

The Assisted Conception Unit Limited

The Centre for Reproductive and Genetic 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

Outstanding 

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

Summary of findings

Overall summary

We have not previously inspected the service. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- Emergency medicines and equipment were available on each floor. The service checked the emergency medicines and equipment daily. However, we observed two of the oxygen cylinders had not always been checked daily in line with the service's procedure for resuscitation equipment.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Outstanding



Summary of each main service

We have not previously inspected the service. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- The service used technology innovatively to ensure people had timely access to treatment, support and care. There was an application which allowed secure access to treatment summaries, prescriptions and referral letters. Patients could book appointments and send secure messages to staff.
- Clinical pathways were developed to reduce the burden on patients to attend multiple appointments and were designed to offer a seamless treatment experience.
- The service was patient focused. There were two dedicated telephone lines, one operated by a consultant and the other by a nurse. Patients could call either a doctor or nurse seven days per week with any query they had. Patients said they received a quick response to their queries.
- There was an embedded system of leadership development and succession planning. The service appointed deputies in key management roles to assist managers and develop their management skills for succession planning.
- Plans were consistently implemented and had a positive impact on the quality and sustainability of the service. The service had quality objectives including clinical excellence, patient safety, patient experience and regulatory compliance. The quality objectives were regularly reviewed by the management team.

Summary of findings

- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. There was a list of key performance indicators (KPI) which the service regularly measured as part of the audit system such as the volume and scope of work, incidents, staffing levels, complaints, incidents and legislation and regulatory requirements.

Surgery

Outstanding



We have not previously inspected the service. We rated it as outstanding because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- 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. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

However:

- Emergency medicines and equipment were available on each floor. The service checked the emergency medicines and equipment daily. However, we observed two of the oxygen cylinders had not always been checked daily in line with the service's procedure for resuscitation equipment.

Summary of findings

Diagnostic imaging is the smaller proportion of the clinic's activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

Summary of findings

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Summary of this inspection

Background to The Centre for Reproductive and Genetic Health

The Centre for Reproductive and Genetic Health is operated by The Assisted Conception Unit Limited. The service provides surgical procedures but has no overnight stays. The surgical procedures and Hysterosalpingo Contrast Sonography (HyCoSy) are subject to regulation by the Care Quality Commission (CQC). The service is also licensed by the Human Fertilisation and Embryology Authority (HFEA).

We inspected surgical procedures, which treats conditions of the womb such as fibroids and polyps and HyCoSy which is an investigation of the fallopian tube. These procedures are done as a part of fertility treatment and are self-funding.

From February 2021 to January 2022 the service provided:

- 172 division and curettage procedures
- 41 hysteroscopy procedures
- 48 fibroid or polyp removal procedures
- 64 HyCoSy scans

The service has a registered manager.

The main service regulated by the CQC was surgery. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 22 February 2022. The team that inspected the service comprised a CQC lead inspector, a team inspector and a specialist advisor.

During the inspection visit, the inspection team:

- Spoke with the chief operating officer and 10 staff
- Spoke with six patients
- Looked at a range of policies, procedures, audit reports 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

We found the following outstanding practice:

- The service used technology innovatively to ensure people had timely access to treatment, support and care. There was an application which allowed secure access to treatment summaries, prescriptions and referral letters. Patients could book appointments and send secure messages to staff.

Summary of this inspection

- Clinical pathways were developed to reduce the burden on patients to attend multiple appointments and were designed to offer a seamless treatment experience.
- The service was patient focused. There were two dedicated telephone lines, one operated by a consultant and the other by a nurse. Patients could call either a doctor or nurse seven days per week with any query they had. Patients said they received a quick response to their queries.
- There was an embedded system of leadership development and succession planning. The service appointed deputies in key management roles to assist managers and develop their management skills for succession planning.
- Plans were consistently implemented and had a positive impact on the quality and sustainability of the service. The service had quality objectives including clinical excellence, patient safety, patient experience and regulatory compliance. The quality objectives were regularly reviewed by the management team.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. There was a list of key performance indicators (KPI) which the service regularly measured as part of the audit system such as the volume and scope of work, incidents, staffing levels, complaints, incidents and legislation and regulatory requirements.
- The service introduced a mentorship programme to all nursing staff with protected time for interaction. Each nurse had an assigned mentor with whom they could discuss aspects of care, treatment, protocols or debrief following difficult patient interactions.
- Governance arrangements were proactively reviewed and reflected best practice.
- The service demonstrated a commitment to best practice performance and risk management systems and processes. There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

Areas for improvement

Action the service **SHOULD** take to improve:

Surgery service:

The service should ensure oxygen cylinders are checked daily in line with the service's procedure for resuscitation equipment.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding
Surgery	Good	Good	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding
Overall	Good	Good	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding



Diagnostic imaging

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

Are Diagnostic imaging safe?

Good



We have not previously inspected the service. We rated safe it as good:
For records, medicines and incidents please see Surgery.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Sonographers and clinical staff received and kept up-to-date with their mandatory training. Training and competency records demonstrated that sonographers and other staff working in this area had completed training modules tailored to their roles.

Staff confirmed they had been given time at work to complete training.

Managers monitored mandatory training using electronic systems and alerted staff when they needed to update their training. The service had purchased a specialised quality management system and training data was being uploaded in preparation for the system to be used.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff were trained to level two or three for safeguarding adults and children in accordance with national guidance. Staff understood the policies and procedures for identifying female genital mutilation (FGM).

Staff described how the service enabled patients to attend in ways which preserved their confidentiality in communal areas of the clinic. For example, patients were asked at initial booking if they preferred to be called by an allocated number instead of their name. This preference was recorded in the electronic patient record and strictly adhered to.



Diagnostic imaging

None of the staff could recall the need to raise a safeguarding concern in the last year.

The clinic offered a chaperone service during scanning and this was well understood by staff. We were shown how the electronic patient record displayed alerts and patient preferences for staff to see.

We observed there were always three members of staff in the scanning room.

Patients said they felt safe and were always treated respectfully by staff. They were given privacy when changing into examination gowns.

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. Staff managed clinical waste well.

Clinical areas such as the scanning room, waiting area, consulting rooms and storeroom were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. The flooring and chairs were made from easy clean materials.

Patients said the environment was clean and they had seen the sonography staff using wipes and hand gel. There were clinical wipes available to clean the equipment between patients and there were hand basins, paper towels and waste bins in each treatment or consulting room.

All staff had received mandatory training in infection prevention and control (IPC). Sonographers and health care technicians were responsible for cleaning the diagnostic equipment. Items appeared clean and dust-free and we saw examples of daily cleaning checklists in use.

Hand washing posters were displayed near sinks in all rooms. Antimicrobial hand-rub dispensers were sited at strategic points and these all contained gel.

Staff wore short sleeved 'scrubs' which followed 'bare below the elbows' guidance.

A spill kit was located in the scanning room, to assist staff safely clean any fluids from floors or work tops.

Cleaning records were up-to-date and showed areas were cleaned regularly.

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 scanning suite was located on the second floor of the clinic building and included a small waiting area with toilet facilities along with treatment and consultation rooms.



Diagnostic imaging

All areas had step-free access and entryways wide enough for wheelchair access. A lift was provided in addition to stairs to the upper floors.

The scanning room was spacious and had lighting which dimmed to allow ultrasound scans to be clearly seen. The service had enough suitable equipment to help them to safely care for patients

Staff carried out daily safety checks of specialist equipment. In addition to daily equipment checks performed by staff, the scanners had self-check systems built in.

We were shown electronic records that demonstrated the clinic had clear processes for monitoring the servicing and calibration of equipment as well as fault reporting.

Clinical waste was segregated from general waste and handled, stored and removed in a safe way.

Assessing and responding to patient risk

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

Staff confirmed that there was always a minimum of two consultants on duty to ensure support was readily available.

The service had a deteriorating patient protocol in accordance with national guidance. Staff knew what to do in an emergency and completed training in basic life support. Senior clinical staff were also on-site who had advanced resuscitation training.

Staff explained that the service used latex-free gloves and scanner probe covers to reduce the risk of an allergic reaction.

There was a protocol for escalating unexpected results. Any abnormal scan images were saved onto the electronic patient recording system and shown to the treating consultant. Staff explained how patients could be redirected to NHS services if need be.

Consultants and senior nurses shared an out-of-hours 'on call' roster which meant that patients could speak directly to a clinician for advice and support for any patient concerns or questions about their treatment.

The service had refuge points on each floor of the building, which contained an emergency call point with emergency advice signs along with fire evacuation equipment and an emergency bag with portable oxygen. The emergency bags were secured with tamperproof devices.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough sonography and support staff to keep patients safe. The scanning suite was operated by a sonographer, along with a health care assistant. A consultant attended for more complex imaging tasks, such as hysterosalpingo contrast sonography (HyCoSy).



Diagnostic imaging

The manager could adjust staffing levels daily according to the needs of patients.

The service employed five sonographers who worked in teams with a consultant and health care assistant to perform the HyCoSy procedure. Rosters were adjusted to match sonography sessions, which were conducted twice a week.

The service had low vacancy and turnover rates. The service had sickness rates. Staff sickness for sonographers was reported at 2%, which met management target.

Managers explained that due to the specialist nature of the work, any unexpected sick leave was covered from within the team and if need be, through changing appointments. Staff were asked to inform a manager, if possible, the evening before and service operated 'on call' duty manager to help organise any late changes to reduce the effect on patients attending the next day.

The service always had a consultant on call at weekends and a mixture of consultants and senior nurses during midweek evenings.

Are Diagnostic imaging effective?

Inspected but not rated



We do not currently rate effective for diagnostic imaging.

For nutrition and hydration, multidisciplinary working, seven-day services and health promotion please see Surgery.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

There were a range of policies, protocols and standard operating procedures to support the delivery of services. Policies and protocols were version controlled and contained appropriate references to national guidance and best practice documents.

Sources of national guidance included the NHS and National Institute for Health and Care Excellence (NICE). Staff explained that the service received automatic alerts and notifications from organisations such as the CQC and NICE, as well as professional bodies like the British Medical Ultrasound Society (BMUS).

Pain relief

Staff assessed and monitored patients regularly to see if they were in discomfort during scanning.



Diagnostic imaging

The scanning involved the administration of a special dye via fine tubes introduced trans-vaginally. Staff knew about the potential for transient discomfort and described how patients were made to feel comfortable and monitored during the procedure. This included the use of distraction techniques and pauses to allowing patients to recover.

The service did not undertake formal pain assessments.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Managers and staff carried peer reviews and quality assurance checks. Sonographers met monthly to discuss cases of interest and any changes that affected their work.

The clinic had a quality manager who coordinated organisation wide audits which included scanning activities.

The service had a protocol for image artefacts (an unclear image) caused by changes in body tissues. Scans could be repeated another day by a different sonographer, at no charge to the patient.

Consultants gave feedback to the sonographer on the day if they had any difficulty viewing scans.

Competent staff

The service made sure staff were competent for their roles. The registered manager appraised staff's work performance and held monthly review meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff were registered with their appropriate professional bodies. The service had pre-recruitment checks to meet CQC regulatory requirements. Staff described receiving a full induction tailored to their role and ongoing support through mentoring and a buddy system.

Managers supported sonography staff to develop through regular, constructive clinical supervision of their work. The staff appraisal rate for the sonographers was 100%.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Sonographers met monthly to discuss cases of interest and practice improvements. Meeting notes and actions were recorded and circulated by email to include any person on leave.

Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files. Staff completed competencies such as transvaginal sonography and normal early pregnancy.



Diagnostic imaging

Are Diagnostic imaging caring?

Good



We have not previously inspected the service. 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.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Due to the nature of the scanning, we did not observe any treatments. However, we spoke with two patients who described a positive experience and were complimentary about the service. For example, one patient had travelled from some distance away and compared this clinic favourably with another one they had attended closer to their home.

Patients said staff treated them well and with kindness.

The service was able to maintain the privacy and dignity of patients during scans. Patients confirmed that the scan room door was always closed, they were provided with suitable coverings and a privacy screen. Staff left the room while they undressed.

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

Feedback from patients was actively sought by the provider and monitored at monthly performance meetings. For example, in January 2022, 87% of patients rated sonographers as good or excellent.

Emotional support

Staff provided emotional support to patients and visitors, to minimise their distress. They understood patient's personal, cultural, and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients said appointments were unhurried and they were encouraged to ask questions. A patient described how the messaging feature in the smartphone application made it very easy for her to check details with staff at times convenient to her.

Patients were able to request a chaperone in advance of the scan appointment. Chaperone posters were displayed in the waiting area and patients said they were offered a chaperone.



Diagnostic imaging

Patients confirmed that they had been given clear advice on pricing. The service offered an application that could be downloaded onto any smartphone. This enabled patients to have secure access to their records including treatment summary, prescription, copies of referral letters as well as invoices and who to contact if they had any questions. The application was also used to display their next appointment and receive or send secure messages to their treating consultant or midwife.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

The service made sure patients understood their treatment by providing clear information about scan packages and costs on the website and during the appointment booking process. The process was clearly displayed on a sign at the reception desk and in marketing leaflets in the waiting area.

Patients said staff took their time to explain the scan procedures and answered any questions.

Patients could give feedback on the service and their treatment and were supported to do this.

Are Diagnostic imaging responsive?



We have not previously inspected the service. We rated it as outstanding:
For service delivery, meeting people individual needs and learning from complaints please see Surgery.

Access and flow

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

Managers monitored appointment times and made sure patients could access sonography services when needed.

Consultants explained that if a simple re-scan was required, this could be arranged quickly with another sonographer. If repeat hysterosalpingo contrast sonography (HyCoSy) was required, this could be booked at the next scheduled clinic session. In either case, the patient was not charged.

Patients could book appointments at a time to suit them and the service offered a number of ways this could be done online or via the smartphone application, by email or telephone.

Patients had same day access to their scan images.



Diagnostic imaging

Are Diagnostic imaging well-led?

Outstanding



We have not previously inspected the service. We rated it as outstanding:
For governance and management of risk please see Surgery.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Managers and clinicians explained the challenges presented by the pandemic and how the service adapted to meet these. Staff of all levels praised the flat organisational structure and 'open door' policy of the senior management team. Staff confirmed managers were visible and approachable.

The service used computer software systems to record and help manage the priorities and issues the service faced.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Newer and established staff described the organisation to us in positive terms. They said they felt respected, valued and had access to continuing professional development and training within the service.

Managers and staff gave examples of being encouraged to take on appropriate developmental tasks.

Staff confirmed that equality and diversity were promoted within the workplace and were part of annual mandatory training.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily 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 used a secure electronic record and imaging archiving system to enable staff and referrers to access records.

We saw several other software packages in use, which were designed to assist the service with information management. This included software to assist managers with staff induction, competency checks and mandatory training.



Diagnostic imaging

We noted these electronic systems included automated email alerts to assist managers in monitoring training status and other key indicators.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Staff said patients commented favourably on the convenience of the seven-day opening hours and that this was achieved by staff working shifts. Two members of staff said they liked the extra flexibility the shift work made provided.

Staff attended monthly departmental meetings, which since the onset of the pandemic had included the use of videoconferencing for team members working from home.

Records showed that staff were able to raise issues and discuss suggestions for improvement.

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.

The service had outsourced translation services to specialist providers. This included phone translation services as well as video conferencing for patients who relied on sign language.



Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Outstanding
Well-led	Outstanding

Are Surgery safe?

Good



We have not previously inspected the service. We rated it as good because:

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found staff had completed their mandatory training (93%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included a range of subjects including infection control, medicines management and first aid.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants with practicing privileges completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, staff gave inconsistent information on whom to inform if they had any safeguarding concerns.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed that 93% of staff had received level two safeguarding training and 96% of clinical staff received level three training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A safeguarding children and vulnerable adults policy was available.

Patients we spoke with said they felt safe and were always treated respectfully by staff.



Surgery

The organisation's recruitment pathway and procedures ensured relevant recruitment checks had been completed for all staff including disclosure and barring service (DBS) check and professional registration checks.

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The service performed well for cleanliness. Instruments that were single use were disposed of correctly. All equipment was cleaned and sterilised after patient contact. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

Staff followed infection control principles including the use of personal protective equipment (PPE). The clinic provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We reviewed risk assessments, infection control protocols and assurance frameworks introduced as part of the organisation's response to COVID-19. Extra cleaning was introduced to protect against COVID-19 including regular cleaning of high traffic areas and 'touch points'. Hand-washing and sanitising facilities were available for staff and visitors.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the consultation and treatment rooms. There were regular audits such as hand hygiene, sharps management, waste disposal and the environment which showed the service consistently performed to a high standard (100%).

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 clinic had undertaken a Legionella, fire and health and safety risk assessments and developed action plans to mitigate any risks identified.

Staff carried out daily safety checks of specialist equipment. Hysteroscopes were maintained in line with the manufacturer's instruction. Resuscitation equipment was on a purpose-built trolley and was visibly clean. Emergency medicines and equipment were available on each floor. The service checked the emergency medicines and equipment daily. However, we observed two of the oxygen cylinders had not been checked daily in line with the service's procedure for resuscitation equipment. Following our inspection, the service sent us confirmation the procedure for checking oxygen cylinders had been reviewed.

The clinic had a procedure for the collection, labelling and handling of specimens. There was a service level agreement with an external provider to process all specimens. Staff were able to describe the process of recording and transporting specimens.



Surgery

Staff disposed of clinical waste safely. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Assessing and responding to patient risk

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

Patients were given information explaining how appointments were managed to minimise risks during the COVID-19 pandemic.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The clinic used an a nationally recognised checklist for surgical safety.

There was a comprehensive pre-assessment medical questionnaire that was used for all patients. The surgeons and anaesthetists reviewed the patient's medical history pre-procedure and ordered any additional test which was required.

After treatment, staff confirmed that patients were alert and orientated and had a friend or family member to escort them home. Anaesthetists remained at the clinic until they could confidently confirm the patient was safe to be discharged home. All patients were seen by the surgeon before discharge.

Staff gave patients detailed advice after each procedure. All patients had at least one follow up appointment to check progress and identify any problems. Staff said any unexpected or significant findings on a biopsy were escalated immediately using the cancer pathway.

Staff responded promptly to any sudden deterioration in a patient's health. Patients were monitored when receiving conscious sedation including observations such as blood pressure, pulse and temperature and these were recorded in the patient's records. The service completed an audit of vital sign observations and found 100% compliance.

The nature of the service meant that a deteriorating patient was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. Managers explained the challenges of providing classroom training for basic life support (BLS) during the pandemic. Staff were booked to attend BLS training March 2022. Staff were trained in cardiopulmonary resuscitation (CPR) as a part of first aid training (93%).

Staffing

The service had enough 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 and adjusted staffing levels and skill mix.

The service had enough nursing and support staff to keep patients safe. There were 30 full time nursing staff and eight health care assistants (HCA). Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had a low turnover rate of less than one percent, staff sickness rate of three percent and there no vacancies at the time of inspection. The service did not use bank staff.



Surgery

All staff received a full induction. Nursing staff had completed their Nursing and Midwifery Council checks and up-dates to develop their competencies.

Medical staff

The service had enough medical staff to keep patients safe. There were 12 full-time surgeons employed by the service and six consultants who worked under practicing privileges. The service had had access to a pool of nine anaesthetists. The service checked to ensure medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

The clinic had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day.

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.

Records were stored securely. All patient's data, medical records, scan and pathology results were documented via the clinic's secure patient electronic record system in line with legislation and national guidance.

The clinic received patient referrals through a secure email or telephone call from the referring doctor or hospital.

We reviewed three patient records and found that they were all complete, clear and up to date.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The service held limited stocks of medicines relevant to the service they offered. Medicines and controlled drugs were stored in secure locked cupboards.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medication was prescribed by consultants. The controlled medicines were locked securely in a cabinet. An audit of the stock of controlled medicines in October 2021 found 100% compliance with the service's procedure.

Records of patient's allergies and drugs prescribed were contained within the patient's care pathway documentation. Records were accurate and well maintained. The service audited the medicines prescribed and administered to determine if it was correctly recorded in the patient's records. The audit completed in July 2021 showed 100% compliance.

Incidents

The service had a procedure to manage patient safety incidents. Staff knew how to raise concerns, report incidents and near misses in line with provider policy.

Staff knew what incidents to report and how to report them. The service had an up to date adverse incident policy which described how staff should report incidents, and how incidents should be investigated and followed up.



Surgery

The service did not have any incident related to surgical procedures in the previous 12 months. Staff could give examples of incidents they would report and how they would do this.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke with were confident in reporting incidents and near misses. Although there had been no incidents related to Surgical procedures, we reviewed examples of other incidents the clinic investigated.

Staff understood the duty of candour. Staff were aware of their responsibilities and could give examples of when they would use the duty of candour.

Are Surgery effective?

Good



We have not previously inspected the service. We rated it as good because:

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff adhered to guidelines such as, the WHO Surgical Safety Checklist, the British Society for Gynaecological Endoscopy (BSGE), National Institute for Care and Health Excellence (NICE) and the Royal College of Obstetricians and Gynaecologist.

Staff attended external conferences from national professional bodies to try to keep up to date with the latest evidence-based care and treatment, relevant to the service they provided.

As part of its licence to provide a range of fertility treatments by the Human Fertilisation and Embryology Authority (HFEA), the service complied with the Code of Practice.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

The clinic provided pre- and post-operative advice regarding the management of a healthy diet and supporting nutritional intake prior to surgery.

Staff ensured that patients had something to eat and drink before they left the clinic after having surgical procedures.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Pre and post procedural pain relief was prescribed by the consultant and recorded on the patient's records. Patients were given an analgesic prior to the procedure.



Surgery

The service managed patients' pain well. An anaesthetist was available for all patients during and after procedures. The anaesthetist reviewed the patient's pain prior to the patient being discharged, to ensure the patient was comfortable.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Staff monitored the effectiveness of care and treatment. The clinic completed 261 surgical procedures between February 2021 and January 2022. Information provided showed there were no returns to theatre and no re-admissions during that time. Once the procedure was completed a sample was sent to the laboratory for analysis.

The clinic completed a theatre swab check audit in March 2021 and achieved 100%. The audit was to determine if the operating theatre record was completed and the number of swabs used during the procedure was accurately recorded and witnessed.

From June 2020 to May 2021 data from the Human Fertilisation and Embryology Authority (HFEA) register showed the clinic success rates for in vitro fertilisation and intracytoplasmic sperm injection were in line with the national average.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The manager ensured the team maintained competency standards. Nurses worked across different pathways to build and maintain multidisciplinary competencies.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who had recently completed the induction spoke positively about the experience and said managers and clinical staff were supportive.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were encouraged to identify training opportunities and present these to the senior team for consideration. A nurse had successfully completed nurse prescribers training, while two others were enrolled in post graduate ultrasound diagnostics. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they had the opportunity to discuss training needs with their line manager. The service set an appraisal completion rate of 95% and records show the rate was exceeded (97%).

Consultants with practicing privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process and human resources team.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.



Surgery

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. Staff recognised their role and responsibility in the care of patients and escalated any concerns effectively. There were monthly MDT meetings to discuss outcomes and further treatment planning.

Staff worked across health care disciplines to provide patient care. There was a daily meeting between the consultant, anaesthetist and nurse to discuss the patient's needs before the procedure. Staff were able to speak with patient's GPs if they needed to clarify anything about patient care.

Staff said they had a good working relationship with the surgeons. We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

Key services were available to support timely patient care.

The clinic opened Monday to Sunday from 8:00am – 6:00pm. Surgery was performed seven days per week and operating lists were arranged to meet patient need.

Health promotion

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

The service had relevant information promoting healthy lifestyles. Risk factors were identified and highlighted to patients and where appropriate. Patients received information leaflets on diet, smoking and a healthy lifestyle.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. Consultants had individual conversations about diet and health promotion with each patient.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff discussed the planned surgery, alternative treatment options, intended benefits, potential risks and complications with each patient. Patients had time to ask questions and reflect on the proposed treatment.

Staff made sure patients consented to treatment based on all the information available. Staff said patients received written information about the procedure. Written consent was taken firstly by the anaesthetist to consent for the use of anaesthesia, and secondly by the consultant to consent for the procedure. Patients we spoke with confirmed they had been asked for their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records we checked showed consent was obtained for procedures and a consent audit in June 2021 found 100% compliance.



Surgery

Are Surgery caring?

Good



We have not previously inspected the service. We rated it as good because:

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the service was well organised, efficient and professional.

The results of the patient satisfaction survey from January 2021 to December 2021 shows 81% of patients would rate the service as good or excellent.

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. All consultations and treatment were carried out in individual rooms.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients had access to a counselling service where they could discuss their concerns or anxieties.

Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients told us staff helped them to feel calm and relaxed and were always available via the telephone or email to provide them with reassurance if they were anxious or had questions. Patients said they felt they were listened to, the communication with staff was good and staff were very accommodating.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients said staff explained their care and treatment in a way they could understand, without jargon, and allowed them plenty of time to ask questions. Patients told us staff asked about their understanding of the procedure before commencing treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment.



Surgery

Staff supported patients to make informed decisions about their care. The clinic's website listed the costs for various treatments. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way the patients could understand. Patients said they received a clear explanation on costs prior to undertaking the procedure.

Are Surgery responsive?

Outstanding



We have not previously inspected the service. We rated it as outstanding because:

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.

The service had suitable facilities to meet the needs of patients' families. There were adequate waiting and consultation rooms to provide space and privacy. There were three waiting rooms, six consultation rooms, six nurses' rooms and a six bedded ward. The operating theatre was operational seven days per week to maximise access for patients.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was flexible, provided informed choice and ensured continuity of care. Staff arranged appointments so that patients could be seen by the same nursing staff and consultants from the beginning of their treatment. Patients said they could arrange appointments with their preferred consultants.

Patients could access services and appointments in a way and at a time that suited them. The clinic did not operate a waiting list. Staff said that all patients were seen promptly. Patients said they were impressed with how quickly and easily the appointment was arranged.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns or serious clinical implications.

The service used technology innovatively to ensure people had timely access to treatment, support and care. An application was developed to assist with advanced planning. Patient identity verification, registration and the consent process were completed through the application. Patients could complete pre-procedure information at home and access information about their planned procedure, so they know what to expect. The application provided an end to end service and was interactive so patients could access appointments, test results and their medication regime.

The service was patient focused. Patients had remote consultations and said they found this very helpful, particularly when they travelled from a far distance. There were two dedicated telephone lines, one operated by a consultant and the other by a nurse. The service had an on-call rota for doctors and nurses. Patients could call either the consultant or nurse seven days per week with any query they had. Patients said they received a quick response to their queries.

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. They coordinated care with other services and providers.



Surgery

There was a comfortable seating area for patients and visitors. There was access for wheelchair users, accessible toilets and there were elevators to each floor. Patients were given a choice of food and drink to meet their cultural and religious preferences.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available.

Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked if patients had needs in relation to language, hearing, sight and mobility prior to patients attending for treatment.

The service had an extensive, well-established range of language support services to ensure care was responsive. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Hearing loops were available on each floor to assist patient's wearing a hearing aid. The service provided information in large print and documents were available in audio files to support patients with a sight impairment.

Patient's individual needs and preferences were central to the delivery of a tailored service. Staff told us they facilitated longer appointments for patients with specific needs.

The service provided advice and support for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) patients. The service had reviewed its information to include gender neutral language to avoid bias towards a particular sex or social gender.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act (2010) to ensure staff delivered care without prejudice to people with protected characteristics. All staff (100%) undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Staff provided patients with appointments that offered enough time to fully discuss concerns and answer their questions.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. There were no waiting times for surgical procedures and staff planned appointments to suit patients. Staff were proactive in offering earlier appointments where cancellations enabled this.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance, with time between them for cleaning, in line with COVID-19 guidance. Patients were discharged between one to two hours after treatment. Post-operative procedure reports were made available on the same day.

Clinical pathways were developed to reduce the burden on patients to attend multiple appointments and were designed to offer a seamless treatment experience. Where relevant, the clinic also offered a 'one stop' surgical procedures where patients could have a polyp removed and undergo egg collection within one procedure. This meant patients did not have to return to the clinic for separate appointments.



Surgery

Staff supported patients when they were discharged and during their after care. Staff provided patients with information and advice relevant to their procedure post-surgery and encouraged them to contact the clinic if they had questions or concerns.

Facilities and premises were innovative and met the needs of a range of people who used the service. The service was trialling a new hysteroscope which provided improved visualisation of uterine cavity.

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, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the clinic. The complaint booklet explained the three stages of the complaint procedure including local resolution, an internal review and independent external adjudication.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. Staff we spoke with were able to identify how to support a complaint, be it informal or formal.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. There were no complaints related to surgical procedures in the previous 12 months. Staff could give examples of how they used patient feedback in other departments to improve the service. For example, an improved protocol for identifying patients at risk of premature ovulation.

Are Surgery well-led?



We have not previously inspected the service. We rated it as outstanding because:

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The clinic had a corporate management structure which included a medical director, a chief operating officer, head of nursing, head of quality and compliance and a quality governance and clinical lead.

Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. We found all managers had the skills, knowledge and experience to run the service. The registered manager was also the operations manager whose key responsibility was to monitor the performance of the clinic.

There was a deeply embedded system of leadership development and succession planning. The service appointed deputies in key management roles to assist managers and develop their management skills for succession planning. For example, deputy head of nursing, deputy medical director and deputy clinical director.



Surgery

Leaders had a good understanding of issues, challenges and priorities in their service. For example, the registered manager recognised challenges such as recruiting and retaining high quality staff and had implemented changes to address this in the previous 12 months. The service had grown substantially in the previous year and leaders had improved the staffing and logistics to continue to provide a high quality of standards.

All managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and strategy. The priority was to deliver a service of the highest quality through consistently striving to meet patient needs and expectations, securing efficiency, sustainability and profitability of the organisation. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision. Leaders expressed their commitment for the clinic to lead the field in fertility treatment.

Plans were consistently implemented and had a positive impact on the quality and sustainability of the service. The service had quality objectives including clinical excellence, patient safety, patient experience and regulatory compliance. The quality objectives were regularly reviewed by the management team.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. There was a list of key performance indicators (KPI) which the service regularly measured as part of the audit system such as the volume and scope of work, incidents, staffing levels, complaints, incidents and legislation and regulatory requirements. Records showed these KPI were regularly monitored.

The service had a statement of purpose which outlined to patients the standards of care and support services the clinic would provide.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were proud of the organisation as a place to work and spoke highly of the culture. They enjoyed working at the clinic; they were enthusiastic about the care and services they provided for patients. They described the clinic as a good place to work with educational and development opportunities. Staff felt their hard work and dedication was recognised.

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff expressed a commitment to providing the best possible care to patients and their families.

The service introduced a mentorship programme for all nursing staff with protected time for interaction. Each nurse had an assigned mentor with whom they could discuss aspects of care, treatment, protocols or debrief following difficult patient interactions.



Surgery

Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process. The service had a Freedom to Speak Up Guardian who was readily available for staff. All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Managers supported an open and honest culture by encouraging staff to be accountable and responsible.

Patients told us they were very happy with the clinic's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

A systematic approach was taken to working with other organisations to improve care outcomes. The service had a close working relationship with a local hospital and staff from the hospital also worked within the service. The service referred patients to a gastroenterologist to provide advice and treatment options where necessary.

Governance arrangements were proactively reviewed and reflected best practice. There was an effective clinical governance structure which included a range of meetings that were held regularly. There were senior management meetings, quality meetings, head of department meetings and staff meetings which were attended by the managers and consultants. The service also had meetings specific to each discipline for example, nurse and sonographer meetings.

The service had a quality manual which described management responsibility and organisation, resource management analysis and improvement.

The service provided training for the senior management team to support them in lead roles such as controlled drugs accountable officer and infection control lead training.

The managers had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. There was a clear understanding of who their patients were, and they responded to the changing needs.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of 91 audits. Records showed audits were discussed at the monthly quality group and quarterly quality management meetings.

Management of risk, 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.

The service demonstrated a commitment to best practice performance and risk management systems and processes. There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.



Surgery

The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. A new system had been implemented and managers ensured staff were trained to use it effectively.

There was a risk management strategy, setting out a system for continuous risk management. The service had a comprehensive risk register which showed the actions taken to mitigate risks. Examples of risks were the impact of the COVID-19 pandemic and staff recruitment and retention.

The clinic completed risk assessments along with actions for areas such as fire, health and safety and Legionella. Risks were discussed and reviewed at quality team meetings.

Leaders understood the issues and challenges the service faced. For example, managers recognised the challenge of recruiting experienced staff within the field and had taken steps to mitigate this.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily 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 invested in innovative and best practice information systems and processes. The service had implemented new systems for staff training and the management of policies and procedures.

The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including complaints, mandatory training and audits.

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. All staff had access, via secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

The service submitted fertility data to the Human Fertilisation and Embryology Authority.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.



Surgery

There were consistently high levels of constructive engagement with staff and people who used services. The service completed an annual staff survey. In 2021, 90% said they were proud to work for the service and 90% of staff said they had a good working relationship with their supervisor. Records showed the management team acted on staff suggestions to improve employee benefits.

Staff had opportunities to contribute to the running of the service. For example, staff made suggestions about increasing capacity in specific areas to address demands of the service. The service had implemented these changes.

Staff actively sought patient feedback and patients provided this through emails and surveys.

Leaders said they had good relationships with external service providers, such as the nearby hospital. The service provided lectures on fertility treatment to the local hospital.

The service worked with two charities to provide information and raise awareness of same-sex parenting.

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.

A new interactive patient application had been introduced. The service had developed their own training videos, in collaboration with staff, to provide an additional resource for patients.

The service was in the process of implementing online prescribing which was enabled by the investment in the new online portal. The service was trialling a new hysteroscope which provided improved visualisation of uterine cavity.

The service introduced four nursing telephone lines to facilitate increased patients access to nursing advice.

Pre-pandemic the nursing team presented at international conferences they attended. Staff were developing ideas to present at upcoming conferences in their area of interest.

The service delivered educational lectures to general practitioners every six weeks.