BPAS - Southampton

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

British Pregnancy Advisory Service (BPAS) provides a termination of pregnancy service in Southampton, under contract with an NHS trust. This contract commenced in January 2012. The contract permits BPAS Southampton to use premises shared with the NHS sexual health service.

BPAS Southampton provides a range of termination of pregnancy services. These include pregnancy testing, unplanned pregnancy counselling, early medical abortion, abortion aftercare, sexually transmitted infection testing and treatment, contraceptive advice and contraception supply. The provider had recently stopped offering surgical abortions at this location as part of an area wide reconfiguration.

We carried out this comprehensive inspection in April 2016 as part of our second wave of termination of pregnancy service inspections. The inspection was conducted using the Care Quality Commission's new methodology. We did not provide ratings for this service.

The inspection team comprised two inspectors and a specialist advisor. The advisor was both a registered midwife and divisional director of midwifery and nursing at an NHS Hospital. The inspection took place on 27 April 2016.

Our key findings were as follows:

Safe

- There were processes in place to report, investigate and monitor incidents. Staff understood their roles and responsibilities in relation to reporting of incidents.
- Staff had completed training in safeguarding adults and children and understood how to identify and report concerns. These included concerns relating to child sexual exploitation and female genital mutilation.
- There were enough staff with the right mix of skills to deliver the agreed services at BPAS Southampton.
- The treatment unit was visibly clean, staff followed policies, and guidelines in relation to hand hygiene and infection control audits. There was a high level of compliance with infection control and environmental audits.
- Staff ensured equipment had been safety checked and carried out appropriate checks. Medicines were managed safely.
- Staff created clear, legible records and audits showed a high level of compliance a selection each month. Records were securely stored.
- Every woman attending the clinic completed a medical history and staff carried out a comprehensive risk assessment to ensure they were suitable for an early medical abortion.

Effective

- Staff provided care and treatment that took account of best practice policies and evidence based guidelines. The service had agreed standards of delivery and monitored performance against key indicators. Policies and procedures were based on Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health.
- The provider trained staff for their roles and clinical staff had competency passports to demonstrate their skill levels. Staff received annual appraisals and regular 'job chats' with their managers.
- There was effective multidisciplinary working between the staff at Southampton's nurse-led unit and BPAS doctors based in other locations. Staff had built effective links with NHS staff based at the host location, local safeguarding leads and the voluntary sector.
- Data was submitted monthly on 11 key standards, relating to the quality and safety of the service. Southampton unit showed compliance with all standards for the past year.
- Consent from patients was appropriately obtained, including those under 18 and children under 16 years of age. This included a check that patients and children made independent, informed choices about their treatment.

Summary of findings

Caring

- Staff provided care with compassion and sensitivity and offered patients the time they needed to make a decision.
- Staff were non-judgemental and provided person-centred care. They were careful to support patients to make their own decisions based on an understanding of options.
- Patients said they were treated with privacy and dignity and that said staff involved them and their partners appropriately.
- The service provided after-care counselling support, or signposted patients to specialist services.
- The service was planned and delivered to meet the needs of the local population, based on the analysis of activity with commissioners. Both self-referrals and referral form professionals were accepted. Patients were able to access services in a timely manner, in line with the recommended target of 10 days from initial contact to treatment.
- Staff used an electronic system for doctors to sign the HSA1 forms remotely. This meant that staff could provide treatment promptly, particularly when patients opted for a simultaneous early medical abortion (EMA).
- The BPAS guide provided information about the disposal of pregnancy remains, although as patients who had an EMA passed their pregnancy at home, staff did not routinely discuss options for the disposal of pregnancy remains.
- People were given information how to complain and raise concerns, although there had been no formal complaints in the past year.

Well led

- Staff were passionate about improving services for patients and understood the BPAS values and aims.
- There was an effective governance framework for reviewing the quality and safety of care. This also promoted a quality and safety culture. This structure supported a flow of information across the region and learning from complaints, incidents and feedback from clients. A local risk register to identify and mange local service specific risks was in place
- There were robust systems to ensure the service adhered to legislation relating to abortions. The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) was on display in the waiting area.

However, there were also areas the provider needs to make improvements.

The provider should:

- Keep patients informed of the most current outcome information when they making a decision about the type of medical abortion to have.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		We have not published a rating for this service. CQC does not currently have a legal duty to award ratings for services that provide solely or mainly termination of pregnancy.

Summary of findings

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BPAS - Southampton

Services we looked at
Termination of pregnancy

Summary of this inspection

Background to BPAS - Southampton

British Pregnancy Advisory Service (BPAS) provides a termination of pregnancy service in Southampton, under contract with a local NHS Trust. This contract commenced in January 2012. The contract permits BPAS Southampton to use premises shared with the NHS sexual health service. BPAS employs the staff providing and supporting the service.

The unit offers early medical abortion procedures for patients with gestational ages up to 10 weeks. Other services include pregnancy testing, unplanned pregnancy counselling, abortion aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply.

The unit was open three days a week, on Tuesdays, Wednesdays and Fridays. A total of 444 early medical abortions procedures were carried out between January 2015 and December 2015. The registered manager for the unit registered with the Care Quality Commission (CQC) on 2 June 2014.

We carried out this comprehensive inspection using the CQC's new methodology on 27 April 2016. The inspection team comprised two inspectors and a specialist advisor. The advisor was both a registered midwife and divisional director of midwifery and nursing at an NHS Hospital. We have not published a rating for this service because CQC does not currently have a legal duty to award ratings for this type of service.

Our inspection team

Our inspection team was led by:

Inspection Manager: Lisa Cook, Care Quality Commission

The inspection team comprised two CQC inspectors and a specialist advisor. The advisor was both a registered midwife and divisional director of midwifery and nursing at an NHS Hospital.

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?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. Patients were invited to contact CQC with their feedback.

We carried out this announced inspection visit on 27 April 2016. We spoke with a range of staff in the unit including nurses, client support workers, administrative and clerical staff, regional managers and the operational director.

We observed how patients were being cared for, talked with carers and/or family members and reviewed treatment records.

We would like to thank all staff, patients and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at the BPAS Southampton.

Summary of this inspection

Information about BPAS - Southampton

BPAS Southampton Key facts and figures

Activity

- 444 early medical abortions undertaken between January 2015 and December 2015.

Safety

- No 'never events' (January 2015 to December 2015)
- No serious incidents requiring investigation (SIRIs) between January and December 2015
- 100% of patients who underwent medical abortions were risk assessed for venous thromboembolism (VTE).
- All staff who were involved in the care of patients aged under 18 were trained to level three in safeguarding children and young people.
- There were no nursing staff vacancies as of December 2015.

Effective

- Information provided by BPAS showed that 100% of staff had completed an appraisal as of December 2015.

Caring

- 99% (315) of patients who responded to the BPAS opinion survey said they would recommend the service to others. These were the results for the year January 2015 to December 2015.

Responsive

- Between July 2015 and December 2015, 95% of patients had their termination within 7 days from their decision with treatment. This percentage had increased from 83% in the first quarter of the year, April 2015-June 2015.
- The average number of working days from first contact to treatment reduced from 12 in quarter one to 10 in quarter three.
- There had been no formal complaints or concerns between January and December 2015.

Well Led

- The assessment process for termination of pregnancy legally requires two doctors to agree with the reason for the termination and sign a form (HSA1 form) to indicate their agreement. BPAS units completed monthly HSA1 audits to ensure and evidence with BPAS compliance. The compliance of BPAS Southampton with this audit was 100% (September 2015 to December 2015).

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

BPAS Southampton provides support, information, treatment and aftercare for people seeking help with termination of pregnancy.

The following services are provided at the BPAS Southampton:

- Pregnancy testing
- Unplanned pregnancy counselling/consultation
- Medical abortion
- Abortion aftercare
- Sexually transmitted infection testing and treatment
- Contraceptive advice and contraception supply

BPAS Southampton holds a licence from the Department of Health to undertake termination of pregnancy procedures. This licence was displayed in the waiting area.

The BPAS Southampton consists of:

- Three consulting rooms assigned to BPAS three days a week
- One treatment room for medical abortion that is also used for ultrasound scanning.

BPAS shared the reception area, waiting room and a section of office with the NHS sexual health service.

We inspected the BPAS Southampton on 27 April 2016. We spoke with six staff members including a receptionist, three registered nurses, a service manager and the director of operations. We observed care and treatment for patients and we reviewed 10 sets of records.

Summary of findings

Staff at BPAS Southampton followed best practice guidance in the delivery of early medical abortions. They provided treatment in line with current guidance and modified practices based on updates from professional bodies and feedback from patients.

Staff followed procedures to deliver a safe standard of care and treatment. They checked medicines were ordered, delivered, stored and administered in a safe manner and reported clinical incidents appropriately. They understood the principles of openness and honesty and knew to apply the Duty of Candour for incidents that caused moderate or severe harm. There had been no serious incidents in the past year. There had been no infections as a result of procedures and staff maintained high standards of cleanliness and hygiene.

Patients accessed services via a 24-hour advice and contact line, or via a GP referral. They received timely treatment and were seen on average within four days. The service had reduced waiting times for appointments such that the average time from first contact to treatment was 10 days, in line with guidance. Patients could access post-abortion counselling services and were provided with a range of information to help them understand their options and different procedures. They also had information about the complaints process. The service had not received any formal complaints in the past year.

Staff provided counselling services for all patients attending for treatment. A full pre assessment meant that staff offered patients choices appropriate to their specific needs and in line with the laws relating to

abortions. Staff provided care in a compassionate and sensitive way and explored any risks to patient's safety. They referred those at risk to appropriate safeguarding teams.

The unit kept client records securely and records were clearly completed and comprehensive. Staff audited aspects of care including case notes, infection control, legal documents such as the certificates of opinion for abortions and the clinic environment. They also asked patients for feedback about their experiences.

BPAS' governance arrangements meant that quality and safety was regularly reviewed and learning was shared to encourage improvement. Staff said there was good teamwork and they felt supported in their roles by the managers. Clinical staff received training appropriate for their roles and most staff were up to date with mandatory training.

Are termination of pregnancy services safe?

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

- There were processes in place to report, investigate and monitor incidents. Staff understood their roles and responsibilities in relation to reporting of incidents. There were processes in place to investigate incidents and share lessons learnt with the treatment unit and across other BPAS units.
- All staff had completed training in safeguarding adults and children and understood how to identify and report concerns. These included concerns relating to child sexual exploitation and female genital mutilation.
- The treatment unit was visibly clean. Staff followed policies and guidelines in relation to hand hygiene and checking infection control procedures to reduce risks of cross infection. Staff carried out monthly audits, which showed a high level of compliance.
- Staff ensured equipment had been safety checked and carried out checks at appropriate frequency intervals. For example, they checked the resuscitation trolley and the temperature of the medicine fridge each day they were on site. Other equipment was tested and serviced under contract.
- Medicines were prescribed, stored and administered appropriately. All medicines were in date and stored securely and staff followed systems for checking orders and deliveries.
- Staff created clear, legible records and audited a selection each month. Audit results showed compliance against over 50 criteria. They stored records in locked filing cabinets and had a system for secure key storage.
- The HSA1 form was signed by two doctors before patients received their medicines to terminate a pregnancy, in line with legislation. Staff notified the Department of Health of each termination within 14 days and maintained a register of all terminations.
- Every woman attending the clinic completed a medical history and staff carried out a comprehensive risk assessment to ensure they were suitable for an early medical abortion.

- There were enough staff with the right mix of skills to deliver the agreed services at BPAS Southampton. Staff worked across different units on different days, which helped them develop their skills and provide a flexible workforce.

However;

- The treatment unit shared resuscitation equipment with the NHS sexual health services and although staff checked the trolley equipment each day, the trolley was located at the other end of the corridor from the BPAS consultation rooms. Safe access to the trolley had not been risk assessed.

Incidents

- BPAS made a distinction between categorising incidents as clinical incidents and complications. For example, a clinical incident was defined as an event that resulted in harm such as a medication error. A complication was defined as an unintended outcome attributed to an intervention which resulted in harm such as haemorrhage or infection following treatment.
- Staff reported 10 clinical incidents between April 2015 and March 2016; none of which were serious incidents. Staff at BPAS Southampton had not reported any non-clinical incidents in the past 12 months nor any never events. Never events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been implemented. Staff reported seven minor complications between January 2015 and December 2015, relating to infections, ongoing pregnancies or retained products of the pregnancy. Incidents and complications were monitored, analysed for trends and discussed at regional quality assurance and improvement forums.
- Staff used a paper-based system for reporting clinical and non-clinical incidents. Staff said the registered manager maintained a no-blame culture and they were encouraged to report incidents. Most of the staff we spoke with were familiar with how to report incidents. Two staff said they did not know how to report non-clinical incidents and told us they would always speak with the service manager for advice on what to report if they had any concerns.
- The BPAS organisation had a 'client safety incidents policy and procedure', which set out the process for reporting and investigating incidents including serious incidents. Staff told us they were able to locate this policy on the intranet and found it useful.
- A review of two incident reports found senior staff investigated and carried out root cause analysis and shared learning. They produced action plans to reduce the risk of a similar incident reoccurring. For example, following an incident relating to a woman who had been referred to the early pregnancy assessment unit (EPAU) in the local NHS hospital, with an ectopic pregnancy where staff had not complied fully with the BPAS policy. The action to remind all staff to follow the BPAS ectopic pregnancy pathway was circulated to all managers and cascaded to staff. At Southampton, the manager had also set up a meeting with the EPAU to improve communication.
- Managers discussed serious incidents and investigations at clinical governance meetings. They considered any learning and actions required and cascaded these to clinical staff verbally and via email updates.
- BPAS had introduced a 'red top alert' system to communicate important learning from serious incidents across all BPAS locations. The risk management and clinical safety lead for BPAS sent these alerts to the service managers who cascaded them to their local teams. We saw examples of red top alerts raised to share learning relating to safeguarding and medicines management. Staff were familiar with these and said they were useful, succinct ways of sharing advice.
- The leadership team at BPAS Southampton were familiar with the requirements of the Duty of Candour legislation, and other staff understood the principles of openness and transparency that the Duty of Candour encompasses. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify the recipients of care (or other relevant persons) of 'certain notifiable safety incidents' as soon as reasonably practical and provide reasonable support to that person.

Cleanliness, infection control and hygiene

- All the clinical and non-clinical areas we visited were visibly clean.

- The unit had reported zero healthcare acquired infections in the year to April 2016.
- The premises of BPAS Southampton were provided under contract from the host NHS trust, and BPAS checked the level of cleanliness when setting up their clinics. Each clinic room had a hand-wash basin, paper towels and an enclosed waste bin to minimise the risk of infections.
- In all areas, we observed staff complied with BPAS infection prevention and control policies. All nursing staff were bare below the elbow, to help them reduce the risk of infection. They had access to hand washing facilities and a supply of personal protective equipment, which included gloves and aprons. Staff washed or applied hand sanitizer gel to their hands after treating patients.
- Staff monitored the standards of cleanliness and the manager carried out infection control audits. BPAS Southampton achieved 100% for the monthly 'essential steps' local infection control audits between January 2015 and December 2015. A full infection control audit in January 2016 resulted in a score of 98%.

Environment and equipment

- The environment was visibly well maintained. The unit was based on the ground floor of an NHS Hospital in Southampton, sharing clinical areas with the sexual health service provided by the NHS trust. The unit was accessible to people who used mobility aids and the hospital had protected disabled parking.
- Most of the equipment had been routinely checked for safety and were labelled stating the date when the next service was due. However, we observed a blood pressure machine and an ultrasound scanning machine which did not have a label indicating service or maintenance dates. The servicing records were held by the host NHS trust. This means that there was no assurance to indicate whether these equipment were safe to use. We brought it to the attention of service manager at the time of our inspection.
- Resuscitation equipment was available in case of an emergency. The resuscitation trolley was shared with sexual health service and both services carried out daily check on the equipment and signed to show this had been completed. BPAS staff carried out checks on the days the unit was open to ensure the correct equipment was available and fit to use.
- Staff checked that single-use items were sealed and in date, and the emergency equipment was serviced regularly.
- The unit adhered to the management of clinical waste's policy. We reviewed the BPAS waste inspection report (January 2016) which showed compliance on all the outcomes that had been inspected and assessed.
- The organisation had carried out various local inspections to assess risks associated with the environment and equipment. Staff had addressed any actions identified.

Medicines

- There was an established system for the management of medicines to ensure they were safe to use. This included clear monitoring of stock levels, stock rotation and the checking of expiry dates of medicines.
- The pharmacy department the local NHS trust supplied the medicines for abortions. The lead nurse or their deputy submitted orders to the local NHS trust's pharmacy department and checked the medicine delivery. They checked the contents of the order corresponded with the items detailed on the original order form and the delivery note.
- Staff ordered the anti-D and codeine phosphate medicines directly from the BPAS pharmacy and there was a clear trail and reconciliation process at each step.
- Staff carried out audits to monitor the safe storage of medicines and the unit had scored 100% compliance in the May 2016 audit. Medicines were securely stored and kept in locked cupboards and fridges, with a system for key control. Staff recorded the minimum and maximum temperatures of the medicines fridge to ensure that medication was stored at the correct temperature. There was a clear escalation procedure to follow if the temperature was outside the agreed range. Controlled drugs were not used at this location.
- There was a system for the safe disposal of medicines. Staff placed medicines in a dedicated disposal bin that could be tracked to the place of origin.
- As part of their risk assessments, staff asked patients if they had any known allergies and recorded their responses on the pre-assessment forms.
- Doctors prescribed medicines that induced abortion (abortifacient drugs) for patients undergoing early medical abortions. A doctor only prescribed the required medication after the woman had completed a consultation with a nurse and after the HSA1 form had

been signed by two medical practitioners. There is a legal requirement for two doctors to sign the HSA1 form, and agree the reason for the abortion, before prescribing the medicines.
- Nurse and midwife practitioners administered some medicines via patient group directions (PGD). These are written instructions for the supply and/or administration of medicines to groups of patients without them having to see a doctor (or dentist) in planned circumstances. The PGDs have a role in ensuring the safe and timely delivery of patient care. A medical practitioner and a pharmacist had approved the PGDs.
- Nurse and midwife practitioners completed an in house training program before they could administer medication against a PGD. They had signed the PGDs to show they had read them and agreed to abide by the instructions.
- Doctors prescribed prophylactic antibiotics against chlamydia trachomatis and anaerobic infections to all patients having abortions to reduce the risk of infection. They followed local microbiology protocols for the administration of antibiotics.

Records

- Staff recorded consultation and treatment information on paper-based records. They kept this information securely in locked cabinets, with secure key control.
- Different staff members completed relevant parts of the client records and signed, and dated each entry. We reviewed 10 client records. These showed staff wrote legibly, completed comprehensive assessments and associated action plans. The records included clear assessments of health risks, medical history, social history and specific needs. Staff completed records in full, and provided a clear rationale for a termination of pregnancy.
- BPAS undertook records audits each month. These consisted of reviewing five sets of records at random against over 50 criteria. Results showed BPAS Southampton was 100% compliant with these audits in the six-month period from November 2015 to April 2016.
- The unit had capacity to store three months of records securely. After three months, staff arranged for the safe transport of records to head office where they were archived.
- Administration staff copied information from the paper records on the BPAS electronic administration system. The nursing staff checked entries were correct. The electronic information system enabled doctors to view the client information and consultation details remotely, authorise the termination and send electronic prescriptions.
- Staff ensured they notified the Department of Health of all terminations within the 14 day deadline, using the electronic system.

Safeguarding

- The manager of BPAS Southampton was the named safeguarding lead and understood the process for raising safeguarding alerts. If they had concerns about the welfare of a woman, they could also escalate the case to the national clinical lead for further advice. Staff knew who the safeguarding lead for the service was and where to seek advice.
- There were safeguarding policies and procedures available for staff to reference. Staff were aware of the policy and procedure for safeguarding patients aged under 18, and knew where to access it at the unit.
- Staff had completed training in how to safeguard children and adults. The information provided by the organisation showed all clinical staff were trained in safeguarding adults and to level three in safeguarding children and young people. Staff told us the training also covered information relating to child sexual exploitation (CSE). They understood their responsibilities to report concerns.
- We observed staff encouraged young patients aged under 16 years old to involve their parents in discussions about their care, or to have support from another adult. Staff the Fraser guidelines during assessments, to ensure young patients and children understood the discussion and had the maturity to make independent decisions.
- The unit adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for the care of patients requesting induced abortion when they treated young patients under 16 years of age. Staff carried out a safeguarding risk assessment for young patients aged 13 to 16 years and made a decision whether to raise a safeguarding referral. Staff at the unit had treated four young people who were aged between 13 and 15 years between January 2015 and December 2015.

Termination of pregnancy

- We reviewed records for two young people aged between 13 and 16 years which showed procedures were followed by the staff. They had completed appropriate risk assessments and had made safeguarding referrals.
- It was a legal requirement to raise a safeguarding referral if a child under 13 years old used the service. Staff knew this and understood how to make the referral and support the child. Between January 2015 and December 2015 the Southampton unit had not treated any under 13 year olds.
- At consultation, client care coordinators used a safeguarding assessment form specifically designed for young people to find out if they were subject to any risks such as CSE. Client care coordinators ensured they saw patients on their own for at least part of their consultation, to ask if they were safe and to explore potential safeguarding concerns. They explained how they would protect children and young people who were at risk of CSE, which included raising safeguarding alerts or contacting GPs depending on the situation.
- Staff respected patients' confidentiality and used a secret word as an additional, discreet identification check. They also checked their preferred methods of communication, and asked if they were safe to use them for contact purposes.
- They carried out safeguarding risk assessments for any suspected case of abuse and made safeguarding referrals to the local safeguarding team when required.
- All the clinical staff had received training related to female genital mutilation (FGM). Staff were aware of the Department of Health guidance and requirements relating to FGM (Female Genital Mutilation Risk and Safeguarding: Guidance for professionals. DH March 2015). There was information about FGM on the BPAS intranet, including definitions and global prevalence. BPAS had recently included FGM within the regular BPAS Safeguarding Vulnerable Groups training.
- There had been no FGM related cases treated or assessed at the BPAS Southampton unit in the year to December 2015.

Mandatory training

- Mandatory staff training covered a range of topics including fire safety, health and safety, basic life support, safeguarding, manual handling, infection control and information governance. Staff told us they were up to date with their mandatory training.
- Data showed most staff had completed this training in 2015 and 2016, with the remaining staff due to complete update training within three months of the inspection.
- New staff completed a 12-week competency based induction programme, which included all the mandatory training topics.

Assessing and responding to patient risk

- At consultation nurse and midwife practitioners assessed all patients who chose a surgical termination of pregnancy against the risk of venous thromboembolism (VTE). The risk assessments informed staff if prophylactic treatments were required. The risk assessments were included in all the patient's records we reviewed and included actions to mitigate any risks identified.
- Prior to a termination, all patients had a blood test to identify their blood group. It is important that any woman who has a rhesus negative blood group receives treatment with an injection of anti-D. This treatment protects against complications should the woman have future pregnancies. The records showed all those who had a rhesus negative blood group received an anti-D injection.
- Health professionals checked whether it was safe to progress with treatment. They asked all patients about their medical history, including whether they had any known allergies or health risks. Before treatment, nurses monitored patient's vital signs, including blood pressure, pulse and temperature and carried out an ultrasound scan to check the pregnancy. Based on the results, health professionals assessed the suitability of patients for treatment in line with the BPAS 'suitability for treatment' guidelines. The guidelines outlined which medical conditions would exclude patients from treatment at the unit, and identified any medical conditions that required a risk assessment by a doctor. BPAS had a specialist placement team which organised appointments for those patients at appropriate BPAS clinics or NHS hospitals.
- Health professionals had access to medical support in the event of a woman's condition deteriorating. Staff were able seek medical advice from the doctor 'on call' in one of the regional BPAS locations.
- Staff told us they referred young patients under 18 years of age who were at risk of unplanned pregnancies to the local outreach nurse, who specialised in sexual health and offered contraceptive advice to young patients. We

saw evidence from our review of client records that two young patients had been referred to the outreach nurse. However, we did not hear any discussion about this type of referral in the consultation we attended for a young woman and pointed this out to the manager.

- There was an agreed transfer protocol, signed by the local acute trust, for the unit to transfer patients with acute health complications. This was a three-year agreement, dated December 2014, subject to annual review.
- The protocol included procedures to transfer a woman with a pregnancy anomaly, such as an ectopic pregnancy to the early pregnancy assessment unit.
- Woman had access to a 24-hour after-care helpline, operated by BPAS trained staff, which they could call for advice after their abortion if they had concerns about their health or wellbeing. Notes of these calls were included in the client records.

Nursing staffing

- Nurse and midwife practitioners worked their contracted hours across nearby BPAS locations. At BPAS Southampton, they also worked at the Basingstoke and Portsmouth units, depending on opening times and their contracts. There were four registered health professionals who worked at the Southampton unit, three assistants and no vacancies.
- BPAS reviewed staffing at each location to ensure that there were sufficient staff to meet the needs of the patients, taking into account the type of treatment offered and the opening times. Managers reported on staffing levels as part of their regular monthly performance report.
- Healthcare professionals had clinical passports which demonstrated their clinical competencies, level of training and recruitment status. This allowed managers to arrange cover with competent staff in the event of holidays or sickness absence.
- The unit did not use any agency staff.

Medical staffing

- BPAS Southampton offered a nurse-led service and did not employ any medical doctors.
- BPAS employed medical staff at other locations who were available between 9am to 5pm during weekdays.

Major incident awareness and training

- There was a business continuity plan at the unit and staff we spoke with were aware of the procedure for managing major incidents.
- Emergency plans and evacuation procedures were in place. Staff were trained in how to respond to major incidents.

Are termination of pregnancy services 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.

- Staff provided care and treatment that took account of best practice policies and evidence based guidelines. The service had clear standards agreed with commissioners and key performance indicators to monitor performance and service delivery.
- Policies and procedures were based on Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health. These included the provision of counselling services, testing patients for sexually transmitted diseases and offering the most effective pain relief. Staff always discussed contraception options with patients attending the clinic.
- BPAS Southampton offered patients a new way of receiving drugs to initiate an early medical abortion (EMA), which meant they had the medicines at the same time. The provider had reviewed clinical research and carried out a national pilot to monitor outcomes of the options in 2015. The updated My BPAS Guide for patients included details of options available, including the relative risks associated with the two methods of EMA. Between January 2016 and April 2016, 70% of abortions at this unit had been of the new, 'simultaneous' EMA type.
- The service monitored waiting times to ensure patient outcomes were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- The provider provided competency training and assessment for staff, appropriate to their roles. Clinical

staff had competency passports to demonstrate their skill levels. BPAS trained staff in counselling using their own course material. Staff received annual appraisals and regular 'job chats' with their managers.

- There was multidisciplinary working between the staff at Southampton's nurse-led unit and BPAS doctors based in other locations. Unit staff had effective links with NHS staff based at the host location, local safeguarding leads and the voluntary sector.
- Staff at the unit submitted monthly data on 11 key standards, relating to the quality and safety of the service. Southampton unit showed compliance with all standards for the past year.
- Staff audited records to check patients received effective care and treatment. At Southampton all records audits between November 2015 and April 2016 showed 100% compliance. Other audits related to safeguarding, assessing gestation and point of care testing.
- Staff understood how to seek consent from patients, including those under 18 and children under 16 years of age. They checked that patients made independent, informed choices about their treatment.

Evidence-based care and treatment

- The unit followed policies that adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines. The policies also reflected the Department of Health Required Standard Operating Procedures (RSOP) and professional guidance. These included policies for the treatment of patients with specific conditions, such as termination of pregnancy for fetal anomaly and ectopic pregnancy.
- Staff could access BPAS policies on the corporate intranet. Head office issued updates electronically and staff signed to show they had read them.
- Southampton offered patients early medical abortions only. The conventional method was to administer the abortifacient medicines at intervals of about two days. BPAS had introduced a new option, for patients to have the drugs simultaneously. Following clinical research and a pilot study in 2014/15. This pilot study of about 2000 patients showed that risks of continuing pregnancy and retaining products of the pregnancy were slightly higher with this method. The relative risks were shared with patients in the guide they received from BPAS. The data collection was ongoing and therefore the figures required ongoing analysis. However, it was often the preferred option as it was more convenient for the woman. Southampton offered this option and between January and April 2016, 70% of the abortions provided had been this type.
- The information about this new method of administrating drugs was included in the 'My BPAS' guide which was given to all patients before making a choice. Staff explained the relative risks of the two methods so patients could make an informed choice.
- All patients underwent an ultrasound scan at the unit to determine the gestation of the pregnancy. This was in line with the BPAS clinical guidelines for all abortions.
- During the initial consultation and assessment, staff discussed contraceptive options with patients. They also discussed a plan for contraception after the abortion. Options included the 'long acting reversible' methods (LARC), which are considered to be most effective as suggested by the National Collaborating Centre for Patient's and Children's Health. BPAS Southampton provided contraceptives and devices at the unit in accordance with patient's choices. This was in line with RCOG guidance, which recommends that all methods of contraception should be discussed with patients at the initial assessment and a plan should be agreed for contraception after the abortion.
- Staff tested patients for Chlamydia infection, a sexually transmitted bacterial infection, prior to any treatment. They referred those with a positive test result to sexual health services for treatment and further screening for other sexually transmitted infections (STIs). This practice was in line with RCOG guidance on 'the care of patients requesting induced abortion', which recommends that services should make information available about the prevention of STIs.
- BPAS staff gave patients clear verbal and written advice about what to do if they experienced problems after their abortion. Patients could call a 24-hour BPAS aftercare line if they experienced any problems, such as excessive bleeding, or they could attend their local NHS hospital.
- Staff at the unit carried out various audits recommended by RCOG, such as audits relating to infection control, the environment and client records. BPAS used the case note audits to check that staff discussed options and implications in relation to patient's pregnancy, obtained consent to treatment, talked about contraception choices and carried out a full assessment. The audits covered over 50 criteria and

the treatment unit achieved 100% in these audits for the period November 2015 to April 2016. Other audits related to safeguarding, assessing gestation and point of care testing.

- BPAS clinical advisory team reviewed policies against national and professional guidance and issued updates when necessary. Staff signed to show they read these policies.
- Staff offered all patients a counselling service after their abortion, and could refer them to specialist counselling if they requested it or there was an assessed need.

Pain relief

- Doctors prescribed pre- and post- procedural pain relief and recorded this on medication records. Patients who chose a medical abortion were given advice on the use and dosage of painkillers once they had returned home. They were prescribed codeine phosphate tablets for pain relief at the time of the abortion and nurses ensured patients had a small supply to take home.
- The BPAS booklet included space for staff to record when pain relief was due, to ensure patients knew the correct time intervals for taking pain relief.

Patient outcomes

- BPAS monitored the relative outcomes of two early medical abortion methods. Treatment units monitored complication rates and reported them to the clinical governance team each month for analysis. The results were available to staff so they could discuss the comparative outcomes with clients. Historical data was also printed in the most recent My BPAS guide (April 2016), given to all patients. For example, the risk of retained products of conception were reported as '5 in 100', if the medicines were taken at the same time or '3 in 100' if they were taken 24-72 hours apart. The service continued to monitor the relative outcomes for patients, by logging complications by standard and simultaneous EMA.
- Staff asked patients to carry out a pregnancy test two weeks after a medical abortion, to ensure the abortion had been successful. BPAS carried out follow ups, usually by telephone, if agreed with the patients to check on outcomes. Staff invited patients back if they had any concerns.
- There had been seven minor complications (out of 456 procedures, or 1.5%) between January 2015 and December 2015, relating to infections, ongoing pregnancies or retained products of the pregnancy. These complications were monitored and analysed for trends. Staff recorded complications against the type of termination to assess outcomes and effectiveness of the procedures. Staff completed a form in the client's notes to ensure the complication was flagged up should the patients seek further treatment.
- BPAS Southampton reported on the waiting times for a consultation appointment and for treatment, as part of a group of five units in Hampshire, to the service commissioners. Patients were offered appointments in a choice of units within Hampshire, within a 30 mile radius, in line with the BPAS contract with the NHS trust. For the three months ending December 2015, clients waited an average of four working days for a consultation, and waited an average of 10 working days from first contact to treatment. Staff could fast-track patients for treatment if their gestation period meant they needed an earlier appointment.
- BPAS Southampton, as part of the Hampshire group of five clinics, reported statistics to commissioners on activity levels, the ages of patients, gestation ages and treatments provided by age and type. The quarterly reports included data on the number of patients who did not attend for appointments and those who were referred to other providers or whose treatment was cancelled by BPAS.

Competent staff

- Staff told us they had regular annual appraisals. Information provided by BPAS showed that 100% of staff at BPAS Southampton had completed an appraisal when reviewed in December 2015. Managers also supported staff with 'job chats' which took place three times a year.
- All new staff were supported through a 12-week induction programme and competence based training relevant to their role. The induction programme included comprehensive training on various topics including the consent process, counselling, safeguarding, sexual health, contraception advice and scanning. Staff who had attended this programme said it met their needs.
- Staff had access to specific training to ensure they were able to meet the needs of patients. For example, nurses and midwife practitioners had completed a scanning

course with a competency assessment, in conjunction with Bournemouth University, which helped them determine the gestational age for patients undergoing termination of pregnancy.
- The 'client care coordinators', who provided the pre and post abortion counselling service, had completed the 'BPAS Client Support Skills and Counselling and Self Awareness' course and competency assessment. This training was designed to provide staff with skills specific to supporting patients with making decisions about their pregnancy. Staff confirmed they also received counselling supervision. All patients were offered a counselling service prior to the treatment. Counselling was also offered and available after an abortion.
- Staff at the BPAS contact centre had also completed competence based training specific to their role.

Multidisciplinary working

- Nursing staff, counsellors and other non-clinical staff worked well together as a team. There were clear lines of accountability that contributed to effective planning of client care.
- The unit had close working relationships with the NHS sexual health service, which operated on the same premises. This had helped to improve the care for patients, with access to specialist sexual health services located on site.
- The staff told us they had close links with other agencies and services such as the local safeguarding team and early pregnancy assessment units at the local hospitals.
- Staff worked collaboratively with the host NHS trust, to provide a flexible service within the limitations of the space and clinic rooms available.
- BPAS Southampton had a service level agreement with the neighbouring acute NHS Trust which allowed them to transfer patients to the hospital if there was a medical emergency.
- The client's pathway for early medical abortions was clearly defined, with care coordinated between the call centres and the clinic staff. These included the administration staff, care client coordinators and healthcare professionals. The staff reported excellent team-work, focused on providing person-centred care.
- A named registered nurse was the primary contact for patients undergoing early medical abortions. All the team members were aware of the allocated nurse who had overall responsibility for each individual woman.

Access to information

- Staff stored client records at the unit for a maximum of three months. Thereafter they were archived offsite, at BPAS head office, in line with BPAS protocols. Staff transferred records for patients if they referred them to a different BPAS unit or to another specialist service as required.
- Staff gave patients information about aftercare at their discharge meeting, and a copy of the GP letter if they wanted it.
- Staff offered patients a copy of their discharge letter and recorded if it was accepted or declined. Discharge information was sent to the patient's GP if the patient had consented for their information to be shared.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed that nurse and midwife practitioners and care client coordinators asked patients about their understanding of the termination process and for their consent to treatment appropriately. They checked patients were sure of their decision at different stages of the consultation and treatment. If patients expressed any doubts, staff carefully and sensitively discussed their options to ensure they gave informed consent. Patients were offered a second consultation if they were not entirely sure about their decision to terminate the pregnancy.
- The care records we reviewed for early medical abortion procedures showed patients signed their consent to treatment. Staff signed to show they had discussed risks, possible side effects and complications. Patients were able to retain a copy of their consent form if required, or it remained in the notes if they did not request it.

- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Staff told us that they rarely saw patients who lacked capacity to give their consent. Staff explained they gave information in a way people could understand it and sometimes that took longer time or repeated appointments.
- Staff assessed whether young patients aged under 16 years had the competency to make decisions about a termination of pregnancy, applying the Fraser guidelines. They also followed the Fraser guidelines when seeking consent from young patients in relation to

contraception. BPAS had created specific consent forms for young patients to help staff assess whether a young person had the maturity to make these decisions independently.
- Staff also identified the need to act in the person's best interest, seeking advice and making joint decisions with others when there were concerns about a person's capacity to understand.

Are termination of pregnancy services caring?

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

- Staff provided care with compassion and sensitivity and offered patients the time they needed to make a decision. Staff were non-judgemental and provided person-centred care.
- Patients had at least part of their consultation on their own, without their partner or friend, and staff were careful to support patients in making their own decisions. Staff checked patients understood their treatment options, and involved partners in their care when appropriate.
- Those who had responded to client surveys said staff gave them privacy and dignity and had treated them in a confidential manner.
- Patients gave positive feedback about the caring aspect of the service. They consistently said they had felt listened to, were given clear explanations by staff and had been involved in decisions about their care.
- The service offered patients after-care counselling, including bereavement counselling, or signposted them to specialist services.

Compassionate care

- Throughout the inspection we observed staff treated patients with compassion, dignity and respect. They respected people's privacy, for example, they drew curtains when they carried out a scan and were careful to protect people's private and personal information.
- Patient's preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care. Younger patients were encouraged to involve their parents or family members and staff respected their wishes.
- We observed positive interactions between patients and staff. All staff introduced themselves to patients, and explained their roles and responsibilities to help provide reassurance.
- Patients we spoke with were positive about the way they had been treated by staff. Patient's feedback on CQC comment cards included comments such as, 'Staff were friendly and welcoming', 'Care was fantastic and [I] felt very relaxed and comfortable,' and 'Staff were quick and efficient'.
- Between January 2015 and December 2015, 305 patients submitted feedback on their experiences of care using the BPAS opinion forms. This represented feedback from 68% of patients attending for an abortion. All respondents said they had been given privacy and dignity and had been treated in a confidential manner.
- The call centre had set up a code word for patients to use when they attended the unit, to help ensure confidentiality and privacy. Staff checked that passwords matched when patients presented for consultation at the unit.

Understanding and involvement of patients and those close to them

- We observed that during the initial assessment, staff explained all the available methods for termination of pregnancy that were appropriate and safe. Staff considered the gestational age and other clinical assessments and discussed options in a non-judgmental way. They also explored how much the patients already understood about treatment options, and whether they had already undertaken any research.
- Staff talked through the BPAS guide with patients and explained the different information sources available to them. This helped patients understand their options. If patients needed extra time to make a decision, staff supported their decisions and offered them another date for a further consultation.
- The BPAS client feedback forms returned in 2015 showed all patients reported they had felt listened to, given clear explanations by staff and had been involved in decisions about their care and treatment.
- Observations, and the records we reviewed, showed staff asked patients about their support arrangements

at home and advised them what to expect after a medical abortion. Staff also signposted patients to the after care services and sensitively tested their understanding.
- Records reviewed showed there were occasions when patients changed their minds about terminating their pregnancy. Staff we spoke with told us that in these circumstances the service respected their decisions and supported them with advice for antenatal care.
- Client care coordinators asked patients for personal data to complete Department of Health data HSA4 forms. They explained the reasons for this and provided reassurance that data was anonymised and required for statistical purposes, to inform a national report on the termination of pregnancies.

Emotional support

- The RCOG recommends patients considering a termination of pregnancy should have access to pre-termination counselling. All the patients who attended the unit received a pre-termination meeting with a client care coordinator to discuss their pregnancy options. We observed that patients who were anxious or unsure about their decision were provided with extra support.
- BPAS has recently introduced a telephone consultation service where patients were offered the counselling service over the phone, when risk assessments indicated this was appropriate and safe. As part of this service, staff offered patients the option to attend a treatment unit in person if they then stated a preference for a face-to-face consultation.
- Staff provided sensitive and emotional support for patients who were to have a termination of pregnancy due to fetal anomaly. Staff told us that they encouraged their support person (carer or a family member) to be involved as much as possible. Staff said they prioritised and fast-tracked treatments and appointments where appropriate.
- If the BPAS counselling services were not enough, or patients had longer term needs, staff referred patients to specialist counselling organisations in the area.

Are termination of pregnancy services responsive?

By responsive, we mean that services are organised so that they meet people's needs.

- The service was planned and delivered to meet the needs of the local population. BPAS met with commissioners regularly to review activity trends. It was in response to this analysis that BPAS and commissioners agreed to stop providing surgical terminations at this location.
- BPAS had an informative website and 24/7 telephone advice line. BPAS Southampton accepted self-referrals from woman as well as referrals from other professionals. BPAS also offered patients a 'web chat' service.
- Staff had access to an interpretation service as well as some guidance materials in a range of languages.
- Patients were able to access services in a timely manner. The service had improved access times and had achieved the recommended target of ten days from initial contact to treatment. BPAS operated a fast-track appointment system for patients with a higher gestation period or those with complex needs.
- Staff used an electronic system for doctors to sign the HSA1 forms remotely. This meant that staff could provide treatment promptly, particularly when patients opted for a simultaneous early medical abortion (EMA).
- The BPAS guide provided information about the disposal of pregnancy remains. Patients who had an EMA passed their pregnancy at home. Although staff explained pregnancy remains, they did not routinely discuss options for the disposal of pregnancy remains at consultation, unless this was raised as an issue.
- People were given information how to complain and raise concerns, although there had been no formal complaints in the past year. The service responded to informal and local complaints and monitored the action taken and any trends.

However

- The BPAS quality standard was set at zero formal complaints, which meant there was a risk that complaints might not be viewed as opportunities for learning and improvement.

Termination of pregnancy

Service planning and delivery to meet the needs of local people

- The termination of pregnancy service at BPAS Southampton was provided under contract with a local NHS trust . The BPAS regional managers were responsible for planning the service in discussion with the commissioners, with the registered manager's support and involvement. There had been a reduced demand for surgical terminations in Hampshire and as a result, BPAS Southampton had stopped providing surgical terminations.
- Patients could access the BPAS Southampton service via an NHS single point of access telephone line or by calling the BPAS telephone booking service directly, which was open 24 hours a day throughout the year. Patients could specifically request an appointment at the Southampton unit, but could attend appointments at other BPAS clinics depending on their preference or need. Some patients chose to book appointments at some distance from their homes to increase their chances of anonymity.
- The provider offered a web chat service, via their internet page, for patients who wanted to know more about the services provided and preferred this approach.
- BPAS operated a fast-track appointment system for patients with a higher gestation period or those with complex needs.

Access and flow

- Most patients referred themselves but referrals were also received from GPs. Staff at the unit undertook all aspects of the pre-assessment care pathway including counselling, date checking scans (to confirm pregnancy and determine gestational age) and other pre-termination assessments.
- BPAS monitored the average number of days patients waited, from initial contact to consultation, from consultation to treatment and the time taken for the whole pathway. BPAS submitted a report on waiting times to the commissioners each quarter.
- The Department of Health Required Standard Operating Procedures recommend that patients should be offered an appointment within five working days of referral. They should then be offered the abortion procedure within five working days of the decision to proceed. Results at BPAS Southampton showed the average number of working days from consultation to treatment was four days during the period October 2015–December 2015. On average, patients waited 10 working days from first contact to treatment during this period. Waiting times had reduced since January 2015.
- BPAS staff had worked to reduce waiting times during 2015 to improve access times for patients. BPAS had reviewed available appointments within a 30-mile radius of the client's home address, at the point of booking. This was in addition to monitoring average wait times. The data provided by BPAS showed that across the five units in Hampshire, 90% of patients had their consultation within seven working days (September 2015 - December 2015). It was noted that some patients chose to be treated at a different unit, or needed extra time in which to make a decision about whether to proceed.
- BPAS had introduced a 'Central Authorisation System' (CAS), which staff used to upload assessments for the HAS1 authorisation. The system prompted two BPAS doctors, working remotely, to review the documentation to check the reason for the woman requesting a termination. Each doctor signed their own copy of the HSA1 form electronically. If both doctors agreed with the reason for the termination, the second doctor signed the electronic prescriptions. All the staff we spoke with told us that the CAS was very efficient and was helping minimise delays associated with gaining the doctors' certificate of opinion and approval of the HSA1 forms. BPAS monitored the efficiency of the CAS system and produced a daily report of average waiting time which was monitored by regional managers.

Meeting people's individual needs

- The unit was located within a hospital site and was accessible to wheelchair users.
- Staff had access to an independent telephone interpreting service to enable them to communicate with patients for whom English was not their first language. They also had access to BPAS guides and consent forms in different languages. BPAS ensured the interpreters were aware of the nature of topic of conversation and were prepared to provide the service. Staff told us they also used the interpreter service to ensure the woman understood and could weigh up the decision to progress with a termination.
- BPAS staff supported patients who sought to end a pregnancy because of a fetal abnormality. Staff had

information booklets to share with patients and staff were trained to provide appropriate care and support. For example, they arranged longer consultation times and patients were offered ultrasound pictures or footprints of the fetus.

- Support was available for patients living with a learning disability, a mental health illness or other complex needs. Staff followed BPAS's policy on advising and treating patients with a learning disability and had received training. The numbers of such patients seen had been very small. Commissioner reports showed that treatment units monitored clients who had a diagnosis of a learning disability, mental health condition or physical impairment. For example, clinics contracted by the local NHS trust had treated 16 clients with a learning disability during the year to April 2016.
- A general guide for patients attending any BPAS unit was available called 'My BPAS Guide'. This guide had information about different options available to pregnant patients, including options for the termination of pregnancy. It gave guidance on what to expect when undergoing different types of medical and surgical terminations. It also included potential risks.
- Staff told us that most of the patients attending the BPAS Southampton would pass the fetal remains in their own home following the early medical abortion. Therefore discussions regarding the disposal arrangements for fetal tissue were not usually appropriate for patients attending the unit for abortion. Staff understood their duty to explain to patients how they would dispose of fetal remains and to respect their specific wishes, for example for a funeral. This was also included in the 'My BPAS Guide'.
- Healthcare professionals had a range of printed information they could give to patients. This included advice on contraception, sexually transmitted infections, miscarriage, how to access sexual health clinics and services to support patients who were victims of domestic violence.
- Staff gave patients leaflets about what to expect after the procedure, so they had them to refer to after they had left the clinic. These included details of the 24 hour advice line patients could call if they had any worries.

Learning from complaints and concerns

- The treatment unit had not received any formal complaints between January 2015 and December 2015. The Southampton unit's 'local complaints log', used to capture informal complaints, showed two verbal complaints during this time. These had both been resolved with an apology and explanation, given by the most senior person on site at the time.
- Unit managers submitted data on both formal and informal complaints to head office each month, to review for trends. Staff told us informal complaints usually related to wait times and explained actions taken locally to reduce these.
- The complaints manager and client engagement manager managed formal complaints. We were told they ensured complaints were fully investigated and gave feedback to staff. At a regional level, senior managers discussed individual complaints and cascaded learning to unit manager to promote learning. Evidence of complaints review was shown in the minutes of the 4-monthly regional quality and improvement forum (RQUAIF) meetings.
- Staff provided every patient information on how to make a comment or complaint. Guidance was included within the 'About BPAS' client guide and in the pocket-sized 'My BPAS' guide. It was also on the BPAS website and summarised on a specific leaflet about the complaints process. The guidance clearly outlined the formal complaints procedure and explained the informal feedback process.
- The leaflets advising patients, their friends or family members on how they could raise a concern or complaint formally or informally were on display in the waiting area, however this was not in a prominent place.
- Every woman was given a feedback form, entitled 'Your opinion counts', after their consultation. As well as asking patients to provide feedback on their experiences of care and treatment, it asked them to give comments or suggestions.
- Staff said that the corporate induction programme incorporated training on how to manage and escalate complaints to encourage learning

Termination of pregnancy

Are termination of pregnancy services well-led?

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

- Staff were passionate about improving services for patients and understood the BPAS values and aims.
- The provider had an effective governance framework for reviewing the quality and safety of care. The registered manager at Southampton unit had been in place over a year and also managed a neighbouring unit. They submitted monthly quality and safety reports, such as audit data, in addition to performance information for commissioning reviews. There were regional meetings for managers and regional quality meetings every four months. This structure supported a flow of information across the region and learning from complaints, incidents and feedback from clients.
- The provider had effective clinical governance arrangements. The medical director reviewed clinical updates and systems were in place to respond to changes in guidance or legislation.
- The provider produced a team brief summarising key issues and developments. Staff were encouraged to ask questions and submit queries. This was in addition to the annual staff survey.
- The provider had recently set up risk registers for each unit. The principles of a local risk register were not fully embedded but was in the development stage.
- There were robust systems in place to ensure the service adhered to legislation relating to abortions. This included the completion of HSA1 and HSA4 forms and maintaining a register of all abortions.

Vision and strategy for this this core service

- The BPAS aim was 'To provide high quality, affordable sexual and reproductive health services'. It had clearly defined corporate objectives to support this aim.
- The corporate aims and values were described within the 'About BPAS Guide' that staff gave to patients during their consultation. The guide also provided patients with background information about BPAS, its management structure and clinic locations.
- Staff were passionate about improving services for patients and providing a high quality service. They said their induction programme had emphasised the corporate values to support patients to make their own decisions about their pregnancy.
- Staff behaviours reflected the organisational values, to treat patients with dignity and respect and to provide confidential, non-judgmental services.
- BPAS Southampton displayed its licence to provide termination of pregnancy services, issued by the Department of Health, in the waiting room.

Governance, risk management and quality measurement for this core service

- The BPAS organisation provided a robust governance framework to support the management of BPAS Southampton. The unit manager monitored and reported on ten quality and safety standards each month. These related to medicines management, clinical supervision, infection control, records audits, incidents, complaints, staffing issues and laboratory sample errors and the regional manager investigated any issues that the unit had not managed to resolve promptly. The Southampton unit was consistently compliant with the 10 standards for the year to April 2016.
- Staff had access to a suite of policies and procedures available on the BPAS intranet. These included policies relating to early medical abortions, the completion of HSA forms and risk management.
- The regional quality assessment and improvement forum (RQuAIF) met three times a year to oversee service quality and safety. The forum consisted of representatives from the operational leadership team, regional clinical leads, clinical audit and client care management. It reported to the BPAS clinical governance committee. The RQuAIF reviewed complaints, incidents, serious incidents, audit results, complications, patient satisfaction, quality assurance for point of care testing and declined treatments. The forum meetings minutes showed effective scrutiny of quality and safety and an emphasis on shared learning.
- The regional managers referred to the RQUAIF meeting minutes at their local meetings, to ensure that learning was shared to a wider audience.

- BPAS produced a team brief, four times a year, to inform all staff of key changes, clinical updates, marketing activity and financial performances. The team brief was used to cascade information efficiently to all staff and to seek staff feedback.
- In addition, the corporate committees for infection control, information governance and research and ethics supported Southampton unit's governance arrangements.
- The medical director took a lead role in ensuring the organisation was working in line with national guidance. BPAS submitted papers to each clinical advisory group detailing any new or amended guidance together with an assessment of how BPAS was meeting the guidance or what work needed to be undertaken to achieve compliance.
- BPAS Southampton was provided as part of the Hampshire-wide contract with a local NHS trust. The contracting NHS trust reviewed the services regularly at quarterly commissioning meetings. Performance data included activity information, access results, the number of STI tests completed, contraception offered, client satisfaction results and infection rates.
- Staff received updates on policy changes via a conference call, which was accessible to all staff. These were also recorded and available for the consecutive month to enable staff to access them.
- The organisation's corporate risk register included various areas of risk and the actions taken to reduce the level of risk. BPAS Southampton had recently introduced a local risk register, which included specific risks identified by local staff. This was a relatively new initiative and was being embedded at the time of our inspection.
- The assessment process for termination of pregnancy legally requires two doctors to sign agreement for the reason for the termination on the HSA1 form. Both doctors must agree the same reason. BPAS units completed monthly HSA1 audits to check compliance, and BPAS Southampton achieved 100% (September 2015 to December 2015).
- We looked at 10 patient records and found that all forms included two signatures and the reason for the termination.
- The Department of Health (DH) requires every provider undertaking termination of pregnancy to submit demographical data following every termination of pregnancy procedure performed, using HSA4 forms. These contribute to national reporting on the termination of pregnancy. The unit submitted HSA4 to the DH electronically by the service manager following the termination procedure. The doctor who terminated the pregnancy signed the online HSA4 forms within 14 days of the completion of the abortion.
- BPAS Southampton lead nurse or registered manager completed a series of audits each month, in line with a corporate audit programme. If audits results produced a score less than 90%, staff had to take action and re-audit the following month. The unit consistently scored over 90% for all audits in 2014/15, including those for clinical records, and monthly infection control 'essential steps' audits. The essential steps audits changed each month, and covered areas such as hand hygiene, use of personal protective equipment, medicine storage and waste management. The auditor identified corrective actions and these were signed for on the reports.
- Nominated doctors provided medical support to the staff working at BPAS Southampton and were also responsible for signing the HSA1 abortion forms. The two doctors required to sign the HSA1 forms did so remotely, using electronic signatures. BPAS was reviewing the shift patterns for doctors, to provide additional capacity to sign the electronic HSA1 forms to improve the efficiency of the process.

Leadership / culture of service

- The service's manager was supported in their leadership role by the unit lead nurse and by the operations director. The registered manager had a good knowledge of the service, its risks and actions taken to improve care for patients.
- The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) was on display near the treatment area. This was in line with legal requirements and provided assurance to people attending the clinic.
- The service maintained an electronic register of patients undergoing a termination of pregnancy, which is a requirement of Regulation 20 of the Care Quality Commission (Registration) Regulations 2009. Staff completed the register at the time the termination was undertaken and BPAS kept an electronic copy for a period of not less than three years. The service maintained a local electronic record of termination of pregnancies, showing total numbers only, at the BPAS Southampton location.

- The staff working at the Southampton unit said they felt well supported by their manager and regional manager. They said they were comfortable reporting incidents and raising concerns. Staff felt they could openly approach managers if they felt the need to seek advice and support.
- Staff told us the senior management was visible and had a regular presence at the unit. They commented on the sense of teamwork within the organisation and said that members of the senior management team, such as the associate director of nursing, were approachable and helpful.
- Staff were enthusiastic and proud of the service they provided. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy, and they spoke of a culture of providing care in a compassionate and professional way. They were positive about the high quality care and services they provided for patients.
- They described BPAS as a good employer and commented on the open culture.

Public and staff engagement

- Patients attending the unit were given feedback forms, which asked for their opinion of the service. The forms asked patients to provide feedback on a range of experiences of care and if they would recommend the service. Staff however, told us that due to the sensitivity of the procedure and the emotional experience for the patients, the feedback rate was not always high.
- Patient's feedback of 305 responses, for 12 months to December 2015, showed that 100% would recommend the service. Results for the three periods in 2015 showed that satisfaction with wait times improved during the year, from 80% for the period January 2015 to April 2015 to 90% between September 2015 and December 2015. Satisfaction with the involvement of escorts also improved. Staff were aware of these results and encouraged patients to complete the feedback forms.
- Results showed that client satisfaction with the wait time had improved during the year and was 90% between September 2015 and December 2015.
- The 2015 staff survey results showed 397 staff responded, indicating an engagement rate of over 60%. Almost all staff said they would recommend BPAS as a place to receive treatment (97%) and 89% said it was a good place to work. Their highest scores were for 'I promote high quality care' and 'I have knowledge and skills for my role'. Lowest scores related to opportunities to improve things, enough staff and feeling safe and secure. BPAS reported that actions taken in response to this survey included planning a programme of visits for directors to meet staff at clinics.

Innovation, improvement and sustainability

- There were examples of innovative service delivery and clinical practice. These included the use of a 24-hour telephone appointment service and a web-chat service for patients who preferred to use this medium to find out more about the service.
- The service had implemented the simultaneous EMA treatment option, which was proving popular with patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Keep patients informed of the most current outcome information when they making a decision about the type of medical abortion to have.