

Tawazun Health Ltd

# Tawazun Health

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

# Summary of findings

## Overall summary

We had not previously rated this location. We rated it as Good because:

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Staff actively and openly engaged with patients and the public to plan and improve services. They collaborated with partner organisations to help improve services for patients.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The service provided mandatory training in key skills to staff and made sure training was completed.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service planned and provided care in a way that met the needs of local people and the communities served.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- On inspection we identified some policies that were out of date or did not have dates to identify when they were created.

# Summary of findings

## Our judgements about each of the main services

| Service                           | Rating   | Summary of each main service |
|-----------------------------------|--|------------------------------|
| Diagnostic and screening services | Good  |                              |

# Summary of findings

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### Summary of this inspection

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# Summary of this inspection

## Background to Tawazun Health

Tawazun Health is a liver diagnostic service for adult patients based out of a number of Central London satellite locations. The service provides a non-invasive vibration controlled transient elastography scan of patients' livers, as well as general liver health and wellbeing guidance, and can then refer patients to primary or secondary care for further consultation and treatment. The service can provide one off appointments or continuing assessment of liver stiffness. Facilities consist of consulting rooms on the premises of other healthcare providers, and diagnostic equipment consists of a vibration controlled transient elastography (VCTE) device.

As well as providing private appointments for patients the service also provides services for clinical trials.

Tawazun Health provided scans out of several locations in Central London and also in Bolton.

Appointments are carried out by an experienced hepatology nurse (also the medical director and register manager for the provider), who is the only clinician carrying out regulated activities at this time for Tawazun Health.

## How we carried out this inspection

This inspection was carried out by one CQC Inspector and a specialist advisor. The inspection was announced ahead of time to ensure the clinician was available and carried out over one day. On inspection there were no patients on site on the day.

During the inspection the team:

- visited the service and looked one of the sites where appointments are delivered.
- spoke with the clinician.
- reviewed patient satisfaction information
- reviewed patient records and record keeping.
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

- The service has provided scans for at risk and vulnerable patient populations. For example the service had provided scans for residents of residential hostels, prisons, and substance misuse centres during the pandemic. As the the scanning equipment was compact and mobile, the service could go out to marginalised communities and bring scanning to them.



# Summary of this inspection

- The scanning techniques used by Tawazun Health offered patients a non-invasive treatment alternative to other more invasive liver diagnostic tools, such as liver biopsy. This meant scans could be complete quickly with no need for an invasive procedure. Staff stated this also allowed patients to be scanned without needing to remove clothing, which could support better access to diagnostic imaging for some communities.
- Staff actively and openly engaged with patients and the public to plan and improve services. The provider medical director was the co-host of an internationally recognised podcast related to fatty liver disease and liver health, with included regular discussion of clinical practice and guidance, research, patient advocacy and care. The podcast also invited guest speakers to cover specific topics.
- The service used social media platforms and public appearances to promote destigmatisation of liver patients and liver health. Staff stated liver health can often be judged as related to substance misuse, which could prevent patients from seeking health interventions. We saw evidence of social media presentations and videos promoting more understanding attitudes to liver health.
- The service provided staff expertise to charities promoting aware of liver health and wellbeing. For example, the medical director attend British Liver Trust roadshows and liver awareness days for NHS Trusts to help promote public awareness of liver wellbeing.






# Our findings

## Overview of ratings

Our ratings for this location are:

|                                   | Safe | Effective               | Caring | Responsive | Well-led  | Overall |
|-----------------------------------|------|-------------------------|--------|------------|---|---------|
| Diagnostic and screening services | Good | Inspected but not rated | Good   | Good       |  Outstanding | Good    |
| Overall                           | Good | Inspected but not rated | Good   | Good       |  Outstanding | Good    |

# Diagnostic and screening services

|            |   |
|------------|---|
| Safe       | Good                     |
| Effective  | Inspected but not rated  |
| Caring     | Good                     |
| Responsive | Good                     |
| Well-led   | Outstanding              |

## Is the service safe?

Good 

Safe had not previously been rated. We rated it as Good.

## Mandatory training

**The service provided mandatory training in key skills to staff and made sure training was completed.**

Staff kept up to date with their mandatory training. We reviewed evidence of mandatory training records post-inspection and found staff were up to date. Staff were also aware of when they needed to update their training.

The mandatory training was comprehensive and met the needs of patients and the service. Mandatory training modules provided to staff included Basic Life Support (BLS), Safeguarding, Information Governance, Equality and Diversity, Experiencing Autism and Accessible Behaviours, Fire Safety, and Information Governance.

## Safeguarding

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. Staff completed the appropriate level of adult and child safeguarding training in line with national guidance, including for treating patients under the age of 18.

Tawazun Health did not provide services for young people under the age of 16. However staff stated that young people may accompany patients to appointments, and staff had received appropriate training in identifying safeguarding risks related to children and young people.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were familiar with the safeguarding process and stated that they knew how to report an issue.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.



# Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were able to give examples of when they needed to consider safeguarding concerns and how the situation had been managed in line with policy.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Clinical and non-clinical areas we observed on inspection were clean and had suitable furnishings which were clean and well-maintained. We inspected communal areas as well as the clinic room and found them to be visibly clean.

Clinical equipment was appropriately cleaned after patient contact and checked daily in line with national guidance. We observed how the vibration controlled transient elastography (VCTE) device would be cleaned after each appointment, and saw evidence of the clinic room being cleaned each day.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning logs on site which showed that cleaning of public areas were completed with daily and weekly checklists.

Staff followed infection control principles including the use of personal protective equipment (PPE) where needed. Staff on inspection were bare below the elbows and demonstrated sufficient knowledge of infection control protocols.

The service had an infection control policy to ensure there were processes for managing cleanliness and infection risk. This included protocols for hand hygiene, sterilising equipment, respiratory hygiene, and risk assessments. The service had also completed a COVID risk assessment to monitor potential risks.

## Environment and Equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The design of the environment followed national guidance. The layout of communal and clinical areas was in line with health building notes guidance. The clinic room had appropriate space for examination and scanning, and there were handwashing stations on site for staff to use between appointments.

Staff carried out daily safety checks of specialist equipment. The registered manager maintained equipment maintenance logs to monitor when it was last maintained and calibrated. The service had agreements with the equipment provider to maintain and risk assess equipment regularly. We observed that all equipment was within its period of maintenance date and had been recently safety checked.

Staff disposed of clinical waste safely. The service had a process for disposing of clinical waste, and waste was segregated with separate arrangements for general waste and clinical waste.

Staff stated the environment had been assessed to respond to the risk presented by COVID-19. Communal areas had protections for reception staff, and visitors had access to hand sanitiser on arrival.

The service had suitable facilities to meet the needs of patients' families. Families could accompany patients on visits, and were able to wait in communal areas or accompany patients to their consultation.

# Diagnostic and screening services

## Assessing and responding to patient risk

**Staff completed risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff recorded and managed risk for each patient. The VCTE device used by Tawazun Health did not present any known risk to patients, however staff demonstrated and recorded consideration of risk related to each patient's individual clinical need.

Staff knew about and dealt with any specific risk issues. Staff demonstrated they were aware of what what to do in case of an emergency and that there was emergency equipment on site. Staff stated that if there was a life-threatening emergency for a patient, the process for staff would be to call emergency services.

Where a patient scan identified a potential concerning result, patients would be informed of the significance of the scan and directed on what service or treatment they may need to access.

Patient records included measurements for monitoring the progress of the patient. Staff stated that some patients had repeat scans to monitor their progress, which included consultation with the clinician on next steps in treatment.

Staff shared key information to keep patients safe when handing over their care to others. Outcomes from scans were shared directly with patients and with other relevant healthcare professionals involved with patients if needed.

## Staffing

**The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.**

Appointments were carried out by an experienced hepatology nurse, who was the only clinician carrying out regulated activities for this provider. The clinician could offer flexible appointments times at a number of sites to meet the needs of patients. Availability was planned and reflected demand on the service.

The provider had an arrangement in place to use an agency staff provider if ever needed. However, at the time of inspection, they had never used bank or agency staff.

Patients feedback was positive about the treatment they received from clinical staff. We saw feedback provided by patients which was positive about the knowledge and experience of the staff.

As there was only one member of clinical staff the provider had an agreement with other services to mitigate the risk of lone working. Where Tawazun Health staff were providing scans for patients at other locations, staff from the partner providers would provide support and monitor the risk.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive and staff could access them through personal logins. The provider used an electronic patient record system (EPRS) that allowed patient records to be shared with other healthcare providers securely. The EPRS was used to store all of the patients records and diagnostic data.

# Diagnostic and screening services

Patients could access their record when requested, and the service could also provide information to other healthcare professionals involved in their care. Each patient scan had a unique identifier so it could be easily identified by patient and other clinicians. Clinicians could also share the EPRS with other healthcare providers if needed, so information on patients using multiple sites could be easily transferred.

## Medicines

The service did not hold any medications on site.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents. When things went wrong, staff apologised and gave patients honest information. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. The service had an incident reporting process, which staff demonstrated sufficient knowledge of. This process outlined staff responsibilities around incidents and how to report them.

Staff reported incidents clearly and in line with their own process. The service had one reported incident in the last 12 months, which the service demonstrated had been reported and resolved as per policy.

## Is the service effective?

Inspected but not rated 

For diagnostic imaging we do not rate Effective.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

Staff followed policies to plan and deliver high quality care according to best practice and national guidance. Staff monitored the latest guidance to ensure the patient pathway was in line with clinical best practice. The service monitored compliance with latest guidance such as National Institute for Health and Care Excellence (NICE).

NICE had recently released new guidance regarding the imaging equipment for assessing liver fibrosis and cirrhosis outside secondary and specialist care. The service demonstrated comprehensive working knowledge of the guidance. The medical director for Tawazun Health had also acted as a NICE expert commentator for the development of standards for this type of scanning in the past.

On inspection we identified some policies that were out of date or did not have dates to identify when they were created, such as the complaints policy and the consent policy.

## Pain Relief

**Staff discussed with patients if they were in any discomfort**

Staff stated that the service also did not hold any controlled medicines, and did not have any cases of pain management. The VCTE device used by Tawazun Health did not have any risk of causing pain, however staff stated they would check with patients if there was any discomfort during their appointment.

# Diagnostic and screening services

## Patient Outcomes

### **Staff monitored the effectiveness of care and treatment for patients.**

The service monitored the successful completion of diagnostic scans, which was expected by the equipment provider to average between 85% and 95%. Tawazun Health provided evidence that their completion of successful scans was 100%.

The service did not participate in recognised clinical audits as there were insufficient patient numbers to participate, and the service did not provide treatments for patients.

## Competent Staff

### **Staff were competent for their roles and continued to develop their skills to provide more services to patients.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The sole clinician (and medical director) for Tawazun Health at the time of inspection was an experienced hepatology nurse who had set up one of the largest liver diagnostic services in the NHS.

Staff identified any training needs that could improve the service they provided, and took opportunities to develop their skills and knowledge. For example, the clinician provided evidence of completing a Level 4 Award in Nutrition from the Royal Society for Public Health. This allowed them to provide patients with more person-centred advice and support regarding diet, liver health, and general wellbeing.

The service did not have any appraisals or development plans as there was only one clinical member of staff for the provider. However the staff member had an audit process, with support from external colleagues, to review the quality of the scans they were carrying out.

## Multidisciplinary Working

### **Staff worked with other external healthcare professionals to benefit patients and the public.**

Staff regularly provided information to patients and other clinicians. Diagnostic liver health scans carried out by Tawazun Health allowed other healthcare providers to treat patients.

The registered manager stated they had access to regular peer support with colleagues and clinicians within hepatology, both in terms of clinical and management support.

Tawazun Health also provided scanning clinics on contract to some NHS and private health providers. These clinics were pre-arranged by those providers who scheduled their own patients for scans. Tawazun Health also provided peer support and expertise to other private and public providers. For example, the service was collaborating with an NHS Trust in Somerset to develop a system to proactively identify high-risk liver disease cases.

## Seven-day services

### **Key services were available to support timely patient care.**

Tawazun Health was open from Monday to Friday 9am to 7:30pm, with three-month schedules available online. The service could alter availability depending on other commitments and pre-booked work.

# Diagnostic and screening services

## Health Promotion

### **Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support for patients. Patient information leaflets developed specifically for this type of diagnostic scan included answers to frequently asked questions, care advice for patients, and useful signposts for further information. Patient feedback was positive about the quality of information they received regarding their appointment.

The provider also used leaflets and links for the Global Liver Institute and the British Liver Trust, who they were partnered with, which provided information about the liver and liver health.

## Consent

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a consent policy which was compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation, however it did not have a date for review. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for scans.

Staff gained verbal consent from patients for their scan in line with legislation and guidance and recorded consent in the patients' records. We viewed examples of how consent would be recorded on inspection and found they included necessary information for patient consent.

Staff made sure patients consented to treatment based on all the information available. Consent was obtained with comprehensive information on the scan and what to expect from appointments.

## Is the service caring?

Good 

Caring had not previously been rated. We rated it as Good.

## Compassionate Care

### **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

We discussed the patient journey with staff and reviewed patient feedback and records, and found these reflected compassionate interactions with patients.

Following inspection we reviewed evidence of reviews by patients, as well as qualitative messages collected as feedback by the registered manager. This included feedback regarding patient experience of staff, information they were provided on treatment and how patient centred the care was. Patient feedback regarding their patient experience was positive about the quality of treatment received and the care delivered by the staff.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

# Diagnostic and screening services

## Emotional Support

### **Staff provided emotional support to patients to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patient feedback and review of the patient journey demonstrated that the patients had been well supported throughout their scan, and felt able to ask questions as and when they needed. Staff stated that this was particularly important regarding liver health as there can be significant stigma for patients regarding services for patients with liver damage.

## Understanding and involvement of patients and those close to them

### **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Information leaflets and consent forms provided comprehensive information on the scans and what to expect when visiting the service.

Patients and their families could give feedback online on the service and their treatment. The service also asked patients for feedback post appointment. Patients gave consistently positive feedback about the service.

Comments and feedback from the patients were used to improve the service. We saw evidence that patient satisfaction and comments were reviewed and recommendations from feedback was consider for improving patient experience.

## Is the service responsive?

Good 

Responsive had not previously been rated. We rated it as Good.

## Service delivery to meet the needs of local people

### **The service planned and provided care in a way that met the needs of local people and the communities served, including providing access for marginalised groups.**

Staff organised services so they met the needs of the local population. The service provided liver health scans for patients out of locations in London and Bolton, the results of which were used to inform consultations with other healthcare providers.

The service has provided scans for at risk and vulnerable patient populations. For example the service had provided scans for residents of residential hostels, prisons, and substance misuse centres during the pandemic. As the the scanning equipment was compact and mobile, the service could go out to marginalised communities and bring scanning to them.

The scanning techniques used by Tawazun Health offered patients a non-invasive treatment alternative to other more invasive liver diagnostic tools, such as liver biopsy. This meant scans could be complete quickly with no need for an invasive procedure. Staff stated this also allowed patients to be scanned without needing to remove clothing, which could support better access to diagnostic imaging for some communities.

Facilities and premises were appropriate for the service being delivered. Toilet facilities were clean and accessible for all. The location we visited was located in the basement area of the building, and had an elevator to cater to patients with reduced mobility.

# Diagnostic and screening services

Staff monitored and took action to minimise missed appointments. Staff stated they would ensure that patients who did not attend appointments were contacted and followed up with.

The provider locations were easily accessible by public transport and easy to locate when patients arrived. Information on how to find the services was provided on the website.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Patients were provided with information on their scan and the provider before and during their appointment. This included information on imaging, frequently asked questions, and what to expect from appointments.

All patients receive a copy of the reports of their scans with recommendations that were shared with the patient's GP. If needed, Tawazun staff could direct reports to other clinicians where concerning results are recorded, such as liver services at NHS trusts or their GP.

The service did not have an exclusion criteria for patients over the age of 18. The VCTE device was mobile and staff stated the equipment was capable of carrying out scans with for both routine appointments and more complex patient groups.

The service was able to provide non-invasive liver scans to patient groups that may be marginalised from accessing other forms of liver diagnosis or services. This included bariatric patients and patients with a history of substance misuse.

Patients were provided information on their results in an accessible way. The service used an internationally recognised liver grading tool, which was explained to the patient using information from recognised liver charities. The service also had access to translation to provide information in different languages or accessible formats.

## Access and Flow

**People could access the service when they needed it and received the right care promptly.**

Staff stated that patients could self-refer and book their appointments online to best fit their own schedule, or they could be directly referred by GP or consultant. Patients could book automatically online through the website, as well as alter appointments if needed.

Staff stated that there were not any waiting times for appointments and made sure patients could access services when needed. Staff also stated the service could provide quick access to patients who needed a scan. We saw examples where rapid access to scans had been arranged.

Staff stated appointments and clinics generally ran to time, and reception staff would advise patients of any delays on arrival.

The service worked to keep the number of cancelled appointments to a minimum. If patients did have appointments cancelled at the last minute, staff stated they would be rearranged as soon as possible. Tawazun Health have not cancelled any scans in the past 12 months.

# Diagnostic and screening services

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them as needed. The service policy stated patients were included in the investigation of their complaint.**

Staff understood the policy on complaints and knew how to handle them. The service had a process for handling complaints and concerns, and followed the organisation's complaints policy as needed. We reviewed this policy and process and found it to be in date and in line with national guidance.

The service investigated complaints and identified themes. The policy stated the registered manager led on investigating complaints. Tawazun Health had not had any complaints in the last 12 months.

Staff knew how to acknowledge complaints and patients received feedback from the managing director after the investigation into their complaint. Complaints were acknowledged within seven working days hours and responded to usually within 21 days.

## Is the service well-led?

Outstanding



Well-led had not previously been rated. We rated it as Outstanding.

## Leadership

**Leaders had the skills and abilities to run the service, and were national leaders in their speciality. They understood and managed the priorities and issues the service faced.**

The service had a lead clinician who provided all diagnostic scans and interactions with patients. The clinician was also the registered manager and director for the provider, along with one other full time director and a part-time commercial director.

The sole clinician (and medical director) for Tawazun Health at the time of inspection was an experienced hepatology nurse who had set up one of the largest liver diagnostic services in the NHS. The clinician had been awarded Hepatology Nurse of the Year at the 2018 British Journal of Nursing Awards for contributions to the development of person centred pathways in hepatology.

## Vision and Strategy

**The service had a comprehensive vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision included improving access to services for marginalised groups.**

The provider had a clear vision for the service. The provider's focus was on developing and providing "specialist liver scanning services, which can deliver and address the growing and unmet need to access non-invasive liver tests". The service stated it could provide and improve access in all areas of healthcare to this scanning technology reducing the numbers of invasive procedures such as liver biopsies being required.

To support the vision for what it wanted the service to look like the service had a robust strategy and business plan to achieve their goals. The business plan included information on health aims for the provider, objectives for up to five years, and how they expected the service to be delivered.



# Diagnostic and screening services

The service had aims to expand the team to include more clinical staff and offer more for patients. To support this the directors had completed an induction and essential training policy to provide to new staff when the service increased in size. This included information on proposed training needs, the organisational structure, and governance arrangements.

## Culture

**Staff were focused on the needs of patients receiving care. The service provided opportunities for career development.**

The service had a culture which was centred on the needs and experience of people who use services and had robust mechanisms to gain patient feedback and improve services.

The service culture encouraged openness and honesty, including with people who use services, in response to incidents and complaints.

## Governance

**Leaders operated effective governance processes. Staff were clear about their roles and accountabilities.**

The service had effective levels of governance and management structures for the size of the service. Staff were clear about their roles and understood what they were accountable for, and to whom.

There was clear lines of leadership and responsibility in regard to governance for the provider, and staff knew their reporting responsibilities in regard to statutory notifications.

## Management of risk, issues and performance

**Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

The service had assurance systems in place to monitor safety performance. Risks at an operational level were regularly discussed and reviewed between the directors.

The service had robust arrangements for identifying, recording and managing risks. Risks on the risk assessment register had mitigating actions and controls to reduce their impact. We reviewed the risk assessments following inspection and found it considered mitigating actions and controls. We also found there was alignment between the recorded risks and what staff identified as the main issues on inspection.

The main identified risks for the service were risk of trips or falls, lone working for staff, and the risks of electrical fuse trigger or power surge

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service had a holistic understanding of performance. This used people's experiences of care to improve service delivery.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data and patient records in line with data security standards.

# Diagnostic and screening services

Staff had access to an electronic patient record system, which was restricted to individuals by their own login. Staff completed and were up-to-date with their information governance training.

The service had effective data and notifications arrangements to ensure they were consistently submitting notifications to external organisations as required (for example, notifications to the Care Quality Commission).

## Engagement

**Staff actively and openly engaged with patients, stakeholders and the public to plan and improve services. The service used their platform to promote liver health and wellbeing at a national level. They collaborated with partner organisations to help improve services for patients.**

Staff actively and openly engaged with patients and the public to plan and improve services. The provider medical director was the co-host of an internationally recognised podcast related to fatty liver disease and liver health, with included regular discussion of clinical practice and guidance, research, patient advocacy and care. The podcast also invited guest speakers to cover specific topics.

The service had a robust social media presence and comprehensive website to advocate on behalf of early intervention for liver health, and to promote healthy attitudes to liver wellbeing and care. This included regular sharing information for patients and clinicians, and promoting international interest days and events relating to liver wellbeing.

The service used social media platforms and public appearances to promote destigmatisation of liver patients and liver health. Staff stated liver health can often be judged as related to substance misuse, which could prevent patients from seeking health interventions. We saw evidence of social media presentations and videos promoting more understanding attitudes to liver health.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

The service provided staff expertise to charities promoting aware of liver health and wellbeing. For example, the medical director attend British Liver Trust roadshows and liver awareness days for NHS Trusts to help promote public awareness of liver wellbeing.