

# The Nottingham NHS Treatment Centre

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Nottingham NHS Treatment Centre provides termination of pregnancy services in Nottingham and the surrounding areas for women who are 18 years and over and are under 14 weeks of pregnancy.

This follow-up inspection was undertaken following an inspection in January 2015 as part of the CQC's ongoing programme of comprehensive, independent healthcare acute hospital inspections. In January 2015 we found the safe and caring domains were good. We also found the effective, responsive and well led domains as requires improvement. Overall we rated the core service of providing termination of pregnancy treatment as requiring improvement in January 2015.

We did not look at all of the key lines of enquiry during this inspection in May 2016 because we were following up on a previous inspection. For the effective domain, we looked at the use of evidence based care and treatment and the competence of staff. For responsive, we looked at whether access to termination of pregnancy procedures met current Department of Health requirements and whether women were given the correct telephone number in the event that they wished to make a complaint about the service. In well-led, we looked at whether the leadership of the service had improved and if there were robust governance processes in place. We also looked at whether patients were actively involved in giving feedback of the service.

We found termination of pregnancy services had improved in the specific parts of the three key areas that we looked at within the domains of effective, responsive and well led.

We have not applied a rating to the termination of pregnancy services as a result of this focussed inspection. This is because we did not re-inspect the whole service and therefore did not gain enough evidence to be able to apply a rating on this occasion.

### **Is the Termination of pregnancy service effective at this hospital**

- There had been improvements in the working relationships with the clinical commissioning group (CCG) and another NHS provider acting as a referral agency. This had led to more robust audit data and oversight of the service's compliance with the Department of Health required standard operating procedures (RSOP) for termination of pregnancies.
- There were improvements in the process for administering Anti-D injections.
- There were improvements in the process for ensuring blood results were available for all women prior to their procedure.
- Patients were being offered appropriate counselling at all stages in the care pathway..

However we also found:

- Some medicine administration records were not completed in accordance with best practice because doctor's signatures were not written clearly.

### **Is the Termination of pregnancy service responsive at this hospital**

- The centre was working more closely with partners involved in the termination of pregnancy pathway, leading to improvements in the quality of audit data. This meant the centre had oversight of the reasons for delays and was able to identify areas for improvement.
- Complaint leaflets had been updated to ensure correct telephone numbers were given to patients. Staff told us they were familiar with the complaints' procedure and were able to describe the process.

### **Is the Termination of pregnancy service well-led at this hospital**

# Summary of findings

- Although no clear vision and strategy for the service was yet in place, discussions with partners in the patient pathway on the future vision and strategy were planned for June 2016.
- Comprehensive governance, risk management and quality measurements were in place to monitor risks to patients with actions in place to reduce them.
- Medical and Nursing leads had been identified for the service. Staff told us they knew who they were and that they were approachable.
- Staff told us they felt involved in the delivery, development and improvement of the service.
- Patients were actively involved in giving feedback about the care they received.

There were however areas of practice where the provider needs to make improvements.

The provider should:

- Ensure a clear vision and strategy is put in place as soon as possible for the termination of pregnancies.
- Ensure all medical staff sign prescription charts clearly..

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Termination of pregnancy

### Rating Summary of each main service

- A medical and nursing lead had been identified for the service and staff felt involved in the delivery, development and improvement of the service.
- Patients were actively involved in giving feedback about the care they received.
- There was more robust audit data and oversight of the service's compliance with the Department of Health required standard operating procedures (RSOP) for termination of pregnancies.
- Patients were being offered appropriate counselling at all stages in the care pathway. There were improvements in the process for administering Anti-D injections and ensuring blood results were available for all women prior to their procedure.
- The centre was working more closely with partners involved in the termination of pregnancy pathway which had led to improvements in the quality of audit data.
- Complaint leaflets had been updated to ensure correct telephone numbers were given to patients.
- Discussions with partners in the patient pathway on the future vision and strategy were planned for June 2016.
- Comprehensive governance, risk management and quality measurements were in place to monitor risks to patients with actions in place to reduce them.
- Staff felt involved in the delivery, development and improvement of the service and patients were actively involved in giving feedback about the care they received.

# Summary of findings

## Contents

### Summary of this inspection

Background to The Nottingham NHS Treatment Centre	Page 7
Our inspection team	7
How we carried out this inspection	7

### Detailed findings from this inspection

Outstanding practice	15
Areas for improvement	15

# The Nottingham NHS Treatment Centre

**Services we looked at:**

Termination of pregnancy.

# Summary of this inspection

## Background to The Nottingham NHS Treatment Centre

The Nottingham NHS treatment centre is operated by Circle Nottingham Ltd which belongs to a group of companies owned by Circle.

Independent NHS treatment centres provide services to NHS patients but are owned and operated by organisations outside of the NHS. They have a contract with the NHS to treat NHS patients. The Nottingham centre opened in 2008 and is the largest independent treatment centre in Europe. Circle Nottingham Ltd was awarded the contract to provide services from the centre in July 2013 for five years.

The hospital has a general manager who is also the registered manager with the Care Quality Commission. They registered in December 2014.

We undertook an inspection in January 2015 looking at all the services the centre provided. At that time we rated the Nottingham NHS Treatment Centre as good overall but the termination of pregnancy service required improvement.

The inspection on 27 May 2016 was focussed; the inspection team looked at specific issues in the effective, responsive and well-led domains within the core service of termination of pregnancy only. This was to determine whether the service had improved since January 2015. We did not inspect surgical or diagnostic and outpatient services on this occasion.

## Our inspection team

Our inspection team was led by:

Inspection lead: Sue Daniells, Inspector, Care Quality Commission

The team included two CQC inspectors.

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the hospital and the core service termination of pregnancy.

We used the Department of Health Required Standard Operating Procedures where they were relevant as a reference during this inspection for further confirmation that standards were being met.

We carried out an announced inspection on 27 May 2016. We spoke with a range of staff in the hospital, including

nurses, consultants, administrative, and clerical staff. During our inspection we spoke with 16 members of staff, including the clinical and nursing lead for termination of pregnancy services and those who worked in the operating theatre and day ward. We reviewed the personal care or treatment records and medication administration charts of ten patients; we also reviewed audit data.

# Termination of pregnancy

Effective

Responsive

Well-led

## Information about the service

The service was licensed by the Department of Health this was displayed in the reception area of the centre. Medical terminations were undertaken elsewhere and by another provider.

All patients were referred for surgical termination to the Nottingham NHS Treatment Centre following consultations at either the Victoria Health Centre or Nottingham Unplanned Pregnancy Advisory Service (NUPAS). Both of these services were provided by other organisations and were not part of this follow-up inspection.

In 2015 the service undertook 567 surgical terminations of pregnancy for women aged 18 and over.

## Summary of findings

- There had been improvements in the working relationships with the clinical commissioning group (CCG) and another NHS provider acting as a referral agency. This had led to more robust audit data and oversight of the service's compliance with the Department of Health required standard operating procedures (RSOP) for termination of pregnancies.
- There were improvements in the process for administering Anti-D injections.
- There were improvements in the process for ensuring blood results were available for all women prior to their procedure.
- Patients were being offered appropriate counselling at all stages in the care pathway.
- The centre was working more closely with partners involved in the termination of pregnancy pathway, leading to improvements in the quality of audit data. This meant the centre had oversight of the reasons for delays, was able to identify areas for improvement and work with partner organisations to improve outcomes for patients.
- Complaint leaflets had been updated to ensure correct telephone numbers were given to patients. Staff told us they were familiar with the complaints' procedure and were able to describe the process.
- Although no clear vision and strategy for the service was yet in place, discussions with partners in the patient pathway on the future vision and strategy were planned for June 2016.
- Comprehensive governance, risk management and quality measurements were in place to monitor risks to patients with actions in place to reduce them.
- Medical and Nursing leads had been identified for the service Staff knew who they were and told us they felt they were approachable.
- Staff told us they felt involved in the delivery, development and improvement of the service.



# Termination of pregnancy

- Patients were actively involved in giving feedback about the care they received.

## Are termination of pregnancy services effective?

We found the effectiveness of termination of pregnancy services had improved in the areas that we looked at.

We found:

- There had been improvements in the working relationships with the clinical commissioning group (CCG) and another NHS provider acting as a referral agency. There was comprehensive audit data available providing oversight of the service's compliance with the Department of Health required standard operating procedures (RSOP) for termination of pregnancies.
- There were improvements in the process for administering Anti-D injections.
- There were improvements in the process for ensuring blood results were available for all women prior to their procedure.
- Patients were being offered appropriate counselling prior to and post procedure.

However we also found:

- Some medicine administration records were not completed in accordance with best practice because doctor's signatures were not clearly legible.

### Evidence-based care and treatment

- We undertook a comprehensive inspection of the termination of pregnancy service at the Nottingham NHS Treatment Centre in January 2015 and had judged the effectiveness of the service as requiring improvement.
- In January 2015 we found medicine administration records were not completed in accordance with best practice and the writing was not clearly legible. During our inspection in May 2016 we looked at ten prescription records. The prescription records were pre-printed with regularly used medication for the prescriber to either sign and date or cross through. This meant that the medication, route of administration and dosage was clear and legible. Medications administered were signed with the date and time clearly documented. However the prescriber's signature was illegible on

# Termination of pregnancy

seven of the prescription records which is not good practice. We escalated our concerns to the clinical service lead during the inspection who assured us action would be taken.

- During our inspection in January 2015 we found that staff had not followed the guidelines in particular for the administration of Anti-D immunoglobulin.
- Anti-D is a medicine which is used in preventing antibody formation in rhesus negative women who have a rhesus positive baby. Anti-D is given to the mother to reduce the chances of these antibodies being formed and any subsequent complications. Not administering Anti-D can lead to complications that may affect the baby after birth, or complications with a different pregnancy at a later stage should the woman become pregnant again. In January 2015 we saw errors occurred because of a lack of availability of patient's blood results prior to the procedure being carried out. We saw there was an occasion when a woman did not receive the injection that was clinically required. We also saw that some women had Anti-D treatment prescribed on their medication record before it was established if Anti-D was required.
- During our inspection in May 2016 we found the problems previously identified with Anti-D injections had been considered and addressed. We reviewed the centre's standard operating procedure (SOP) for the process for administering Anti-D. Staff told us Anti-D was not prescribed unless a patient's blood results were available and the patient found to have a rhesus negative blood type. The referral agency or the unplanned pregnancy assessment centre (UPAC) would take blood from the women as part of the assessment process. On the day of our inspection all of the women had already had bloods taken by the referral agency and results were available. However we were told some women presented on the day of the surgical procedure and had not had their bloods taken. Staff told us blood was taken from these women on the morning of the procedure and sent as an urgent request to pathology. Those patients without blood results would be moved to the end of the theatre list to ensure their blood results were available prior to surgery. Staff we spoke with about the Anti-D processes were unanimous about the improvements that had been made to ensure the guidelines were followed.
- We looked at ten sets of patient records and found seven patients were rhesus positive blood group, and

therefore did not require Anti-D, and three were rhesus negative. We found nine out of the ten records had clearly documented the blood group in the care plan. From the prescription charts we saw Anti-D was only prescribed and administered to the rhesus negative blood type patients. Audit data of 33 sets of notes from March 2016 to May 2016 provided by the centre showed all patients had bloods taken either prior to or on the day of the procedure, 94% had their rhesus status recorded in the notes prior to discharge and all patients that required it had Anti-D prescribed and administered prior to discharge.

- Some of the concerns identified in January 2015 were as a result of a fragmented termination of pregnancy pathway involving two other NHS providers who acted as referral agencies to the Nottingham NHS Treatment Centre. Before January 2015, meetings with these providers were held, but were not prioritised. Data was not shared effectively between the providers therefore service leads at the centre could not be assured RSOPs were being met.
- During our May 2016 inspection service leads told us formalised bi-monthly meetings were now held with representatives from the CCG and clinical leads from both the centre and the referral agency. This included an agenda being set and assigning action points to individuals. We were told this had improved partnership working with the other providers and had given service leads a forum to raise issues such as missing or incorrect data. One example of this was sexual health screening. The lead nurse for the service told us this data should be provided by the initial referral agency but was not always correctly documented on the care plans in the patient records. Audit data of 33 records from March to May 2016 provided by the centre in collaboration with the referral agency for our inspection in May 2016 showed 16 women (48%) had been offered sexually transmitted infection screening. We were told this issue had been raised with senior staff within the referral agency and was on the agenda for the next multi-agency meeting to be held in June 2016..

## Competent staff

- During our inspection in January 2015 we reported the centre did not meet a Department of Health requirement for all staff involved in pre-termination assessments to be trained to diploma level in counselling. During the inspection of May 2016, a senior

# Termination of pregnancy

member of staff told us and the ten records we looked at confirmed that women were offered counselling by the referring agency or by the centre's unplanned pregnancy assessment centre (UPAC) before attending for their surgical procedure in accordance with the RSOP. We were told nursing staff admitting patients on the day of the procedure would check with the patient whether counselling had been offered as part of the pre-assessment checks. Staff could refer women back to the referral agency for counselling following their procedure if required.

- The Department of Health Required Standard Operating Procedures (RSOP) 14 does not require the provider to ensure staff have qualifications as trained counsellors but states that "All women requesting an abortion should be offered the opportunity to discuss their options and choices with, and receive therapeutic support from, a trained pregnancy counsellor and this offer should be repeated at every stage of the care pathway". We looked at ten records during our inspection and saw documentation that counselling had been offered in accordance with the centre's standard operating procedure (SOP) which was in line with the RSOP 14 standard. Audit data of 33 records from March 2016 to May 2016 provided by the centre showed and found that 97% of patients had been offered counselling both pre and post procedure.

## Are termination of pregnancy services responsive?

We have judged responsiveness in termination of pregnancies had improved in the following areas.

We found:

- The centre was working more closely with partners involved in the termination of pregnancy pathway, leading to improvements in the quality of audit data. This meant the centre had oversight of the reasons for delays and was able to identify areas for improvement.
- Complaint leaflets had been updated to ensure correct telephone numbers were given to patients. Staff told us they were familiar with the complaints procedure and were able to describe the process.

## Access and flow

- We made a comprehensive inspection of the termination of pregnancy service at the Nottingham NHS Treatment Centre in January 2015 and judged the responsiveness of the service as requiring improvement.
- The Department of Health Required Standard Operating Procedures (RSOP) ensures that women get timely access to termination of pregnancy procedures. RSOP 11 states that the total time from access to procedure should not exceed ten working days unless the woman chooses to delay. In January 2015 we found the waiting time for procedures were monitored and showed wide variance from one to 30 days with no reasons recorded to explain the delays.
- During our inspection in May 2016 we learned some of the concerns identified in January 2015 were as a result of a fragmented termination of pregnancy pathway and data was not shared between the providers. Before January 2015, meetings with these providers were held, but were not prioritised or scheduled on a regular basis. Data was not shared effectively between providers therefore service leads at the treatment centre could not be assured RSOPs were being met.
- During our May 2016 inspection service leads told us formalised bi-monthly meetings were now held with representatives from the CCG and clinical leads from both the centre and the referral agency. We were told this had improved partnership working with the other providers and had given service leads a forum to raise issues such as missing or incorrect data. We reviewed minutes from the previous meeting held in April 2016 and found data with regard to referral to treatment time (RTT) had not been available. Immediate changes had been made so the data was available. When we returned to inspect in May 2016, we saw evidence that the service leads could identify delays in the treatment pathway and were working with their partners to make improvements.
- The centre provided audit data for patients who were not treated within ten working days. From April 2015 to March 2016, 159 patients were referred by the NHS referral agency to the centre for a surgical termination which had not been completed within ten working days. Patient choice and non-attendance was attributed as the most common reason (approximately 50%) for not completing the surgery within the time frame. The second highest cause for delay was attributed to capacity issues within the referral agency (22%) and the Treatment Centre (5%). Some patients (16%) required

# Termination of pregnancy

another ultrasound scan in order to ensure they were within the correct gestation for this procedure as the Nottingham NHS treatment centre only carried out procedures up to 14 weeks of pregnancy. This additional scan caused delays because patients would need a further appointment. There were also seasonal capacity issues both within the referral agency and the centre which were being addressed.

## Learning from complaints and concerns

- In January 2015 we saw leaflets which informed patients how to raise concerns but some details including phone numbers were incorrect which meant patients may be unable to make contact with the centre to make a complaint.
- During our inspection in May 2016 we looked at patient leaflets available from the main centre reception desk and from the patient check-in areas. These leaflets gave full details of how to raise a concern or complaint by telephone, email or in writing. We checked and found the telephone number provided was a direct line to the centre's governance team. Staff we spoke with were aware of the complaints procedure and demonstrated they could provide leaflets for patients if required.
- The centre used a modified feedback card for the termination of pregnancy service which allowed patients to comment on their care and make suggestions for the service.

## Are termination of pregnancy services well-led?

We found the leadership of the termination of pregnancy service at Nottingham NHS Treatment Centre had improved in the following areas.

We found:

- There was a clear and comprehensive governance and risk management structure in place to monitor and mitigate risks to patients.
- There were clearly defined leadership roles in place with senior staff providing support and motivation to their teams.
- Feedback from patients had been sought on the compassion of staff and what the service could do to improve; results had been very positive.

However, we also found:-

- Although there was no specific vision and strategy for the service in place, there were clear plans to discuss this issue at the providers' partnership meeting in June 2016.

## Vision and strategy for this core service

- In January 2015 the provider had no clear vision and strategy for the surgical termination of pregnancy services. However, staff were aware of the treatment centre's purpose, parameters and principles for the healthcare they provided.
- In May 2016 we discussed the core service vision and strategy with senior managers. This had still not been developed; managers had focussed on addressing the issues raised during the CQC inspection in January 2015 as they told us they felt it more important to ensure the service was effectively managing any risks to patients.
- There were however clear plans in place to discuss and put in place a vision and strategy for the service with the providers' partnership organisations during a meeting in June 2016; an item had already been added to the agenda.
- The certificate of approval (issued by the Department of Health) for undertaking termination of pregnancies was displayed in the front entrance of the premises.

## Governance, risk management and quality measurement for this core service

- Although there was some monitoring of the quality of service in January 2015, there was insufficient audits undertaken and lack of action to address any shortfalls.
- Following our inspection in January 2015, the provider reviewed their compliance with the Department of Health (DOH) Required Standard Operating Procedures (RSOPs) and produced an action plan which included the shortfalls that had been highlighted in the report. The most recent audits had identified five actions including agreement with partner providers of the service to change the history sheets within patients' records and confirmation of whether counselling services had been offered during the patients' assessment appointment.
- We reviewed the minutes of the Clinical Governance and Risk Management meeting of December 2015 and saw that following our inspection in December 2015 they were working closely with the referring providers to improve the pathway and the quality of the audit data.

# Termination of pregnancy

- We reviewed the provider's risk register which contained one item relating to incomplete documentation accompanying patients from the other providers. Controls were in place and the risk had been reduced from moderate to low, with a review date of 26 May 2016
  - The joint clinical commissioning group (CCGs) had undertaken a quality visit to the treatment centre to report on the provider's progress in relation to our inspection in January 2015. The report had been positive.
  - Counselling services were offered by other providers and prior to attendance at the treatment centre. Additional counselling services could be accessed following patients' discharge.
  - Review of the audit data obtained both prior to the inspection in May 2016 and during our visit, revealed a comprehensive process was in place to monitor risk and quality of the service.
  - A senior manager was responsible for all the auditing of information relating to the service. Responsibility for the audits had been delegated to three members of staff to assist with the compilation of the data.
  - The lead for the service stated further training was required for those staff members to ensure they had a complete understanding of all the processes.
  - Audits of the service were comprehensive and included patient notes and assurances the rhesus status of all patients was recorded. The rhesus status of patients is important because rhesus disease is caused by a specific mix of blood types between a pregnant mother and her unborn baby. If a mother who is rhesus negative is not given an injection of Anti-D following their first pregnancy, complications can occur with subsequent pregnancies. In January 2015 not all patients attending the treatment centre had been tested for their rhesus status
  - Audits for March and April 2016 showed 86% of patients had blood samples taken to determine their rhesus status prior to attending the treatment centre. This was undertaken at an assessment centre run by another provider. For those patients who had not had blood samples taken prior to their procedure being undertaken, bloods were taken immediately on admission and results obtained before surgery commenced.
  - Staff on the day case ward confirmed that bloods could be obtained quickly, although sometimes patients had to wait for the results before they went to theatre.
- However, this ensures that patients who required it, could be given Anti-D if it was necessary. This meant the risk of complications in subsequent pregnancies was reduced.
- The audits for March and April 2016 showed 93% of patients had their rhesus status recorded on admission to the centre with Anti D required for 29%. During our inspection, of the ten records that we looked at it was noted that three patients required Anti-D, which equated to 30%.
  - Staff informed us the provision of rhesus status had improved greatly prior to admission because regular minuted meetings had commenced between providers and the commissioners of the services. Responsibilities for any actions required, and by which provider, were clearly documented
  - Arrangements were in place to ensure the certificate(s) of opinion (form HSA1) were signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991. The form relates to the reasons for the termination. This was supported by the records that we reviewed and the provider's audit data. March to May 2016 data from the provider showed the provider had achieved 100% of the thirty three sets of notes audited.
  - Processes were in place to ensure the form of notification for pregnancies terminated in England (form HSA4) were submitted to the Department of Health (DoH). The forms were checked when patients were attending the day case ward, although it had been acknowledged that audits of the forwarding of HSA4 forms to the DoH had not been in place; this was due to commence in May 2016.
  - Actions to reflect outcomes of the audits were identified and followed up the following month. This ensured constant monitoring of the service was undertaken to manage risks.
  - Surgical termination of pregnancy folders had been placed on the day unit. This was used by all members of staff as a reminder of the processes undertaken.
  - Opportunities for the service to manage its own bookings for treatment would be reviewed at the June meeting of the partnership event; the service was not responsible for that element of the patient pathway at the time of our inspection.

## Leadership / culture of service

# Termination of pregnancy

- In January 2015 the staff involved in the provision of surgical termination of pregnancies lacked a clear identity.
- Two leads had been identified for the service; a nurse and a clinical lead. We met with both leads during our inspection.
- Meetings developed between the providers of the service at the treatment centre had given members of each team the opportunity to develop and improve the service. The 'partnership' events included sessional staff from other providers and occurred every eight weeks.
- We spoke with a member of sessional staff who informed us the service had improved greatly and they now felt very involved, for example receipt of all emails, results of audits and attendance/minutes of the partnership meetings. Information from the minutes of one such meeting held in April 2016 showed issues discussed included incident feedback, pre-assessments for the termination of pregnancies and the forthcoming CQC inspection. In addition, audit results from other providers involved in the delivery of the service were also discussed and actions identified to improve the service.
- Staff on the day unit stated they felt part of the termination of pregnancy service with regular feedback regarding audit results and how they could improve. They felt part of a team and attended the partnership meetings.
- This meant the team had a clear identity and staff knew who to approach if they needed to.

## Public and staff engagement

- During the inspection of January 2015, we found patients were not actively involved in giving feedback about their experience of having undergone a surgical termination of pregnancy. During the inspection in January 2015, as a result of initial feedback given to the provider, a specific feedback form had been developed. It asked one question relating to whether staff had treated them with compassion during their treatment and for any comments they wished to make.
- On review of 50 of the most recently completed feedback forms, all patients had commented in a very positive manner. Staff had been extremely pleased about the results and felt it reflected the service they offered.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure a clear vision and strategy is in place for the surgical termination of pregnancy.
- The provider should ensure all medical staff sign prescription charts clearly.