○ CG24 Hip Fracture ○ 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 Details of additional prescribing audits that may be completed by junior doctors on rotation.</p>
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		<p>Utilisation of NICE implementation support tools such as the baseline assessment tools.</p> <p>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.</p> <p>Participation in National benchmarking clinical audits</p> <ul style="list-style-type: none"> • How does the service ensure that other national operating procedures reflect professional guidance? For example: <ul style="list-style-type: none"> ○ people undergoing emergency laparotomy to be admitted to critical care. ○ elective hips and knees ○ surgical venous thromboembolism pathway ○ VTE assessments • 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) • Has the service adapted guidance on quality standards for sepsis screening and management? • Once transferred from the acute area of the hospital to a ward, are patients
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For use in QIP

		<p>reviewed on their sepsis management?</p> <ul style="list-style-type: none"> • How does the service ensure that care is managed in accordance with NICE guidelines? E.g. CG3 Preoperative tests and QS49 Surgical Site Infection • How does the service ensure that following surgery people are supported to be mobile through minimal use of drips/catheters? • How does the service support the people to be as fit as possible for surgery? E.g. eat the right food, mobilise joints, stop smoking, reduce alcohol
<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"> • 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?
<p>Report sub-heading: Pain relief</p>		
<ul style="list-style-type: none"> • How is the pain of an individual person 	<p>Core Standards for Pain Management Services in the UK. Edition 1, 2015.</p>	<ul style="list-style-type: none"> • How does the service ensure that following surgery people are given

assessed and managed?	Standard 6.4 Faculty of Pain Management	<p>effective pain relief?</p> <ul style="list-style-type: none"> • 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)?
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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 standards	Additional prompts
Report sub heading: Patient outcomes		
<ul style="list-style-type: none"> • 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 		<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 so what level of accreditation does it

<p>outcomes used and what action is taken as a result to make improvements?</p> <ul style="list-style-type: none"> • Are staff involved in activities to monitor and improve people's outcomes? 		<p>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 (NIAA/HQIP) - Participation in audits on sepsis -
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For use in Q3

		<ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> • What evidence is there that management has changed in response to their audits? • Do they have regular audit meetings to learn/ feedback
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Key line of enquiry: **E3**

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

Generic prompts

Professional standards

Additional prompts

Report sub heading: **Competent staff**

- Do staff have the right qualifications, skills, knowledge and experience to do their job when they start their employment, take on new

- Have staff in the department received training on sepsis
 - Screening
 - Management

<p>responsibilities and on a continual basis?</p> <ul style="list-style-type: none"> • 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"> - Trust policy <p>Where failure in the sepsis protocol has been identified have staff been given support and education</p>
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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 standards	Additional prompts
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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 care and treatment? • How is care delivered in a coordinated way when different teams or services are involved? 		<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.
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<ul style="list-style-type: none"> • 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>The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients</p>	<p>people using services receive suitable pain relief up to 30minutes before physiotherapy</p> <ul style="list-style-type: none"> • Is there an escalation policy for patient with sepsis who require immediate review? • Are patients receiving prompt screening when escalated for sepsis by a multi-professional team? For example: <ul style="list-style-type: none"> - Critical Out Reach Team • 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 alone? • 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.
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		<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 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?
<p>Report sub-heading: Seven-day services</p>		
	<ul style="list-style-type: none"> • NHS Services, Seven Days a Week, Priority Clinical Standard 2 <i>Time to first consultant review</i> <ul style="list-style-type: none"> ○ All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital. <p>NCEPOD (2007): Emergency Admissions: A journey in the right direction? RCS (2011): Emergency Surgery, Standards for unscheduled surgical care NHS Services, Seven Days a Week,</p>	<ul style="list-style-type: none"> • Does the provider meet NHS England's seven day services priority standards around: Time to First Consultant Review? • What consultant cover is there at the weekend? Who undertakes the ward rounds (i.e consultant or SpR)? • What cover is there for Physiotherapy / OT input at the weekend? • Is there minimum of five days a week cover from the pharmacist? • Does the provider meet NHS England's seven day services priority standards around

Priority Clinical Standard 5
Hospital inpatients must have scheduled seven-day access to diagnostic services

AOMRC (2012): Seven day consultant present care

- **NHS Services, Seven Days a Week, Priority Clinical Standard 5**

Diagnostics

- Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:
 - Within 1 hour for critical patients
 - Within 12 hours for urgent patients
 - Within 24 hours for non-urgent patients

- **NHS Services, Seven Days a Week, Priority Clinical Standard 6**

Intervention / key services

- Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-

- Time to First Consultant Review?
- Diagnostics
- Intervention / key services

- 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:
 - Critical – imaging and reporting within 1 hour
 - Urgent – imaging and reporting within 12 hours
 - All non-urgent – within 24 hours

directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery

- [NHS Services, Seven Days a Week, Priority Clinical Standard 8](#)

Ongoing review

- All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks.
- Once transferred from an acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

[RCS: Emergency Surgery, Standards for unscheduled surgical care](#)

[NCEPOD: Emergency Admissions: A journey in the right direction?](#)

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 standards

Additional prompts

Report sub-heading: **Access to information**

- 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 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?
- 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).

- RCS: [Good Surgical Practice 2014.](#)
- [NICE QS15 statement 12:](#) Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
- Example - Discharge summaries (for older people with complex needs) should include:
- Reasons for admission to hospital
 - Investigations done and results
 - Changes to medication
 - Destination on discharge
 - Plan for follow up

- 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

	<ul style="list-style-type: none"> • Plan for rehabilitation if appropriate • DNACPR status if appropriate • Important information that will aid community management e.g. pressure risk, weight 	care staff if appropriate?
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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 prompt s

Professional standards

Additional prompts

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 and, where appropriate, recorded? • 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 	<p>RCS Good Surgical Practice 2014</p> <p>Consent: patients and doctors making decisions together GMC</p> <p>Department of Health Reference guide to consent for examination or treatment</p> <p>BMA 2015 consent toolkit</p> <p>Consent - The basics (Medical Protection)</p>	<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?)
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<p>meets responsibilities within legislation and follows relevant national guidance?</p> <ul style="list-style-type: none"> • 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? 		
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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 standards

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? 	<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. 	<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?
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<ul style="list-style-type: none"> • 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 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. 	
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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 standards	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? • Do staff recognise when people who use services and those close to them need additional support to 	<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. 	<ul style="list-style-type: none"> • 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>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.)</p> <ul style="list-style-type: none"> • 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? 	<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. 	
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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 standards	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? • What emotional support and information is provided to those 	<p>NICE QS15 Statement 10): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.</p>	
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<p>close to people who use services, including carers and dependants?</p> <ul style="list-style-type: none"> • 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? 		
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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 standards	Additional prompts
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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 		
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<p>planning services?</p> <ul style="list-style-type: none"> • Do the services provided reflect the needs of 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? 		
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Key line of enquiry: R2

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

Generic prompts

Professional standards

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 	<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. Age UK operates a welcome home service in some areas and ensures houses are warm and fridges stocked with essentials for people on discharge <p>see links for examples: http://www.ageuk.org.uk/suffolk/services-and-</p>	<ul style="list-style-type: none"> • 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
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<p>needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation?</p> <ul style="list-style-type: none"> • 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? 	<p>information/welcome-home-service/</p> <ul style="list-style-type: none"> • https://www.england.nhs.uk/ourwork/accessibleinfo/ 	<p>services?</p> <ul style="list-style-type: none"> • Are there suitable arrangements in place for people with a learning disability? • Does the provider comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss.” • How well does the service care for people with other complex needs, e.g. deaf/blind/wheelchair access? • How well do they care for people living with dementia? Is there a dementia lead? How many staff have dementia / ‘forget me not’ training? • What are the arrangements in place for ensuring psychiatric support?
<p>Key line of enquiry: R3</p>		
<p>Can people access care and treatment in a timely way?</p>		
<p>Generic prompts</p>	<p>Professional standards</p>	<p>Additional prompts</p>
<p>Report sub-heading: Access and flow</p>		

- 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?

- How does the service manage waiting times (elective)?
- How does the service manage and respond to urgent / elective cancellation rates?
- How does the service manage the provision of emergency surgery, particularly at night, weekends and public holidays?
- How does the service safely manage surgical “outliers” on other wards?
- How are discharges organised? Weekly MDT? Complex discharges?
- How often are medical patients in surgical beds? Does this impact on elective work?

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 standards

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.
- Additional references:
- [RCS Good Surgical Practice 2014](#)

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 standards

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 standards

Additional prompts

Report sub-heading: **Governance, risk management and quality measurement**

- 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

- [NICE QS61 Statement 2:](#) Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.
- [NICE QS66 Statement 1:](#) Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes.
- [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),

- Is there a clinical governance group responsible for reviewing surgical procedures?
- Is there a sepsis lead who oversees the departmental/trust sepsis management?
- Is there evidence of learning from sepsis audits?
- 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?
- 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.
- What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?

<p>taken when issues are identified?</p> <ul style="list-style-type: none"> • 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? • 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'? 		
<p>Key line of enquiry: W3</p>		
<p>How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care?</p>		
<p>Generic prompts</p>	<p>Professional standards</p>	<p>Additional prompts</p>
<p>Report sub-heading: Leadership of service</p>		
<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? 		<ul style="list-style-type: none"> • Can staff identify the emergency surgery medical/nursing lead and their roles and responsibilities?

<ul style="list-style-type: none"> Do leaders encourage appreciative, supportive relationships among staff? 		
<p>Report sub-heading: Culture within the service</p>		
<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"> National Safety Standards for Invasive Procedures (NatSSIPs) Version number: 1 published: 7 September 2015 NMC Openness and honesty when things go wrong: the professional duty of candour NRLS - Being Open Communicating patient safety incidents with patients, their families and carers Duty of Candour – CQC guidance 	<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. How the provider is preparing/meeting the requirements related to Duty of Candour? (for example, training, support for staff, audits and monitoring)
<p>Key line of enquiry: W4</p>		
<p>How are people who use the service, the public and staff engaged and involved?</p>		
<p>Generic prompts</p>	<p>Professional standards</p>	<p>Additional prompts</p>
<p>Report sub-heading: Public and staff engagement</p>		
<ul style="list-style-type: none"> How are people’s views and experiences gathered and acted on to shape and improve the services and 		

<p>culture?</p> <ul style="list-style-type: none"> • How are people who use services, those close to them and their representatives actively engaged and involved in decision-making? • 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? 		
<p>Key line of enquiry: W5</p>		
<p>How are services continuously improved and sustainability ensured?</p>		
<p>Generic prompts</p>	<p>Professional standards</p>	<p>Additional prompts</p>
<p>Report sub-heading: Innovation, improvement and sustainability</p>		
<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 		

<p>for continuous learning, improvement and innovation?</p> <ul style="list-style-type: none"> • Are staff focused on continually improving the quality of care? • How are improvements to quality and innovation recognised and rewarded? • How is information used proactively to improve care? 		
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For use in Q3