

## Centre For Reproductive Medicine Limited

# CARE London

### Inspection report

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

### Ratings

#### Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

This was the first time we had rated this service. We rated it as good 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. Staff understood how to protect patients from abuse. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment. 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 patients, 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 the service well, using reliable information systems and supported staff to develop their skills. Staff understood the service's 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.

However:

- The service did not always control infection risks or manage medicines safety well. Clinical waste was not stored securely. Medications used for training were not clearly marked as such or stored securely.

Nicola Wise

**Interim Director of Secondary and Specialist Healthcare**

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	<a href="#">See overall summary</a>

# Summary of findings

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# Summary of this inspection

## Background to CARE London

CARE London is operated by CARE Fertility. CARE London is a private, specialist-led fertility service in Central London. CARE London undertakes diagnostic tests, including ultrasounds and blood tests as well as fertility treatments and the surgical procedure hysteroscopy.

The hysteroscopy service is the only part of the service which is subject to regulation by the Care Quality Commission (CQC). The service is also licensed by the Human Fertilisation and Embryology Authority (HFEA).

CARE London registered with the CQC in December 2010. The service primarily serves the communities of London and surrounding areas. It also accepts patient referrals from outside this area.

We last inspected the service in December 2012. At that time, we did not rate services, but the service met the standard required.

The service has a registered manager who had been registered with CQC since August 2021.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 28 March 2023.

The team that inspected the service comprised of a CQC lead inspector and a specialist advisor.

During the inspection, we spoke with staff and reviewed documents related to the running of the service.

Due to the very low numbers of patients seen by the service for the regulated activity we were unable to talk to patients or their families during the inspection.

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>.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service **MUST** take to improve:

- The service must ensure that clinical waste is stored in locked clinical waste bins.
- The service must ensure that medications used for training and demonstration purposes for patients are stored securely and are labelled to clearly identify they were to be used for training and demonstration purposes only.

# Summary of this inspection

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

- The service should ensure that all single use consumables are within their expiry date.
- The service should ensure that the risk register had dates for when risks were added and completion dates for when the risk was closed.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Good	Inspected but not rated	Good	Good	Good
Overall	Requires Improvement	Good	Inspected but not rated	Good	Good	Good

# Surgery

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

## Is the service safe?

Requires Improvement 

This was the first time we have rated safe. We rated it as requires improvement.

### Mandatory training

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

Staff received mandatory training, the data provide by the service showed that all staff had completed and were 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.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included a range of subjects including basic life support, immediate life support and infection control.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. We saw evidence during the inspection that anaesthetists, who worked under 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 service's practising privileges policy.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were provided with training on how to recognise and report abuse. Staff knew how to apply safeguarding principles.**

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. We requested safeguarding training completion rates but the service did not provide this, so we were therefore, unsure regarding the level of completion of safeguarding training for all staff levels. Following the inspection, the service provided safeguarding training completion rates which showed all staff had completed safeguarding adults and children level two and one staff member had completed safeguarding adults and children level three.



# Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us how they would escalate any concerns about patients being at risk from abuse or neglect by speaking to the nurse in charge or service manager, who would then escalate any concerns to the corporate safeguarding lead.

Children did not routinely visit the service; however, staff could tell us what they would do in the event they had a concern about the wellbeing of a child.

## 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 theatre and recovery areas were visibly clean and had suitable furnishings which were clean and well-maintained. The service performed well for cleanliness. Instruments that were single use were disposed of correctly. All equipment was cleaned and sterilised after patient contact. All areas 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 service provided staff with PPE, such as gloves and aprons.

We reviewed the services' risk assessments, infection control protocols and assurance frameworks. Extra cleaning had been introduced to protect against COVID-19 including regular cleaning of high traffic areas and 'touch points', which the service had continued to undertake.

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 theatre and recovery areas. There were regular audits, such as hand hygiene and PPE, 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 did not always manage clinical waste well.**

Staff did not always dispose of clinical waste safely. One of the two clinical waste bins, which were stored in the underground car park of the building the service was housed in, was unlocked when we inspected the service. The bin did not appear to have a locking mechanism attached. The service stated that all the bins, which are provided by a clinical waste service, usually have locks but the bin the service delivered on this occasion did not have a lock. Clinical waste and non-clinical waste were correctly segregated and collected separately.

The design of the environment followed national guidance. The service 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. Resuscitation equipment was on a purpose-built trolley and was visibly clean. All equipment had been checked daily including the automatic external defibrillator (AED).

# Surgery

The service had enough suitable equipment to help them to safely care for patients. The service used single use consumables. We found a small number of items, which were past their expiry date, but on the whole the majority of consumables were in date.

## 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 completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incidents. The service used a nationally recognised checklist for surgical safety. We saw completed world health organisation safer surgery (WHO) checklists completed in all the five patient records we reviewed.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We saw use of national early warning scores (NEWS) completed in all the five patient records we reviewed.

There was a comprehensive pre-assessment medical questionnaire that was used for all patients. Staff provided patients with an information leaflet on the hysteroscopy service, prior to the procedure.

After their surgical procedure, staff confirmed that patients were alert and orientated, had a drink and something to eat prior to a friend or family member escorting them home. The anaesthetist remained at the service until they could confidently confirm the patient was safe to be discharged home.

Staff gave patients detailed advice after each procedure. All patients had at least one follow up appointment to check progress and identify any problems. Patients were provided with the number for an out of hours telephone line that patients could access for advice should they have any concerns following their procedure.

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. We saw this completed in the patient records we reviewed during the inspection.

Due to the nature of the service, a deteriorating patient was a rare occurrence. However, staff maintained training and simulated practice to ensure they were prepared. We were told all staff were trained in basic life support (BLS) and nurses and doctors were trained in intermediate life support (ILS).

## 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.**

### Nursing staffing

The service had enough nursing and support staff to keep patients safe. There were two full time theatre nurses on duty and one health care assistant (HCA). Staffing levels were planned and reflected the demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation.

# Surgery

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

The service had low staff turnover rates and there were no vacancies at the time of the inspection. The service did not use bank or agency staff.

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

## Medical staffing

The service employed one doctor who undertook the regulated activity. The service had access to eight anaesthetists who worked on a rota basis. We saw evidence that the service checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and were available to all staff providing care. Records were stored securely. All patient's data, medical records, scans and pathology results were documented in the patient's paper notes in line with legislation and national guidance.

Paper files were stored securely in locked cupboards, which meant they could not be accessed by unauthorised persons.

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

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medications were prescribed by consultants. Records of patient's allergies and medications prescribed were contained within the patient's notes.

On the whole, medications were stored correctly and safely. However, we found a box of six out of date pre-filled syringes of anti-coagulation medication stored in a drawer in the recovery area. When we spoke to staff, they told us that they were solely used for teaching patients on how to self-administer the medication. They agreed to label the medication as such and to store it in a locked box so it could not be picked up and used in error.

The service held stocks of medicines relevant to the service they offered. Medicines and controlled drugs were stored in secure locked cupboards. We checked the medicines storage and found all other medications were in date.

## Incidents

**The service managed patient safety incidents well. 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 incidents related to hysteroscopy 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 hysteroscopy, we reviewed examples of other incidents the service investigated.

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

### Is the service effective?

Good 

This was the first time we have rated effective. We rated it as good

### 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, National Institute for Care and Health Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists.

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 HFEA Code of Practice.

### Nutrition and hydration

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

The service 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 service after having a hysteroscopy procedure.

### 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.

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.

# Surgery

## Patient outcomes

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

The service had completed 30 hysteroscopy surgical procedures between August 2022 and the time of the inspection. 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 lab for analysis. Each patient had a post procedure scan to determine if the procedure was successful.

Staff gave patients clear instructions about what to expect post-surgery and any follow up appointments that were required.

## 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 of the service ensured the team maintained their competency standards.

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

Managers supported staff, including employed consultants, to develop through yearly, constructive appraisals of their work. Staff told us they had the opportunity to discuss training needs with their line manager. Managers identified poor staff performance promptly and supported staff to improve.

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

Managers made sure staff attended team meetings or had access to full minutes of the meetings 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.**

Staff we spoke with told us they had good working relationships with the consultant and the anaesthetists.

We heard positive feedback from staff about the excellent teamwork. We observed evidence of staff working effectively together.

Staff who were given permission by patients, were able to speak with patient's GPs or referring doctors if they needed to clarify anything about patient care.

# Surgery

## Seven-day services

**Key services were available five days a week to support timely patient care.**

The service opened five days per week from Monday to Friday from 8am – 5:00pm. Operating lists were arranged to meet patient needs and consultant availability. Occasionally, appointments were available on Saturdays depending on the procedure.

## 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 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.

## 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.**

We did not observe consent being taken as there was no hysteroscopy surgical procedure list on the day of our inspection. However, the staff we spoke with knew how to gain consent from patients for their care and treatment in line with legislation and guidance. We saw evidence of this in the five sets of patient notes we reviewed. 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 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.

## Is the service caring?

Inspected but not rated 

We inspected caring but did not rate it during this inspection.

## 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 an independent counselling service where they could discuss their concerns or anxieties.

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.

# Surgery

## 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 told us they made sure patients and those close to them understood their care and treatment. Staff explained their care and treatment in a way that patients could understand, without jargon, and allowed patients as much time as they needed to ask questions.

Staff supported patients to make informed decisions about their care. The service's website listed the cost for various treatments. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery.

## Is the service responsive?

Good 

This was the first time we had rated responsive. We rated it as good.

## Service delivery to meet the needs of local people.

**The service planned and provided care in a way that met the needs of the people they serve.**

The service had suitable facilities to meet the needs of patients and their families. There were adequate waiting and consultation rooms to provide space and privacy.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was flexible and provided informed choice. The service was focused on providing continuity of care for patients.

Patients could access services and appointments in a way and at a time that suited them. The service did not operate a waiting list. Staff said that all patients were seen promptly.

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

The service was located close by to public transport links and was accessible to the population of London and the surrounding areas, and those further afield.

## 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.**

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

# Surgery

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.

## Access and flow

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

Patients were able to book appointments by telephone and online.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames.

There was no waiting time for hysteroscopy. Staff were proactive in offering earlier appointments where cancellations allowed. Staff planned admissions in advance at a time to suit the patient.

Where relevant, the service also offered a 'one stop' hysteroscopy service where patients could have a polyp removed and undergo egg collection within one procedure. This meant patients did not have to return to the service for separate appointments.

## 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.**

Staff told us if a patient was unhappy with the service, they would try to resolve the matter straight away by talking through the issue. The service had a complaints policy which set out the procedure for how patients could make a complaint, how it would be investigated, how patients would be involved, and how learning and action plans would be shared.

Staff we spoke with knew how to acknowledge complaints and 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.

During the one-year period prior to the inspection, the service had not received any complaints relating to hysteroscopy. We reviewed the complaints log for the service, and we noted the main themes of the complaints centred around clarity about costs administration and appointment handling.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. Staff could give examples of how they used patient feedback in other departments to improve the service. For example, staff now discussed costs with patients at each stage of the process to ensure patients understood what they would be charged.

## Is the service well-led?

This was the first time we have rated well led. We rated it as good.



# 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.**

The service had a corporate management structure which included medical director, the service manager, who was also the registered manager, and a quality manager.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. The registered manager's key responsibility was to monitor the performance of the service.

Leaders demonstrated awareness of the experiences of frontline staff and held meetings with them to understand what was working well and any areas for improvement.

All staff we spoke with told us leaders were visible and accessible, and they would be happy to approach them with any concerns they might have.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. 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 create development opportunities to support business growth and succession planning.

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision. Leaders expressed a commitment for the service to lead the field in fertility treatment.

There were no specific plans for development of the hysteroscopy service itself, aside from keeping up to date with the latest guidance.

The service had a set of 'care values' which were "we care about everyone", "every step matters" and "we are committed to doing our best". All staff we spoke with could talk to us about these values.

## 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.**

The service and the management team had established an open and honest culture by leading by example and promoting the service's care values. We heard from staff that this was promoted by daily management interactions with staff.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic.

# Surgery

The service had an open culture where patients, their families and staff could raise concerns without fear. This was reflected in the service's incident policy, where leaders had outlined an approach focused on learning rather than blame.

Staff expressed a commitment to providing the best possible care to patients and their families.

## 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.**

We viewed the organisational structure for the service which showed that all functions of the service, including nursing and administration, were accountable to the manager, who was the registered manager.

There was an effective clinical governance structure which included a range of meetings that met regularly. There were senior management meetings, governance meetings, key performance indicator and staff meetings which were attended by the managers and consultants.

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.

Staff told us learning was cascaded to them by the managers. Updates were sent to staff via email and through team 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had a risk management strategy, setting out a system for continuous risk management. The service completed risk assessments such as fire, health and safety and Legionella and the action plans were completed. Risks were discussed and reviewed at governance team meetings. The service completed a range of risk assessments and specific risks were amalgamated into a risk register, which showed specific actions for staff to mitigate the risks. However, entry and completion dates were not included in the risk register.

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.**

# Surgery

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 risks. This information was stored on computers at the service and could only be accessed by staff through secure logins. Staff reviewed and commented on information from the quality management system during quarterly meetings.

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.

## Engagement

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

Staff had opportunities to contribute to the running of the service. For example, the consultants discussed the development of the fairly new hysteroscopy service.

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

## 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.**

Staff told us they could access opportunities for development. We saw leaders sought the views and input of staff on how to make improvements.