

## Inspection framework: NHS acute hospitals

### Additional service: Gynaecology and Termination of Pregnancy

For gynaecology this includes all services provided to women that relate to gynaecology. This includes providing advice and treatment to women requiring a wide range of both general and specialist care throughout their lives, from birth until after menopause. Services can include paediatric gynaecology, acute pain, pre-menstrual problems, fertility, bladder dysfunction, colposcopy, menopause and oncology. Termination of pregnancy is also included within the scope of this additional service.

For Termination of pregnancy, this incorporates ancillary activities that the service carries out wholly or mainly in relation to termination of pregnancy. For example sexual health screening, assessment and determining the legal grounds for abortion. Termination of pregnancy (TOP) refers to the treatment for termination of pregnancy, by surgical or medical methods, including feticide. Prescribing of abortifacient medicine is considered treatment for termination of pregnancy.

#### Areas to inspect\*

**The inspection team should carry out an initial visual inspection of each area. Your observations should be considered alongside data/surveillance to identify areas of risk or concern for further inspection.**

- Outpatient general gynaecology clinics
- Outpatient specialist gynaecology clinics such as:
  - suspicion of cancer rapid access clinic (strict referral criteria)

- cancer follow-up clinic
- multi-disciplinary oncology clinic
- colposcopy clinics
- hysteroscopy clinics
- continence and urodynamic service
- early pregnancy service
- recurrent miscarriage service
- One stop services – eg post-menopausal bleeding etc
- menopause clinic for women experiencing a problematic menopause or those requiring HRT (hormone replacement therapy) advice
- laparoscopic sterilisation clinic offerings counselling to women requesting sterilisation as a contraception option
- hormone dysfunction clinic
- minimally invasive surgery – outpatient care/ambulatory care/inpatient
- endometriosis clinics
- Gynaecology ward for women who need to stay in hospital after surgery and emergency admissions.
- Gynaecology theatre facilities, separate/part of suite
- Termination of pregnancies:
  - Outpatient clinic
  - Day care beds in patient facilities
  - Consultation rooms
  - Screening rooms (where blood test and or ultrasound is carried out)
  - Operating theatre and associated areas such as anaesthetic rooms and recovery

## **Interviews/focus groups/observations**

### **You should conduct interviews of the following people at every inspection:**

- Clinical lead for gynaecology
- Directorate/Divisional Manager
- Head of Gynaecology nursing/ Matron for gynaecology
- Women who are using/have used Gynaecology services
- Women who are using/have used the TOP service
- Safeguarding lead
- Clinical director/lead for TOP if separate from Gynaecology lead
- Nursing lead for TOP

- Clinical lead for anaesthesia

**You could gather information about the service from the following people, depending on the staffing structure:**

- Consultant Gynaecologists
- Gynaecology specialist trainees
- Sister
- Clinical nurse specialist specialists
- Nurse hysteroscopist
- Clinical nurse specialist gynaecological oncology
- Nurse colposcopist
- Gynaecology Registrars
- Ultrasonographers
- Anaesthetists
- Midwife

## Safe

**By safe, we mean people are protected from abuse\* and avoidable harm.**

\*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

### Key lines of enquiry: **S1**

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

**Prompts**

**Professional standard**

**Tier 4 guidance**

<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• S1.5 Do staff receive effective training in safety systems, processes and practices?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE Guidelines NG51: Sepsis Recognition, diagnosis and early management</a></li> </ul>	<ul style="list-style-type: none"> <li>• Statutory and mandatory training records: <ul style="list-style-type: none"> <li>➤ How is the content decided upon?</li> <li>➤ Is it multidisciplinary?</li> <li>➤ Does the content respond to incidents?</li> </ul> </li> <li>• Is there evidence of learning through simulation? <ul style="list-style-type: none"> <li>➤ <b>Practical skills hysteroscopy, ultrasound.</b></li> <li>➤ <b>Emergency situations e.g. haemorrhage.</b></li> </ul> </li> <li>• With regards to sepsis, is there a policy for sepsis management in place, are staff aware of it, have staff had appropriate training in sepsis?</li> <li>• Have staff received training to make them aware of the potential needs of people with: <ul style="list-style-type: none"> <li>• mental health conditions</li> <li>• learning disability</li> <li>• autism</li> <li>• dementia?</li> </ul> </li> </ul>
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Report sub-heading: **Safeguarding**

<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Safeguarding Children and Young People: Roles and Competencies for Health Care Staff</a> (March 2014)</li> </ul>	<ul style="list-style-type: none"> <li>• What is the uptake of safeguarding training?</li> <li>• What risk assessments are undertaken</li> </ul>
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<p>to staff?</p> <ul style="list-style-type: none"> <li>• S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved?</li> <li>• S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.</li> <li>• S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks).</li> <li>• S1.5 Do staff receive effective training in safety systems, processes and practices?</li> <li>• S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies?</li> <li>• S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">HM Government</a>: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. March 2015</li> <li>• Female genital mutilation <a href="#">multi-agency practice guidelines published in 2016</a></li> <li>• <a href="#">DH Female Genital Mutilation and Safeguarding</a>: Guidance for professionals March 2015</li> <li>• <a href="#">Guidelines for physicians on the detection of child sexual exploitation</a> (RCP, November 2015)</li> <li>• MHA 1983 <a href="#">Section 5(2)</a> the psychiatrist or approved clinician in charge of the patient's treatment for the mental disorder is the preferred person to use holding powers.</li> <li>• MHA 1983 <a href="#">Section 5(4) Nurses must be mental health or learning disability registered. See MHA Code of Practice.</a></li> <li>• Not always restricted to, but includes interventions under the MHA, see <a href="#">MHA Code of Practice</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Are there arrangements in place to safeguard women with, or at risk of Female Genital Mutilation (FGM)?</li> <li>• Do staff understand the different types of FGM? Do the nurses understand their role in reporting FGM and how to do this?</li> <li>• What systems are in place to make sure the identity of women accessing the service remain confidential at all times? (Including for example systems to ensure staff do not announce full names at open reception areas).</li> <li>• If a patient is assessed to be at risk of suicide or self-harm, what arrangements are put in place to enable them to remain safe?</li> <li>• Are staff aware of the Mental Health Act S5(2) doctor's holding power and S5(4) nurse's holding power? Do they know when and how they can be used or do they know how to get urgent advice on this?</li> <li>• Are there policies and procedures in place extra observation or supervision, restraint and, if needed, rapid tranquilisation?</li> <li>• What arrangements does the service have in place regarding domestic violence awareness, training for staff, support and guidance? Do staff know</li> </ul>
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		<p>what to do if they suspect a women is the victim of domestic violence?</p> <ul style="list-style-type: none"> <li>• Do staff in the service understand how to deal with women who disclose sexual assault and develop a referral pathway for them?</li> <li>• For services treating under 18yrs: <ul style="list-style-type: none"> <li>○ Do staff have an awareness of Child Sexual Exploitation (CSE) and understand the law to detect and prevent maltreatment of children?(acute and community)</li> <li>○ How do staff identify and respond to possible CSE offences? Are risk assessments used/in place? (community and acute)</li> <li>○ What safeguarding actions are taken to protect possible victims of CSE? Are timely referrals made? And is there individualised and effective multi-agency follow up?</li> <li>○ Are leaflets available about CSE with support contact details?</li> <li>○ How does the service ensure</li> </ul> </li> </ul>
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		<p>that the medical, psychological and social needs of children are met in an appropriate environment?</p> <ul style="list-style-type: none"> <li>○ What arrangements are in place when (or if) a child under 13 years of age requests treatment, given the fact that a child under 13 years of age is <b>not considered in law</b> to be unable to consent to sexual activity?</li> </ul>
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Report sub-heading: **Cleanliness, infection control and hygiene**

<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS61 Statement 3</a>: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.</li> <li>• <a href="#">NICE QS61 Statement 4</a>: People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.</li> <li>• <a href="#">NICE QS61 Statement 5</a>: People who need a vascular access device have</li> </ul>	<ul style="list-style-type: none"> <li>• Are there arrangements to isolate people awaiting elective surgery pre-operatively from people requiring emergency surgery?</li> <li>• How does the service screen new admissions for MRSA/c-difficile?</li> <li>• Is the trust managing and decontaminating reusable medical devices in line with national guidance such as the DH Health Technical</li> </ul>
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	<p>their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.</p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">NICE CG74</a>. This sets out explicit guidance based on best evidence in respect of the <b>preoperative phase</b>, including showering, hair removal, patient theatre wear, staff theatre wear, staff leaving the operating area, nasal decontamination bowel preparation, hand jewellery, artificial nails and nail polish. The <b><i>Intraoperative phase</i></b> including hand decontamination, <b>incise drapes, sterile gowns, gloves</b> antiseptic skin preparation and the <b>Postoperative phase</b></li> <li>• <a href="#">Decontamination of surgical instruments (CFPP 01-01) (chapter 6)</a></li> </ul>	
<p>Report sub-heading: <b>Environment and equipment</b></p>		
<ul style="list-style-type: none"> <li>• S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</li> <li>• S1.9 Do the design, maintenance and use of facilities and premises keep people safe?</li> <li>• S1.10 Do the maintenance and use of equipment keep people safe?</li> <li>• S1.11 Do the arrangements for managing waste and clinical specimens keep people</li> </ul>		<ul style="list-style-type: none"> <li>• All equipment must conform to the relevant safety standards and be regularly serviced. Electrical equipment must be PAT tested.</li> <li>• Are hysteroscopy, colposcopy, and diagnostic abdominal and transvaginal ultrasound machines under a regular service, maintenance and inspection contract? Does the service check the equipment and log this prior to each day</li> </ul>



<p>safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.)</p>		<p>of use?</p> <ul style="list-style-type: none"> <li>• Is equipment including surgical equipment, resuscitation and anaesthetic equipment available and fit for purpose and checked and tested in line with professional guidance?</li> <li>•</li> </ul>
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**Key line of enquiry: S2**

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Report sub-heading: **Assessing and responding to patient risk**

Prompts	Professional standard	Tier 4 guidance
<ul style="list-style-type: none"> <li>• S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively?</li> <li>• S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able to seek support from senior staff in these situations?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Sepsis: recognition, diagnosis and early management</a> (NICE Guideline 51)</li> <li>• All equipment must conform to the relevant safety standards and be regularly serviced References as examples: <ul style="list-style-type: none"> <li>○ <a href="#">AAGBI guidelines for checking for anaesthetic equipment / checklist.</a></li> <li>○ <a href="#">AAGBI Day Case and Short Stay Surgery</a></li> <li>○ <a href="#">RCS Good Surgical Practice 2014</a></li> </ul> </li> <li>• There must be a hospital wide standardised approach to the</li> </ul>	<ul style="list-style-type: none"> <li>• How do leaders ensure that employees who are involved in the performance of invasive procedures develop shared understanding and are educated in good safety practice, as set out in the national standards?</li> <li>• Have managers ensured that there is a plan in place to develop local Safety Standards for Invasive Procedures using the national Safety Standards for Invasive Procedures. Have they assessed the need for these against all invasive procedures carried out?</li> <li>• Where women are undergoing surgery and have significant co-morbidities, are</li> </ul>

	<p>detection of the deteriorating patient and a clearly documented escalation response  Ref: <a href="#">Recognising and responding appropriately to early signs of deterioration in hospitalised patients NPSA 2007</a></p> <ul style="list-style-type: none"> <li>• <a href="#">NPSA: 5 steps to safer surgery</a></li> <li>• <a href="#">NPSA WHO surgical checklist for radiological interventions</a></li> <li>• <a href="#">NPSA WHO Surgical Safety Checklist: for cataract surgery only</a></li> <li>• <a href="#">NICE QS3 statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.</a></li> <li>• Pre-operative assessment should be in line with <a href="#">NICE CG3: Pre-operative assessments</a></li> <li>• <a href="#">National Early Warning Score (NEWS): Standardising the assessment of acute-illness severity in the NHS</a></li> <li>• <a href="#">NICE QS34 (Self harm) Statement 2 - initial assessments</a></li> </ul>	<p>additional pre-operative assessments in place (such as meeting with an anaesthetists) to allow for appropriate planning and discharge arrangements?</p> <ul style="list-style-type: none"> <li>• Are there locally agreed protocols in place for checking pregnancy for women of reproductive age before surgery?</li> <li>• What escalation arrangements are in place? <ul style="list-style-type: none"> <li>- Cancer pathway?</li> <li>- Medical emergency pathway?</li> <li>- Women requiring urgent abortions?</li> <li>- Acute gynaecology (e.g. ectopic pregnancy)</li> </ul> </li> <li>• Does the service have a defined Non-pregnant Gynaecology Emergencies pathway for conditions including PID, haemorrhage etc.?</li> <li>• Do staff have access to 24/7 mental health liaison (covering the age range of the ward/ clinic) and/or other specialist mental health support if they are concerned about risks associated with a patient's mental health?</li> <li>• Do staff know how to make an urgent referral to them?</li> <li>• Do they get a timely response?</li> </ul>
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<ul style="list-style-type: none"> <li>• <a href="#">NICE CG16 (Self harm in over 8s)</a></li> <li>• <a href="#">National Safety Standards for Invasive Procedures (NatSSiPs)</a> Version number: 1 published: 7 September 2015</li> <li>• <a href="#">Brief guide: NatSSiPs and LocSSiPs</a> (CQC internal guidance)</li> <li>• Royal College of Physicians National Early Warning System <a href="#">NEWS</a></li> <li>• <a href="#">Refer to NHS Improving Quality for Information</a> about Paediatric Early Warning Systems (PEWS)</li> <li>• <a href="http://www.nrls.npsa.nhs.uk/alerts/?entryid45=83659">http://www.nrls.npsa.nhs.uk/alerts/?entryid45=83659</a> – including supporting PDF`s</li> <li>• <a href="http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59873">http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59873</a> - including supporting PDF`s</li> <li>• <a href="#">RCOG guidance for women seeking abortion</a> standard 6.0 sets out: All women undergoing an abortion should undergo a venous thromboembolism (VTE) risk assessment.</li> <li>• Providing Quality Care for Women – standards for Gynaecology Care - RCOG</li> </ul>	<ul style="list-style-type: none"> <li>• Are staff provided with a debrief/ other support after involvement in aggressive or violent incidents?</li> <li>• How does the service ensure risk based pre-operative assessments are carried out in line with guidance on pre-operative assessment (day cases/inpatient) from the Modernisation Agency?</li> <li>• How does the service ensure compliance with the 5 steps to safer surgery, World Health Organisation (WHO) surgical checklist including marking of the surgical site) in both outpatient and inpatient settings for surgical procedures?</li> <li>• Is the WHO surgical checklist used for radiological interventions?</li> <li>• How does the service ensure that there is access to consultant medical input?</li> <li>• Are all people admitted acutely continually assessed using the National Early Warning System (NEWS)?</li> <li>• Is the NEWS competency-based escalation trigger protocol used for all people who use the service?</li> <li>• For those patients that are admitted from</li> </ul>
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		<p>admissions areas and identified as having sepsis, is there evidence of continuation of monitoring and treatment?</p> <ul style="list-style-type: none"> <li>• Is there evidence of the sepsis toolkit being used on the ward?</li> <li>• How does the service ensure that there is appropriate 24-hour emergency call or hotline arrangements in place following discharge, for those service that carry out day surgery?</li> <li>• For emergency surgery, is ASA (or equivalent) assessed on admission? If – pre-operative mortality is assessed at &gt;10% are they reviewed by a consultant within 4 hours and is the procedure overseen by a consultant surgeon/ anaesthetist irrespective of time of day/night? If the predicted mortality is &gt;5% is there consultant input? How is this assured?</li> <li>• What tested arrangements are in place in cases of life threatening haemorrhage, this includes immediate availability of blood for transfusion and effective tested communication systems, access to emergency equipment, such as the appropriate sutures and packs. (The</li> </ul>
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		<p>emergency arrangements will need to reflect the range of surgery undertaken in the unit and the degree of geographical isolation from other healthcare services).</p> <ul style="list-style-type: none"> <li>• For women who are admitted for a gynaecological reason who are outlied onto another ward – how frequently are they reviewed by their gynaecology consultant/ or team? is there care safe and appropriate?</li> </ul> <p><b>For services that provide termination of pregnancy</b></p> <ul style="list-style-type: none"> <li>• In cases where it is appropriate (for example if surgical abortion is carried out) has the service implemented a safe and effective escalation process e.g. Modified Early Warning System (MEWS), National Early Warning System (NEWS) and Paediatric Early Warning System (PEWS)?</li> <li>• In case of surgical abortion being carried out, how does the service ensure compliance with the 5 steps to safer surgery, World Health Organisation (WHO) surgical checklist including marking of the surgical site)</li> </ul>
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### Report sub-heading: Nurse staffing

<ul style="list-style-type: none"> <li>• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?</li> <li>• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?</li> <li>• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>• S2.4 How do arrangements for handovers and shift changes ensure that people are safe?</li> <li>• S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE guidelines SG1</a> recommends a systematic approach to nurse staffing at ward level to ensure that patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week. NICE SG1 sets out that the occurrence of nursing red flag events (shown in section <a href="#">1.4 of the NICE guidance</a> is monitored throughout each 24-hour period. Monitoring of other events may be agreed locally.</li> </ul>	<ul style="list-style-type: none"> <li>• Is there at least one nurse on each nursing shift that is specifically trained in gynaecology? Are they qualified with a level 6 post qualification course in gynaecology?</li> <li>• Is guidance on theatre staffing levels followed as set out by recognised professional bodies?</li> <li>• Is surgery consultant delivered and led?</li> </ul> <p><b>For services that provide termination of pregnancy</b></p> <ul style="list-style-type: none"> <li>• Is there an appropriate number of skilled staff for the services being provided and in particular the gestation and method of TOP being carried out?</li> </ul>
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### Report sub-heading: Medical staffing

<ul style="list-style-type: none"> <li>• S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?</li> <li>• S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?</li> <li>• S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?</li> <li>• S2.4 How do arrangements for handovers</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Royal College of Surgeons Emergency Surgery</a>: Guidance for providers, commissioners and service planners February 2011 <a href="https://www.rcseng.ac.uk/standards-and-research/gsp/domain-1/1-2-2-emergency-surgery/">https://www.rcseng.ac.uk/standards-and-research/gsp/domain-1/1-2-2-emergency-surgery/</a></li> <li>• Providing Quality Care for Women – standards for Gynaecology Care - RCOG</li> <li>• Royal College of Anaesthetists' Guidelines for the Provision of</li> </ul>	<ul style="list-style-type: none"> <li>• Do doctors in training have direct access (this can be either in person or by telephone) to a named consultant at all times?</li> <li>• Is surgery consultant delivered and led?</li> <li>• Are the medical staff undertaking twice daily ward rounds?</li> <li>• For surgical patients, as minimum, is a specialty trainee (ST3 or above) or a trust doctor with equivalent ability (ie MRCS with ATLSR provider status), is available to see/treat acutely unwell</li> </ul>
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<p>and shift changes ensure that people are safe?</p> <ul style="list-style-type: none"> <li>S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff?</li> </ul>	<p>Anaesthetic Services (GPAS) 2016 <a href="http://www.rcoa.ac.uk/gpas2016">http://www.rcoa.ac.uk/gpas2016</a>. These documents make a number of recommendations. Refer to full RCOA guidance for full details. Refer also to <a href="http://www.rcoa.ac.uk/system/files/GP-AS-2016-19-SEDATION.pdf">RCOA Guidance on the provision of sedation services 2016</a> <a href="http://www.rcoa.ac.uk/system/files/GP-AS-2016-19-SEDATION.pdf">http://www.rcoa.ac.uk/system/files/GP-AS-2016-19-SEDATION.pdf</a> and in addition: <a href="https://www.rcoa.ac.uk/tags/sedation">https://www.rcoa.ac.uk/tags/sedation</a> <b>Reference: RCOG Guidelines 'Care of Women Requesting Induced Abortion (2011)</b> 9.6 includes the following recommendation: <i>Services should regularly audit the number of staff competent to provide all methods of contraception, including contraceptive implants and intrauterine methods, and the availability of such staff during the working week.</i></p>	<p>patients at all times within 30 minutes and is able to escalate concerns to a consultant?</p> <ul style="list-style-type: none"> <li>Who is responsible for: <ul style="list-style-type: none"> <li>post-operative care? Is there medical input?</li> </ul> </li> </ul> <p><b>For services that provide termination of pregnancy</b></p> <ul style="list-style-type: none"> <li>What arrangements are in place to ensure that if conscious sedation is used during surgical abortion, it is only undertaken only by trained practitioners and in line with DH guidance?</li> </ul>
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Key line of enquiry: **S3**

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts	Professional standard	Tier 4 guidance
Report sub-heading: <b>Records</b>		
<ul style="list-style-type: none"> <li>S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe?</li> <li>S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Records management code of practice for health and social care</a></li> <li><a href="#">NICE QS15 Statement 12</a>: Patients experience coordinated care with clear and accurate information exchange between relevant health</li> </ul>	<ul style="list-style-type: none"> <li>What systems are in place to enable staff treating patients to be able to easily capture, share and access information to effectively treat and support risk identification?</li> <li>How does the service ensure that</li> </ul>

<p>may include test and imaging results, care and risk assessments, care plans and case notes.)</p> <ul style="list-style-type: none"> <li>• S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols?</li> <li>• S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.)</li> </ul>	<p>and social care professionals.</p> <ul style="list-style-type: none"> <li>• <a href="#">RCS Good Surgical Practice 2014 Point 1.2.1</a></li> <li>• <a href="#">AAGBI &amp; British Association of Day Care Surgery: Day Case and Short Stay Surgery</a></li> <li>• <a href="#">Records management code of practice for health and social care.</a></li> <li>• <a href="#">NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record</a></li> <li>• <a href="#">Records management code of practice for health and social care.</a> (This code sets out standards required for the management of records for organisations who work within, or under contract to the NHS in England)</li> </ul>	<p>appropriate pre op assessment is recorded?</p> <ul style="list-style-type: none"> <li>• How is discharge communicated to GPs? How soon after discharge does this occur?</li> <li>• Are care summaries sent to the patient's GP on discharge to ensure continuity of care within the community?</li> <li>• How does the service ensure that details of the surgery, and any implant used, are sent to the patient and to the patient's GP?</li> <li>• When people are prescribed an antimicrobial do they have the clinical indication, dose and duration of treatment documented in their clinical record?</li> <li>• When appropriate, do records contain details of patients' <ul style="list-style-type: none"> <li>○ mental health needs</li> <li>○ learning disability needs</li> <li>○ autism needs</li> <li>○ dementia needs</li> </ul> alongside their physical health needs?</li> <li>• Are staff confident the records will tell them if a patient has one of these underlying diagnoses?</li> <li>• What systems are in place to identify patients with pre-existing <ul style="list-style-type: none"> <li>○ mental health conditions</li> </ul> </li> </ul>
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		<ul style="list-style-type: none"> <li>○ learning disability</li> <li>○ autism diagnosis</li> <li>○ dementia?</li> </ul> <ul style="list-style-type: none"> <li>● If a patient has been seen by a member of the mental health liaison team, is their mental health assessment, care plan and risk assessment accessible to staff on the ward/ clinic?</li> <li>● Does the staff team have advice from mental health liaison about what to do if the patient attempts to discharge themselves, refuses treatment or other contingencies?</li> <li>● When relevant, do staff have access to patient-specific information, such as care programme approach (CPA) care plans, positive behaviour support plans, health passports, communication aids? Do they use or refer to them?</li> <li>● If the service carries out surgical termination, how does the service ensure that appropriate pre op assessment is recorded?</li> </ul>
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**Key line of enquiry: S4**

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts	Professional standard	Tier 4 guidance
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Report sub-heading: **Medicines**

<ul style="list-style-type: none"> <li>● S4.1 How are medicines and medicines-</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="#">Nursing and Midwifery Council NMC -</a></li> </ul>	<ul style="list-style-type: none"> <li>● Are allergies clearly documented in the</li> </ul>
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<p>related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.)</p> <ul style="list-style-type: none"> <li>• S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?</li> <li>• S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence?</li> <li>• S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?</li> <li>• S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care?</li> <li>• S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?</li> <li>• S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines?</li> <li>• S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?</li> </ul>	<p><a href="#">Standards for Medicine Management</a></p> <ul style="list-style-type: none"> <li>• <a href="#">NICE QS61 Statement 1</a>: People are prescribed antibiotics in accordance with local antibiotic formularies.</li> <li>• <a href="#">NICE QS121 Statement 4</a>: People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available</li> </ul> <p><a href="#">Start Smart then Focus: Antimicrobial Stewardship Toolkit</a></p> <ul style="list-style-type: none"> <li>• <a href="#">NICE CG52</a> Drug misuse in over 16s: opioid detoxification</li> <li>• <a href="#">NICE CG100</a> Alcohol-use disorders: diagnosis and management of physical complications</li> <li>• <a href="#">NICE QS 115</a> Antenatal and postnatal mental health: Statement 1 Valproate</li> </ul>	<p>prescribing document used?</p> <ul style="list-style-type: none"> <li>• Are nursing staff aware of policies on administration of controlled drugs as per the Nursing and Midwifery Council – Standards for Medicine Management?</li> <li>• Are there local microbiology protocols for the administration of antibiotics and are prescribers using them?</li> <li>• When people are prescribed an antimicrobial do they have a microbiological sample taken and is their treatment reviewed when results are available?</li> <li>• When older people with complex needs are being discharged is medication explained to them and to people important to the patient and are they told what to do about their previous medication?</li> <li>• When someone is dependent on alcohol or illegal drugs and is admitted, are they offered medicines to assist their withdrawal and associated side-effects?</li> <li>• Is there always a discussion with relevant patients about their mental health or epilepsy medicines and the</li> </ul>
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		<p>factors to be considered during and following relevant procedures?</p> <ul style="list-style-type: none"> <li>○ If not, how do staff assure themselves that this has been discussed with the patient elsewhere?</li> <li>○ Does the care plan reflect the outcome of these discussions?</li> </ul> <p>Is it clear which clinician is responsible for which aspects of care?</p>
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Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	Professional standard	Tier 4 guidance
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Report sub-heading: **Incidents**

<ul style="list-style-type: none"> <li>• S5.1 What is the safety performance over time?</li> <li>• S5.2 How does safety performance compare with other similar services?</li> <li>• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?</li> <li>• S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate?</li> </ul>	<ul style="list-style-type: none"> <li>• A never event is a <i>serious, wholly preventable</i> patient safety incident that has the <i>potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.</i> <ul style="list-style-type: none"> <li>➤ <a href="#">Revised never events policy and framework (2015)</a></li> <li>➤ <a href="#">Never events list 2015/16</a></li> <li>➤ <a href="#">Never Events List 2015/15 - FAQ</a></li> </ul> </li> <li>• Serious Incidents (SIs) should be investigated using the <a href="#">Serious Incident Framework 2015.</a></li> </ul>	<ul style="list-style-type: none"> <li>• Do all clinical areas have access to relevant protocols and procedures? Are these protocols updated and reviewed routinely or more often in light of clinical incidents?</li> <li>• Do reviews and root cause analyses take place in response to clinical incidents?</li> <li>• Are rates of complications and readmissions monitored? Where necessary are action plans developed in response to rising rates or emerging trends and themes?</li> <li>• Are action plans responding to clinical risks monitored?</li> <li>• Are gynaecological risks escalated to the</li> </ul>
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<ul style="list-style-type: none"> <li>• S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations</li> <li>• S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong?</li> <li>• S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations?</li> <li>• S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">(NICE QS66 Statement 4)</a>: For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of fluid mismanagement are reported as critical incidents.</li> <li>• <a href="#">Duty of Candour</a>: As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.</li> <li>• Providing Quality Care for Women – standards for Gynaecology Care - RCOG</li> </ul>	<p>unit board where it is felt there is a significant risk to patient safety that remains despite local action?</p> <ul style="list-style-type: none"> <li>• Does the unit have a risk register to record all patient safety incidents? <ul style="list-style-type: none"> <li>- Is there a trigger list?</li> <li>- Are incidents recorded investigated within a specified time frame?</li> <li>- Are investigation results and lessons shared with the department e.g. via departmental meetings and newsletters?</li> </ul> </li> </ul>
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Report sub-heading: **Safety Thermometer**

<ul style="list-style-type: none"> <li>• S5.1 What is the safety performance over time?</li> <li>• S5.2 How does safety performance compare with other similar services?</li> <li>• S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS3 Statement 1</a>: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.</li> <li>• <a href="#">NICE QS3 Statement 4</a>: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.</li> <li>• <a href="#">Safety Thermometer</a></li> </ul>	
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# Effective

By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Key line of enquiry: E1

E1. Are people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts	Professional standard	Tier 4 guidance
Report sub-heading: Evidence-based care and treatment		
<ul style="list-style-type: none"> <li>E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?</li> <li>E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions?</li> <li>E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people’s independence?</li> <li>E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NICE QS66 Statement 2</a>: Adults receiving intravenous (IV) fluid therapy in hospital are cared for by healthcare professionals competent in assessing patients' fluid and electrolyte needs, prescribing and administering IV fluids, and monitoring patient experience.</li> <li><a href="#">(NICE QS3 Statement 5)</a>: Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.</li> <li><a href="#">NICE QS90 (2015) UTI in adults</a></li> <li>RCOG guidance <a href="#">‘the care of women requesting induced abortion’</a> sets out the following recommendations:</li> <li>6.19 services should make available information about the prevention of</li> </ul>	<ul style="list-style-type: none"> <li>How does the service ensure that surgery is managed in accordance with the principles in the following:               <ul style="list-style-type: none"> <li>AAGBI guidelines</li> <li>RCOG guidelines</li> </ul> </li> <li>Does the service ensure that clear advice is provided to patients about what to do if problems are experienced following discharge (for example excessive bleeding)</li> <li>Has the service adapted guidance on quality standards for sepsis screening and management?</li> <li>Once transferred from the acute area of the hospital to a ward, are patients reviewed on their sepsis management?</li> <li>How does the service ensure that care is managed in accordance with NICE guidelines? E.g.CG3 Preoperative tests</li> </ul>

<p>Practice?</p> <ul style="list-style-type: none"> <li>E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates?</li> </ul>	<p>STIs and offer condoms for STI prevention to women undergoing abortion.</p> <ul style="list-style-type: none"> <li>6.20 all methods of contraception should be discussed with women at the initial assessment and a plan agreed for contraception after the abortion</li> <li>8.6 effort should be made to ensure that women leave the abortion facility with effective contraception and with information about where to go for further advice or treatment of symptoms, emotional problems or for contraception if it was declined at the time of the procedure</li> <li>6.21 Feticide should be performed before medical abortion after 21 weeks and 6 days of gestation to ensure that there is no risk of a live birth.</li> <li>Refer to all of section 7 setting out about specific guidance for surgical vacuum aspiration and also surgical dilation and evacuation.</li> <li>7.14 Services should be able to provide surgical abortions without resort to general anaesthesia.</li> <li>Providing Quality Care for Women – standards for Gynaecology Care - RCOG</li> </ul>	<p>and QS49 Surgical Site Infection</p> <ul style="list-style-type: none"> <li>How does the service ensure that following surgery people are supported to be mobile through minimal use of drips/catheters?</li> <li>Do prescribers in secondary care use electronic prescribing systems which link the indication with the antimicrobial prescription?</li> <li>Is there a bereavement care pathway for women that includes pregnancy loss and termination in the service?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>How does the service ensure that appropriate evidence based advice and treatment is provided in respect of sexually transmitted infection and family planning/contraception advice to women using the service?</li> <li>How does the service ensure that when termination takes place, it is performed as early as possible after having received the woman’s informed consent to the procedure being performed?</li> <li>How does the service ensure that methods of termination of pregnancy, including feticide and methods of surgical termination are carried out in accordance with the RCOG guidelines?</li> <li>What arrangements are in place so that surgical abortions may be carried out</li> </ul>
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		<p>without resorting to general anaesthetic? (If the woman prefers this method)</p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Report sub-heading: Nutrition and hydration</b></p>		
<ul style="list-style-type: none"> <li>• E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 10</a>: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.</li> </ul>	<ul style="list-style-type: none"> <li>• How does the service ensure that following surgery people are given effective management of nausea and vomiting?</li> <li>• How are women being treated with hyperemesis gravidarum supported with their nutrition during this time?</li> <li>• Do staff follow best practice for assessing and monitoring the physical health of people with severe mental illness?</li> <li>• Are relevant staff able to deal with any violence and aggression in an appropriate way?</li> <li>• Do staff handovers routinely refer to the psychological and emotional needs of patients, as well as their relatives / carers?</li> </ul>
<p><b>Report sub-heading: Pain relief</b></p>		
<ul style="list-style-type: none"> <li>• E1.6 How is a person's pain assessed and managed, particularly for those people where there are difficulties in communicating?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Core Standards for Pain Management Services in the UK</a></li> <li>• <a href="#">NICE QS15 Statement 10</a>: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition,</li> </ul>	<ul style="list-style-type: none"> <li>• How does the service ensure that following surgery people are given effective pain relief?</li> <li>• Is there a specified pain team? Are they available 24/7?</li> <li>• Is there a separate pelvic pain service/?</li> </ul>



	<p>hydration, pain relief, personal hygiene and anxiety.</p> <ul style="list-style-type: none"> <li>• Reference: RCOG Guidelines ‘ Care of Women Requesting Induced Abortion (2011)</li> <li>• 7.16 Women should routinely be offered pain relief such as non-steroidal anti-inflammatory drugs (NSAIDs) during surgical abortion.</li> <li>• 7.17 Prophylactic paracetamol (oral or rectal) is ineffective in reducing pain after surgical abortion and is not recommended.</li> <li>• 7.25 Women should routinely be offered pain relief (for example NSAIDs) during medical abortion</li> <li>• 2.26 Oral paracetamol has not been shown to reduce pain more than placebo during medical abortion and is not recommended.</li> <li>• Core Standards for Pain (following surgery standard 6.4) Management Services in the UK (Faculty of Pain Medicine, 2015)</li> </ul>	<ul style="list-style-type: none"> <li>• How has the service implemented the Faculty of Pain Medicine’s Core Standards for Pain Management (2015)?</li> <li>• Do staff use an appropriate tool to help assess the level of pain in patients who are non-verbal? For example, <a href="#">DisDAT</a> (Disability Distress Assessment Tool) helps to identify the source of distress, e.g. pain, in people with severe communication difficulties. <a href="#">GMC</a> recommended. <a href="#">Abbey Pain Scale</a> for people with dementia.</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• How does the service ensure that during and following termination of pregnancy people using services receive effective pain relief? (including women going home following treatment for EMA)</li> </ul>
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Key line of enquiry: **E2**

E2. How are people’s care and treatment outcomes monitored and how do they compare with other similar services?

Prompts	Professional standard	Tier 4 guidance
Report sub heading: <b>Patient outcomes</b>		
<ul style="list-style-type: none"> <li>• E2.1 Is information about the outcomes of people's care and treatment (both physical</li> </ul>	<ul style="list-style-type: none"> <li>• Royal College of Obstetrics and Gynaecology. <a href="#">Providing Quality care</a></li> </ul>	<ul style="list-style-type: none"> <li>• Are audits and quality improvement projects conducted to ensure that the</li> </ul>

<p>and mental where appropriate) routinely collected and monitored?</p> <ul style="list-style-type: none"> <li>• E2.2 Does this information show that the intended outcomes for people are being achieved?</li> <li>• E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time?</li> <li>• E2.4 Is there participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?</li> </ul>	<p><a href="#">for Women, Standards for Gynaecology</a></p> <ul style="list-style-type: none"> <li>• Audits in respect of <b>termination of pregnancy services</b> as recommended by the <a href="#">RCOG</a> include care and treatment under the following headings: <ul style="list-style-type: none"> <li>9.1 Pathways of care</li> <li>9.2 Information provision</li> <li>9.3 Women's choice</li> <li>9.4 Pre-abortion assessment</li> <li>9.5 Abortion procedures</li> <li>9.6 Care after the abortion</li> </ul> </li> </ul> <p><a href="#">NICE Interventional procedures guidance for example [IPG356] (2010) : Laparoscopic hysterectomy (including laparoscopic total hysterectomy and laparoscopically assisted vaginal hysterectomy) for endometrial cancer.</a></p>	<p>department is treating women according to NICE, RCOG and other guidance for specific conditions?</p> <ul style="list-style-type: none"> <li>• Is there a rolling programme of clinical audits carried out? What are their outcomes compared with other benchmarks? <p>Examples of auditable standards include:</p> <ul style="list-style-type: none"> <li>• Length of time from the decision to discharge and leaving the ward.</li> <li>• Number of discharge summaries available to the GP within 24 hours of discharge.</li> <li>• Standard of completion of observation charts including fluid balance.</li> <li>• Timely availability of discharge medications.</li> <li>• Review of quality of discharge summaries.</li> <li>• Number of discharge summaries ready to go with the woman.</li> <li>• Length of stay for different procedures.</li> </ul> </li> <li>• What evidence is there that management has changed in response to their audits?</li> <li>• Do they have regular audit meetings to learn/ feedback</li> <li>• How does the service ensure that care bundles are in place improve people's outcomes e.g. surgical site infections?</li> <li>• Has the service explored the importance</li> </ul>
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		<p>of risk factors in understanding the disease process of women's cancers? Are they using this evidence towards health promotion in the community?</p> <ul style="list-style-type: none"> <li>• For women who sustained a 3<sup>rd</sup> or 4<sup>th</sup> degree tear during labour, are these cases followed up routinely in gynaecology clinics? Are the outcomes of these procedures monitored to improve experience and care for women?</li> <li>• What outcome monitoring do they have for women going through menopause to measure the impact and their experience to improve the service and care provided?</li> <li>• What are the outcomes of audits on monitoring compliance with NICE interventional procedure guidance for cervical cancer, endometrial cancer, endometriosis and fibroids, heavy menstrual bleeding, menopause, ovarian cancer, uterine prolapse, vaginal conditions, other gynaecology problems and termination of pregnancy?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• Does the service audit outcomes of treatments being provided for termination of pregnancy? Including waiting times? <ul style="list-style-type: none"> <li>- In cases where feticide and or surgical termination of pregnancy is carried out is there participation</li> </ul> </li> </ul>
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		<p>in sepsis audit ?</p> <ul style="list-style-type: none"> <li>- What evidence is there that management has changed in response to their audits?</li> </ul> <p>Audits could include:</p> <ul style="list-style-type: none"> <li>○ Waiting times.</li> <li>○ The outcome of consultations; the number of women who do not proceed to a termination.</li> <li>○ The use and availability of pathways to specialist services for women with significant medical conditions and to antenatal care for women deciding to continue their pregnancy.</li> <li>○ The availability of a female doctor for women who wish to consult a woman - especially those from certain cultural backgrounds and ethnic minorities, with arrangements for non-English speaking women.</li> <li>○ The number of staff competent to provide all methods of reversible contraception.</li> <li>○ Patient choice across the range of service provision to include follow-ups, contraception and abortion methods. Patient experience for those who have returned home after taking the 2<sup>nd</sup> drug for a medical abortion.</li> <li>○ Rates of complications. The prevention of infective complications.</li> <li>○ Failure rates.</li> <li>○ The number of women who have had repeat abortions and whether they left the service with suitable contraception including uptake of LARC.</li> <li>○ Patient experience.</li> </ul>
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- Complaints/critical incidents. Number of patients who return for follow-up appointments.

## Key line of enquiry: E3

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

### Prompts

### Professional standard

### Tier 4 guidance

#### Report sub heading: **Competent staff**

<ul style="list-style-type: none"> <li>• E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge?</li> <li>• E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training?</li> <li>• E3.3 Are staff encouraged and given opportunities to develop?</li> <li>• E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.)</li> <li>• E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve?</li> <li>• E3.7 Are volunteers recruited where required, and are they trained and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE NG11</a> - Challenging behaviour and learning disabilities prevention and interventions for people with learning disabilities whose behaviour challenges</li> <li>• <a href="#">NICE QS121 Statement 5</a>: Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level. <a href="#">Start Smart then Focus: Antimicrobial Stewardship Toolkit</a></li> </ul> <p>Example of training for staff involved in providing <b>termination of pregnancy services</b>: (For example the <a href="#">RCN TOP framework describes training requirements in relation to TOP</a> Faculty of Sexual and Reproductive Health training e.g. <a href="http://www.fsrh.org/pdfs/SpecialtyMo">http://www.fsrh.org/pdfs/SpecialtyMo</a></p>	<ul style="list-style-type: none"> <li>• Have staff in the department received training on sepsis <ul style="list-style-type: none"> <li>- Screening</li> <li>- Management</li> <li>- Trust policy</li> </ul> </li> <li>• Have nursing staff working in gynaecology and termination of pregnancy services qualified on a recognised level 6 post qualification gynaecology nursing course?</li> <li>• How are medical staff demonstrating their competence for gynaecology? If they are working predominantly in obstetrics how often are they undertaking gynaecology work? Can the medical leads for the service demonstrate how they monitor and manage this?</li> <li>• Where failure in the sepsis protocol has been identified have staff been given support and education?</li> </ul>
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<p>supported for the role they undertake?</p>	<p><a href="#">dule3.pdf</a></p> <p>RCOG guidance '<a href="#">the care of women requesting induced abortion</a>' sets out in recommendation 6.4 '<i>For the minority of women who require formal, therapeutic counselling, services should have referral pathways in place with access to trained counsellors with appropriate expertise</i>'.</p> <p><b>Reference:</b> Chapter 7, page 61 of the <a href="#">Royal College of Obstetricians and Gynaecologists (RCOG) guidelines on the Care of Women Requesting an Induced Abortion (2011)</a> summarises the methods considered to be appropriate for women presenting at different gestations. The purpose of the requirement to specify gestation and methods is to ensure that what is being proposed is in keeping with the <b>physical environment and <u>clinical expertise available</u></b>.</p> <p><a href="https://www.rcoa.ac.uk/gpas2016">https://www.rcoa.ac.uk/gpas2016</a></p> <p><a href="#">NICE NG51</a> Sepsis: recognition, diagnosis and early management.  <a href="https://www.nice.org.uk/guidance/ng51/chapter/Recommendations">https://www.nice.org.uk/guidance/ng51/chapter/Recommendations</a></p>	<ul style="list-style-type: none"> <li>• Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber level?</li> <li>• Do staff have the skills, knowledge and experience to identify and manage issues arising from patients' <ul style="list-style-type: none"> <li>• mental health conditions</li> <li>• learning disability</li> <li>• autism</li> <li>• dementia?</li> </ul> </li> <li>• Does the psychiatric liaison or similar team have members with the skills, knowledge and experience to work with patients with <ul style="list-style-type: none"> <li>• learning disabilities</li> <li>• autism</li> <li>• dementia diagnoses?</li> </ul> </li> <li>• Do staff have the skills to sensitively manage any difficult behaviours that patients may display?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• In cases where surgical termination or late medical termination of pregnancy takes place (relevant for ectopic pregnancy and miscarriage) does the service ensure that all relevant staff complete an appropriate level of</li> </ul>
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		<p>resuscitation training, including ALS training as necessary? And is the whole multidisciplinary team competent in resuscitation response and procedure?</p> <ul style="list-style-type: none"> <li>• How does the service ensure that all staff complete safeguarding training? Including professional healthcare staff completing level 3 safeguarding training?</li> <li>• How does the service ensure that the 24hrs dedicated post abortion procedure support line is staffed by individuals trained in offering support in this speciality?</li> <li>• How does the service ensure that therapeutic support being offered to women is provided by appropriately trained and experienced staff?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• Does the service provide post procedure counselling? As well as counselling for ectopic pregnancy and miscarriages.</li> </ul>
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**Key line of enquiry: E4**

E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Prompts	Professional standard	Tier 4 guidance
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Report sub-heading: **Multidisciplinary working**

<ul style="list-style-type: none"> <li>• E4.1 Are all necessary staff, including those in different teams, services and</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">PHSO: A report of investigations into</a></li> </ul>	<ul style="list-style-type: none"> <li>• How does the service work with other health and social care services to meet</li> </ul>
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<p>organisations, involved in assessing, planning and delivering care and treatment?</p> <ul style="list-style-type: none"> <li>• E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved?</li> <li>• E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services?</li> <li>• E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place?</li> </ul>	<p><a href="#">unsafe discharge from hospital</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Transition between inpatient hospital settings and community or care home settings for adults with social care needs</a> (NICE guideline 27)</li> <li>• <a href="#">The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients</a></li> </ul> <p>RCOG guidance '<a href="#">the care of women requesting induced abortion</a>' sets out in recommendation</p> <ul style="list-style-type: none"> <li>• <b>8.15</b> <i>Before she is discharged, future contraception should have been discussed with each woman and contraceptive supplies should have been offered</i></li> <li>• <b>8.2</b> <i>On discharge, all women should be given a letter providing sufficient information about the procedure to allow another practitioner elsewhere to manage any complications.</i></li> <li>• RCOG guidance '<a href="#">the care of women requesting induced abortion</a>' sets out in recommendation <ul style="list-style-type: none"> <li>- <b>8.15</b> <i>Before she is discharged, future contraception should have been discussed with each woman and contraceptive supplies should have been</i></li> </ul> </li> </ul>	<p>the needs of people? For example:</p> <ul style="list-style-type: none"> <li>• Team working between theatre/ward staff e.g. sharing information on never events.</li> <li>• Sharing of sensitive information between prenatal services and gynaecological services</li> <li>• How does the service ensure that access to medical consultant/s is available when needed (for surgical patients)?</li> <li>• Are all team members aware of who has overall responsibility for each individual's care?</li> <li>• Do GPs have direct access so that they can they speak to a gynaecological consultant/SpR for advice on the phone regarding ongoing care of a patient?</li> <li>• When admitted to hospital, is the woman placed under the treatment of a consultant gynaecologist? Can the service access a consultant gynaecologist?</li> <li>• Are there established links with <ul style="list-style-type: none"> <li>• mental health services</li> <li>• learning disability</li> <li>• autism</li> <li>• dementia services?</li> </ul> </li> <li>• Is there evidence of multi-disciplinary/</li> </ul>
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	<p><i>offered</i></p> <ul style="list-style-type: none"> <li>- <b>8.2</b> <i>On discharge, all women should be given a letter providing sufficient information about the procedure to allow another practitioner elsewhere to manage any complications.</i></li> </ul>	<p>interagency working when required? If not, how do staff ensure safe discharge arrangements for people with complex needs?</p> <ul style="list-style-type: none"> <li>• How does the service ensure that the objectives of <a href="#">The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients</a> has been implemented?</li> <li>• Are all team members aware of who has overall responsibility for each individual's care?</li> <li>• Is there an escalation policy for patient with sepsis who requires immediate review?</li> <li>• Are patients receiving prompt screening when escalated for sepsis by a multi-professional team?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• How does the service work with other health and social care services to meet the needs of women, for example in relation to:</li> <li>• Continuity of care with GPs, communication between GPs in respect of termination of pregnancy. How does the service ensure that wherever possible, the woman's GP is informed</li> </ul>
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		<p>about any treatment for abortion?</p> <ul style="list-style-type: none"> <li>• Team working between theatre/ward staff e.g. sharing information on never events</li> <li>• How does the service ensure that following an abortion procedure taking place women are discharged once any necessary requirements for ongoing post procedural care are in place?</li> </ul>
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Report sub-heading: **Seven-day services**

<ul style="list-style-type: none"> <li>• E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NHS Services, Seven Days a Week, Priority Clinical Standard 2</a> <i>Time to first consultant review</i> <ul style="list-style-type: none"> <li>– All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does the provider meet NHS England's seven day services priority standards around: Time to First Consultant Review?</li> <li>• What consultant cover is there at the weekend? Who undertakes the ward rounds (i.e. consultant or ST 5 or above)?</li> <li>• Is there minimum of five days a week cover from the pharmacist?</li> <li>• Does the provider meet NHS England's seven day services priority standards around <ul style="list-style-type: none"> <li>• Time to First Consultant Review?</li> <li>• Diagnostics</li> <li>• Intervention / key services</li> </ul> </li> </ul>
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		<ul style="list-style-type: none"> <li>• Is there availability of pharmacy input out of hours including weekends?</li> <li>• Is there access to all key diagnostic services in a timely manner 24 hours a day, seven days a week to support clinical decision making: <ul style="list-style-type: none"> <li>○ Critical – imaging and reporting within 1 hour</li> <li>○ Urgent – imaging and reporting within 12 hours</li> <li>○ All non-urgent – within 24 hours</li> </ul> </li> </ul>
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**Key line of enquiry: E5**

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?

Prompts	Professional standard	Tier 4 guidance
Report sub-heading: <b>Health promotion</b>		
<ul style="list-style-type: none"> <li>• E5.1 Are people identified who may need extra support? This includes: <ul style="list-style-type: none"> <li>• people in the last 12 months of their lives</li> <li>• people at risk of developing a long-term condition</li> <li>• carers</li> </ul> </li> <li>• E5.2 How are people involved in regularly monitoring their health, including health</li> </ul>	<a href="http://ash.org.uk/information-and-resources/briefings/briefing-smoking-and-surgery/">http://ash.org.uk/information-and-resources/briefings/briefing-smoking-and-surgery/</a>	<ul style="list-style-type: none"> <li>• How does the service support the people to be as fit as possible for surgery? E.g. eat the right food, mobilise joints, stop smoking, reduce alcohol.</li> <li>• Prevention of diseases in gynaecology can be improved by better understanding of health promotion and management of diseases. What work is the service doing with the CCG, GPs,</li> </ul>

<p>assessments and checks, where appropriate and necessary</p> <ul style="list-style-type: none"> <li>• E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence?</li> <li>• E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary?</li> <li>• E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.)</li> </ul>		<p>Community trusts to improve gynaecology awareness?</p> <ul style="list-style-type: none"> <li>• What are the service doing to improve rates of cervical screening?</li> <li>• What are the service doing to promote colposcopy services and remove the stigma affecting attendance at these clinics?</li> <li>• What is the service doing to promote the signs and raise awareness for gynaecology cancers and where to seek advice?</li> </ul>
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**Key line of enquiry: E6**

E6. Is consent to care and treatment always sought in line with legislation and guidance?

Prompts	Professional standard	Tier 4 guidance
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Report sub-heading: **Consent, Mental Capacity Act and DOLs**

<ul style="list-style-type: none"> <li>• E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?</li> <li>• E6.2 How are people supported to make decisions in line with relevant legislation and guidance?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Consent: patients and doctors making decisions together (GMC)</a></li> <li>• <a href="#">Consent - The basics (Medical Protection)</a></li> <li>• <a href="#">RCS Good Surgical Practice 2014</a></li> <li>• <a href="#">Department of Health reference guide</a></li> </ul>	<ul style="list-style-type: none"> <li>• How do staff ensure that informed consent is given by speaking to pre and post op patients about their understanding of their surgery (is there documented evidence of risk assessment and shared care plans?)</li> <li>• Are any patients detained under the Mental Health Act? If so, are staff aware</li> </ul>
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<ul style="list-style-type: none"> <li>• E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded?</li> <li>• E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance?</li> <li>• E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation?</li> <li>• E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan?</li> <li>• E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?</li> </ul>	<p><a href="#">to consent for examination or treatment</a></p> <ul style="list-style-type: none"> <li>• <a href="#">BMA Consent Toolkit</a></li> <li>• <a href="#">BMA Children and young people tool kit</a></li> <li>• <a href="#">Gillick competence</a></li> <li>• <a href="#">MHA Code of Practice</a> (including children and young people - chapter 19)</li> <li>• <a href="#">MHA Code of Practice</a></li> <li>• CQC has committed to identifying where DBS is taking place – please advise <a href="mailto:MHPolicy@cqc.org.uk">MHPolicy@cqc.org.uk</a> if in use.</li> </ul>	<p>there are additional steps to consider if the patient does not consent to treatment? Do they know where to get advice on this?</p> <ul style="list-style-type: none"> <li>• Does the service obtain a second opinion doctor to approve a treatment plan for a detained patient who lacks capacity or withdraws consent?</li> <li>• What guidance is given around contraception and how is consent obtained for this?</li> </ul> <p>For services to females under the age of 18 years of age:</p> <p>Do staff have procedures in place, guidance and training for discussing and providing contraception using Fraser guidelines?</p> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• As part of the consent process, how does the service ensure that women attending for abortion are certain of their decision and understand its implications?</li> <li>• How does the services ensure that all women and young persons is seeking abortion voluntarily?</li> <li>• In areas where ethnic minority groups form a significant proportion of the local</li> </ul>
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		population, are processes in place to aid translation during the consent process?
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## Caring

**By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.**

### Key line of enquiry: **C1, C2 & C3**

- C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?
- C2. How does the service support people to express their views and be actively involved in making decisions about their care, support

and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Compassionate care</b>		
<ul style="list-style-type: none"> <li>• C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers?</li> <li>• C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way?</li> <li>• C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them?</li> <li>• C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?</li> <li>• C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations?</li> <li>• C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress?</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 1</a>: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.</li> <li>• <a href="#">NICE QS15 statement 2</a>: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.</li> <li>• <a href="#">NICE QS15 Statement 3</a>: Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.</li> <li>• <a href="#">NICE QS15 statement 13</a>: Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care</li> </ul>	<ul style="list-style-type: none"> <li>• How do staff make hospital feel as normal as possible e.g. oral/nutrition/not eating in bed?</li> <li>• How do staff support people using services to be mobile and independent post-operatively?</li> <li>• Do staff members display understanding and a non-judgemental attitude towards (or when talking about) patients who have             <ul style="list-style-type: none"> <li>• mental health,</li> <li>• learning disability,</li> <li>• autism</li> <li>• dementia diagnoses?</li> </ul> </li> <li>• How do staff respond to patients who might be             <ul style="list-style-type: none"> <li>• frightened</li> <li>• confused</li> <li>• phobic</li> <li>• about medical procedures or any aspect of their care?</li> </ul> </li> <li>• How does the service assess a woman's experience of outpatient, and inpatient gynaecology care?</li> </ul>

		<ul style="list-style-type: none"> <li>• When giving a woman difficult news, what methods does the service have in place to contact the service back and speak to someone should they have questions? Do they offer a follow up call or further appointment? By skype for example.</li> <li>• What arrangements does the service have in place to support women who for religious or cultural reasons are not willing to undergo a procedure or examination?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• Is appropriate help and support provided for women by the staff before and after TOP?</li> <li>• Do all staff adopt a non-directive, non-judgemental and supportive approach to women receiving treatment for abortion?</li> </ul>
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Report sub-heading: **Emotional support**

<ul style="list-style-type: none"> <li>• C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?</li> <li>• C1.6 Are people given appropriate and timely support and information to cope emotionally</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 10</a>: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.</li> <li>• <b>Reference:</b> <a href="#">RCOG Guidelines ' Care</a></li> </ul>	<ul style="list-style-type: none"> <li>• Are patients (and their families) who receive life-changing diagnoses given appropriate emotional support, including help to access further support services?</li> </ul> <p>(Life-changing conditions include, but are</p>
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with their care, treatment or condition? Are they advised how to find other support services?

- C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants?

[of Women Requesting Induced Abortion \(2011\)](#) paragraph 4.14 sets out:

- *Clinicians caring for women requesting abortion should be able to identify those who require more support than can be provided in the routine abortion service setting, for example young women, those with a pre-existing mental health condition, those who are subject to sexual violence or poor social support, or where there is evidence of coercion.*

not limited to, terminal illness, hysterectomy, or HIV. Menopause can also impact on women's emotional health)

- How does the service demonstrate a woman-centred approach to gynaecological care through exploration and reflection on the psychological, social, sexual, and cultural aspects of care?

If a patient becomes distressed in an open environment, how do staff assist them to maintain their privacy and dignity?

- How does the service promote the maintaining of privacy and dignity when undertaking intimate examinations? How are women prepared and supported for these examinations or procedures?
- How does the service support those who have anxiety or fears over their conditions and procedures? For example surgical procedures or hypermeiosis gravardium?
- Explore the role of the Clinical Nurse Specialist in gynaecology oncology and the impact on patient experience and outcomes. Are they having a positive impact?

		<ul style="list-style-type: none"> <li>• Can the staff demonstrate an understanding of palliation and the role of palliation experts in cancer care for women and their families?</li> <li>• Can staff demonstrate awareness of the psychological, social, sexuality and cultural aspects, which can affect the care of the women.</li> <li>• How is appropriate specialist bereavement support provided that meets the individual circumstances of the women? For example during miscarriage, ectopic pregnancy or termination?</li> <li>• What counselling and psychological services are offered to women and how do they ensure that women know how to access these?</li> <li>• Can the service demonstrate a clear understanding of gynaecological and urogynaecological procedures and their impact on women's lives? How they are improving the service for women as a result of this recognition?</li> <li>• Can the service articulate how they support women with sexual health conditions such as HIV, hepatitis whilst in their care?</li> <li>• How are women undergoing infertility treatment or procedures emotionally supported during and after the</li> </ul>
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		<p>procedures?</p> <ul style="list-style-type: none"> <li>• What bereavement support is there for women and families who have lost a pregnancy through miscarriage, or ectopic pregnancy?</li> <li>• What support is there to women who are unwell and have previously had multiple miscarriages?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>• How is emotional support provided during and after TOP? In particular where 20 to 24 week gestation terminations are being undertaken?</li> <li>• How do staff ensure appropriate assessment for anxiety and depression is provided?</li> <li>• How do staff ensure that appropriate support provided following TOP that take place due to congenital abnormality?</li> </ul>
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Report sub-heading: **Understanding and involvement of patients and those close to them**

<ul style="list-style-type: none"> <li>• C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given?</li> <li>• C2.2 Do staff seek accessible ways to</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 2</a>: Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.</li> </ul>	<ul style="list-style-type: none"> <li>• When older people with complex needs are being discharged, do the staff involve those close to the person so that correct clothing can be brought into hospital?</li> </ul>
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communicate with people when their protected equality or other characteristics make this necessary?

- C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these?
- C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing?
- C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered?
- C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and treated as important partners in the delivery of their care?
- C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information?

- [NICE QS15 Statement 4](#): Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
- [NICE QS15 Statement 5](#): Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
- [NICE QS15 Statement 13](#): Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
- [NICE QS 15 statement 4](#): Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
- [NICE QS15 statement 5](#): Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

NHS contraception guide about vasectomy.

<http://www.nhs.uk/conditions/contraception>

- Do staff have access to communication aids to help patients become partners in their care and treatment? For example, is there evidence that they use the patient's own preferred methods or are easy read materials available (and used)?

**For services that include Termination of Pregnancies:**

- How do staff ensure women are given the opportunity of making an informed choice about all available TOP methods that are appropriate and safe for their clinical need and risk?
- How do staff ensure women are given the opportunity to take information away with them if they wish to inform their decision making?
- How do staff make sure that women are informed about postoperative care and possible complications and advised how to access 24hr advice and support following termination of pregnancy?
- How do staff ensure that women are made aware that contents of the statutory HSA4 form used to inform the

	n-guide/pages/vasectomy-male-sterilisation.aspx	<p>CMO of abortions will be used for statistical purposes by the Department of Health and that the data published is anonymised?</p> <ul style="list-style-type: none"> <li>• How does the service make sure that there is appropriate and sensitive discussion about cost involved in cases where the women will be responsible for full or partial cost of care or treatment.</li> </ul>
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**Responsive**

By responsive, we mean that services meet people's needs

Key line of enquiry: **R1 & R2**

R1. How do people receive personalised care that is responsive to their needs?  
R2. Do services take account of the particular needs and choices of different people?

<b>Prompts</b>	<b>Professional standard</b>	<b>Tier 4 guidance</b>
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Report sub-heading: **Service delivery to meet the needs of local people**

- R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care?
- R1.2 Where people's needs and choices are not being met, is this identified and used to inform how services are improved and developed?
- R1.3 Are the facilities and premises appropriate for the services that are delivered?

- [Butterfly scheme](#) (other schemes exist)
- Change can disorientate people with these conditions, and sometimes triggers behaviour that challenges, for example:
- [NICE CG142](#) Autism: recognition, referral, diagnosis and management of adults on the autism spectrum
- [Providing Quality Care for Women – standards for Gynaecology Care – RCOG](#)
- [RCOG Gynaecology Standards](#)

- Are there any systems or staff members in place to aid the delivery of care to patients in need of additional support? For example dementia champions or dementia symbols above bed or Learning Disability link nurses or stickers on paper records.
- Are the needs of patients with
  - mental health conditions
  - learning disability
  - autism
  - dementia
 routinely considered when any changes are made to the service? For example, through use of an impact assessment.
- Within the service what links have been established to support improved attendance at gynaecology services in the trust?
- What work is the service doing to support local GPs and A&E with the development of gynaecology support functions? Such as A&E seeing gynaecology patients out of hours and GPs seeing patients during the day? Are there SLAs? Are there dedicated pathways between primary and secondary care?

		<ul style="list-style-type: none"> <li>• What contract negotiations are undertaken with the CCG on payment rates for gynaecology?</li> <li>• Is the service undertaking any private gynaecology work for private paying patients? How is this managed? Is it impacting on the delivery of NHS care?</li> </ul>
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**Report sub-heading: Meeting people's individual needs**

<ul style="list-style-type: none"> <li>• R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How does it record, highlight and share this information with others when required, and gain people's consent to do so?</li> <li>• R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances?</li> <li>• R2.2 How are services delivered and coordinated to be accessible and responsive to people with complex needs?<sup>1</sup></li> <li>• R2.3 How are people, supported during referral, transfer between services and discharge?</li> <li>• R2.4 Are reasonable adjustments made so</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NICE QS15 Statement 9</a>: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions</li> <li>• <a href="http://www.ageuk.org.uk/suffolk/services-and-information/welcome-home-service/">Accessible Information Standard</a> <a href="http://www.ageuk.org.uk/suffolk/services-and-information/welcome-home-service/">http://www.ageuk.org.uk/suffolk/services-and-information/welcome-home-service/</a></li> <li>• <a href="https://www.england.nhs.uk/ourwork/accessibleinfo/">https://www.england.nhs.uk/ourwork/accessibleinfo/</a></li> <li>• <a href="#">NICE NG27</a> Transition between</li> </ul>	<ul style="list-style-type: none"> <li>• Are appropriate arrangements put into place to take account of individual needs of people being discharged who have complex health and social care needs that require special considerations? For example older people with complex needs?</li> <li>• Are there arrangements in place for people who need translation services?</li> <li>• Are there suitable arrangements in place for people with a learning disability?</li> <li>• Does the provider comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability / sensory loss?</li> </ul>
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<sup>1</sup>. For example, people living with dementia or people with a learning disability or autism.

that people with a disability can access and use services on an equal basis to others?

- R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions?

inpatient hospital settings and community or care home settings for adults with social care needs. Of particular relevance to Looked After Children and Young People – see [NICE QS31~](#)

The Royal College of Obstetricians and Gynaecologists (RCOG) released two working party reports in March 2010:

- [Fetal Awareness](#)
- [Termination of pregnancy for fetal abnormality](#)

[Accessible Information standards NHS England](#)

[RCOG guidance: Care of Women Requesting Induced Abortion \(2011\)](#) recommendation 8.5 sets out that A 24-hour telephone helpline number should be available for women to use after abortion if they have any concerns.

[NICE QS15 statement 9](#): Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

**Please refer to HTA guidance published March 2015** regarding disposal of pregnancy remains following

- How well does the service care for people with other complex needs, e.g. deaf/blind/wheelchair access?
- What leaflets does the service provide women on gynaecological conditions or termination or pregnancy? Are these available in easy read format and multiple languages? Can women access them through the website? Are they written in a language that is calming and clear?
- How well do they care for people living with dementia? Is there a dementia lead? How many staff have dementia / 'forget me not' training?
- What are the arrangements in place for ensuring psychiatric support?
- Is additional pre- and post-surgery support available to people with
  - mental health
  - learning disability
  - autism
  - dementia diagnosesto help them to understand and cope with the situation?
- Are appropriate discharge arrangements in place for people with complex health and social care needs? This may mean taking account of chaotic lifestyles.



pregnancy loss or termination.

[HTA Code of practice about Disposal of Pregnancy Remains Following Pregnancy Loss or Termination](#)

*RCOG has produced the good practice guidance Disposal Following Pregnancy Loss Before 24 Weeks Gestation (2005) (Good Practice No 5) which provides a further source of information if required.*

*The Stillbirths and Neonatal Society (SANDS (2007)) guidelines for professionals also highlight the need for sensitive disposal.*

<http://www.uk-sands.org/Home.html>

*RCN guidance about [managing disposal of pregnancy remains](#). Published October 2015*

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/645884/RCNguide\\_disposal\\_of\\_pregnancy\\_remains\\_WEB.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/645884/RCNguide_disposal_of_pregnancy_remains_WEB.pdf)

- When appropriate do Community Mental Health Teams (CMHTs), Community Learning Disabilities Teams (CLDTs), Child and Adolescent Mental Health Teams (CAMHS) or similar, get copied into discharge correspondence?

**For services that include Termination of Pregnancies:**

- What arrangements are in place to ensure that where women have a pre-existing physical or mental health condition that clinical pathways are in place for access to appropriate medical back up services if required?
- What arrangements are in place, tailored to age, comprehension and social circumstances to identify those who may require additional support and counselling. These may include young women, women with mental health problems, women with learning disability, women with poor social support and where there is evidence of coercion?
- What arrangements are in place to manage specific needs of women seeking abortion for fetal abnormality which reflect guidance from the RCOG?
- How do staff ensure that women are

given the opportunity of making informed choice about disposal of pregnancy remains or burial of the fetus or pregnancy remains?

Key line of enquiry: **R3**

R3. Can people access care and treatment in a timely way?

Prompts	Professional standard	Tier 4 guidance
Report sub-heading: <b>Access and flow</b>		
<ul style="list-style-type: none"> <li>• R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment?</li> <li>• R3.2 Can people access care and treatment at a time to suit them?</li> <li>• R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice?</li> <li>• R3.4 Do people with the most urgent needs have their care and treatment prioritised?</li> <li>• R3.5 Are appointment systems easy to use and do they support people to access appointments?</li> <li>• R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment</li> </ul>	<p><a href="#">RCOG Guidelines ' Care of Women Requesting Induced Abortion (2011)</a>  <b>Recommendation 4.24 and 4.25:</b>  <i>Women who need more time to reach a decision should be free to delay the procedure and be provided with further counselling if requested. It is essential to ascertain that a woman is sure of her choice to proceed with abortion; however, when that is confirmed, there is no advantage in further delay since the risks associated with abortion increase with increasing gestation. Women should also be informed that they can change their mind at any time before the procedure and cancel the abortion.</i></p>	<ul style="list-style-type: none"> <li>• Does the service have a dedicated gynaecology ward and service?</li> <li>• Does the service have a dedicated Termination or pregnancy service?</li> <li>• Has the service undertaken a review of clinical need within gynaecology to determine whether a ward is required if they do not have a dedicated gynaecology ward.</li> <li>• Are gynaecology beds ring fenced?</li> <li>• Are gynaecology patient outlied throughout the hospital? if so how are they monitored and managed safely? (note if there is a concern here it may need to be reported under assessing and responding to risk in safe).</li> </ul>

again as soon as possible?

- R3.7 Do services run on time, and are people kept informed about any disruption?
- R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use?

- How does the service manage waiting times (elective RTT)?
- What is the performance rate for getting patients in for colposcopy on the cancer pathway within 2 weeks?
- How does the service manage and respond to urgent / elective cancellation rates?
- How does the service manage the provision of emergency surgery, particularly at night, weekends and public holidays if gynaecology or termination services are not a specialist 24/7 provision?
- How are discharges organised? Weekly MDT? Complex discharges?
- How often are medical patients in surgical beds? Does this impact on elective work?
- Are people with urgent mental health needs seen within one hour of referral by an appropriate mental health clinician and assessed in a timely manner?

**For services that include Termination of Pregnancies:**

- How does the provider ensure that women are offered an appointment

		<p>within five working days of referral or self-referral?</p> <ul style="list-style-type: none"> <li>• How does the provider ensure that women are offered the abortion procedure within five working days of the decision to proceed, and that the total time from access to procedure does not exceed ten working days?</li> <li>• How does the provider ensure that women who present beyond 12 completed weeks or require abortion for urgent medical reasons, receive care promptly to minimise further risk to health?</li> <li>• How does the provider ensure that women can choose to delay appointments/booked procedures and this choice always overrides issues of timeliness?</li> </ul>
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**Key line of enquiry: R4**

R4. How are people’s concerns and complaints listened and responded to and used to improve the quality of care?

Prompts	Professional standard	Tier 4 guidance
<b>Report sub-heading: Learning from complaints and concerns</b>		
<ul style="list-style-type: none"> <li>• R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people</li> </ul>	<ul style="list-style-type: none"> <li>• The <a href="#">NHS constitution</a> gives people the right to <ul style="list-style-type: none"> <li>➤ Have complaints dealt with</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Are gynaecology complaints looked at specifically for trends and learning?</li> <li>• Are these reported on as a subject</li> </ul>

<p>encouraged to make a complaint, and how confident are they to speak up?</p> <ul style="list-style-type: none"> <li>• R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint?</li> <li>• R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record?</li> <li>• R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage?</li> <li>• R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement?</li> </ul>	<p>efficiently and be investigated.</p> <ul style="list-style-type: none"> <li>➤ Know the outcome of the investigation.</li> <li>➤ Take their complaint to an independent Parliamentary and Health Service Ombudsman.</li> </ul> <p>Receive compensation if they have been harmed.</p>	<p>matter at relevant governance and board meetings?</p> <ul style="list-style-type: none"> <li>• Are clear lessons being learnt from complaints in gynaecology?</li> <li>• Has a gynaecology complaint been shared and discussed at division and board level for learning?</li> <li>• What compliments does the service get in gynaecology?</li> </ul>
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## Well-led

**By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.**

Key line of enquiry: **W1**

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?		
Prompts	Professional standard	Tier 4 guidance
Report sub-heading: <b>Leadership</b>		
<ul style="list-style-type: none"> <li>W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?</li> <li>W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?</li> <li>W1.3 Are leaders visible and approachable?</li> <li>W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?</li> </ul>	<p><a href="#">RCOG Guidelines ' Care of Women Requesting Induced Abortion (2011)</a>  <b>Recommendation 4.24 and 4.25:</b>  <i>Women who need more time to reach a decision should be free to delay the procedure and be provided with further counselling if requested. It is essential to ascertain that a woman is sure of her choice to proceed with abortion; however, when that is confirmed, there is no advantage in further delay since the risks associated with abortion increase with increasing gestation. Women should also be informed that they can change their mind at any time before the procedure and cancel the abortion.</i></p>	<ul style="list-style-type: none"> <li>Can staff identify the emergency gynaecological surgery medical/nursing lead and their roles and responsibilities?</li> <li>Is there a clear leadership structure for gynaecology and ToP? Is this defined in governance structures?</li> </ul> <p><b>For services that include Termination of Pregnancies:</b></p> <ul style="list-style-type: none"> <li>How does the service make sure that staff provide TOP care and treatment in accordance with the professional guidance published by the RCOG and other professional bodies?</li> </ul>
Key line of enquiry: <b>W2</b>		
W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?		
Prompts	Professional standard	Tier 4 guidance
Report sub-heading: <b>Vision and strategy for this service</b>		

- W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities?
- W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care?
- W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?
- W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them?
- W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?
- W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

The Abortion Act 1967 regulates the provision of abortion services in England, Wales and Scotland. If an abortion is performed which does not comply with the terms of the Act then an offence will have been committed under the Offences Against the Person Act 1861 and /or the Infant Life (Preservation) Act 1929.

**HSA1 – Must** be completed and signed by two doctors before an abortion is performed. The HSA1 form **must** be kept for 3 years from the date of termination.

**HSA2** – Completed before an abortion is performed or, if that is not reasonably practicable, within 24 hours of an emergency abortion and kept for 3 years from the date of termination.

As a matter of best practice we expect forms HSA1 and HAS2 to be kept with the patient's notes.

**HSA4 – Must** be sent to the CMO within 14 days (by post or electronically). DH strongly encourage the use of electronic reporting as this is a more secure system and reduces the risk of lost or misplaced forms or missing data.

See DH Guidance note for completing the HSA1 and HSA2 abortion forms

- Is there a vision and strategy for the provision and development of gynaecology services in the trust?
- How does this link to the community demographics, demand and work in STPs or success regimes?

Key line of enquiry: **W3**

W3. Is there a culture of high-quality, sustainable care?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: <b>Culture within the service</b>		
<ul style="list-style-type: none"> <li>• W3.1 Do staff feel supported, respected and valued?</li> <li>• W3.2 Is the culture centred on the needs and experience of people who use services?</li> <li>• W3.3 Do staff feel positive and proud to work in the organisation?</li> <li>• W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority?</li> <li>• W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised?</li> <li>• W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations?</li> <li>• W3.7 Is there a strong emphasis on the safety and well-being of staff?</li> <li>• W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NMC Openness and honesty when things go wrong</a>: the professional duty of candour</li> <li>• <a href="#">NRLS - Being Open Communicating patient safety incidents with patients, their families and carers</a></li> <li>• <a href="#">Duty of Candour</a> – CQC guidance</li> </ul>	<ul style="list-style-type: none"> <li>• What processes and procedures does the provider have in place to ensure they meet the duty of candour? For example, training, support for staff, policy and audits.</li> <li>• What surveys are undertaken locally to understand the culture within gynaecology services?</li> <li>• Do staff know who the freedom to speak up guardian is and how to contact them?</li> <li>• Have any whistleblowing concerns or staff concerns been raised in respect of gynaecology and ToP? How have these been addressed by the service/trust?</li> </ul>



<p>they are treated equitably?</p> <ul style="list-style-type: none"> <li>W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?</li> </ul>		
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**Key line of enquiry: W4**

W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Generic prompts	Professional Standard	Additional prompts
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Report sub-heading: **Governance**

<ul style="list-style-type: none"> <li>W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?</li> <li>W4.2 Do all levels of governance and management function effectively and interact with each other appropriately?</li> <li>W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?</li> <li>W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?</li> <li></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">NICE QS61 Statement 2:</a> Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.</li> <li><a href="#">Providing Quality Care for Women – standards for Gynaecology Care – RCOG</a></li> <li><a href="#">RCOG Gynaecology Standards</a></li> </ul>	<ul style="list-style-type: none"> <li>Is there a sepsis lead who oversees the departmental/trust sepsis management?</li> <li>Is there evidence of learning from sepsis audits?</li> <li>Does the service have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems?</li> <li>What are the governance procedures for managing and monitoring any SLAs the provider has with third parties?</li> <li>Is there effective trust board oversight of performance regarding antimicrobial prescribing and stewardship? What</li> </ul>
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action is taken when issues are identified?

Key line of enquiry: **W5**

W5. Are there clear and effective processes for managing risks, issues and performance?

<ul style="list-style-type: none"> <li>• W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved?</li> <li>• W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved?</li> <li>• W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken?</li> <li>• W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?</li> <li>• W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities?</li> <li>• W5.6 When considering developments to services or efficiency changes, how is the</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Providing Quality Care for Women – standards for Gynaecology Care – RCOG</a></li> </ul>	<ul style="list-style-type: none"> <li>• Is gynaecology and ToP recognised on the risk register for the division or directorate the service is based?</li> <li>• Does this risk register link to the board assurance framework if concerns were identified?</li> <li>• How does gynaecology and ToP get reported to the board?</li> <li>• Are the senior leaders of the service able to articulate the arrangements for the gynaecology and ToP service? what the risks are? What is being done? And where this has been reported to?</li> </ul>
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impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?

**Key line of enquiry: W6**

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?

- W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people’s views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance?
- W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately?
- W6.3 Are there clear and robust service performance measures, which are reported and monitored?
- W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?
- W6.5 Are information technology systems used effectively to monitor and improve the quality of care?
- W6.6 Are there effective arrangements to

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<p>ensure that data or notifications are submitted to external bodies as required?</p> <ul style="list-style-type: none"> <li>W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?</li> </ul>		
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**Key line of enquiry: W7**

**Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?**

Generic prompts	Professional Standard	Additional prompts
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**Report sub-heading: Public and staff engagement**

<ul style="list-style-type: none"> <li>W7.1 Are people’s views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?</li> <li>W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?</li> <li>W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic?</li> </ul>		<ul style="list-style-type: none"> <li>Does the gynecology or ToP service hold any groups for support for women?</li> <li>Does the service seek feedback from women up to 12 months following their experience to learn about their service?</li> <li>Is there any patient experience representatives for the service to promote the woman’s voice?</li> <li>Do they hold group events for women (such as coffee mornings as an example) to meet and discuss their</li> </ul>
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<ul style="list-style-type: none"> <li>• W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs?</li> <li>• W7.5 Is there transparency and openness with all stakeholders about performance?</li> </ul>		<p>conditions and support each other through the service? For example fertility groups, menopause, post and pre hysterectomy groups?</p>
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**Key line of enquiry: W8**

W8. Are there robust systems and processes for learning, continuous improvement and innovation?

Prompts	Professional standard	Tier 4 guidance
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**Report sub-heading: Innovation, improvement and sustainability**

<ul style="list-style-type: none"> <li>• W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?</li> <li>• W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them?</li> <li>• W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service? Is learning shared effectively and used to make improvements?</li> <li>• W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives,</li> </ul>		
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<p>processes and performance? Does this lead to improvements and innovation?</p> <ul style="list-style-type: none"><li>• W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?</li></ul>		
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