British Pregnancy Advisory Service

BPAS - London East

Inspection report

32 Romford Road
Stratford
London
E15 4BZ
Tel: 03457304030
www.bpas.org

Date of inspection visit: 9 November 2022
Date of publication: 06/01/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

It is the first time we rated this service. We rated it as good because:

- The service had enough staff, with appropriate training in key skills, to care for women and keep them safe. Staff had understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records.
- Staff provided good care and treatment, and gave women pain relief when they needed it. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, and supported them to make decisions about their care.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of women's individual needs and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of women receiving care.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Good 	It is the first time we rated this service. We rated it as good because: • The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment and gave women pain relief when they needed it. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, and supported them to make decisions about their care. • Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women and their relatives. • The service planned care to meet the needs of local people, took account of women's individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged with women and the community to plan and manage services and all staff were committed to improving services continually. However: • Although the service supported clinical skills competency development and assessed staff's skills

Summary of findings

when they joined the organisation, there was no standardised competency framework that would support staff with their skills development throughout their career.

- The provider did not provide staff with an opportunity to benchmark the service performance against other similar services.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

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Summary of this inspection

Background to BPAS - London East

BPAS London East is part of the provider group British Pregnancy Advisory Service (BPAS). The service is in a dedicated building occupied solely by BPAS and is provided under contract with London Integrated Care Boards (ICB's) for NHS patients. The service also accepts self-referrals and private patients.

BPAS London East provides termination of pregnancy service and vasectomy services. The service is available six days per week. The service does not carry out emergency termination of pregnancy services.

BPAS London East provides the following services:

- pregnancy testing
- unplanned pregnancy counselling/consultation
- medical and surgical termination of pregnancy
- termination of pregnancy aftercare
- sexually transmitted infection testing
- vasectomy
- contraceptive advice and contraception supply.

How we carried out this inspection

We carried out the unannounced inspection visit to the service on 9 November 2022.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a clinic SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future or to improve services.

Action the service SHOULD take to improve:

- The service should ensure information related to clinical outcomes and day-to-day service delivery is benchmarked against other similar services run by the provider. Where possible they should identify trends and patterns and share information with all staff to ensure continuous service improvement.

The service should standardise its competency framework to ensure staff are fully supported to maintain their clinical skills and to allow the identification of potential improvement areas.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Termination of pregnancy

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Termination of pregnancy safe?

Good

It is the first time we rated this domain. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. It included training in key areas, such as health and safety, how to respond to an emergency or identify sepsis, and equality and diversity amongst others.

The mandatory training was comprehensive and met the needs of women and staff.

Clinical staff completed training on recognising and responding to women with mental health needs.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so.
Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific to their role on how to recognise and report abuse. The training provided included a module specific to female genital mutilation that raised staff awareness of the issue and equipped them with knowledge on how to support women affected (FGM; involves the partial or total removal of external female genitalia or other injuries to the female genital organs).

Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There was information displayed for women and people who visited the clinic related to support available for victims of domestic abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff ensured that women were not accompanied by a person that accompanied them to the clinic during their initial face-to-face consultation to ensure they could freely talk and express any concerns they had. Staff identified the need for chaperones and proactively offered these to patients and where they identified vulnerabilities or safeguarding concerns, ensured a chaperone was always available.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Each area of the treatment centre had a cleaning checklist in place.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and kept a record of the cleaning activity taking place. Staff cleaned their clinical space before and after each list and used antibacterial processes between patients.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of women's families. The service undertook environmental risk assessments, such as those related to water safety or fire safety, to ensure staff and visitors were protected from harm. Staff carried out surgical terminations in an appropriate theatre environment. This was equipped as a surgical space.

The service had enough suitable equipment to help them safely care for women. Portable electrical appliances were tested to check if they were safe to use.

Staff disposed of clinical waste safely. Staff followed Control of Substances Hazardous to Health (COSHH) Regulations. They stored chemicals securely and maintained up-to-date safety information on each item. The service was compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 concerning sharps waste.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of complications.

Staff used a nationally recognised tool to identify women at risk of deterioration and acted appropriately where additional support was needed. The service had an agreement with a local NHS hospital to support women who experienced unforeseen complications and for potential cases when women need to be transferred out of the clinic as a result of an emergency.

Good

Termination of pregnancy

The service used an adapted World Health Organisation (WHO) surgical safety checklist to ensure surgical procedures were effective and in line with the guidance.

Appropriate emergency equipment was readily available in the treatment centre. This included equipment such as resuscitation equipment and emergency oxygen. The clinic had automatic external defibrillators (AEDs), oxygen, anaphylaxis kits, and airway management equipment. All staff were trained in life support and resuscitation to a level appropriate to their role. They knew how to recognise and respond to a sepsis infection.

Staff completed risk assessments for each woman during the initial consultation and confirmed the information on the day of the procedure, using a recognised tool, and reviewed this regularly. Staff knew about and dealt with any specific risk issues. Staff carried out a meeting each day to go through the risks for each patient, it was attended by all staff.

Women had 24-hour access to support services they could use if they had any questions related to the procedure.

Staff shared key information to keep women safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

The service had enough nursing and medical staff to keep women safe.

Managers accurately reviewed the number of nurses and healthcare assistants needed for each shift and could adjust staffing levels daily according to the needs of women.

The number of staff working matched the planned numbers.

The service had a low vacancy and turnover rates. They had low rates of bank staff used and only used staff that was familiar with the service. Managers made sure all bank staff had a full induction and understood the service.

The service did not use agency staff.

Records

Staff kept detailed records of women's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Women's notes were comprehensive, and all staff could access them easily accordingly to their job role and individual needs. The service used an electronic patient record system and staff had access to this as required by their role. All the termination records contained a Department of Health and Social Care abortion form, signed by two doctors with a valid reason for carrying out the termination, in line with national legislation.

When women transferred to another service, there were no delays in staff accessing their records.

Records were stored securely.

Good

Termination of pregnancy

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. The provider implemented patient group directions (PGDs) to enable nurses and midwives to administer or supply appropriate medicines. PGDs are sets of written instructions that allow designated staff to provide specific medicines to patients under structured conditions. They reduce delays in providing medication and help staff to better share the clinical workload.

Staff reviewed each patient's medicines and provided advice to patients about their medicines. Doctors reviewed patients' current prescription medicines to ensure abortion medicines were safe and minimise the risk of contraindications.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. They monitored the temperature of storage areas to ensure these remained within manufacturer limits. There was a designated person responsible for managing controlled drugs. Staff managed documentation and other aspects of the stock in line with national guidance.

Staff followed national practice to check patients received the correct medicines. Staff could contact a named pharmacist for guidance or advice.

Staff learned from safety alerts and incidents to improve practice.

Staff dispensed medical abortion medicine in a safe way for the patient to receive it. They also arranged for patients to collect the medicines from a treatment centre on request. This system meant patients could choose the most appropriate delivery method for their circumstances and helped them navigate challenges at home, such as not wanting others in the house to be alerted to a delivery.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They used the provider's electronic incident reporting system for incidents and near misses.

Staff raised concerns and reported incidents and near misses in line with the clinic's policy. All transfers to the hospital were reported as a significant incident for follow-up and review. Managers investigated incidents thoroughly. They debriefed and supported staff after any serious incident.

Staff understood the duty of candour. They were open and transparent and gave women a full explanation, if and when things went wrong.

Staff received feedback from an investigation of incidents, both internal and external to the service.

Good

Termination of pregnancy

Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Staff informed patients about changes that were implemented as a result of the feedback provided by them.

Are Termination of pregnancy effective?

Good

It is the first time we rated this domain. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high-quality care according to evidence-based practice and national guidance. Policies and standard operating procedures were stored and accessed on an electronic system and were available to all staff. The provider had established a process to ensure policies were reviewed and updated in line with a schedule and when national guidance changed.

Care and treatment were based on best practice guidance from relevant organisations such as the Royal College of Obstetricians and Gynaecologists, the National Institute for Health and Care Excellence (NICE) and the Association of Anaesthetists of Great Britain and Ireland. Such guidance meant patients received effective, consistent care.

At meetings when discussing individual patients, staff routinely referred to the psychological and emotional needs of women and their relatives. Women were advised on how to access care and support after the abortion in line with abortion care guidance.

Staff provided access to women's preferred method of contraception at the time of their abortion, or soon after, to reduce the risk of future unintended pregnancies and abortions. This improved the uptake of contraception and its continued use, as well as the woman's satisfaction with the ease of access to contraception.

Pain relief

Staff assessed and monitored women to see if they were in pain and gave pain relief in a timely way.

Staff assessed women's pain and gave pain relief in line with individual needs and best practice. They monitored pain relief continuously during post-surgical treatment.

Women received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately. Staff provided advice on pain management over the telephone should women experience discomfort after the procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

Good

Termination of pregnancy

The service monitored patients that experienced unforeseen outcomes and any complications after the termination of pregnancy procedure. They reviewed if outcomes for women were positive and consistent. Managers and staff used the information related to improving women's outcomes, they proactively reached out to patients when they had no information related to treatment outcomes.

Staff reviewed the gestational impact of pregnancies when planning care. They prioritised patients who presented ahead of nine weeks and six days to prevent unnecessary surgical terminations.

The manager told us they had a low risk of readmission and post-procedure complications. They collected suitable data related to treatment. However, this data was not used by the local service to benchmark outcomes against other similar services run by the provider. It was available but not widely shared with all staff to drive improvement and where possible, to identify trends and patterns to improve clinical outcomes.

Managers and staff investigated any cases where outcomes were not as expected and implemented local changes to improve care and monitored the improvement over time.

There were engagement meetings with other local women's services providers to ensure effective coordination between services.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had undergone an appraisal in the previous 12 months.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. They identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

The service used a competency framework to support new staff with clinical skills development, it was focused on performing individual clinical tasks. All staff were required to be confirmed by a senior member of the team as competent before being able to perform those tasks independently. The provider told us they had a range of mechanisms to review competencies, however, the service did not have a structured competency framework to periodically review staff's clinical skills. This meant the formal clinical skills assessment was undertaken only once. The manager told us should they notice staff's skills had deteriorated over time, they would address it through one-to-one meetings and staff appraisal.

Good

Termination of pregnancy

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

Staff held regular and effective meetings to discuss patients and improve their care, those meetings involved all health professionals working at the service. Staff held meetings with other women services' providers to improve pathways and clinical outcomes.

Staff worked across healthcare disciplines and with other agencies when required to care for patients. Staff referred women for mental health assessments when they showed signs of mental ill health, and depression.

Seven-day services

Key services were available seven days a week to support timely care.

Women were reviewed by doctors depending on their care needs. Women always had access to over the telephone support, which included counselling services.

Whenever required, staff could call for support from doctors and other disciplines, including psychological support and diagnostic tests.

Health Promotion

Staff gave women practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. The service provided sexual health promotion resources and information to patients and their partners. This included free condom packs and printed information on sexually transmitted infections.

The service offered sexual health and contraception advice and support, they also offered sexual health tests and treatment when required.

Staff assessed each woman's health and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked the capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure women consented to treatment based on all the information available.

Staff recorded consent in the woman's records.

Good

Termination of pregnancy

Staff understood Gillick Competence and Fraser Guidelines and supported young people who wished to make decisions about their treatment.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Managers monitored how well the service followed the consent procedures and made changes to practice when necessary.

Are Termination of pregnancy caring?

Good

It is the first time we rated this domain. We rated it as good.

Compassionate care

Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for women. Staff took time to interact with women and those close to them in a respectful and considerate way.

Women said staff treated them well and with kindness.

Staff kept women's care and treatment confidential, they followed protocols and policies that gathered patient confidentiality.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for or discussing women's mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs. They focused on building open and honest relationships with patients and their loved ones.

Patients' comments about the care and treatment received were mostly positive. They said that the staff were "amazing and very comprehensive" and “compassionate and empathetic”. Patients also said that staff made them “feel at ease and were comforting”. Some patients commented on prolonged times they were required to wait on the day of their appointments.

Emotional support

Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.

Staff gave women and those close to them help, emotional support and advice when they needed it.

Good

Termination of pregnancy

Staff supported women who became distressed and helped them maintain their privacy and dignity.

Staff undertook training related to breaking bad news and demonstrated empathy when having difficult conversations.

Patients spoke positively about their experiences. Staff understood the emotional and social impact that a person's care, treatment or condition had on their well-being and on those close to them.

Understanding and involvement of women and those close to them

Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure women and those close to them understood their care and treatment. Staff explained what to do if the unexpected happened and ensured patients knew who to contact out of hours.

Staff talked with women in a way they could understand.

Women could give feedback on the service and their treatment and staff supported them to do this.

Staff supported women to make informed decisions about their care.

Women gave positive feedback about the service. The provider monitored the feedback provided and the local team discussed actions that could be taken in response during team meetings. Actions taken in response were noted on the notice board in the waiting area.

Are Termination of pregnancy responsive?

Good

It is the first time we rated this domain. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered.

Women could access support 24 hours a day, 7 days a week. The service had systems to help care for women in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments.

Managers ensured that women who did not attend appointments were contacted to find out if there were any obstacles to accessing the service, which they could support them with.

Staff offered and arranged counselling services in line with Department of Health and Social Care guidance, including offering this to young people aged 13 to 17 years old who received care under the Fraser Guidelines and Gillick Competencies.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.

Staff made sure women received the necessary care to meet all their needs. The clinic was designed to meet the needs of patients. It could be accessed by people who had reduced mobility and used a wheelchair. The service minimised the number of times women needed to attend by ensuring they had access to the required staff, scans and tests on one occasion. Staff provided services that were flexible and promoted informed choice and continuity of care.

Staff understood and applied the policy on meeting the information and communication needs of women with a disability or sensory loss. Managers made sure patients and staff could get help from interpreters or signers when needed. The provider used the appointment booking process to identify individual needs, any adjustments that were required, and to bring it to the attention of the local clinic staff. For example, they noted if a patient had a safeguarding, language, or access need.

On the day of the surgical procedure, patients were given a choice of snacks to meet their cultural and religious preferences.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge women were monitored and staff worked to reduce them.

Managers monitored waiting times and made sure women could access services when needed and received treatment within agreed timeframes. Staff worked to make sure women did not wait longer than they needed to. They developed systems that allowed them to organise appointments for women who contacted the service late and were close to breaching the legal limit when the preferred form of pregnancy termination could be carried out.

Staff acted to protect patients at risk of undiagnosed infections by establishing referral pathways to other local services that could provide screening and treatment. Staff worked within local commissioning arrangements, which dictated the services they could offer. Where patients needed a service the provider could not offer, staff used local partnerships to arrange these.

Managers worked to keep the number of cancelled appointments to a minimum.

Staff ensured women have not had their appointments cancelled at the last minute. There were systems to make sure appointments were rearranged as soon as possible and within the national guidance.

The provider had a dedicated, centralised administration and operations support team for patients. The remote team triaged queries and booking requests from patients and coordinated consultations and clinical treatment appointments. This system ensured patients had access to the best choice of clinic for their needs and enabled them to access other sites if this was convenient for them and clinically appropriate for their medical needs.

Good

Termination of pregnancy

Managers monitored occasional patient moves between services and if there was another service involved, they kept information related to treatment outcomes and any potential complications.

The service referred women out only when there was a clear medical reason or in their best interest.

Managers monitored the number of women whose treatment was delayed. They investigated each case and took action to reduce any potential treatment delays.

Most care was provided through integrated care board (ICB) contracts and patients needed to be registered with the NHS. Most patients self-referred although the service accepted referrals from GPs or other NHS services. The service could facilitate surgery for private patients, such as those not normally resident in the UK.

Learning from complaints and concerns

It was easy for people to give feedback and raise care concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Women, relatives and carers knew how to complain or raise concerns.

The service displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used women's feedback to improve daily practice.

Are Termination of pregnancy well-led?

Good

It is the first time we rated this domain. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service to patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was managed by the treatment unit manager who was supported by the lead midwife, administration coordinator and other staff. The local team was supported by the provider's regional team (South East) including the operational and quality manager, the regional clinical director, and the quality matron.

All the staff we spoke with were positive about the leadership team and development opportunities. Staff said the senior team offered them development pathways and access to training.

Managers were demonstrably invested in the success of the service. They valued honest contributions from staff and empowered everyone, regardless of role, to talk to them about ideas for improvements. During the inspection, we observed positive interaction between staff and managers. Staff told us they felt comfortable and were able to raise any concerns they had with the management team.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision and strategy were aligned with local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Information related to the provider's ambition, values, and purpose was displayed throughout the clinic and staff were able to tell us what these were. The vision for the provider was "a future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy". Their purpose was to remove all barriers to reproductive choice and to advocate for and deliver high-quality, woman-centred reproductive health care.

The provider strategy was focused on six key areas: service as well as organisational excellence; research; workforce development; innovation and diversification; social, legal, and cultural change. The provider had also set advocacy aims and objectives they were working to achieve by the end of 2023. These were focused on reducing stigmatisation linked to termination of pregnancy and on improving access to services.

Staff we spoke with were aware of the vision and strategy of the provider and stated that it was the basis for the care they provided.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us they enjoyed working at the clinic and had a good relationship with their team members and management. They felt comfortable raising concerns and felt they were genuinely listened to. They described a positive working culture and high standards of morale.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Good

Termination of pregnancy

The provider had a national governance structure that provided regional staff with support and operational frameworks. It included numerous committees, advisory groups, and strategy boards; all of those had defined focus areas and purpose. Most of the organisational level committees met quarterly. They reported to the clinical governance committee or directly to the provider's board.

At the local level, there were regular area managers and clinical committee group meetings. Both meetings had standardised set agendas where incidents, patient complaints, clinical outcomes and operational issues were discussed. The service prepared reports to inform the discussions, share learning with other services and identify improvements.

The team used a series of compliance monitoring audits to identify good practice and areas for development and these substantively contributed to the wide range of improvements and developments in the service.

The service had processes in place to ensure compliance with the Abortion Act 1967. This included documentation of a doctor or surgeon-approved reason for abortion using the mandated HSA1 form. The UK government requires providers to report each instance of abortion to the Department of Health and Social Care within 14 days using the HSA4 form

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively.

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. The senior team used a risk register to document and track risks. There was evidence of continual tracking and mitigation by named staff who adopted accountability for specific risks. There was a quality and risk committee that met every quarter and information was fed into the clinical governance committee meetings.

They had plans to cope with unexpected events. This included a response to protests that were occasionally held outside of the clinic. There were security measures and protocols in place to minimise any impact on patients and staff working at the clinic.

Staff contributed to decision-making to help avoid pressures compromising the quality of care. Staff discussed any risks, incidents, and complaints during staff meetings to ensure future occurrences were prevented and their shared learning within the service and the organisation.

There were numerous audits carried out that monitored the quality of the service. These were driven by a monthly audit schedule established by the provider and carried out locally or by the senior management team members. However, local staff did not always know how the results of those audits compared to other similar services managed by the provider and if they performed better or worse in comparison. Local staff shared information with the regional leaders and relied on their feedback. They were not provided with an opportunity to routinely benchmark their outcomes to measure standards and track progress or rank against other similar services.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, and make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.The service submitted data to the Department of Health and Social Care regarding abortion procedures in line with national requirements.

Good

Termination of pregnancy

The provider had established data sharing agreements for other services that provided termination of pregnancy services, for use in cases where staff found evidence of abuse or a need for safeguarding action.

The service maintained an accessible information standard policy that guided staff in providing clear, accurate, concise information that could be adapted to individual needs.

All staff were required to undertake regular information governance training. The service carried out records quality audits to ensure records were accurate, secure and confidential.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

The service collaborated with partner organisations to help improve services for patients. For example, they maintained a good relationship with the local police department that supported the clinic during anti-termination of pregnancy protests that took place outside of the clinic.

Leaders engaged with the local NHS trust to ensure care and treatment were coordinated between both services.

Staff told us they felt they could freely engage with their leaders and the organisation and could influence the service delivery.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of the need for continuous quality monitoring and improvement.

The service learnt from incidents and was proactive in seeking opportunities to improve patient pathways. For example, they were in the process of reviewing emergency transfer protocols to streamline the process and minimise any potential delays and obstructions in information sharing.