MYA Newcastle

Quality Report

Coronation Building,
65 The Quayside,
Newcastle upon Tyne,
NE1 3DE
Tel: 0191 2339951
Website: www.mya.co.uk/clinics-and-hospitals/newcastle/

Date of inspection visit: 15 March with a follow-up to review staff files on 25 May 2016
Date of publication: 15/08/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We carried out an announced comprehensive inspection on 15 March 2016 (and an additional announced visit was carried out on the 25 May 2016 to review staff files). We asked the service the following key questions: Are services; safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

Contents

MYA Newcastle

Services we looked at
consultation for cosmetic surgery

Summary of this inspection

Background to MYA Newcastle

MYA is part of a national group of 8 consultation clinics for cosmetic surgery. MYA was established in 2007 with the aim to provide aesthetic/ cosmetic surgery consultation and treatment services. The objective of the company is to provide all patients with an outcome consistent with current best practice guidelines and individual expectations. In addition, the company also fully own 'The Fitzroy', which is a hospital in London, which has 11 consultation rooms.

The Managing Director was the nominated individual on behalf of the company and there was a registered manager and a patient services co-ordinator, who were based at the Newcastle clinic. The clinic opened Monday to Saturday.

We carried out an inspection of this service on 15 March 2016. As part of our inspection we spoke with seven patients all of whom provided positive feedback about the service, and with patient consent, we were invited to observe two consultations. We asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards, all of which were positive about the standard of care received. Patients reported that they had received an excellent service and everyone was found to be professional and caring. All comments expressed satisfaction about the caring approach that they had experienced.

Our key findings were:

- There was an effective system in place for reporting and learning from incidents. Monthly reports were produced and reviewed in relation to both clinical and non-clinical incidents. The provider was aware of the requirements of the duty of candour regulations and staff were provided with safeguarding training.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- The practice had a number of robust policies and procedures to govern activity and there was a comprehensive programme of audits completed across the year.
- Staff assessed patients' needs and delivered care in line with evidence based guidance.
- Staff completed appropriate training to maintain their skills. Clinical staff had completed revalidation and received a yearly appraisal and there were opportunities to develop new skills including at national training events.
- Patients said they were treated with respect and dignity and all patients we spoke with told us that staff at the clinic were approachable and friendly. Patients were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment and the clinic provided a relaxed atmosphere.
- The provider had good facilities and was well equipped to treat patients and meet their needs. There were good infection, prevention and control procedures. Medicines were managed appropriately.
- There was a clear leadership structure and staff felt they were supported by management.

There were areas where the provider **could** make improvements and should:

- Ensure that, to promote safety and continuity, NHS GP's are informed where there are prescriptions.
- Ensure consultant cover is clear and all staff are aware of who to contact in the event of holidays and sickness.
- Ensure all verbal complaints are logged in addition to written complaints.

Our inspection team

A CQC inspector who had access to advice from a specialist advisor led the inspection.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

Prior to the inspection, we requested information from the provider regarding the service they provide. During our visit we:

- Spoke with a range of staff including, medical and nursing staff, administration and reception staff and managers and spoke with patients who used the service.
- Reviewed the personal care or treatment records of three patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patient's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- There were systems for reporting and learning from incidents. This included clinical and non-clinical incidents. The service followed the duty of candour regulations and provided an apology and explanation to patients following incidents.
- Infection prevention and control processes were in place. Systems for the management and administration of medicines and checking of equipment were followed.
- Staff were aware of safeguarding procedures and had received training.
- Staffing levels were sufficient to meet patient demand. Processes were in place to provide cover if staffing fell below expected levels.
- Risks to patients were assessed, monitored and managed daily. Plans were in place to respond to medical emergencies.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients were assessed and treated in line with evidence-based practice. There were effective consent processes and patients received sufficient information to make decisions about their treatment.
- There was participation in monthly and yearly audit programmes. The company also employed a Standards Lead Nurse, who completed a comprehensive inspection of the clinic each year. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout MYA.
- The company produced 'Regional Reports' which compared Newcastle MYA clinic with Leeds, Liverpool and Manchester. The reports included compliance information relating to mandatory training, patient satisfaction, complaints, incidents and audits.
- Staff completed appropriate training to maintain their skills. Clinical staff had completed revalidation and received a yearly appraisal.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Summary of this inspection

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the service was easy to understand and accessible.
- All staff at the clinic were approachable and friendly.
- Patient feedback was positive about the standard of care they had received.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service was responsive, and reasonable adjustments were made to ensure patients' needs were met.
- All patients told us they found it easy to make an appointment and the clinic provided a relaxed atmosphere.
- Appointment times were managed appropriately. A patient told us: 'If I was anxious or worried about coming in for a consultation, the manager would always understand and re-arrange my appointment at a later time'. There was out of hours service provision for advice and concerns.
- Processes were in place to respond to complaints. Complaints and concerns were taken seriously and learning was evident.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership structure and staff felt they were supported by management.
- Governance arrangements were reviewed and local processes fed into the corporate governance structures. There was a local risk register, which was reviewed regularly and updated to reflect best practice.
- The practice had a number of robust policies and procedures to govern activity and there was a comprehensive programme of audits completed across the year.
- All clinic staff were aware of the duty of candour and gave clear examples as to how it was used in the services that they provided.
- All staff said they enjoyed their job and that patient care was the priority. They commented on the good teamwork and support. The service encouraged feedback from patients through on-line real time surveys and complaints. Staff engagement in service delivery was improving.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Our findings

- Infection prevention and control processes were in place. Systems for the management and administration of medicines and checking of equipment were followed.
- Staff were aware of safeguarding procedures and had received training.
- Staffing levels were sufficient to meet patient demand. Processes were in place to provide cover if staffing fell below expected levels.
- Risks to patients were assessed, monitored and managed on a day-to-day basis. Plans were in place to respond to medical emergencies. We saw the clinic risk register and the action plan which was reviewed regularly.

Reporting, learning and improvement from incidents

- There was an effective system in place for reporting and learning from incidents.
- Staff were aware of the processes for reporting of incidents and said that they received feedback from incidents.
- Clinical and non-clinical incidents were reviewed within a monthly 'RADAR' report. 'RADAR' was an electronic database, which MYA uses to store clinical and non-clinical data. These incidents were reviewed alongside all other clinic incidents to help identify trends and mitigate any future risks.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of honesty. The service had systems in place for knowing about notifiable safety incidents.
- The company had an incident rating system from low level to catastrophic.
- The Clinical Governance and Quality Team discuss all incidents at their 6-8 weekly meetings and feedback is given to the clinic manager about any changes or investigations needed.
- There were ten incidents reported for the service since July 2015. There were no specific trends identified. Two related to wound infections and two related to patients contacting A&E rather than MYA as advised, leading to breast implant removal. Incidents logged included a cancelled operation due to a positive pregnancy test and a delay in a wound healing.
- We looked at the investigation of one clinic incident, which was comprehensive. Duty of candour regulations were followed and the incident was explained to the patient and an apology given.
- Records showed relevant safety alerts issued through the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System (CAS) were reviewed and actioned where required.

Reliable safety systems and processes (including safeguarding)

- There were arrangements to safeguard adults from abuse. Staff had received training from an external provider. This included training relating to the Mental Capacity Act 2005.
- We saw that all staff in the clinic had completed mental capacity e-learning training.
- Staff understood the processes to escalate any concerns for vulnerable adults. Treatment was not provided to patients under the age of 18 years, and staff checked the age of patients at pre-assessment.
- The registered manager and clinic nurse had both completed level 3 safeguarding training for adults and children. The telephone number for the local safeguarding team was displayed within the clinic.

- There were systems to ensure that records were stored securely, transported and retained for appropriate periods.
- We saw within the MYA policies relating to data protection, that any documents which were not stored securely, would be recorded as an incident.

Medical emergencies

- There were arrangements to deal with a clinical or medical emergency. Staff had completed basic life support training. Staff were aware of the emergency procedure and if a patient deteriorated would call 999. There was a protocol in the staff office, which showed the required actions and included a debriefing for staff.
- Patients were informed of aftercare arrangements following surgery and could access advice out of hours from the on-call regional nurse based from a regional clinic.
- Emergency medicines (including oxygen) were accessible to staff. The clinic also kept an anaphylactic kit on site. All medicines were checked daily. The clinic did not have a defibrillator available on the premises.
- There was adequate staffing to meet the demands of the service.
- One clinic nurse worked flexibly to cover clinics. A regional senior nurse would also cover clinics if required. The manager told us staff from other clinics or bank staff provided cover during any absences, which was rare as staff turnover, and sickness absence was low.
- The clinic nurse was newly appointed. We saw she was provided with shadowing sessions from a senior nurse within the company and had a comprehensive induction programme, which included time at larger clinics throughout the country.
- The clinic nurse reported to the lead nurse for clinical issues and operationally to the clinic manager.
- Three surgeons consult at the Newcastle clinic. However, patients are advised of other surgeons that are available at MYA depending on the procedure that they wish to undertake. Each surgeon had been granted 'practising privileges' by the provider's clinical governance team to perform specific cosmetic surgery procedures.
- The clinic manager reported to the quality services manager and medical director.
- There was appropriate employer's liability and indemnity insurance.
- We reviewed the recruitment checks relating to five staff who work at the Newcastle clinic. This included Disclosure and Barring Service (DBS), General Medical Council (GMC) registration for medical staff and Nursing and Midwifery Council (NMC) registration for nurses. One member of staff required a new DBS check, as it had been five years since the last check was completed. All other staff had recently undergone a new check.
- We also reviewed the portfolio of one of the consultant surgeons. All checks were found to be in place as required.
- Processes were in place to ensure timely revalidation for both medical and nursing staff.
- Patients were informed of their right to request a chaperone. The chaperone policy was displayed in the clinic waiting area.

Monitoring health & safety and responding to risks

- The Control of Substances Hazardous to Health (COSHH) assessments were undertaken. The assessment took account of how substances were used, stored, transported and disposed of and the measures and precautions required.
- Risk assessments were used showing a rating matrix, which gave the scoring for current and future likelihood of risks and impact.
- There were systems for reporting incidents in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- There were business continuity plans to deal with disruption to services with escalation plans and details of who to contact.

Infection control

- There was an infection, prevention and control (IPC) policy. Clinical staff followed 'bare below the elbows' national hygiene guidance. There was alcohol gel and liquid soap available for hand hygiene. There was sufficient personal protective equipment.
- All patients are MRSA screened ahead of surgery.
- Records showed nursing staff attended annual infection prevention and control training days. There was also access to a microbiologist for infection advice.
- We saw that the hand washing audit for February was 100%.
- We saw that a 'deep cleaning' checklist had been completed for January 2015.

Surgery

- A clinic nurse told us 'aseptic technique is used when examining patients'.
- Transport of pathology specimens was risk assessed and standard precautions applied for the handling of these.
- The clinic used an external provider for the removal of hazardous waste. Clinical waste was appropriately segregated and disposed of.
- We saw an infection prevention and control audit tool. This included: management; environment; waste disposal; sharps handling and disposal; equipment; infections and antiseptics; hand hygiene; environmental/technical; and clinical practice. Data for December 2015 showed 100% compliance.
- The cleaning staff were employed by an external company. A colour-coded system was used for mops; and refuse for clinical and non-clinical waste.
- The clinical governance meetings monitored surgical site infection rates for each surgeon. Data showed infection rates were within acceptable levels.

Premises and equipment

- The premises were located inside a period listed building, consisting of several different business types. MYA was located on the second floor and could be accessed by stairs and a lift.
- Consulting and treatment rooms were a suitable size and contained the necessary patient equipment.
- Premises were secure. There was a buzzer system to enter and doors for secure areas had keypad locks.
- Records showed all electrical equipment was checked to ensure the equipment was safe to use.
- For portable appliances, we saw safety testing checks, which were carried out each year.
- Oxygen cylinders were stored in an accessible and safe manner, attached against a secure surface, on the wall in the treatment room. We saw a risk assessment, which had been completed in February 2016 in relation to the storage of this oxygen.

Safe and effective use of medicines

- Medicines were stored appropriately and there was a record for the ordering, receipt and disposal of medicines. There were processes to ensure that medicines were safe to administer and supply to patients.
- Oxygen was only used for therapeutic purposes, for example in a medical emergency or on prescription from the medical practitioner.
- There were no controlled drugs kept on the premises.

Are surgery services effective?

Our findings

- Patients were assessed and treated in line with evidence-based practice. There were effective consent processes and patients received sufficient information to make decisions about their treatment.
- There was participation in a monthly and yearly audit programme. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout MYA.
- The company produced 'Regional Reports' which compared Newcastle MYA clinic with Leeds, Liverpool and Manchester. The reports included compliance information relating to mandatory training, patient satisfaction, complaints, incidents and audits.
- The company also had a Standards Lead Nurse who completed a comprehensive inspection of the clinic each year. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout MYA.
- Staff completed appropriate training to maintain their skills. Clinical staff had completed revalidation and received a yearly appraisal.

Assessment and treatment

- The provider assessed needs and delivered care in line with the relevant and current evidence based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Clear and comprehensive consideration was given to each patient as to whether to proceed or not proceed with the operation. Clinical risk factors were assessed by the operating surgeon and/or anaesthetist with the patient before surgery. This included previous psychiatric or psychological history. The clinic required a letter from the GP or appropriate specialist and patients who were assessed as unsuitable by the surgeon could be reviewed again in six months time.
- A consulting surgeon told us: 'During the consultation, I will consider the general health of the patient and will be completely open with them if I feel I cannot offer the

procedure'. Reasons may include unrealistic expectations, smoking and past medical history. The surgeon discussed existing medical conditions, ongoing medications and other planned procedures. Patients were advised of lifestyle changes required before surgery went ahead including losing weight or stopping smoking.

- The clinic nurse carried out a surgical pre- assessment. Where patients were unsure of their pregnancy status this was checked at pre-screening and on admission.
- Following breast augmentation there was a follow-up dressings appointment with the nurse 7 to 10 days post-surgery. The surgeon saw patients at 6 and 12 months post-surgery.
- Medical records were paper based; well-ordered and used standard forms. The records we looked at were detailed, legible, and covered issues such as medical history, allergies, and clinical advice.
- We also reviewed 'Sticky ops' which was an electronic database containing patient profiles, test results, procedure details and post-operation appointment care. The system was well organised and easy to follow.

Clinical audits

- There was a clear audit pathway, local action plans and outcomes were reported to the corporate clinical governance committee and up to the board. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout MYA.
- The company produced a 'RADAR' report each month, which included information relating to training compliance. The February report showed that staff at the Newcastle MYA clinic had achieved 100% compliance with mandatory training and 86% with e-learning training.
- The service had a yearly audit programme. This included infection control, patient outcomes, incident forms and medical records. Every aspect of the patient co-ordinator's work is audited and we saw evidence of this.
- The clinic was not yet submitting data to the Private Healthcare Information Network (PHIN). However, they were fully engaged with them. The minimum data set had been agreed and log-in fields were set up. Data had been collected since January 2016 and a period of portal testing had been agreed to ensure data will be submitted without error, in preparation for the September 2016 commencement date.

Staff training and experience

- The service had an induction programme for newly appointed clinical and non-clinical staff. An audit completed in February 2016 showed 86% compliance for induction paperwork. An action plan was in place to improve this figure.
- Records showed staff had completed training in safeguarding adults, fire safety, moving and handling, equality and diversity, infection control and basic life support.
- We saw 100% compliance for mandatory training in February 2016 for staff at the clinic.
- Staff had received an appraisal and we saw evidence of this at the clinic.
- The clinic nurse was provided with opportunities to visit other larger clinics and the MYA hospital in London. We saw a training event, which was due to take place in June 2016, which provided clinic staff with skills relating to psychological screening tests. We saw plans to roll out regional nurse days, to share and celebrate best practice.
- Consultants had completed revalidation and received a yearly appraisal with a responsible officer.

Working with other services

- The clinic worked with GPs to ensure information was shared about a patient's medical history pre- and post-surgery. All patients are required to consent to contact with their GPs. If they refuse consent then MYA would not proceed. In circumstances where GP information was not provided following a formal request, the patient would be postponed until the information was available. This information would be chased by the clinic and signed off by the nurse in line with the suitability criteria or by the Surgeon and Anaesthetist if the nurse needed to escalate the information received.
- There was some joint working between the clinic and the company's hospital for sharing of best practice. We saw evidence of this within the governance meeting minutes.

Consent to care and treatment

Surgery

- Patients received verbal and written information relating to their procedures. For example, there was a procedure information sheet for all procedures offered such as rhinoplasty and breast implant surgery. Consent forms for procedures contained information about the risks and benefits.
- Patient surveys were collated each month and shared within the quarterly regional reports. The February 2016 report showed overall satisfaction from the recent patient surveys, which was an increase from previous months. Some patients had commented on the staff attitude within the hospitals but there were no negative comments in relation to the clinic directly.
- All patients we spoke to felt they had been fully involved in their care and treatment and were provided with comprehensive information prior to undertaking a procedure.

Are surgery services caring?

Our findings

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patient feedback was positive regarding the standard of care they received. Information for patients about the service was easy to understand and accessible.
- All patients told us that the staff at the Newcastle clinic were friendly and approachable and promoted a relaxed atmosphere.

Respect, dignity, compassion & empathy

- We observed pre-operative assessments and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain a patient's privacy and dignity during examinations, investigations and treatments.
- Out of the five completed CQC comment cards we received, 100% were positive about the service experienced.

Involvement in decisions about care and treatment

- Comments from patients told us that they felt involved in decisions about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- A consultant surgeon told us it was vital that time was spent with each patient as required in order that they fully understand everything that is said.
- Patients were provided with a two week cooling off/ reflection period to allow them time to ask any further questions or to change their mind.
- Patients told us they did not feel pressured in any way to undertake treatment. A patient told us: 'I was anxious about my surgery and I put it off for some time. The manager understood this. She was lovely and took time to talk everything through'.

Are surgery services responsive?

Our findings

- The service was responsive, and reasonable adjustments were made to ensure patients' needs were met.
- Appointment times were managed appropriately. There was out of hours service provision.
- Processes were in place to respond to complaints. Complaints and concerns were taken seriously and learning was evident.

Responding to and meeting patient's needs

- If the service was concerned about a patient's mental health, they would refer them immediately back to their GP for an urgent review.
- Patients reported they had access to information, and received it in a way that best suited them and that they could understand. Information is available in different languages and there were recordings of the patient information, for patients who are blind.
- Patients received a post-operative 6 week survey, but we did not see any evidence of follow-up of these surveys.

Tackling inequity and promoting equality

- There were facilities for patients with disabilities on the ground floor.
- MYA produced a policy relating to the use of interpreters. The clinic manager told us: 'we can access them easily when needed'.

Access to the service

Surgery

- Patients self-referred to the clinic. The service was open Monday to Saturday. Clinic nurses were available five days a week; they told us they would come in at the weekend if a patient had concerns.
- There was an out of hours service provision. Patients could contact a nurse through the on-call mobile telephone number provided. However, non-urgent calls were re-directed to the clinic, during usual business hours.
- The clinic used an electronic diary system to book appointments. Staff re-scheduled cancelled appointments to suit the needs of the patient. There was flexibility in the system to provide urgent appointments if required and the clinic offered evening appointments twice a week.

Concerns & Complaints

- The service had an effective system in place for handling complaints and concerns.
- There was a copy of the complaints procedure displayed on the wall, which included an Independent Sector Complaints Adjudication Service certificate. Details about how to make a complaint was contained in the patient guide, at the reception desk and in the providers statement of purpose document.
- We saw four written complaints within the last six months for the Newcastle clinic. Two related to the on-call service. The patients were unhappy that the on-call was not based from the Newcastle clinic. One patient requested larger implants and another related to a wound breakdown.
- Complaints were discussed at corporate clinical governance meetings and learning from complaints and concerns to improve the service was evident. However, a recent inspection completed by the Standards Lead Nurse for MYA, suggested further sharing of information following complaints was required to strengthen understanding of lessons learnt.
- There were three verbal complaints logged on Radar since July 2015. These had all been actioned by the clinic. In addition to this, the clinic had logged and actioned Forum posts and compliments.

Are surgery services well-led?

Our findings

- The Medical Director was the nominated individual on behalf of the company and there was a registered manager and patient services co-ordinator who was based at the Newcastle clinic.
- Governance arrangements were reviewed and local processes fed into the corporate governance structures.
- There was a clear local risk register and a yearly audit programme that fed into a regional report for the North of England.
- All staff said they enjoyed their job and that patient care was the priority. They commented on the good teamwork and support. The service encouraged feedback from patients through on-line real time surveys and complaints. Staff engagement in service delivery was improving.

Governance arrangements

- The service had a vision statement including the company's objective. The objective of the company is to provide all patients with an outcome consistent with current best practice guidelines and individual expectations.
- We saw evidence of clinical governance discussion. Minutes of meetings were stored on MYA's electronic RADAR system. Local processes fed into the clinical governance committee.
- The company had a governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place including audit, patient outcomes, incidents, claims, complaints and infection control.
- There was a risk management strategy, which was available for staff to access. The clinic had developed a local risk register, which was reviewed and updated regularly.
- The clinic had access to a standards lead nurse who worked closely with the clinical leads and clinical director and reviewed audits, complaints and the actions taken by clinics. Feedback for learning was provided to clinic staff.
- The revalidation for surgeons was robust and included a six monthly meeting to review any cases with the General Medical Council liaison officer.
- Practicing privileges were granted through the clinical governance committee. The committee reviewed newly

appointed surgeons for the first six months. This included a review of audits, note keeping, complications, readmissions, extended patient stays, complaints and infections.

Leadership, openness and transparency

- The clinic manager was aware of the regional manager arrangements and the process of escalation in the event of concerns or advice. We saw evidence of regular communication between senior managers and clinic managers and comprehensive appraisal recording.
- Staff said there had been 'regular staff meetings' and we saw evidence of this on RADAR.
- Staff knew about the 'being open' policy and said they would raise concerns where required and felt these would be acted on.
- Staff spoke with confidence about their understanding of the duty of candour.

Learning and improvement

- The Medical Director spoke about the use of Q Proms within MYA. The Q Proms were developed by The Royal College of Surgeons and provide a tool in which to measure health related quality of life and patient satisfaction following particular cosmetic procedures. The Q Prom is a measurement scoring scale deriving from a series of questions. Patient surveys were sent from the Newcastle clinic, which follow the Q Proms scoring system.
- MYA have not started using Q Proms but are fully engaged with the process in order to submit data to The Public Health Information Network (PHIN) as from September 2016.
- Following the issues relating to Poly Implant Prostheses (PIP) breast implants the service completed a review of patient records. This led to the restructure of files to ensure systems were in place to track and trace patients with potentially faulty implants and improve the management of patient files.

Provider seeks and acts on feedback from its patients, the public and staff

- The service encouraged feedback from patients through completion of pre-operative and post-operative surveys. All surveys were collated and trends identified and monitored on the electronic system RADAR.
- The Newcastle clinic submits a patient story to the National marketing team within MYA. Patient stories are given with full consent of the patient and displayed on the MYA website.
- MYA employ a social media co-ordinator who monitors the forum and alerts staff if a patient posts a concern, complaint or compliment so that this can be actioned by the clinic. There was evidence of these on Radar.