

London Hormone Clinic

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

Overall summary

This service is rated as Good overall. (Previous inspection: 27 September 2018 – unrated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at London Hormone Clinic as part of our inspection programme.

London Hormone Clinic is an independent clinic in central London, which provides a range of bespoke healthcare services to adults and specialises in individualised bioidentical hormone replacement therapy and functional medicine for women.

The senior doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We did not speak to any patients during this inspection.

Our key findings were:

- The service specialised in individualised bioidentical hormone replacement therapy and functional medicine for women. Patients were treated with unlicensed compounded medicines and systems were in place to ensure this was carried out safely.
- There was evidence of quality improvement activity including clinical audits.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Appointments were available on a pre-bookable basis. The service provided consultations face to face, via telephone and via video calls.
- The service proactively gathered feedback from the patients.
- Information about services and how to complain was available.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider **should** make improvements are:

- Review legionella risk assessment.

Overall summary

- Develop a documented fire evacuation plan to identify how staff could support patients with mobility problems to vacate the premises.
- Review contents of the consent form and consider including details about the risks associated with the use of an unlicensed medicine.
- Consider how to improve access to patients with hearing difficulties.
- Follow the complaint policy and include information on the complainant's right to escalate the complaint if dissatisfied with the response.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to London Hormone Clinic

London Hormone Clinic is an independent clinic in central London.

Services are provided from: London Hormone Clinic, 106 Harley Street, London W1G 7JE. We visited this location as part of the inspection on 25 May 2022.

The service offers a range of bespoke healthcare services to adults and specialises in individualised bioidentical hormone replacement therapy and functional medicine for women.

The service was open to adults only.

Online services can be accessed from the practice website: www.londonhormoneclinic.com

The clinic is open from 9.15am to 5pm Monday to Thursday and from 9.15am to 4pm on every Friday.

Patient facilities are provided on the third floor of the building. The staff team include four doctors, two personal assistants, a secretary and an administrative manager.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and family planning. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by the service.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. Policies were regularly reviewed and were accessible.
- The service offered healthcare services to adults only. The service had systems to safeguard vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. It was the service's policy to request a Disclosure and Barring Services (DBS) check for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service was using a secure online clinical system.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks.
- The service offered a range of bespoke healthcare services to adults and specialised in individualised bioidentical hormone replacement therapy and functional medicine for women.
- At this service, we found that patients were treated with unlicensed medicines. (Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown). The doctors explained the risks associated with the use of unlicensed medicines and it was documented in the consultation notes.
- The doctors prescribed functional medicines and compounded medicines. (Compounded medicines are made based on a practitioner's prescription in which individual ingredients are mixed together in the exact strength and dosage form required to meet a patient's individual needs).
- The service only used UK compounding pharmacies that were registered with the General Pharmaceutical Council in the UK. They turned powdered bioidentical hormones into medical preparations such as creams, gels, lozenges and pessaries and offered bases that were hypoallergenic and paraben free.
- The service offered services to female patients who were aged 18 years and over for the treatment of issues related to women's health and to male patients who were aged 40 years and over.
- All the private prescriptions were processed electronically via the digital prescribing platform and prescriptions were delivered the next working day by courier. Some of the private prescriptions were printed on the letterhead which included a company name, logo and other necessary information. These paper prescriptions were prescribed and signed by the prescribing doctors.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record. However, some improvements were required.

- The service was renting space on shared premises and the host was responsible for managing the premises.
- The service had an up to date fire risk assessment (19 May 2022) in place and they were carrying out regular fire safety checks.

Are services safe?

- The electronic fire detection and alarm system was serviced on 6 May 2022.
- The fire extinguishers were checked regularly and fire doors were fitted with dorgard auto release fire door retainers.
- The service carried out a legionella risk assessment in 2015 and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The gas safety check was carried out on 12 May 2022.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The electrical installation condition checks of the premises had been carried out on 6 May 2022.
- Staff we spoke with knew what to do in the event of a fire incident. However, there was no documented fire evacuation plan in place on the day of the inspection to identify how staff could support patients with mobility problems to vacate the premises.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the practice had implemented an email audit and made changes in organisational structure to streamline processes.
- The service was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The doctors had signed up to receive patient and medicine safety alerts. The senior doctor provided examples of alerts they had received but there were no examples of alerts being acted on as none had been relevant.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE), the Royal College of Obstetricians and Gynaecologists (RCOG) and the British Menopause Society (BMS) best practice guidelines.

- The service ensured that all patients must be seen face to face for their initial consultation.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The service used a comprehensive assessment process including full life history accounts and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear. This information was used to build female and male patients' hormone profiles and included a discussion on the treatment options.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The service involved patients in regular reviews of their medicines. After the initial face to face consultation (45 minutes), the service offered a follow up consultation (30 minutes) after three months to monitor and adjust the treatment according to a patient's symptoms and needs. The doctors had access to all previous notes.
- Patients were able to contact the doctor to discuss any concerns.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support.
- The service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. The clinical audit had a positive impact on the quality of care and outcomes for patients. For example, the service had carried out a clinical audit to review all patients prescribed medicine used to treat polycystic ovary syndrome (a medical condition that affects how a woman's ovaries work) to ensure all women of childbearing age were using adequate contraception and had regular renal function measured. They found contraception details were not documented clearly for eight patients and nine patients were due renal function test. The service implemented changes and requested all patients to sign consent forms regarding contraception and renal function and informed them that no further prescriptions would be issued if renal function tests had not been carried out. The service had set up an alert on the clinical system and contacted patients who were due renal function tests.
- The service had carried out a clinical audit to look at pelvic ultrasound scans in women on bio-identical hormone replacement therapy to monitor the risk of endometrial (the lining of the uterus) cancer. The service carried out 347 scans from August 2021 to January 2022. 18 patients were found to have endometrial thickening and were referred to Gynaecologist and three were identified with endometrial cancer. The service explained that it could be due to the previous treatments they had received. However, more clinical research was required to establish this.
- The service was planning to carry out clinical audits for oral oestrogen (used to help reduce symptoms of menopause).
- The service carried out peer reviews to monitor the individual prescribing decisions and to identify the appropriateness of their medicines. Overall clinical outcomes for patients were monitored.

Are services effective?

- We found the service was following up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patient's records. Patients were able to access their pathology results through the patient portal.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The senior doctor was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF is recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service was checking and offering to refer for private breast and cervical cancer screening if required.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Correspondence was shared with external professionals in a way that ensured data was protected. Information required passwords in order to access any data shared with external providers.
- Nutritional supplements had been recommended by doctors to promote a healthy life style and could be ordered from professional healthcare websites and did not require a formal prescription.
- The service monitored the process for seeking consent appropriately.
- The service informed us that information regarding the use of medicine outside of its licence was provided, the risks were explained to the patient and documented during the consultations. We saw evidence of consent by the patient to acknowledge and accept that they were receiving medicine for use outside of its licence. The consent form included information about the use of unlicensed medicines. However, the consent form did not include explanation about the risks associated with the use of an unlicensed medicine.
- When a patient contacted the service they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service sharing information with their GP, then in case of an emergency the provider discussed this again with the patient to seek their consent. We saw the example of consultation notes having been shared with the GP with the appropriate patient consent.

Supporting patients to live healthier lives

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

Are services effective?

- Where appropriate, staff gave people advice so they could self-care.
- The service had a range of information available on its website. For example, there was information available regarding lifestyle, health and wellbeing including how yoga can help to ease symptoms of polycystic ovary syndrome.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We did not speak to any patients during this inspection.
- The service carried out an internal survey and sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- We saw that treatment plans were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service informed that patients were supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Feedback suggested that patients felt diagnosis and therapy options or treatments were explained clearly to them.
- The service did not provide a hearing induction loop.
- The service had comprehensive patient information leaflets available explaining the treatment journey, treatment schedule, details of symptoms they may experience and what to do.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Patient's individual needs and preferences were central to the planning and delivery of tailored services.
- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to access their records via a patient portal.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of their patients.
- The service offered services to female patients who were aged 18 years and over for the treatment of issues related to women's health and to male patients who were aged 40 years and over.
- There was a patients' leaflet which included arrangements for dealing with complaints, information regarding access to the service, consultation and treatment fees, terms and conditions, and cancellation policy.
- The facilities and premises were appropriate for the services delivered. The premises was accessible for patients with mobility issues. The services were offered on the third floor. There was a lift available on the premises.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service aimed to provide an appointment for their patients to undertake an assessment as soon as possible. Patients were offered various appointment dates to help them arrange suitable times to attend.
- The service informed us that the initial consultation appointment was offered face to face for 45 minutes. Follow up consultation appointments (30 minutes) were usually offered after three months.
- Appointments were available on a pre-bookable basis. The service provided consultations face to face, via telephone and via video calls. Consultations were available between 10am to 5pm on Monday to Friday. The service published information about this on the service website and the patient leaflet.
- Patients could access the service in a timely way by making their appointment online or over the telephone. Telephone calls were answered from 9.15am to 5pm Monday to Thursday and from 9.15am to 4pm on every Friday. No appointments were offered over the weekend.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- The service had a complaints policy and there were procedures in place for handling complaints.
- Information about how to make a complaint or raise concerns was available on the service's website and on the patient's leaflet. We saw this information included the complainant's right to escalate the complaint to the Independent Doctors Federation (IDF), General Medical Council (GMC) and the Care Quality Commission (CQC) if dissatisfied with the response.
- The service had received two complaints in the last 12 months. We found that complaints had been addressed in a professional manner and the patient received a timely response.
- The service learned lessons from the individual complaints. There was evidence that the service had provided an apology after the incident, changed the policy, registered with the new digital clinical system and implemented that all correspondence would be sent via secured mail. However, the complaint response did not include information of the complainant's right to escalate the complaint if dissatisfied with the response.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture.

Are services well-led?

- There were systems to support improvement and innovation work. For example, the doctors attended regular meetings with the other clinicians working with bio-identical hormones, which included discussion regarding the previous interactions, consultations and assessment in complex cases, use of good practices and sharing the learning. This enabled the various experiences to be shared among the clinicians and enable them and the service to better monitor and improve diagnoses.
- The doctors had attended various health conferences related to women's health.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.