

BPAS - Doncaster

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Doncaster is part of the British Pregnancy Advisory Service. BPAS Doncaster opened in 1982, it has a satellite clinic in York on the university campus, which is staffed by the Doncaster team. The Doncaster clinic undertook: early medical and late medical abortion and surgical abortion under local anaesthetic/conscious sedation and under general anaesthetic and vasectomies. The York clinic provided services for early medical abortion.

We inspected the service on 16 and 17 November 2015 and made an unannounced inspection on 2 December 2015. We inspected this service as part of our independent healthcare inspection programme.

CQC does not currently have a legal duty to award ratings for those services that provide solely or mainly termination of pregnancy services; an amendment to the current Care Quality Commission (Reviews and Performance Assessment) Regulations 2014 is required to enable us to do this.

Are services safe at this service?

There were some areas requiring improvement regarding safety.

- We found that the theatre environment was not properly clean during our first visit; but this had been resolved when we carried out our unannounced inspection.
- Surgical safety checklists / briefings were not always effective.
- There was a lack of assurance whether the ventilation in theatre and the pack room met the required standard.

However, there were also areas of good practice.

- Managers encouraged staff to report all incidents and ensured that they shared lessons learned across the organisation, nationally, regionally and locally.
- All staff had completed training to level 3 in safeguarding.
- Staff were aware how to escalate concerns if a patient's health deteriorated and how to arrange an emergency transfer to local NHS services when necessary.

Are services effective at this service

- There were processes for implementing and monitoring the use of evidence-based guidelines and standards to meet patients' care needs.
- Patients were provided with adequate pain relief.
- Doctors provided evidence of GMC registration, indemnity insurance, qualifications and evidence of annual appraisal / revalidation to gain and maintain practising privileges.
- Consent to treatment was appropriately obtained. Staff completed training with regard to the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff were competent in their roles and this was reviewed through annual appraisals and through direct observation as part of pathway audits.

Are services caring at this service

- Senior managers and staff involved and treated patients with compassion, kindness, dignity, and respect.
- The results of the BPAS Patient Satisfaction reports showed 100% of patients at BPAS Doncaster were 'extremely likely' or 'likely' to recommend the service in January - March 2015 and 98% during April – June 2015.
- The organisation's own surveys showed high levels of patient satisfaction. Survey results showed 100% of patients felt they were listened to and 100% responded that they were treated with dignity and respect.
- Counsellors and staff gave appropriate emotional support to patients.
- All patients were offered the opportunity for counselling before and after termination of pregnancy, or vasectomy and there was access to specialist advice and support when needed.

Summary of findings

Are services responsive at this service

- Service planning monitored patient activity and staff scheduled sufficient clinics to meet demand.
- The service met waiting time guidelines and patients could choose a date or alternative venue for their procedure.
- Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet usual acceptance criteria.
- The service had a robust complaints procedure and shared learning from complaints.

Are services well led at this service?

- The service had an experienced and stable senior leadership team.
- There was strong local leadership of the service from the Treatment Unit Manager and Regional Director of Operations.
- Managers were approachable, available, and supported staff within the service.
- There was good staff morale and they felt supported.
- There were robust arrangements between the senior management team and the Medical Director to monitor, agree, and review practising privileges.
- There was a comprehensive committee and meeting structure to ensure effective governance, risk and quality management.

However:

- Some of the local risk assessments were due or overdue for review and there did not appear to be a systematic process for reviewing or updating local risks.

Our key findings were as follows:

- Medical and nurse staffing levels met patient needs.
- Staff followed policies and procedures.
- There was enough equipment to allow staff to carry out their duties. The service had processes for checking and maintaining equipment.
- Use of the surgical safety checklist and infection prevention and control practice needed to be reviewed.
- Staff understood their responsibilities to raise concerns and report incidents and near misses.
- There was evidence of a culture of learning and service improvement.
- Staffing levels, medicine management and record keeping were good.
- There were systems for the effective management of staff which included an annual appraisal and support for revalidation
- The service had a rolling programme of local clinical audits, which covered a range of areas including infection prevention and control and medicines management. Managers monitored and benchmarked performance of all units across the organisation using a performance dashboard.
- Senior and departmental leadership was good. Leaders were aware of their responsibilities to promote patient and staff safety and wellbeing. Leaders were supportive and the culture encouraged candour, openness, and honesty.

We saw several areas of good practice including:

- The service employed standardised procedures and patient pathways for medical abortion and vasectomy procedures.
- The provider ensured that all patients received a private initial consultation without anyone else present to protect patients against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment.
- Observation and assessment of staff competence was an integral part of pathway audit.

Summary of findings

- Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet usual acceptance criteria.
- Staff knew their own role and remit for safeguarding children and vulnerable adults, and had a heightened awareness of the needs and vulnerabilities of children and young people using their service.
- Completion of records complied with prescribed practice and was consistently of a high standard.

However, there were also areas of poor practice where the provider needs to make improvements. The provider must:

- Ensure staff use the BPAS Safer Surgical Checklist consistently and effectively for all surgical procedures.
- Ensure that a specialist review is undertaken; of the ventilation systems and environment, in the theatre suite, against HTM03-10 guidance to provide assurance regarding compliance with current standards.

Additionally there were other areas of action identified where the provider should take action and these are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Termination of pregnancy services caring, effective, responsive and well led; however, there were some areas for improvement in the safe domain.

There was a culture of reporting and learning from incidents, across the organisation and within the Doncaster service. Staff could demonstrate their understanding of safeguarding adults and children and knew what actions they needed to take in cases of suspected abuse. All patients received a private initial consultation without anyone else present to safeguard against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment. Staffing levels, medicine management and record keeping were good.

However, we found that the theatre environment was not properly clean during our first visit; but this had been resolved when we carried out our unannounced inspection. Staff did not always wear aprons when delivering personal care in clinic areas. There were trip and injury hazards in the theatre and recovery area due to lack of space. Surgical safety checklists / briefings were not always effective. It was not clear from records if all appropriate water outlets were flushed following closure of the unit on non-working days. There was a lack of assurance whether the ventilation in theatre and the pack room met the required standard.

Staff followed evidence-based guidelines, patient assessments were thorough and staff followed clear pathways of care. The service managers used a clinical dashboard, which measured and facilitated improvement in the quality and safety of clinical standards. Staff were competent and observation and assessment of staff competence was an integral part of pathway audit.

Staff treated patients with compassion, dignity, and respect. They focused on the needs of each patient and responded quickly to their needs. Staff were very aware of the additional needs and risks associated with the care of young people and made every effort to ensure young people were supported through their treatment. Patients gave very positive feedback in the BPAS Patient Satisfaction reports.

Waiting times were consistently within the guidelines set by the Department of Health, unless patients chose appointment times outside the recommended timescale. Information and advice were available from staff, leaflets and on-line to women at all stages of their care. Interpreting and counselling services were available to all patients and staff made every effort to meet individual patients' needs. Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet usual acceptance criteria. There were systems in place to ensure sensitive disposal of foetal remains.

Summary of findings

The organisation had a clear mission to provide for safe and effective care. Senior managers had a clear vision and strategy for this service and there was strong local leadership of the service with quality care and patient experience seen as the responsibility of all staff. Staff felt supported by their managers and were confident they could raise concerns and have them dealt with appropriately. There were effective governance systems in place and staff received feedback from governance and

quality committees. There were corporate risk registers and business continuity plans in place. Local risks were identified separately in general risk assessments. Some of the local risk assessments were due or overdue for review. Department of Health requirements were met. The organisation had a proactive approach to staff and public engagement. Innovation, learning, and development were encouraged.

Summary of findings

Contents

Summary of this inspection

	Page
Background to BPAS - Doncaster	8
Our inspection team	8
How we carried out this inspection	8
Information about BPAS - Doncaster	8

Detailed findings from this inspection

Outstanding practice	26
Areas for improvement	26
Action we have told the provider to take	27

BPAS - Doncaster

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to BPAS - Doncaster

The British Pregnancy Advisory Service was established as a registered charity in 1968 to provide a safe, legal abortion service following the 1967 Abortion Act. Danum Lodge Clinic BPAS Doncaster opened in 1982 and has a satellite clinic in York staffed by the Doncaster team: BPAS York, Unity Health, York Campus, University of York, Heslington, North Yorkshire, YO10 5DE.

BPAS Doncaster has a contract with Doncaster Clinical Commissioning Group to provide termination of pregnancy services and vasectomies. The York site had a contract with all four of the North Yorkshire Clinical Commissioning Groups to provide termination of pregnancy services. The service was registered as predominantly a single speciality service for termination of pregnancy and is registered for the following activities:

- Diagnostic & Screening Procedures
- Family Planning Services
- Treatment of Disease, Disorder and/or Injury
- Termination of Pregnancy
- Surgical Procedures

There were no external reviews or investigations at BPAS Doncaster between January and December 2014. The CQC inspected the service previously in October 2013 and found the service was meeting all of the standards inspected.

Our inspection team

Our inspection team was led by:

Inspection Lead: Karen Knapton, Inspection Manager, Care Quality Commission.

The team included CQC inspectors and nursing specialist with experience in women's services including termination of pregnancy.

How we carried out this inspection

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

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

We carried out the announced inspection of BPAS Doncaster (including the York site) on 16 and 17

November 2015 along with an unannounced visit to the Doncaster service on 2 December 2015. We talked with patients and members of staff including regional managers, the treatment unit manager, nursing staff (qualified and unqualified), medical staff, and support staff. We observed how staff cared for patients and reviewed patient's clinical records.

Prior to the announced inspection, we reviewed a range of information we had received from the service.

Information about BPAS - Doncaster

The Doncaster clinic undertook; early medical and late medical abortion and surgical abortion under local anaesthetic/conscious sedation and under general

anaesthetic. The service provided termination of pregnancy services to children under sixteen. Staff caring for patients aged 14 to 18 at BPAS Doncaster followed

Summary of this inspection

strict safeguarding and management processes. The service held a licence from the Department of Health to undertake termination of pregnancy procedures. The clinic also undertook vasectomies.

The Doncaster service facilities included three screening rooms, seven consultation rooms, a theatre and eight inpatient beds for overnight stays. At York, there was a consulting room and a treatment room within a GP practice. The service carried out 833 early medical abortions (Doncaster and York) and 1851 surgical abortions (Doncaster only) between January and December 2014. From 1 January 2015 to 30 August 2015, there were 111 vasectomies carried out.

The BPAS Doncaster clinic was open from Monday to Thursday and included a late afternoon/evening session. The services provided at this clinic were in the main commissioned by Doncaster CCG. The York unit offered consultations and early medical abortion treatments on a Tuesday and Thursday. Women could choose their

preferred treatment option and location subject to their gestation and medical assessment. Both units accepted NHS patients from any commissioning CCG and private paying individuals from anywhere in the UK. Approximately 98% of treatments were NHS funded.

Working across both sites the service had 13 registered nursing staff, seven doctors (two employed and five working under practice privileges) and 22 administrative staff and counsellors. The senior leadership team comprised of the Treatment Unit Manager, who was supported by regional managers. The service was supported by experts within the BPAS Group and externally from local NHS providers. Most of the direct care staff worked part time, senior staff and employed consultants had roles working across the Northern region.

The treatment unit manager was the registered manager and safeguarding lead for the service.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

There were some areas for improvement with regard to safety:

We found that the theatre environment was not properly clean during our first visit; although, this had been resolved when we carried out our unannounced inspection. Staff did not always wear aprons when delivering personal care in clinic areas. There were trip and injury hazards in the theatre and recovery area due to lack of space. Surgical safety checklists / briefings were not always effective. It was not clear from records if all appropriate water outlets were flushed following closure of the unit on non-working days. There was a lack of assurance whether the ventilation in theatre and the pack room met the required standard.

However, there was a culture of reporting and learning from incidents, across the organisation and within the local services. Staff could demonstrate their understanding of safeguarding adults and children and knew what actions they needed to take in cases of suspected abuse. All patients received a private initial consultation without anyone else present to safeguard against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment.

Nursing and medical staffing was sufficient and appropriate to meet the needs of patients in their care. Staff ensured medicines were stored and administered safely. We reviewed 20 patient records for women and 10 sets of vasectomy notes. Pathway documents and clinical risk assessments were completed fully and legibly. Staff completed and submitted all Department of Health documentation as required.

Incidents

- Incidents were reported and investigated, staff we spoke with were aware of their responsibilities in relation to incident reporting. Staff understood the principles of “being open” and had received information about the “Duty of Candour”.
- There were two serious incidents reported between January and December 2014.
- We saw from Clinical Governance Committee and Risk Management minutes that incidents were thoroughly investigated using a “root cause analysis” approach. We saw that appropriate actions were taken to reduce the risk of future incidents
- Staff told us they used a “trigger list” to help them report incidents appropriately.
- Staff told us they received feedback from incidents via the central BPAS office. Medical staff and nursing staff were aware of recent incidents. Staff who had been directly involved in the incidents had taken part in a debriefing, learning session.
- The registered manager was responsible for reviewing all incidents and noting any required actions.
- Incidents were reported regionally and nationally through the Regional Quality Assurance and Improvement Forum (RQuAIF) and clinical governance meetings and learning was shared through a process, which included the Doncaster representative sharing information locally. An executive summary was produced and every member of staff was expected to read this and sign to say they had done so.
- The patient safety policy contained information regarding duty of candour and staff were aware of the principles of this requirement.
- The regional clinical lead’s role included investigating serious incidents within her own region, debriefing staff involved and sharing recommendations.
- Examples of learning from incidents included; the revision of clinical guidelines, following a small number of incidents, to reduce the risk of patients sustaining

Termination of pregnancy

cervical tears during procedures; changes to the labelling system on laboratory request forms and; the addition of the unit telephone number to the emergency patient transfer letter.

- The BPAS corporate office received Medicines and Healthcare products Regulatory Agency (MHRA) Alerts and Safety Notices and emailed these to the treatment unit manager for the attention of all clinical and nursing staff.

Cleanliness, infection control and hygiene

- The ward bays and bathrooms were clean and tidy.
- Cleaning schedules were available for inpatient and outpatient areas, and within theatre area, cleanliness checklists were in place.
- Cleanliness checklists were available in the toilet/bathroom areas, these were not always signed, however all toilets we inspected were found to be clean and tidy.
- Facilities for hand hygiene were provided and soap dispensers we reviewed were in good working order. Staff had access to alcohol hand gel on an individual toggle basis.
- We observed staff washing hands and using gel appropriately.
- We observed a surgeon did not commence a scrubbing technique prior to an operation but applied hand gel. Following the inspection we were informed that a scrub had taken place at the start of the list and hand gel was used in-between cases as stated in their BPAS hand hygiene policy.
- We checked three bed bases and were all found to be clean and in good working order, we checked internally two mattresses and these were found to be intact and undamaged.
- Disposable curtains were in use in the clinical inpatient area and were marked with the date of last change.
- Personal protective clothing was available in all areas we visited. There was one observation of a member of staff administering a pessary without wearing an apron; appropriate hand hygiene measures did take place.
- The Doncaster unit had a link practitioner for infection prevention and control who undertook two audits each month. There was a programme of IPC audits for the link nurse, which included aspects of clinical practice such as hand hygiene and aseptic technique as well as one aspect of the environment such as sharps disposal. The unit manager undertook an additional overall cleanliness audit, three times a year and the director of infection prevention and control or the clinical effectiveness manager undertook a comprehensive audit of all areas, annually.
- Results of all audits were submitted formally and IPC was reported formally on a dashboard as a performance indicator. The Doncaster unit had a rating of green, which meant that IPC compliance was above 90%. Between January and December 2014 all “essential steps audits were between 94% and 100% compliance.
- There was a policy in place regarding safe disposal of clinical waste and a service level agreement was in place with a waste contractor for removal. We saw waste was appropriately segregated and disposed of.
- During the announced inspection, the theatre area was cluttered with pieces of equipment and we found dust, hairs and miscellaneous bits of equipment present on the floors. We saw that a light box was cracked and damaged which made it difficult to clean.
- We informed the senior management team of our concerns during the inspection. We found at the unannounced part of the inspection the theatre to be very clean and the manager was monitoring adherence to the cleaning schedule.
- Prior to a general theatre list, the doors to theatre were open, and after the operation, doors between recovery and theatres were open. Open doors affect the quality of airflow within the theatre suite. There were no self-closing devices fitted to help ensure this risk was reduced. Staff were opening sterile theatre packs whilst doors were open.
- Specialised ventilation is a statutory requirement in operating departments and a clinical requirement to reduce surgical site infections. Increased health risks to patients will occur if ventilation systems do not achieve and maintain the required standards, the link between surgical site infection and air quality is well established. Health Technical memorandum 03-01: specialised ventilation for healthcare premises sets out clear standards by which organisations are to ensure that patients are cared for in safe environments.
- We noted there was no increased incidence of infection at the unit, and regular servicing histories for the ventilation plant were available. However, there was no specialised ventilation available in the theatre pack room and it was unclear whether the theatre system met current standards or if the current service / maintenance process followed HTM03-01 guidance.

Termination of pregnancy

- Following discussion with BPAS regarding this lack of assurance, they told us that a specialist consultant would be commissioned as soon as possible to undertake a check and then follow up annually as specified in HTM 03-01.
- Cleanliness assurance labels were available in the theatre environment but we only observed them in use on one piece of equipment. The equipment was cluttered with miscellaneous items such as tissues, disposable bags and papers and was very difficult to clean.
- Staff cleaned the probe used for scanning, between procedures but did not clean the leads which draped onto the patient.
- The operating department practitioner ensured staff cleaned the blood pressure cuff between patients and the theatre tables between every procedure. Staff used disinfectant wipes to clean the theatre tables.
- Water testing guidance was available and it was clear when flushes should be carried out and what was to be tested and checked. We reviewed water control records and noted that daily shower checks were complete. Little used outlet flushing records did not indicate flushing of always took place at reopening of the department following closure on non-working days and weekends.
- We observed a water cooler in the recovery area where it was possible for bacterial contamination to occur due to its close proximity to the sink taps.

Environment and equipment

- Eight inpatient beds were available to provide overnight care during medical terminations and for extended care of post-operative patients if required.
- Decontamination of theatre equipment was carried out at the local NHS trust.
- Electrical safety testing of equipment was evident.
- The theatre, dirty utility and recovery environment was found to be in need of renovation; there was cracked, damaged and chipped paintwork on walls and doors. Staff we spoke with said that the theatre environment was too small and patient flow in and out of theatre was not “productive”.
- Following a shoulder injury, to a member of staff, caused by trying to manoeuvre post anaesthetic patients in wheelchairs through the doors. A risk assessment was undertaken and the outcome was that

patients should stay in the theatre a little longer and then be walked into the recovery area. Although, this introduced a potential increased risk of post-anaesthetic patients falling if they became dizzy, a registered nurse assessing the patient as being fit for transfer mitigated this. Falls were monitored and there were no incidents following the change to procedure.

- We observed the Operating Department Practitioner having to climb over wires and leads attached to the patient to leave theatres; this presented a trip hazard for staff.
- Evidence of stock rotation was in place and all stock we checked was in date and stored in an appropriate manner.
- We saw that resuscitation equipment and drugs were checked regularly and that trolley drawers were locked. Defibrillation equipment was checked daily, trolleys, and drugs were fully checked following use and each time drugs expired. There was sticker on the trolley to indicate next expiry date, which would trigger a full check and replacement of drugs when needed. The policy in theatre needed updating to reflect the new system as it still indicated that trolleys should be checked daily.
- We saw that intravenous fluids were appropriately stored and in date.
- We checked the major haemorrhage box and found everything to be in order.

Medicines

- There was a designated person for the ordering of drugs online with the national purchasing department. A registered nurse signed to accept delivery of drugs. There were local and national records of drug ordering and receipt.
- There was a comprehensive medicine management policy in place and staff had access to a pharmacist, employed by BPAS on a consultancy basis, if needed.
- The registered manager was responsible for auditing of medicines and reporting to the local intelligence network.
- The local waste management contract covered the disposal of controlled drugs.
- The unit dispensed prescriptions for analgesia, antibiotics and contraceptives.
- We checked medication cabinets, which were clean, tidy and well organised. Drugs were checked regularly and stored safely.

Termination of pregnancy

- We checked controlled drug books and found they were completed correctly, although, signatures were not always legible. Although an index signature list was not available with the book, the unit manager had a centrally held signatory list. .
- Two staff always signed for controlled drugs. On occasions, only one signature was that of an RN and the other signature was a healthcare assistant. The healthcare assistant had received extra training and competency assessment to allow them to sign for controlled drugs.
- Pain relieving gas (Entonox) was available at every bed space for women to self-administer as required. A risk assessment had been carried out regarding ventilation and indicated this was safe.
- Resuscitation medications were available on the resuscitation trolleys these were in date and ready for use.
- Women gave consent prior to administering rectal antibiotics.
- Theatre staff checked that women had received contraceptive advice and that prescriptions had been written up. We observed contraceptive implants and injections given in accordance with good medicine administration guidance.
- Staff recorded fridge temperatures in line with good medication guidelines. We reviewed 40 recordings and found 16 to be higher than expected and staff had recorded appropriate action on these occasions.
- A doctor prescribed all abortifacient medicines and nurses provided some non-abortifacient medicines under Patient Group Directions (PGDs).
- The PGDs were in line with national guidance. Accountable officers were clearly named and they had signed PGDs correctly. All PGDs were within review date and staff undertook training and signed the record sheet when training was complete and they felt competent to administer and or supply the prescribed medications.
- Drugs that induced abortion were prescribed only for women undergoing medical abortion following a face to face consultation with a member of the nursing team, written consent and completion of the HSA1 form signed by two medical signatories.
- PGDs also covered pain-controlling medication, treatment of chlamydia and prophylactic antibiotics to prevent post procedure infection.
- The discharging nurse or midwife provided antibiotics and contraceptive medications and checked the women understood what the medications were for and the importance of taking them as prescribed.
- Local anaesthetic for men undergoing vasectomy was prescribed and administered by the doctor carrying out the procedure.
- We observed safe and competent administration of medications in a number of areas.

Records

- Patient records were paper based. Patient information and records were stored safely and securely in lockable cabinets in line with the data protection act. Medical records stayed on site for six months then archived at the BPAS head office.
- There was a process in place to ensure safe transport of records to and from the York clinic and secure storage was available at the clinic.
- Patient records included speciality pathways and risk assessments for venous thromboembolism (VTE), sexual health and malnutrition.
- We looked at 30 sets of records across various pathways and found them to be contemporaneous, complete and legible. Records indicated good risk assessments and follow up of any medical concerns or issues identified were well documented and reviewed following appropriate interventions.
- There were some minor issues in a small number of records regarding legibility of signature of medical staff and no printing of name following signature for nursing and midwifery staff.
- Documentation of discussion regarding respectful disposal of pregnancy remains was not routinely documented. There was a checklist / prompt to remind nursing staff to talk to patients about this sensitive issue.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1 Form). We looked at 20 patient records and found that all forms included two signatures and the reason for the termination.
- A doctor who worked at BPAS Doncaster would review the completed documentation following the initial assessment by the nurse. At this point, if they agreed the procedure could go ahead they would sign the HSA1 form. A second doctor in the unit would perform a

Termination of pregnancy

review of the records and sign the form if they agreed with the decision. If a second doctor was not available onsite, the information would be electronically sent to a second doctor in one of the other BPAS units to review the information and provide the second signature, if needed. We saw evidence of this.

- The Department of Health (DH) required every provider undertaking termination of pregnancy to submit demographical data following every termination of pregnancy procedure performed (HSA4 form). We observed staff recorded this data in the medical records. There was an email reminder process to prompt doctors to complete this task daily and all HSA4 forms were reported electronically to DH. The HSA4 was 'signed' online within 14 days of the completion of the abortion by the doctor who terminates the pregnancy. For medical abortion, where women deliver foetal products at home, the doctor who prescribed the medication was the Doctor who submitted the HSA4 form.
- We reviewed the theatre register and saw that on most occasions, two signatures were present; however, a second practitioner signature was not always present. Although it was not necessary for a second signature, this would be good practice.
- Record keeping and documentation audits were carried out and compliance was consistently good.

Safeguarding

- BPAS had adult safeguarding and child protection policies that we saw were available to all staff via the location's intranet. The policies were up to date with regard to current legislation and national guidance.
- Good systems were in place to safeguard vulnerable adults and young people. Staff we spoke with in the theatre environment were all aware of their responsibilities and had access to appropriate safeguarding pathways.
- Safeguarding risk assessments were carried out when there was any suspicion of abuse and safeguarding referrals were made to the local safeguarding team.
- It was organisational policy that if a girl under 13 years old used the service then a safeguarding referral would be automatically made. For those aged up to 16 years, a safeguarding risk assessment was completed and a decision made on the outcome of the assessment, following discussion with the designated safeguarding lead.

- We reviewed a record of a young person aged less than 15 years, which showed staff had followed the correct procedures.
- The staff at Doncaster had good links with the local safeguarding board and could contact their national designated safeguarding leads when needed.
- All staff had received adult and children's safeguarding training in line with mandatory training requirements.
- All staff had undertaken children's safeguarding training at level 3.
- All patients received a private initial consultation without anyone else present to safeguard against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment.
- The Treatment Unit Manager was the designated safeguarding lead. Staff knew who the safeguarding lead for the service was and where to seek advice.
- Staff we spoke with were aware of different levels of questioning about sexual partners, consent, and information sharing regarding young people.
- The organisation had policies and procedures for staff to follow if cases of female genital mutilation or sexual exploitation were discovered and staff were clear what actions they needed to take in this situation.
- All BPAS units undertook an annual audit to monitor compliance with section 11 of the Children Act 2004. Section 11 audit results were presented to the clinical governance committee and action taken to address any issues identified. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- Although the organisation had not produced an annual safeguarding report for the clinical governance committee this was a plan in place to provide this from 2016.
- There were guidelines in place regarding the use of interpreters.
- We looked at five personnel records, which were, in the main, of a good standard. However, there were two records where reasons for gaps in employment were not documented.

Mandatory training

Termination of pregnancy

- All staff had received basic, immediate or advanced life support training, as relevant to their role.
- There was a comprehensive programme training available for staff to access updates when required.
- Training was provided face to face by external trainers.
- Nurse practitioners underwent a comprehensive 12 week, induction programme, which covered all elements of mandatory training they required.

Assessing and responding to patient risk

- The clinic used the five steps to safer surgery procedures and checklists. A modified version of the WHO audit was in use. Internal observational audits of the “safer surgical checklist” showed recent compliance rates of 100%. However, during the inspection, we observed varying levels of compliance with surgical safety policy. Managers were aware of this possible discrepancy and were responding accordingly.
- We observed a surgical list commence without a safety briefing. We observed that staff did not appear to listen to the sign in or sign out brief and did not always perform the sign out brief. When staff did not listen to the brief, the member of staff responsible called the brief out again. We observed that checklists were completed post procedure even when staff had not carried the brief out in theatre.
- Anaesthetic risk was assessed during the medical consultation part of the patient’s pathway and any identified medical risks were addressed prior to attending for their procedure.
- The anaesthetist reviewed any patients with a medical risk prior to theatre.
- Risk assessments, medical follow up, interventions and preoperative reviews were evident in our observation of patients’ journey and in the records we reviewed.
- Blood tests were performed on all patients to establish those patients who had rhesus negative blood group. These women received treatment with an injection of anti-D to protect against complications should the patient have future pregnancies. Positive identity checks were made prior to commencing treatment.
- Theatre staff handed patients over to recovery staff postoperatively. Patients were observed post general anaesthetic every five minutes for 20-30 mins.
- Sedation scores were used to assess sedation levels postoperatively.
- Staff walked patients to the second recovery area following general anaesthetic, which meant there was a

potential risk of patients becoming dizzy and falling. A registered nurse assessing patients as being fit for transfer mitigated this risk and falls were monitored. There were no falls incidents related to this procedure.

- Staff in the inpatient area were aware of their roles in relation to blood loss monitoring and recording of patient observations.
- A major haemorrhage kit was available and staff were aware of their responsibilities and the policy / procedures if an emergency transfer of a patient was needed. An agreement was in place with the local NHS acute hospital to facilitate the emergency transfer of patients. Danum Lodge did not keep blood products on site and patients requiring blood transfusion were transferred to the local hospital by emergency ambulance.
- Fire plans were visible in clinical areas. During the unannounced visit, we observed appropriate monitoring of post-abortion patients overnight. Staff were able to identify signs, which could identify a deteriorating patient and knew how to escalate when needed. The staff told us they had good relationships with the local NHS hospital’s obstetrics and gynaecology team and could access medical advice or instigate an emergency transfer if needed.
- Women with suspected retained products who did not require urgent transfer were kept nil by mouth overnight and returned to theatre in the clinic as the first patient the following morning.
- Women who stayed overnight were discharged around 7-8am following assessment by a registered nurse or midwife. Women were informed of what signs would indicate complications and given contact numbers and advice regarding obtaining emergency care if they should experience a sudden, heavy blood loss.
- Staff gave women advice and information regarding accessing emergency medical health services, should they suffer heavy blood loss following discharge. Aftercare and helpline numbers were included in the BPAS guide, given to all women who had a termination of pregnancy.

Nursing staffing

- The clinic used the BPAS safe staffing policy, which outlined minimum staffing levels. The performance dashboard for Doncaster had been green since April 2015 indicating no breaches of the minimum staffing level in this period.

Termination of pregnancy

- The clinic could access agency staff if they needed to cover shifts due to unplanned absence but this was rarely necessary.
- Staff we spoke with told us that on most occasions two registered staff were on duty in the inpatient area during overnight stays with a healthcare assistant (HCA).
- If the unit was full, this meant there was a ratio of one registered nurse or midwife to four patients. During the unannounced inspection, there was one registered midwife on duty overnight with one HCA for one inpatient.
- Duty rotas showed that the maximum ratio of registered nurse or midwife to patients was 1:5.
- The clinic used a skill mix of registered midwives, nurses and healthcare assistants.
- There were dedicated recovery staff and six of the registered staff were trained as nurse practitioners.
- Healthcare assistants supported step down recovery and had a tested process in place to summon assistance from registered staff if needed.

Medical staffing

- Five medical staff were employed under practice privileges and two others were employed directly by BPAS.
- To obtain practice privileges Doctors had to provide evidence of GMC registration, indemnity insurance, qualifications and evidence of annual appraisal / revalidation.
- We confirmed that Doctors had met the above requirements and saw that managers made checks every two years to ensure that Doctors remained eligible to practice at BPAS.
- Doctors also had to be up to date with relevant training such as advanced life support for anaesthetists. All Doctors had disclosure and barring checks and child protection training to level 3.
- There was a process in place for ensuring information was checked and updated every two years and disclosure and barring checks were repeated every three years.
- The scope of practice for each Dr was clearly defined in a signed agreement held in their personnel file.
- The unit manager arranged cover for doctors' leave. The anaesthetist stayed on the premises until all patients were fully recovered from their anaesthetic.
- Out of hours, cover was provided by the on-call doctor, who is an anaesthetist. If an emergency transfer was

required then the obstetrics and gynaecology registrar at the local NHS acute hospital would be contacted. This was documented in a Transfer Agreement. Nursing and midwifery staff told us they had needed to ring for advice and or arrange transfers within the previous 12 months and that the process had worked well.

Major incident awareness and training

- There were some incident plans in place, such as fire or loss of utilities and staff underwent scenario-based training regarding these.
- Although there was no formal business continuity plan regarding extensive or prolonged loss of facilities or staff, managers told us that patients could be diverted to another BPAS unit should the need arise.

Are termination of pregnancy services effective?

Termination of pregnancy services were effective. Staff had access to up to date, evidence-based guidelines and standards to meet patients' care needs. Patient assessments were thorough and staff followed pathway guidance. The service managers used a clinical dashboard, which measured and facilitated improvement in the quality and safety of clinical standards.

Pain relieving medications were routinely prescribed for men prior to vasectomy and for women to take at home following their procedures or initiation of treatment.

Staff completed training and underwent competency-based assessments relevant to their role. Observation and assessment of staff competence was an integral part of pathway audit. Staff always made sure patients gave their consent in writing and adhered to Fraser guidelines in respect of children and young people. There were good links with local safeguarding agencies.

Evidence-based care and treatment

- Staff had access to up-to-date policies and procedures through the BPAS intranet.
- Updated policies or guidelines were cascaded to staff via email and conference calls were held for staff to dial into. These were recorded for staff to access later if unable to dial in during the live presentations.

Termination of pregnancy

- All doctors prescribing medication for medical terminations adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines, The Abortion Act and abortion legislation for the treatment of women for termination of pregnancy.
- Policies relating to termination of pregnancy and professional guidance were developed in line with DH "Required Standard Operating Procedures" (RSOP)
- Staff followed a national work instruction for the counselling of women prior to termination of pregnancy and best practice, following RSOPs and RCOG clinical guidelines for medical abortions.
- There was a programme of clinical audit, which included audit of consultation and patient pathways and HSA4 (a requirement to notify the Department of Health of an abortion). Immediate feedback was given to the lead manager on the day of the audit. Results were reported centrally for benchmarking and recommendations for action were made where necessary.
- The procedure for minimally invasive vasectomy was undertaken in line with Faculty of Sexual and Reproductive Health Guidelines (2014).
- Vasectomy observational audits of clinical practice showed 98% compliance in November 2014 and the most recent notes audit 92%. Where gaps were identified, clear action was taken to improve.
- The unit had screening targets for Chlamydia. All patients were offered screening for STIs. If a positive result was returned, processes were in place to track partners and offer treatment.
- Complication rates such as retained products of conception, on-going pregnancy, post procedure infection and post-operative infections / haematomas following vasectomy, were monitored and compared with other BPAS clinics, all results were within expected range.
- There was no national comparison data available at the time of inspection; however, BPAS was contributing to work with the DH and other service providers to make this possible in the future.
- In 2014 there were 10 patients transferred to another healthcare provider for further treatment. Five of these were surgical patients (approximately 0.3%) and five were medical patients. There was an ongoing evaluation of the effectiveness of simultaneous treatment for early medical abortion. This was being monitored at a national level and was subject to review and clinical discussion and evaluation.
- The service used a BPAS clinical dashboard to measure quality and safety, which was an improvement tool for measuring, checking, and analysing clinical standards. The treatment unit manager monitored performance and communicated to the regional management team and staff at the service.
- The dashboard included results on medicines management, staffing levels, clinical supervision, infection prevention, case note audits, serious incidents, safeguarding, complaints, laboratory sampling, labelling and staff sickness. The most recent risk management and clinical governance minutes showed that all results were within the BPAS expected levels.
- All vasectomy patients were given information on post-vasectomy testing and were followed up at the centre where semen samples were sent for testing and successful outcomes were confirmed to men.
- In 2014, two out of 57 vasectomy patients suffered a minor complication of the procedure a haematoma, which is a small collection of blood causing a swelling.

Pain relief

- Pain relief was available for patients and was offered on a regular basis post procedure.
- All women undergoing early medical abortion were offered pain relief to take home.
- All men undergoing vasectomy were prescribed a local anaesthetic for the procedure, which was administered by the doctor.

Nutrition and hydration

- Patients who stayed on the ward offered refreshments regularly and this was reflected in their notes.
- Fluid balance charts were in place for patients where appropriate.
- Water was available for patients in the outpatients' areas.

Patient outcomes

Competent staff

- Nurse practitioner's (nurses with extra training) had undertaken a 12-week course of extended training and were able to scan patients, obtain consent for procedures and administer or supply contraception.

Termination of pregnancy

- Nurses and midwives performing scans needed to have 150 observed / supervised procedures before they were able to perform scans independently.
- We reviewed five sets of staff personnel records; these were organised, well recorded and all staff had up to date training records and DBS checks carried out.
- Records evidenced completion of job specific induction programmes for registered staff and healthcare assistants and competency assessments.
- Staff had recently developed extended training for HCAs to allow them to work in the recovery area.
- The HCAs underwent competency assessments, which were completed by their supervisor. We observed assessment records and found these to be detailed and complete.
- All nursing staff were aware of revalidation requirements and had been asked by the organisation to produce a portfolio. The structure of 1:1s and appraisals had been restructured to include a section on revalidation and unit managers had a register of when staff revalidation was due.
- Data from January – December 2014 showed that at the Doncaster unit 100% of medical staff, 75% of nursing staff and 78% of administrative staff had received an appraisal.
- Senior nursing staff observed staff practice as part of pathway audits; this enabled a review of staff competence and identification of training needs. Observations and audit results were given to staff on a 1:1 basis to facilitate personal development and maintenance of a high level of skill.
- There was a national competency framework in place for RNs.
- All medical staff had annual appraisals at BPAS or their main employer in line with revalidation requirements.
- Medical staff received training relevant to their role such as training regarding the consultation process and updates regarding specific treatments.
- The regional clinical lead was responsible for overseeing medical staff in terms of competence. There was a structured process with a template available for following up on concerns about a doctor's practice or performance. This included action planning to improve performance.
- When skills gaps were identified or when staff wanted to develop in their role, staff were encouraged to access additional training. We saw that staff had received

additional training and role development in; the theatre and recovery area and that staff had undertaken additional support and training with aspects of clinical practice such as counselling and scanning.

- Midwifery staff received supervision from a named supervisor of Midwives at the local NHS hospital who they could contact at any time for advice or support with practice.
- Staff told us they took part in emergency scenario exercises to ensure they knew what to do in case of different medical emergencies and how to initiate an emergency transfer of a patient to the acute hospital.

Multidisciplinary working

- Medical staff, nursing and midwifery staff and other non-clinical staff worked well together as a team and respect for each other's roles was evident.
- There were clear lines of accountability that contributed to the effective planning and delivery of care.
- Staff told us that they had close links with other agencies and services such as the local safeguarding team.
- BPAS Doncaster had service level agreements with a neighbouring NHS Trust, which allowed them to transfer a patient to the hospital in case of medical or surgical emergency. We were told this worked well.
- Nursing and midwifery staff had good links with the supervisors of midwifery at the Trust, who provided advice and support when needed and clinical supervision for the registered midwives working in the unit.

Seven-day services

- The BPAS Doncaster clinic was open from Monday to Thursday and included a late afternoon/evening session.
- The York unit offered consultations and early medical abortion treatments on a Tuesday and Thursday.
- If women needed to use services on other days, they could be signposted to alternative BPAS clinics. Women who wanted or needed weekend services could use the BPAS clinic at Liverpool.
- BPAS provided 24 hours per day and seven days a week advice line, which specialised in post-abortion support and care. This was in line with Required Standard Operating Procedures set by the Department of Health. Callers to the BPAS Primecare service could speak to registered nurses or midwives who would give advice.

Termination of pregnancy

Access to information

- Patient notes were paper based and were kept onsite for six months once discharged. If any complications occurred this allowed easy access to notes within this time. Records were archived at a central store following this time but could be retrieved easily if needed.
- Staff had access to relevant guidelines, policies and procedures in relation to termination of pregnancy and vasectomy services.
- A board was in use in the theatre and name, type of procedure, gestation, anaesthetic, contraception, rectal medication, allergies, anti-D required and consent were all documented.
- Staff were able to access diagnostic tests/blood results in a timely manner.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff were given training regarding obtaining informed consent.
- All care records we reviewed contained signed consent from patients. Possible side effects and complications were recorded and the records showed that these had been fully explained.
- Consent was checked prior to general or local anaesthetic taking place.
- Staff we spoke with were aware of Fraser guidelines to obtain consent from young people regarding contraception.
- Staff were able to provide examples of how they assessed competence of a young person using Gillick competence principles. Posters were also displayed in waiting areas about assessment of Gillick competence.
- There was access to guidance and policies for staff to refer to concerning Mental Capacity Act (MCA).
- Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); records from June 2015 showed 100% staff compliance with this training.

Are termination of pregnancy services caring?

Termination of pregnancy services were caring.

Staff treated patients with compassion, dignity, and respect. They focused on the needs of each patient and responded quickly to their needs. Staff explained the different methods and options for abortion and the procedure for vasectomy.

Staff were very aware of the additional needs and risks associated with the care of young people and made every effort to ensure young people were supported through their treatment.

Patients gave very positive feedback in the BPAS Patient Satisfaction reports.

All patients were offered the opportunity for counselling before and after termination of pregnancy, or vasectomy.

Compassionate care

- Staff introduced themselves to women on entry to clinic, ward and theatres areas.
- We observed there was a positive engaging atmosphere between staff and patients in the recovery area and post procedure.
- Post-operative patients were placed facing away from the theatre doors, to ensure privacy and dignity of other patients leaving the theatre.
- Foetal remains were dealt within a respectful manner, and were covered during removal in theatre.
- Patients told us staff were kind and they were observed to be sensitive, professional and supportive to patients.
- Staff responded immediately and appropriately, to a patient who became unwell following their procedure. Staff were attentive and reassuring while taking clinical observations such as repeated blood pressure recordings and monitoring blood loss.
- Doncaster clinic collected feedback from patients using the “your opinion counts” survey. Staff encouraged service users to complete the survey and the BPAS organisation had a 25% response rate target to ensure survey results were valid.
- The results of the BPAS Patient Satisfaction reports showed that 100% of patients using termination and vasectomy services at BPAS Doncaster during January - March 2015 were ‘extremely likely’ or ‘likely’ to recommend the service to family and friends.
- Women could request a chaperone to be present during consultations and examinations and there were signs clearly on display to inform women that this was available.

Termination of pregnancy

Understanding and involvement of patients and those close to them

- Staff told us that women's preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care pathway. Younger women were encouraged to involve their parents or family members and their wishes were respected.
- We observed a number of patient interventions and found that assessments were thorough and staff followed pathway guidance. Interactions were positive and staff gave information effectively. Women understood what was happening and had enough information to follow their prescribed treatment and aftercare advice. Staff were clear that some elements of aftercare such as repeat pregnancy testing were the patients' responsibility. Women we observed understood this and knew to contact the clinic immediately if the repeat test was positive.
- All women received a BPAS guide at first consultation, this was revisited, and information reinforced throughout the pathway.
- Staff told us that women were made aware of the statutory requirements of the HSA4 forms (a requirement to notify the Department of Health of an abortion) and were reassured that the data published by the DH for statistical purposes was anonymised.
- Staff within the theatre environment provided women with good explanations of the procedure. They also offered women the opportunity to pause the procedure and were prepared to stop the procedure and wait for consent to proceed when women were finding the procedure difficult.
- We observed that staff answered women's questions appropriately, in a way they could understand.
- Patients told us that staff had explained what was going to happen and they had enough information given to them.
- We saw that when a patient was discharged, she was given appropriate advice regarding what she should and should not do, signs of infection and haemorrhage were discussed and contact numbers were provided for advice and counselling.
- Male patients were given written and verbal information about the surgical vasectomy procedure and comprehensive counselling was undertaken in order to support their understanding and decision.

Emotional support

- All patients were offered the opportunity to speak to a counsellor during their first consultation and received information and contact details for a post abortion counselling service.
- Medical and nursing staff within the theatre environment provided high levels of emotional support to patients, both verbal and non-verbal forms of communication was used.
- Some patients were crying during the local anaesthetic procedures and staff offered appropriate support, comfort and reassurance during the procedures.
- Staff used appropriate distraction techniques during the procedures.

Are termination of pregnancy services responsive?

The service was responsive to the needs of patients.

Although the unit was only open four days a week, the service was accessible for the booking of appointments and for advice and support 24 hours, seven days a week. Waiting times were consistently within the guidelines set by the Department of Health and the service had the ability to offer additional clinics if waiting times increased. Women could be signposted to other clinics if they needed treatment on days the Doncaster clinic did not provide them.

Interpreting and counselling services were available to all patients and staff made every effort to meet individual patients' needs. Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet usual acceptance criteria. In the 12 months before the inspection, the service had two complaints from women using the centre for termination of pregnancy. The service had systems and processes in place for dealing with complaints appropriately and for implementing learning and improvements highlighted through investigations.

There were systems in place to ensure sensitive disposal of foetal remains.

Service planning and delivery to meet the needs of local people

Termination of pregnancy

- Women were able to receive various options in relation to termination of pregnancy include medical and surgical techniques. For surgical terminations, women were offered general anaesthetic or local anaesthetic procedures.
- The unit had capacity to keep women as in the ward should their recovery require a longer stay than expected.
- Agreements were in place with the local hospital to provide emergency medical advice and support and to facilitate emergency transfers when needed.
- During times of peak demand, the service was able to provide additional or longer clinics.
- The treatment unit manager was planning to develop the service offered at the unit to include conscious sedation.
- Since June 2014, the clinic had also provided weekly clinics for non-scalpel vasectomy in response to increasing demand.
- Service level agreements were in place with local laboratories for screening, blood testing and post vasectomy tests.
- The treatment unit manager was planning to improve access to York clinic by increasing the number of clinics available.
- There were robust systems in place to ensure two medical practitioners assessed that the grounds for abortion had been met and signed the nationally required HSA1 authorisation forms.
- Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral and the abortion procedure should be carried out within five working days of the decision to proceed. The service monitored its performance against the waiting time guidelines set by the Department of Health.
- The clinic monitored the average number of days women waited from initial contact to consultation, from decision to proceed to treatment and the whole pathway from contact to treatment. Data was submitted to the BPAS corporate office and was monitored both locally and centrally.
- In 2014/15, the proportion of women at Doncaster who had their consultation within seven days (five working days) was 72%. The proportion of women who could have had their consultation within seven days was 100%; however, some women chose to have later appointments. Similarly, waiting time from decision to proceed to treatment was 70% with 92% availability within seven days. This again demonstrated that some women might choose to be treated later or need extra time in which to make a decision about whether to proceed to abortion.

Access and flow

- Referrals for treatment were received via GPs and self-referrals. Different commissioning bodies had different contracts in place regarding criteria for self-referral.
- The clinic provided privately funded consultations and procedures, although this was quite rare.
- Appointments for BPAS Doncaster were booked via the national BPAS Contact Centre, a 24-hour, seven-day telephone booking and information service.
- Women were able to choose their preferred treatment option and location, subject to their gestation and medical assessment. The electronic triage booking system offered patients a choice of dates, times and locations.
- All patients completed a pre-consultation questionnaire either over the phone or by email. Consultations were face to face with nursing staff who discussed medical history and treatment options. When a decision to proceed was made, a second appointment was made for treatment.
- The percentage of women treated under ten weeks gestation is a widely accepted measure of access into abortion services. In 2014/15 at Doncaster, 83% of women were treated below ten weeks, which is better than the national average of 80%.
- When demand peaked and waiting times were likely to exceed recommendations, the service could provide extra or longer clinics and or signpost women to other clinics.
- Aftercare advice was available all day every day via a national helpline or women could call the clinic directly during opening hours.
- Patients could also contact BPAS via a dedicated telephone number in order to make an appointment for post-abortion counselling. Post-abortion counselling was a free service to all BPAS patients, and patients could access it at any time after their procedure, whether this was the same day or many years later.
- Most men who had undergone vasectomy were referred by their GP and treatment was carried out for the NHS.

Termination of pregnancy

- Consultations for men wishing to have vasectomy could be either face to face or over the telephone.

Meeting people's individual needs

- All women received a private consultation without anyone else present and there were posters on display to highlight this would happen. This gave women the opportunity to disclose any personal or private information they may not wish their friend or partner to hear and to disclose any information about possible abuse or coercion.
- Following the initial private consultation, women could choose whether they had their friend or partner accompany them for the remainder of their consultation and examination.
- A professional interpreter service was available to enable staff to communicate with women for whom English was not their first language. We saw posters displaying how to access translation services.
- Staff told us that although they rarely had patients with learning disabilities they were able to make reasonable adjustments such as ensuring they were accompanied by a friend or carer who could stay with them during their consultation and or treatment.
- Staff told us that they provided women with the opportunity to discuss disposal of their foetus; they were able to provide us with specific examples when people have requested the foetus for burial at home.
- Staff always offered young people a single room and the opportunity of a companion staying with them overnight during the procedure. We saw a young person accompanied by her mother pre-operatively and post-operatively.
- Male companions were not allowed to stay overnight apart from in special circumstances such as a late termination for medical reasons and by special agreement.
- Staff were all aware of the clinical guidelines governing access to and criteria for local services. Staff were aware criteria varied between commissioners and knew where to look if in doubt about a patient's eligibility.
- Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex or additional medical needs, who did not meet usual acceptance criteria.

- The BPAS Guide included information about sensitive disposal of pregnancy remains for patients wishing to use the service. Staff told us that if this situation ever arose, they would check the policy and seek advice and guidance.
- Nurses and medical staff undertaking pre-surgical and medical abortion assessments had a range of information to give to patients. There was also a range of leaflets and posters displaying information, easily accessible within the waiting area. This included advice on contraception, sexually transmitted infections and services to support women who were victims of domestic abuse.
- Women could request that clinic staff made anonymous contact calls on their behalf if sexually transmitted infection test results were positive.
- Contraceptive options were discussed with women at the initial assessments and a plan was agreed for contraception after the abortion.
- Staff discussed contraception with men undergoing vasectomy and gave information about effective methods to be used until post-procedure tests were clear.
- Staff gave all termination patients a "My BPAS Guide" which gave information about treatment options, what to expect, contact numbers and aftercare advice.

Learning from complaints and concerns

- There were posters and leaflets on display in the waiting areas advising patients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with. This included expectations about timescales and how to escalate complaints to the Parliamentary Health Service Ombudsman if dissatisfied with their BPAS response.
- All BPAS patients were given a patient survey/comment form entitled 'Your Opinion Counts'. There were boxes at the unit for patients to submit their forms. The treatment unit manager initially reviewed locally submitted forms, prior to sending to the BPAS Head Office for collation and reporting. This meant that any adverse comments could be acted on immediately.
- Staff told us that they would resolve any concerns raised immediately if they could and that it was rare for formal complaints to be received.

Termination of pregnancy

- The BPAS Patient Engagement Manager was responsible for the oversight of the management of complaints. Any case needing escalation was brought to the attention of the Regional Director of Operations and the responsible member of the Executive Leadership Team.
- A summary of Complaints, Feedback and Patient Satisfaction Survey results (both national and by unit) was reviewed by each Regional Quality Assessment and Improvement Forum and the Clinical Governance Committee. Themes or trends were identified centrally and any actions, outcomes and lessons learned were shared across the BPAS organisation through a series of national and regional governance meetings and local team meetings.
- There were eight complaints (six formal and two informal) at BPAS Doncaster between January and December 2014.
- The mission statement for the service was to provide safe and effective care for termination of pregnancy and these values were made clear to all new staff through the induction process and training.
- The staff displayed the values of the organisation.
- Maintenance of the values was fostered through the proactive recruitment of staff who displayed the values and behaviours expected by the organisation.
- It was important to the organisation and to local staff that all new staff could uphold the value of women's choice.
- The registered manager was knowledgeable about corporate strategy and understood how this affected local provision of services.
- Strategic plans were being developed and implemented including the introduction of simultaneous medical abortion treatment; reduction in numbers of surgical procedures; and expansion of services at York.

Are termination of pregnancy services well-led?

Termination services were well-led. The organisation had a clear mission to provide for safe and effective care for termination of pregnancy. Senior managers had a clear vision and strategy for this service and there was strong local leadership of the service. Quality of care and patient experience was seen as the responsibility of all staff.

There were effective governance systems in place and staff received feedback from governance and quality committees. Local risks were identified separately in general risk assessments and some were overdue for reassessment. Department of Health requirements were met.

Staff felt supported by their managers and were confident they could raise concerns and have them dealt with appropriately. Staff spoke positively about their roles and about the impact; they had on women's lives. The organisation had a proactive approach to staff and public engagement. Doncaster BPAS had been innovative in the development of the role of the HCA and had developed a bespoke competency assessment framework for HCAs working in the theatre and recovery area.

Vision and strategy for this core service

Governance, risk management and quality measurement for this core service

- There was a clear governance structure within the organisation, which included a clinical governance committee and a board of trustees.
- The clinical governance committee had a clear role in reviewing all complications and patient feedback. It also ratified policies and received annual reports such as the infection prevention and control annual report.
- The governance groups monitored staffing levels at a regional and national level.
- The subgroups of the clinical governance committee were a clinical advisory committee, which was convened by the Medical Director when needed, to provide clinical advice and review clinical policies and procedures. There was also an infection prevention and control committee and three regional RQuAIF groups.
- There was a corporate risk register, which was written by the financial director of BPAS. The risk register went through the finance and general purposes committee to the board.
- Risks were categorised as economic, which included legal action, political and ethical.
- There had been a recent appointment of a national risk manager for the company who was due to start in November 2015. Managers told us this was a new role and the post holder would work with the clinical teams to improve identification and management of clinical risk.

Termination of pregnancy

- Managers knew what the major risks were for the organisation and what this meant for their locality.
- Local risks were identified separately in a general risk assessments folder. Some of the local risk assessments were due or overdue for review. There did not appear to be a systematic process for reviewing or updating local risks.
- The RQuAIF and the clinical governance committee reviewed the corporate clinical red and amber risks on a regular basis. Locally the unit manager had a good understanding of both corporate risks and how they applied to her own unit and local risks and mitigations.
- Although there was a corporate business continuity plan, local arrangements centred on individual incident plans such as; fire or loss of utilities and staff underwent scenario-based training regarding these. There was no formal, local contingency plan for business continuity in the case of prolonged loss of premises due to disaster or staff in case of disease outbreak; however, managers told us they would divert patients to another BPAS unit if the need arose.
- The organisation had systems and processes in place to ensure all board members and executive managers met fit and proper person requirements.
- Locally the Doncaster heads of department met monthly to discuss issues such as the performance dashboard, staffing, incidents and complaints. The group kept an action log to ensure progress was monitored.
- Legislation requires that for an abortion to be legal, two doctors must agree, in good faith, that at least one and the same grounds under the abortion act is met. They must indicate their agreement by signing the HSA1 form. In the records we looked at, we found that all the forms included indication of which of the grounds of the Abortion Act was met in each woman's case, and there were signatures of two doctors.
- BPAS centres completed monthly HSA1 audits to ensure and evidence with BPAS compliance. BPAS Doncaster's audit carried out in August 2015 had shown 100% compliance with HSA 1 forms.
- The unit held a Department of Health Certificate of Approval.

Leadership / culture of service

- There was strong local leadership of the service and quality of care and patient experience was seen as the responsibility of all staff. Local staff and senior managers

held the Doncaster registered manager in high regard. They reported the local leadership was supportive and the registered manager and senior nurse were effective in their roles.

- Staff we spoke with were all positive about the culture in the clinic and the management team; they were able to provide examples of when they had received personal support from the management team and colleagues.
- All staff we spoke with were proud of their colleagues and the team they worked in. Staff spoke positively about their role in the clinic and about the impact they had on women's lives.
- A calm, relaxed and professional atmosphere was present in theatres and mutual respect between different grades of staff was evident.
- Senior nurse meetings occurred three times a year across the BPAS organisation to share relevant information such as national and organisational policy, education and practice updates, for example, a nurse revalidation workshop.
- The assistant director of nursing acted as professional lead for nursing in addition to other roles, which included the safeguarding lead and director for infection prevention and control.
- Nursing staff, managers and doctors we spoke with, all liked working for BPAS and felt the organisation was very patient focussed, caring, compassionate and supportive of staff.
- There was an employee assistance programme, which included counselling provision for staff.
- Staff were encouraged to report incidents, learn and access training when they identified a skills gap through supervision or the appraisal process.

Public engagement

- All patients were given feedback forms and were encouraged to complete these. Units were expected to achieve a minimum of a 25% response rate to ensure the survey responses were representative of the service user population. The Doncaster unit consistently met this target.
- The registered manager monitored all feedback for the units and implemented changes and took action where needed.
- The BPAS website had been upgraded to a mobile friendly application to make it more accessible to service users.

Termination of pregnancy

Staff engagement

- BPAS nationally carried out an annual staff survey to elicit how staff felt valued and supported and if there were any issues or suggestions for improvements. Managers told us the response rate for this survey was usually around 60-70%.
- Although the results from the survey could not be disaggregated to unit level, any feedback that was relevant to the unit was acted upon.
- Locally, one action implemented from the 2014 survey was to improve staff access to 1:1 support and appraisals. The appraisal rate had subsequently improved at the Doncaster unit.
- BPAS held a two-day event for clinical staff every two years and all staff from the Doncaster unit were expected to attend.
- A staff forum met three times a year to provide staff the opportunity to communicate directly with executive staff in the organisation. The representative from the Doncaster unit took forward issues and suggestions from all local staff and gave feedback locally.

- Where feedback from the national forums was relevant locally, suggestions and issues were considered in team meetings and changes made as appropriate.
- Staff were able to engage with the wider organisation through an online staff forum.
- A process for cascading the national team briefs was in place and staff could feedback to managers and the executive team through this mechanism.

Innovation, improvement and sustainability

- The Doncaster unit was proactive in developing the role of the HCA particularly within the theatre and recovery areas; competency based training and assessment had been developed and implemented to ensure new and extended roles were undertaken safely. The Doncaster unit's HCA competency framework was being reviewed corporately with a view to BPAS introducing a national standardised competency framework for HCAs.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Ensure staff carry out a safety briefing at the start of every surgical list and use the BPAS Safer Surgical Checklist effectively for all surgical procedures.
- Ensure that a specialist review is undertaken; of the ventilation systems and environment, in the theatre suite, against HTM03-10 guidance to provide assurance regarding compliance with current standards.
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Action the provider **SHOULD** take to improve

- Continue to audit record keeping standards to ensure staff always sign and print name when making document entries and that signature sheets are kept up to date.
- Ensure all little used water outlets are flushed, and recorded as such, when the unit is reopened following closure on non-working days.
- Periodically review local risks as per the current general risk assessments, ensure that this information includes actions and mitigations and is accessible.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for patients. There was ineffective use of the surgical safety checklist, which meant that risks to the health and safety of service users were not fully assessed or mitigated. The service could not give assurance that the ventilation system in theatre and the pack room was compliant with current safety standards.</p> <p>The provider must:</p> <ul style="list-style-type: none">• Ensure staff carry out a safety briefing at the start of every surgical list and use the BPAS Safer Surgical Checklist effectively for all surgical procedures to help mitigate risks to the patients. Regulation 12(2)(a)&(b)• Review compliance of the ventilation systems and environment in the theatre suite, against national HTM03-10 guidance to ensure the premises are safe to use for the intended purpose. <p>Regulation 12(2)(d)</p>