



BAUS BASELINE CRITERIA TO SUPPORT CQC INSPECTION OF UROLOGY UNITS 2018

Domains	What it means	Supporting Evidence
Safe	Safe: patients are protected from abuse and avoidable harm	<ul style="list-style-type: none"> • Evidence from national databases of outlier length of stay, transfusion rate (exceeding the 99.9% confidence interval) and complication rate (Clavien Dindo 3 or above) • Risk register, AIR, SUI and SIARC reports • Evidence of a programme of upgrading and replacing equipment • Readmission rates for BAUS COP audit index procedures
Effective	Effective: Timely patient care, treatment and support achieves good outcomes, helps patient to maintain quality of life and is based on the best available evidence	<ul style="list-style-type: none"> • Full participation in the national BAUS urology audits (more than 75% of procedures submitted per centre compared to HES) • Evidence of timely treatment of patients with ureteric stones and retention • Radiologist, AHP and pathology support available at MDT to provide input for cancer and benign services • Evidence of regular (at least every 3 months) M&M • Evidence of a process for patients presenting to the Emergency Department with ureteric colic or urosepsis, that is aligned with national/international guidelines
Responsive	Responsive: services are organised so that they meet needs of the patients	<ul style="list-style-type: none"> • The urology service is compliant with the 14 day referral to appointment, 31/62 target & 18 week benign pathway • Evidence that all emergency surgical admissions are discussed with the responsible consultant urologist within 14 hours of admission • Compliance with national standards for addressing complaints
Caring	Caring: staff involve and treat patient with compassion, kindness, dignity and respect	<ul style="list-style-type: none"> • Evidence of beds solely dedicated to urology with dedicated ward and clinic staff and keyworkers, as appropriate* • Clearly identified point of contact for urology patients post-discharge • Signposting to Patient Advice and Liaison Service • 'Friends and family' test, Patient experience survey
Well- led	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around patients' individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture	<ul style="list-style-type: none"> • Daily specialist urology ward round** • Unit meets the standard of consultant appraisal with evidence of up to date with mandatory training • Regular departmental updates (team meets a minimum of every 8 weeks) • Mechanisms for identification and incorporation of innovation, guidance and technology into clinical practice eg new treatments for BPH

* A Guide to Job Planning for Consultant Urologists, BAUS (2016)

** Transforming urgent and emergency care services in England, NHS England (2015)