

# MYA Clinics Limited

## Inspection report

1 Cardale Park, Beckwith Head Road  
Harrogate  
HG3 1RZ  
Tel: 08452702179

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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	Outstanding	
Are services safe?	Good	
Are services effective?	Outstanding	
Are services caring?	Good	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Outstanding	

# Overall summary

## **This service is rated as Outstanding overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

MYA Clinics Limited is a specialist private healthcare provider. This service was registered by CQC on 23 June 2020. This is MYA Clinics Limited first inspection and was inspected as part of our inspection programme. .

We carried out an announced comprehensive inspection of MYA Clinics Limited on 30 June 2022, 4 and 6 July 2022. This included a visit to the registered location which is the head office based at 1 Cardale Park, Beckwith Head Road, Harrogate, North Yorkshire, HG3 1RY.

We also visited three of the six MYA clinical hubs on the following dates:

30 June 2022 - Pure Offices Leeds, Turnberry Park Road, Morley, Leeds, LS27 7LE

4 July 2022 – Coronation Building, 65 Quayside, Newcastle-upon-Tyne, NE1 3DE

6 July 2022 - Pure Offices, Cheadle Royal Business Park, Cheadle, SK8 3TD

## **Our key findings were:**

- The provider had clear systems and processes to keep people safe. This included systems in respect of safeguarding, recruitment, infection prevention and control (IPC), medicines management, safety alerts and significant events
- Risks to patients were assessed, monitored and managed to mitigate risk
- The provider had systems to keep clinicians up to date with current evidence-based practice
- The provider was actively involved in quality improvement activity and worked well with other organisations, to deliver effective care and treatment
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence
- The service obtained consent to care and treatment in line with legislation and guidance
- Patients were involved in decisions about care and treatment and supported to do this by staff who treated them with kindness, respect and compassion
- The provider understood the needs of their patients and improved services in response to those needs. There was a proactive and inclusive approach to understanding the needs and preferences of the groups of patients who accessed the service
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service ensured patients were at the center of all decision making regarding their appointments

# Overall summary

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint

We saw the following outstanding practice:

- The provider had a holistic approach to patient care and treatment. The provider was actively involved in quality improvement activity and worked well with other organisations, to deliver effective care and treatment. Opportunities to participate in benchmarking and peer review were proactively pursued. The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. The provider and staff were committed to working collaboratively and had found innovative and efficient ways to work with other organisations to share information and coordinate patient care. Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence. The provider had comprehensive measures in place around consent and records which were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment
- The provider understood the needs of their patients and improved services in response to those needs. There was a proactive and inclusive approach to understanding the needs and preferences of the groups of patients who accessed the service. Technology was used innovatively to ensure people had timely access to treatment, support and care
- The provider ensured patients were at the center of all decision making regarding their appointments. Complaint investigations were comprehensive and the provider used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach
- Leaders had the integrity, skills and abilities to run the service. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond They were visible and approachable. Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. The provider invested in innovative and best practice information systems and processes. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. There were high levels of staff satisfaction. There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of delivery. There was evidence of sharing work locally, nationally and internationally.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager, a specialist adviser and two CQC inspectors.

## Background to MYA Clinics Limited

MYA Clinics Limited is an independent cosmetic surgery provider providing services to privately funded adult patients. Patients may include adults 18 – 65 years and 65 years plus.

MYA Clinics Limited provides:

- Consultations with surgeons\* for cosmetic/plastic surgical procedures (physical and electronic)
- Pre- and post-operative nursing and surgeon care (physical and electronic)
- Non-surgical treatments (only performed post operatively as a revision)
- Surgical procedures performed by surgeons at the following third-party hospitals under service level agreements

First Trust Hospital, Preston

Harley Health Village, London

The London Wellbeck Hospital, London

New Victoria Hospital, Kingston upon Thames; or

Any other CQC registered and appropriate facility that may be required from time to time

\*All surgeons are independent contractors with Practising Privileges which allows them to work. A practising privilege is the 'licence' agreed between individual medical professionals and a private healthcare provider.

MYA Clinics Limited registered CQC location is MYA Clinics Limited based at 1 Cardale Park, Beckwith Head Road, Harrogate, North Yorkshire, HG3 1RY. This is the corporate head office. There are six clinical hubs which sit underneath the registration where pre- and post-operative care is delivered from. These are:

MYA Leeds, Pure Offices Leeds, Turnberry Park Road, Morley, Leeds, LS27 7LE

MYA Newcastle-upon-Tyne, Coronation Building, 65 Quayside, Newcastle-upon-Tyne, NE1 3DE

MYA Manchester, Pure Offices, Cheadle Royal Business Park, Cheadle, SK8 3TD

MYA London, 3rd Floor, 75-76 Wimpole Street, London, W1G 9RS

MYA Birmingham, Consulting Rooms, Coach House, 38 Harborne Rd, Birmingham B15 3EB

MYA Bristol, 4 Redland Court Road, Bristol, BS6 7EE

Core opening hours for each clinical hub varies with some hubs only being open for three days per week.

Monday – Friday: 09.30 – 20.00

Saturday – 10.00 – 17.00

Remote access to MYA services outside of clinical hubs is Mon – Saturday.

The location is registered with the CQC to provide the following regulated activities; surgical procedures, diagnostic and screening and treatment of disease, disorder or injury.

At the time of the inspection the service directly employed a large varied team made up of clinical and non-clinical staff.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- conducting staff interviews using face to face and video conferencing
  - requesting feedback from staff electronically
  - requesting evidence from the provider
  - reviewing patient records to identify issues and clarify actions taken by the provider
  - a site visit to the head office and three MYA clinical hubs (Leeds, Manchester and Newcastle-upon-Tyne)
- \*Inspecting the third party hospital facilities where cosmetic surgery was performed did not form part of this inspection.

Staff feedback came from members of the management team, clinical and non-clinical staff.

To get to the heart of patients' experiences of care and treatment, we asked the following 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.

# Are services safe?

## **We rated safe as Good because:**

- The provider had clear systems and processes to keep people safe. This included systems in respect of safeguarding, recruitment, infection prevention and control (IPC), medicines management, safety alerts and significant events.
- Risks to patients were assessed, monitored and managed to mitigate risk.

## **Safety systems and processes**

### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and as part of refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- MYA only saw patients age 18 and above.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out appropriate staff checks at the time of recruitment. The head of nursing had assurance that nurse revalidation was up to date. However, once employed the provider did not have a system to routinely check the revalidation status of the nurses. The provider had identified this as an issue and was working to address this with the new electronic monitoring system they were in the process of putting in place.
- Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All surgeons were independent contractors with Practising Privileges which allowed them to work for MYA. Systems were in place to ensure the relevant checks and monitoring mechanisms were in place in respect of these individuals. For example, ensuring the surgeons were allocated to a responsible officer to carry out their appraisal. A responsible officer is accountable for the local clinical governance processes in their particular healthcare organisation, focusing on the conduct and performance of doctors. Duties include evaluating a doctor's fitness to practise, and liaising with the General Medical Council (GMC) over relevant procedures.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). A wide range of IPC audits were carried out by a dedicated Infection Prevention and Control nurse. A Consultant Microbiologist was contracted to support MYA with the management of IPC. Quarterly Infection Control Committee meetings took place and a quarterly meeting with third party hospital providers. Clinical staff recorded daily checks in the clinical hubs which covered IPC.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

### **There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role.

# Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The location of the anaphylaxis kit that should have been located and available in the nurses' room in the Leeds hub was not known on the day of the inspection. This was immediately addressed, and the anaphylaxis kit sourced and made available in line with the providers policy. Expectations of staff in respect of anaphylaxis kits was reiterated and refresher training provided.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual patient records were written and managed in a way that kept patients safe. The patient records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. A wide range of forums were in place for sharing information ranging from physical and virtual meetings, information systems, portals and email updates. Staff told us communication was mostly good.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The provider used electronic prescribing.
- MYA did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The provider carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a bi-annual audit of prophylactic/treatment prescribing was carried out and antimicrobial stewardship discussed as part of the governance arrangements. Where issues were identified actions were taken to investigate and put measures in place to mitigate similar issues occurring.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive systems for reviewing and investigating when things went wrong. The provider learned and shared lessons identified themes and took action to improve safety in the service. For example, case reviews were carried out and the findings shared with the relevant team and if necessary additional training/revisiting of procedure shared.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The provider gave affected people reasonable support, truthful information and a verbal and written apology.
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. An effective mechanism was in place to disseminate alerts to all members of the team.



# Are services effective?

## We rated effective as Outstanding because:

- The provider was actively involved in quality improvement activity and worked well with other organisations, to deliver effective care and treatment. Opportunities to participate in benchmarking and peer review were proactively pursued
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care
- The provider and staff were committed to working collaboratively and had found innovative and efficient ways to work with other organisations to share information and coordinate patient care
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence
- The provider had comprehensive measures in place around consent and records which were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment

## Effective needs assessment, care and treatment

### **The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Systems were in place to identify when guidance wasn't followed.
- Patients' immediate and ongoing needs were fully assessed. Part of MYA's aims and objectives stated they had a responsibility to promote the health and well-being of their patients; therefore, the assessments considered patient's emotional, social, psychological and physical presentation. This was evidenced in the records seen. For example, as part of the pre-operative assessment patients were screened for altered body image and body dysmorphia.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- The provider used technology to improve treatment and to support patients' independence.

## Monitoring care and treatment

### **All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking and peer review were proactively pursued.**

- The provider used information about care and treatment to make improvements. Examples of audits included a pain audit, photograph audit, IPC environmental surveillance audit, COVID-19 checklist and, antimicrobial audit. Evidence of first and second cycle audits were provided which demonstrated action taken to follow up any issues identified. Clinical and non-clinical staff were involved with audits. Audits were carried out both as part of a planned audit schedule and in response to events internal or external to MYA.
- The provider demonstrated a commitment to identifying issues and improving the service through the wide range of audits they completed. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality on an ongoing basis with the provider exploring multiple ways of delivering improvement. Even when audits had been concluded and the desired outcome achieved, we saw evidence that the provider continued to monitor outcomes and explore other options to enhance the patient experience. For example, the provider had carried out a pain audit after feedback from patients contacting the

# Are services effective?

provider out of hours to see where the patients were coming from and if related to a particular hub. The audit findings showed patients had had their pain managed well. However, provider governance records showed consideration had been given and continued to be given as to how MYA could provide patients with the best care possible to manage pain. This involved discussions with a wide range of professionals to discuss and consider using alternative medicines that may be offered and used.

## Effective staffing

### **The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care.**

- A comprehensive training programme was in place which included mandatory and role-specific training. All staff were appropriately qualified. Refresher training and drop-in sessions were made available throughout the year for staff to attend. For example, complaints drop-in sessions were currently on offer. Further work was planned to ensure training completed by surgeons was aligned with MYA's training requirements and expectations.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

### **The provider and staff were committed to working collaboratively and had found innovative and efficient ways to work with other organisations to share information and coordinate patient care.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's own GP or a third-party counsellor or psychology service the provider had commissioned.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. This was obtained by information provided by the patient and from the patient's GP. A pathway was in place to refer patients that may benefit from further psychological assessment/input by a suitably trained professional such as a counsellor or psychologist. The provider had a policy in place that no procedure would be undertaken until sufficient information had been received by the patient's GP and the provider was satisfied the patient met their criteria for surgery. In response to the Paterson enquiry the provider's Medical Advisory Committee (MAC) had agreed to implement a post consultation and discharge letter that would be sent to the patient's GP for any patients booked for surgery. One surgeon already implemented a consultation letter as their own agreed practice. The Paterson enquiry is an Independent Inquiry launched in May 2018 which was set up following the conviction of surgeon Ian Paterson, to review the circumstances surrounding Ian Paterson's malpractice. The Inquiry's aim was to learn lessons and to make recommendations to improve the safety and quality of care provided both privately and by the NHS.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider met with the third-party operating facilities on a quarterly basis to discuss and improve service and care related issues.

# Are services effective?

- The provider had designed and implemented a surgeon specific on-line portal to enhance the systems for sharing information and to ensure appropriate and timely communication. One specific improvement related to the measures put in place to ensure the appropriate management and use of patient photographs by third-party surgeons.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients. One element of this involved the prospective patient watching a range of videos which showed patients who had previously had surgery with MYA (with their consent). The way the system was set up meant that patients were guided and could only progress through to certain areas dependent on the treatment options they had selected. This was a service that was unique to the provider and one they felt allowed the patient to be able to make a more informed decision that was right for them in the medium and long term rather than just in the short term.
- Where patients needs could not be met by MYA the reasons for this were shared with the patients and if appropriate, the provider offered the patient to return at a date in the future.

## **Consent to care and treatment**

### **The provider had comprehensive measures in place around consent and records which were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment.**

- The provider monitored the process for seeking consent appropriately. For example, through patient case note audits.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make informed decisions about their care and treatment. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## **We rated caring as Good because:**

- Patients were involved in decisions about care and treatment and supported to do this by staff who treated them with kindness, respect and compassion.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The provider sought feedback on the quality of clinical care patients received. Patients were asked to complete feedback after each consultation and six-weeks after surgery.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- The provider tailored their communication with people in a way that was appropriate to them. A wide range of social media platforms were in place as well as a specific on-line MYA community that patients could refer to/join.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's privacy and dignity. For example, after the service moved into the building, patients fed back that they did not feel the facilities respected their privacy. In light of this additional rooms were made available to patients.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- We observed person centred interactions between patients and staff.

# Are services responsive to people's needs?

## We rated responsive as Outstanding because:

- The provider understood the needs of their patients and improved services in response to those needs. There was a proactive and inclusive approach to understanding the needs and preferences of the groups of patients who accessed the service
- People could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care
- The provider ensured patients were at the center of all decision making regarding their appointments
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The provider could demonstrate where improvements had been made as a result of learning from complaints and that learning was shared with other services. Investigations were comprehensive and the service used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach

## Responding to and meeting people's needs

**There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included people who may be in vulnerable circumstances or may have complex needs.**

- The provider understood the needs of their patients and improved services in response to those needs. The patient demographic was predominately people aged 18 – 40 years. The provider had developed technology systems to meet the needs of this demographic. For example, MYA created a bespoke product to help patients access their information whenever they wanted from wherever they wanted with an aim to make the patient journey more seamless. The portal could be accessed via various electronic devices including via an app. MYA was the only cosmetic surgery provider with an online Patient Portal.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider told us that equal access to treatment was available based on the individual's medical suitability.

## Timely access to the service

**People could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care.**

- The provider had designed and implemented a hybrid consultation service. The use of digital and physical consultations and the ability to flex resources if one clinic was busier than another provided flexibility and choice for patients.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. For example, the provider now had an arrangement in place for an on-call/buddy surgeon who could assist with situations where the original surgeon was unavailable, or the situation was out of hours. Third-party hospitals where surgery took place were also required to provide MYA with their out of hours/on call rotas to ensure they could be contacted if a return to theatre was needed on any public holidays. Staff were also aware to advise patients to attend their local A&E in absolute emergency when risk assessed by MYA due to their clinical status. The provider had in place an aftercare package covering certain complications within specified timeframes as well as dedicated 24 hours, seven days a week, on call process for any emergency.

# Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**People who used the service and others were involved in reviewing how the service managed and responded to complaints. The provider could demonstrate where improvements had been made as a result of learning from reviews and that learning was shared with other services. Investigations were comprehensive and the service used innovative ways of looking into concerns, including using external people and professionals to make sure there was an independent and objective approach.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The provider commissioned an independent arbitration service to assist with managing complaints with the aim to improve and afford patient engagement as part of the process.
- The management of complaints was an integral part of the providers overall clinical governance framework. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, surgery cancellation lists were made available to appropriate managers to analyse the reason for cancellations, identify changes in practice and or procedures, ensure timely communication with cancelled patients and the re-scheduling of patient appointments.
- Social media platforms were monitored daily to ensure any queries, complaints and concerns were acted on.

# Are services well-led?

## We rated well-led as Outstanding because:

- Leaders had the integrity, skills and abilities to run the service. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. They were visible and approachable. They supported staff in their roles and to develop new skills.
- Leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The service invested in innovative and best practice information systems and processes. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- There were high levels of staff satisfaction.
- There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of delivery. There was evidence of sharing work locally, nationally and internationally.

## Leadership capacity and capability;

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans were consistently implemented and had a positive impact on quality and sustainability of services.

## Culture

### Staff felt respected, supported and valued. They were focused on the needs of patients receiving good care. The provider promoted equality and diversity in their daily work. The provider demonstrated a culture of openness.

- Staff felt respected, supported and valued. They were proud to work for MYA.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, if an issue was identified with a member of staff they were issued with a 'shortfall memo' and an action to rectify the shortfall. This was then monitored for completion/resolution and discussed as part of the staff members appraisal.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with development opportunities. This included appraisal and career development conversations. All staff received regular annual appraisals with any issues or actions followed through. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff and teams.

## Governance arrangements

**Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There was a systematic approach to working with other organisations to improve care outcomes.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was a comprehensive schedule of meetings in place which were inclusive of all MYA roles where performance information such as (but not limited to) significant events, clinical scorecards, clinical outcomes, policy updates, complaints and technology was discussed and shared. For example, on a monthly basis the MYA Board received a monthly summary from the Head of Nursing, Clinical Governance Committee met quarterly, regulatory meetings took place fortnightly and leadership meetings took place weekly. The Medical Advisory Committee (MAC) which was made up of a wide range of staff including surgeons, anaesthetists, IPC consultant, MYA leadership team and responsible officer met quarterly.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, MYA operated its own patient reported outcome measures programme (PROMS) and participated in the Department of Health PROMS for cosmetic surgery. PROMS uses questionnaire-based tools to provide an assessment of health gain following clinical procedures. It contributes to the overall view of clinical quality. The information supported clinical governance and continuous quality improvement by allowing comparison of patient outcomes against a network 'average'.
- The provider had a systematic approach to working with third-party providers to improve care outcomes.

## Managing risks, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. The provider had in place a central risk register to monitor actions that arose from their multiple information sources. Each clinical hub had a site supervisor who was responsible for overseeing the regulated activities that were carried out there. Site supervisor meetings were held on a monthly basis and fed into the regulatory team meetings.
- The provider had processes to manage current and future performance. A comprehensive meeting programme was in place to support this which covered a wide range of staff employed by the provider and third-party representatives.
- Performance of clinical staff including third-party surgeons could be demonstrated through audit of their consultations, prescribing and referral decisions.



# Are services well-led?

- Systems were in place to manage changes in policy, safety alerts, incidents, and complaints. For example, a lead person was allocated to the role of reviewing and updating policies. When a policy was updated the reason and explanation of the update was recorded at the front of the policy for ease of reference.
- Systems were in place to ensure the safe use of technology. The provider had invested in a cyber security suite and had led to MYA gaining the government backed Cyber Essentials certification.
- Audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

## Appropriate and accurate information

**The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was found to be valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.**

- Quality and operational information was used to ensure and improve performance. For example, the provider monitored a range of clinical indicators which were reported in the form of a quarterly report and clinical scorecard. The reports and clinical scorecard were central to monitoring and improving clinical performance both in terms of the organisation and surgeon performance. The provider had introduced The Clinical Audit Committee in 2019 to ratify an annual national clinical audit programme; previously this was carried out by the clinical governance committee. This was informed by national guidance trends identified from analysis of clinical hubs performance, outcomes of analysis of significant event investigations and complaints, compliance with MYA policies and previous clinical audit findings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

**The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The provider encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, in order to improve the information MYA advertised externally they had met with a range of organisations including (but not limited to) mental health services, charities, advertising standards and psychologists. We were told that MYA was now commended for their advertising. Male patients were now included in the providers marketing based on patient feedback about feeling intimidated by all female presence on their social media sites.
- Staff could describe to us the systems in place to give feedback. For example, at appraisals and regular staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The provider was transparent, collaborative and open with stakeholders about performance. For example, the provider published organisational clinical outcome data externally so that patients could view this to inform their decision making. Surgeon specific data was also made available for patients on request.
- The provider had put in place an open and transparent forum for patients to share their experiences, stories and research procedures. The MYA Space community had over 700,000 members who could share images and talk publicly or privately with new members.

## Continuous improvement and innovation

## Are services well-led?

**There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of delivery. There was evidence of sharing work locally, nationally and internationally.**

- There was a focus on continuous learning and improvement. The provider demonstrated a clear and committed approach to continuous improvement and innovation by the way they responded to the challenges of COVID-19; particularly in the way they developed technological systems. An example of this was that the provider had been invited by a leading pharmaceutical company in conjunction with others to lead a global presentation on how technology could enhance patient care.
- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, provider meetings with third party hospitals to discuss and improve service and care related issues.