BPAS - Plymouth

Quality Report

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Plymouth
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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) Plymouth provides a termination of pregnancy service within the outpatient department of the Local Care Centre, Mount Gould Hospital, Plymouth. This is a rented space from the current providers. Local Care Centre, Mount Gould Hospital, Plymouth

The service at BPAS Plymouth is commissioned by three local clinical commissioning groups.

BPAS Plymouth provides a range of termination of pregnancy services including :

Pregnancy testing, unplanned pregnancy counselling/consultation, early medical abortion, abortion aftercare, miscarriage management referral, sexually transmitted infection testing and contraceptive advice and contraception supply.

We carried out this comprehensive inspection as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides

The inspection team comprised of two inspectors. The inspection took place on 3 May 2016.

Our key findings were as follows:

Are services safe at this service

- Staff were encouraged and supported to report incidents. Incidents were investigated and the learning, including learning from incidents at other BPAS locations, was shared with the staff. Staff were aware of their responsibilities under the duty of candour.
- The environment was visibly clean, staff followed BPAS infection control procedures and infection control rates were low.
- Medicines were appropriately managed to ensure they were safe to use. Drugs to induce abortion were appropriately prescribed by a doctor for women undergoing early medical abortion. Systems were in place to ensure the correct ordering and monitoring of stock.
- Patients' records were completed, legible, up to date and stored securely. Accurate record keeping was monitored through audits.
- There were sufficient numbers of suitably trained staff available to care for patients.
- Safeguarding procedures were in place to protect both vulnerable adults and children from harm.
- Processes had been put in place to promote the safety and wellbeing of patients including eligibility criteria and risk assessments.

Are services effective at this service

- Patients had their needs assessed, and care planned and delivered, in line with evidence based guidance and recommendations, including Department of Health Standard Operating Procedures and professional guidance. Pain management was considered and action taken to ensure patients were comfortable.
- BPAS has a planned programme of monitoring with audit outcomes fed back to staff to promote good practice, develop skills, or address areas of poor practice.

Summary of findings

- BPAS has competency training in place to support the development of staff. Staff received regular supervision and appraisals.
- Multidisciplinary working was undertaken with GPs involved when possible and pathways to transfer patients in place.
- Patients had access to information to inform their decisions and were provided with reference material. Contact was available out of hours by a telephone helpline for any further questions.
- Consent was obtained from the patient at each stage of the treatment and recorded in the patient's record. Staff were clear about their roles and responsibilities to ensure patients with limited capacity or understanding were managed correctly and in line with best practice.

Are services caring at this service

- We saw patients were treated with compassion, kindness, dignity and respect. Patients and those attending with them were treated with respect and consideration.
- Staff respected patient confidentiality and ensured patients' dignity was maintained.
- Patients' beliefs and faiths were respected and their choices supported.

Are services responsive at this service

- The service was planned and delivered to meet patients' needs. Patients could access the service within a short timescale and were given options to attend alternative clinics. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances. The service monitored its performance against the waiting time guidelines set by the Department of Health.
- The service took into account patients' specific needs to support them through the treatment including patients with complex needs. Staff recognised patients' personal, cultural, social and religious needs.
- Patients' complaints were listened and responded to. Learning was taken from complaints and used by staff to reflect and change their practice.

However :

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Are services well led at this service

- Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. The development strategy for this service was on-going.
- There was an established governance structure at both national, regional and local level to manage risk and quality including an established process for sharing learning.
- Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork.
- Public and staff engagement was encouraged to develop the service provided.

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

The provider should:

Summary of findings

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- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

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		• The termination of pregnancy service at BPAS Plymouth followed procedures to provide safe care for patients. The environment was visibly clean, staff followed BPAS infection control procedures. Incidents were investigated and the learning, including learning from incidents at other BPAS locations, was shared with the staff. Medicines were managed and used safely. There were sufficient numbers of suitably trained staff available to care for patients. Safeguarding procedures were in place to protect both vulnerable adults and children from harm. • There were appropriate procedures to provide effective care. Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations. Pain management was considered and action taken to ensure patients were comfortable. BPAS has a planned programme of monitoring. Audit outcomes were feedback to staff to promote good practice. Staff received regular supervision and appraisals. Multidisciplinary working was undertaken with GPs involved when possible and pathways to transfer patients in place. Consent was obtained from the patient at each stage of the treatment. • The service provided was caring and compassionate. Staff respected patient confidentiality and ensured patients dignity was maintained. The patient's beliefs and faiths were respected and their choices supported. Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment. • The service is planned and delivered to be responsive to patient's needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances. The

Summary of findings

service takes into account the different needs of people to support them through the treatment. Patient's complaints were listened and responded to.

- However : BPAS advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors. The provider should also audit those patients who exceed the 10 working days to treatment to evidence patient choice.
- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning. Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork. Public and staff engagement was encouraged to develop the service provided.

Summary of findings

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Background to BPAS - Plymouth

The British Pregnancy Advisory Service (BPAS) is a not-for-profit organisation formed in 1968. It has 44 registered locations and 21 satellite units across the UK. BPAS Plymouth is contracted to provide a Termination of Pregnancy service for the women of Plymouth and the surrounding area. The service is commissioned by three local clinical commissioning groups.

BPAS Plymouth provides a service at one site, the Local Care Centre, Mount Gould Hospital.

All initial visits, consultations and early medical terminations of pregnancy up to 10 weeks gestation take place at the BPAS Plymouth clinic. The clinics are held within the outpatient's clinic area, on Wednesday and Friday evenings (4pm to 8pm) and Saturday mornings (9am to 2pm).

In the 12 months from1 January to 31 December 2015, the service completed 199 early medical abortions.

Surgical abortions had been provided but had ceased at this service from January 2016 . The regulated activity of surgical procedures has since been removed from the location registration.

The registered manager for this centre was registered with the Care Quality Commission (CQC) since 2013 for BPAS Plymouth and is also the registered manager for another BPAS location.

We carried out this comprehensive inspection as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Our inspection team

Our inspection team was led by:

Inspection Lead: Gail Richardson, Inspector Care Quality Commission

The team included two CQC inspectors.

How we carried out this inspection

To get to the heart of women' 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. These included the commissioners for this service and no concerns were raised. Patients were invited to contact CQC with their feedback and we received seven surveys from patients using the service.

We carried out an announced inspection visit on 3 June 2016.

We spoke with patients and observed care and treatment being provided for two patients. We looked at the environment, equipment and looked at patients records. We also spoke with all staff including nurses, client support workers, administrative and clerical staff, the registered manager and the regional operations manager.

Summary of this inspection

Information about BPAS - Plymouth

BPAS Plymouth was located within the outpatients department at Mount Gould Hospital. All initial visits, consultations and early medical terminations of pregnancy up to 10 weeks gestation take place there. Appointments for BPAS Plymouth are booked via the BPAS contact centre service.

There are four screening/consultation rooms, one of which is used for scanning and two waiting rooms.

In the 12 months from 1 January to 31 December 2015, the service completed 199 early medical abortions. The BPAS suitability for treatment guideline identifies which medical conditions would exclude clients from accessing treatment, and those medical conditions which, although not an automatic exclusion, require careful risk assessment by a doctor (usually a regional clinical lead or the BPAS medical director). For clients who are not suitable for treatment at BPAS on medical grounds, BPAS has a specialist placement team which sources appointments for the patient within the NHS.

BPAS Plymouth provides support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs.

The other services provided include:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply.

There are two registered nurses and two administrative staff on duty most shifts. No doctors are employed at this service and the service is nurse led. The registered manager works at the site.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The termination of pregnancy service at BPAS Plymouth followed procedures to provide safe care for patients.
- The environment was visibly clean, staff followed BPAS infection control procedures.
- Incidents were investigated and the learning, including learning from incidents at other BPAS locations, was shared with the staff.
- Medicines were managed and used safely.
- There were sufficient numbers of suitably trained staff available to care for patients.
- Safeguarding procedures were in place to protect both vulnerable adults and children from harm.

Are services effective?

- There were appropriate procedures to provide effective care.
- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations.
- Pain management was considered and action taken to ensure patients were comfortable.
- BPAS had a planned programme of monitoring to review their practice. Audit outcomes were fed back to staff to promote good practice.
- Staff received regular supervision and appraisals.
- Multidisciplinary working was undertaken with GPs involved when possible and pathways to transfer patients in place.
- Consent was obtained from the patient at each stage of the treatment.

Are services caring?

- The service provided was caring and compassionate.
- Staff respected patient confidentiality and ensured patients' dignity was maintained.
- The patients' beliefs and faiths were respected and their choices supported.
- Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment.

Summary of this inspection

Are services responsive?

- The service was planned and delivered to be responsive to patients' needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances.
- The service took into account the different needs of people to support them through the treatment.
- Patients' complaints were listened and responded to. However, The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Are services well-led?

- The service provided was well led. Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way.
- There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme, and an established process for sharing learning.
- Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork.
- Public and staff engagement was encouraged to develop the service provided.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

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Termination of pregnancy

Are termination of pregnancy services safe?

- Staff were encouraged and supported to report incidents and they received feedback from the incidents they had reported. Incidents were investigated and learning from incidents to include from other BPAS locations was shared with the staff.
- The environment was visibly clean, staff followed BPAS infection control procedures.
- Medicines were appropriately managed and used safely. Drugs to induce abortion were appropriately prescribed by a doctor for early medical abortion. Systems were in place to ensure the correct ordering and monitoring of stocks.
- Patients' records were completed, legible, up to date and stored securely.
- There were sufficient numbers of suitably trained staff available to care for patients.
- Safeguarding procedures were in place to protect both vulnerable adults and children from harm.
- There were sufficient procedures in place to identify any patient deterioration. Steps had been put in place to promote the safety and wellbeing of patients.

Incidents

- Staff were encouraged and supported to report incidents and received feedback from the incidents they had reported. BPAS had a client safety incidents policy and procedure (2013) to inform staff of what constituted an incident. Staff understood their responsibilities to raise concerns and to record safety incidents to agencies both internal to the company and external bodies.
- Incidents and complications were all recorded and any near misses were considered to be a clinical incident. To classify as an incident an aid used was, an incident was an act of BPAS and generally a complication was an act of nature. Both were managed in the same way and both were investigated by BPAS governance teams with the assistance of the registered manager.There were systems in place for staff to record in triplicate any issues, notifications and complications. A copy remained with the service, included in the patient's notes and a copy was forwarded to head office. The information was then collated to a dashboard for review by the clinical governance team. They looked for trends and themes and then fed the data back to the local teams. Should a trend or theme be identified and was related to a specific member of staff then this issue was addressed through the governance team and local managers.
- Between January 2016 to March 2016 there had been 362 treatments and there were seven minor complications classed as incidents for example two were incomplete abortion and two were retained products of pregnancy.
- Red Top alerts were BPAS alert memorandums for staff. These were produced by head office and circulated as a means of shared learning for all sites. These incidents were circulated in a timely manner to ensure learning was implemented quickly.
- There were no serious incidents requiring investigation in the last 12 months for this service. Should a serious incident take place these were investigated by local managers and governance staff. The staff undertaking a root cause analysis have undertaken training in Root Cause Analysis for SIRI investigations. Other locations shared information about their serious incidents and staff were seen to have reviewed the incidents in relation to their own practice to see if any amendments were needed to improve safety. Risk registers were in place for both local and corporate issues. No issues were rated as a high risk.
- No never events had taken place at this service. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- 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 patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- BPAS culture, openness and duty of candour was included in the client safety incidents policy and

procedure (2013). This informed staff of their legal responsibilities. We spoke with three staff were clear about what the duty of candour meant to them. We saw that staff were open in their practice and had responded to complaints in an open and transparent manner.

Cleanliness, infection control and hygiene

- The environment at BPAS Plymouth was cleaned by the building's provider service and appeared visibly clean. Staff told us there were no problems with the standard of cleanliness and we observed cleaning staff at our inspection following their own process.
- We observed staff were bare below the elbow, washed their hands and used the hand gels provided between each activity and each patient.
- An infection control audit for BPAS Plymouth in May 2016 achieved a score of 98%. The shortfall was identified as a missing piece of equipment which was subsequently found. Hand hygiene audits May 2016 were undertaken and scored 100%.

Environment and equipment

- The design, maintenance and use of facilities kept people safe. Equipment needed to provide the service was being serviced and maintained. For example, scanning equipment was serviced in line with the manufactures guidelines and replaced as part of a rolling programme of maintenance. All scanning equipment was serviced annually and stickers to confirm the date were in place. The standards for the provision of an ultrasound service (The Royal College of Radiologists) states equipment should be reviewed between four to six years of age. The review should also include whether the machines remain up to date with the latest technology. Based on these findings a decision should be made to either continue with the equipment or replace. The machines at BPAS Plymouth were purchased by BPAS as part of a scheduled replacement plan and so were replaced every four to five years.
- Keys to the outpatient clinic were shared with the hospital and systems were in place which ensured their security. The reception area at BPAS Plymouth was positioned in the hospital outpatient unit, but out of normal working hours. When staff were ready for patients they were called by their first name only to limit information in a public area.
- All resuscitation equipment was checked before each session. Equipment for allergic reactions was in place and routinely checked. We looked at the resuscitation equipment which belonged to the local provider and saw that it was consistently checked prior to each clinic.
- Waste disposal services were contracted and provided by the location provider. Sharps bins were in place for the disposal of vials and syringes containing residual amounts of pharmaceuticals.

Medicines

- Appropriate arrangements were in place to order, receive, store and dispose of medicines safely. A medicines management policy was in place, reviewed in December 2015, and ensured consistency in good medicines management.
- When ordering medicines two processes were used. Medicines including Anti-D (a routinely used antibody for pregnant rhesus negative patients), pain relief and contraception were ordered from the purchasing department at BPAS head office. BPAS Plymouth staff were required to complete the electronic drugs template with the clinic name, and a bespoke number which included initials of the person ordering. Medicines were then delivered to the BPAS Plymouth site. Delivery was secured. The clinic retained a copy of these orders to ensure an audit trail. The nursing staff also maintained a separate log of the order to allow medicines to be reconciled when received. This enabled staff to see if the order was correct and if any medicines were delayed and were to be delivered later.
- Alternatively, BPAS Plymouth had a contract with the local trust pharmacy for the delivery of some medicines used for abortion. These were delivered to the clinic directly or to the hospital pharmacy department, and held securely until the clinic was open.
- Stock levels were monitored and recorded monthly to ensure excessive or limited stock was managed. We saw

that stock levels were in date and arrangements were in place for the disposal of pharmaceutical waste. Pharmacy support was available from the BPAS pharmacy consultant.

- At BPAS Plymouth medicines were stored in a locked cupboard within a locked room. A separate, dedicated and locked refrigerator was in place for medicines requiring cold storage. The maximum and minimum temperature of the refrigerator was recorded daily. All levels were within acceptable limits. There were no controlled drugs held at Plymouth.
- Each patient had a prescription sheet in their case notes. Medicines were supplied or administered to patients on the written instructions of a registered medical practitioner. At BPAS Plymouth all medicines were received by electronic prescription from a medical doctor and administered by the trained nurses.
- A doctor prescribed all medicines for patients undergoing early medical abortion, including prophylactic antibiotics to reduce the risk of post-procedure infection. All prescription charts were signed remotely by doctors working at other BPAS sites.
- BPAS had Patient Group Directions (PGD) for some medicines for which all of the nurses had received appropriate training. All PGD's were reviewed every two years to ensure safety. Clinical guidelines were in place for staff to follow for the administration of misoprostol when the treatment was for retained products of conception. This meant patients could take the medicine home with them.
- Staff placed stickers on notes to alert them of any risk of confusion of patients with the same or similar names.

Records

- Patients' records were completed, legible, up to date and stored securely.
- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground was met for the termination to be lawful.
- BPAS holds a rota of two on call doctors who review the assessment information gathered by the nurses in the unit. The doctors were in two areas and so the HSA1 forms are sent to the first doctor and then on to the second before being returned electronically to the unit. They sign their agreement and include an electronic signature. Because this is the doctor's specific role, they were reviewed, signed and returned promptly. Any prescriptions for treatment were also completed and signed by the doctor at this time. The doctor who signs the HSA1 and prescription has an overall responsibility for that patient. Should they not be correctly completed the electronic IT system highlights as not complete, forcing the doctor to re check and complete before proceeding.
- We looked at seven sets of records and saw that they were well completed. They included patient details, allergies, medical history, observations, ultrasound pictures, consent and risk assessments.
- There was evidence of sensitive management of records. We saw that the ultra sound pictures were stored in the patients' records facing picture downwards. This meant that when the nurse opened the patient's record within sight of the patient, these pictures were not seen.
- We observed patients being asked if they wanted more counselling and their answer was recorded as a tick box 'yes' or 'no'. The case notes has a section were a record of the discussion surrounding pregnancy options and decision was recorded. However, this preceded the question relating to counselling.
- Head office and the registered manager reviewed all electronic submissions for the service each day. Should a document not be submitted there was a failsafe procedure where head office would contact the service and request an update as to the delay in submission.
- The storage of records was secure. Records were stored securely on site for three months and then archived at another BPAS location. The service maintained a record of all women having undergone a termination of pregnancy. These records were kept for three years in line with CQC regulations.
- Should a patient die, arrangements must be in place to immediately notify the CQC and the Department of Health within 24 hours. Staff understood their responsibilities and the information to be provided. This had not happened at this service.

Termination of pregnancy

Safeguarding

- Safeguarding procedures were in place to protect both vulnerable adults and children from harm. BPAS had a safeguarding and management of clients aged under 18 policy and procedure (2015). This described the approach to safeguarding and child protection. The policy described the care pathway for patients under the age of 18 years. All staff had a good understanding of this policy.
- BPAS Plymouth's registered manager is the designated member of staff responsible for acting upon adult or child safeguarding concerns locally, co-ordinating action within the unit, escalating to the national safeguarding leads as necessary, and liaising with other agencies. The registered manager demonstrated a clear understanding of her role and the safeguarding policies.
- The service had been provided for two children aged between 13 and 16 years in the period January to December 2015. BPAS Plymouth service was not available for children aged 13 years and below. Between the ages of 13 and 16 years each case was considered and a safeguarding risk assessment completed and discussion with the BPAS safeguarding lead. Should the risk assessment indicate concerns about the patient's vulnerability a safeguarding alert was made. This was done by telephone to the local safeguarding authority. Plans were seen for a multi-agency hub for children's social care in Plymouth. For patients under the age of 16 years, parental involvement was accepted and included if appropriate.
- Out of hours the safeguarding lead for BPAS was accessible for any level of discussion with staff. This BPAS senior staff member was trained to level 5 safeguarding adults and young people.
- We saw that for a patient aged 16 years a full risk assessment had been completed. In line with BPAS policy, they had also been required to attend again with a parent or friend over the age of 18 years. Should a patient aged 16 years or below be booked but not attend, staff would follow this up to ensure the patient's safety.
- As part of the safeguarding risk assessment staff ask a series of questions which attempt to highlight any issues which may indicate child sexual exploitation. These include questions about family, relationships, friendships, lifestyle and consent to sex. As a result of these questions staff asked themselves if they considered there to be any safeguarding concerns and responded in line with BPAS policy.
- Safeguarding vulnerable people group training level 3 had been completed by all BPAS Plymouth staff every two years. Level 3 training covered both adult and child safeguarding training.
- Each patient's record included the question 'Do you feel safe at home?' We observed this question being asked and the answer explored. The staff had contact details for any specific counselling which may be needed and contact details for adult and child social services.
- Five out of seven staff had completed training relating to female genital mutilation. This was to provide awareness and inform of the procedure to follow should this be recognised. We discussed female genital mutilation with staff to ascertain their understanding and the actions they would take. We found that training was available for all staff but not yet completely embedded in practice.

Mandatory training

- All staff (100%) had completed mandatory training which included induction when starting work, information governance, health and safety, ethical and legal pathway and infection control.
- Basic life support training had been completed by all administrative staff. Immediate life support training had been completed by nursing staff.
- Mandatory safeguarding training for adults and children for all staff was to level 3 and staff were supported by training and paperwork to recognise potential cases of child sexual exploitation. Further support from staff with level 5 safeguarding training was available.

Assessing and responding to patient risk

- All patients were assessed for their general fitness to proceed. Staff assessed any identified potential risks before treatment.
- BPAS provided clinical guidelines for suitability of treatment at BPAS (2016). The guidelines addressed the suitability of patients seeking a medical termination. The guidelines included a list of patient conditions which may affect suitability for treatment. The initial

patient assessment included medical and obstetric history and measurement of vital signs, including blood pressure, pulse and temperature. An ultrasound scan confirmed dating, viability and any multiple gestations. Laboratory testing was not available at BPAS Plymouth. Some blood testing was undertaken to identify patients' blood group.

- When a patient could not be treated at BPAS Plymouth their care was referred on by BPAS, often within the NHS or to a specialist placement. The BPAS contact centre would be involved to find a suitable referral placement. A specialist placement referral form was completed and sent to the referral team. This team would identify the areas available for referral and would continue to monitor the patient's pathway to the end of treatment. Staff at BPAS Plymouth had agreement with the local NHS trust that when a patient preferred to choose the local NHS Provider, that NHS paperwork was completed by BPAS staff to prevent repetition of questions for the patient.
- Prior to early medical abortions any patient who had a rhesus negative blood group received treatment to protect against complications for any further pregnancies. The patients' blood group if rhesus negative was indicated in the patient's notes and the treatment was given at the time of the termination. The treatment was also recorded in the 'point of care testing register' with the patient's name and details of the nurse undertaking the blood test and witness. This register was maintained to provide a record and reference.
- Women undergoing an early medical abortion had a venous thromboembolism risk assessment considered and completed if needed. This was documented in the patient's record and included any actions needed to mitigate the risks identified. We looked at seven sets of records and saw these assessments completed when indicated.
- If women were pregnant with a contraceptive coil previously fitted, an x-ray was ordered prior to the abortion procedure. If the coil was confirmed a surgical abortion would be necessary.
- The service had a policy in place for the transfer of patients to the local NHS trust if needed. This included instruction to contact directly the gynaecology registrar to discuss the case and any potential transfer. No transfers had taken place in the previous 12 months. Should a patient post treatment be admitted to the acute hospital emergency department, there were no formalised links to inform BPAS. This was dependant on if any information was shared by the trust. Should this be the case an incident form was completed and reported and included in the patient's record.
- Should there be any uncertainty about an ongoing pregnancy then a follow up check appointment was made and a series of investigations completed. Should the termination not have been fully successful then a plan of action was made to see the patient again and continue with treatment.
- A post treatment helpline was available for patients to ring should they have any concerns or questions. The helpline service had a service level agreement with BPAS for the service they provide and were managed by the BPAS clinical team. Training was provided to the helpline staff from BPAS.
- Post abortion counselling was available to all people who had received a termination either with BPAS or outside of the service. Records showed that only one patient had requested this service between January and December 2015.
- At BPAS Plymouth there was no access to medical staff as the service was nurse led. Should medical staff be needed in the clinic, the nurses would dial 999 for emergency services.

Nursing staffing

- BPAS Plymouth employed five staff. This included a treatment unit manager, admin coordinator, receptionist and two nurse practioners. A briefing took place at the beginning of each shift to discuss the plan for the shift and any issues needed extra consideration. No agency or bank staff were used; any staff shortfalls were met by the permanent staff.
- The registered manager assessed the staffing levels required; a stable staff team was in place which moved between different locations. Staff told us they considered there to be sufficient numbers of staff on each shift to meet the needs of the patients.

Medical staffing

- No consultants worked at BPAS Plymouth.

- The doctors employed by BPAS to review the HSA1 forms and complete the HSA4 forms did not work locally and were contacted through the electronic system. They worked until 4pm midweek and until 12 midday on a Saturday and so were limited in their accessibility for this out of hour's service. Staff worked around these timescales to ensure the patients received treatment in an appropriate timescale.

Major incident awareness and training

- Fire procedures were in place. Staff were aware of the hospital's emergency evacuation procedure and assembly point and were included in the hospital's fire training.
- A secondary generator was in place to provide an emergency power supply if a loss of power took place.
- There was a panic button available which was only sounded in the near area and was not linked to any other system. Security was provided through the hospital switchboard. The hospital had a confidentiality agreement with BPAS to ensure patient confidentiality should they need to be called.
- A business continuity plan was in place should an incident take place which affected the service. This may include IT systems failing. Should the electronic system fail the local office would revert to paper copies and secure fax systems. No problems had been encountered at BPAS Plymouth.

Are termination of pregnancy services effective?

- Patients had their needs assessed and care planned and delivered in line with evidence based guidance and recommendations. Pain management was considered throughout treatment and action taken to ensure patients were comfortable.
- BPAS had a planned programme of monitoring of the service they provided. Audit outcomes were fed back to staff to promote good practice, develop skills, or address areas of poor practice.
- BPAS had competency training in place to support the development of staff. Staff received regular supervision and appraisals.
- Multidisciplinary working was undertaken with GPs involved when possible and pathways to transfer patients in place.
- Patients had access to information to inform their decisions and were provided with reference material.
- Consent was obtained from the patient at each stage of the treatment and recorded in the patient's record. Staff were clear about their roles and responsibilities to ensure patients with limited capacity or understanding were managed correctly and in line with best practice.

Evidence-based care and treatment

- Patients had their needs assessed and care planned in line with evidence based guidance and recommendations made by the Royal College of Obstetrics and Gynaecology (RCOG). These included infection control, consent to treatment, discussions about options for termination of pregnancy and contraception. NICE guidelines PH51 Contraceptive Services with a focus on young people up to the age of 25 years were also followed. BPAS policies were written to include these recommendations. Staff could access BPAS policies via the intranet and those seen were in date for review.
- All doctors prescribing medication for medical terminations adhered to RCOG guidelines, the Department of Health RSOP, The Abortion Act and abortion legislation for the treatment of patients for termination of pregnancy. BPAS had a Clinical Advisory Group which brought together internal and external clinical experts in termination of pregnancy care to review and advised on clinical guidelines.
- Contraceptive and sexual health advice was provided in accordance with RCOG guidelines. Contraceptive options were discussed with patients at the initial assessment and a plan was agreed for contraception after the abortion. When contraception was agreed, the patient received in writing details and instructions relating to their choice and had the option of their GP being informed. Should they not wish to contact their GP then a local family planning clinic was suggested. Patients could be provided with contraceptive medication at the clinic.

- When an updated or new guideline was introduced by BPAS, the registered manager told us that all staff were made to sign to say they had read it. We saw evidence of this during our inspection.

Pain relief

- Pain relief was considered and prescribed for all patients receiving treatment. Pain assessments were completed and stored in the records for each patient. Appropriate pain relief was prescribed for each treatment. Non-steroidal anti-inflammatory drugs were prescribed, as recommended by RCOG guidelines. On discharge the patient was provided with pain relief and instructions for what level of pain to expect and what to do should the pain level not subside.

Patient outcomes

- The BPAS Plymouth offered early medical abortions. The treatment was given with a gap of 12 hours between the two medications. The simultaneous administration of medicines for early medical abortion (EMA) was introduced at the clinic in 2015. The increased risk of retained products of conception and continuing pregnancy for medicines taken at the same time compared with 24-72 hours apart were included in the My BPAS Guide which was given to all patients before making a choice.
- Patients were offered simultaneous early medical abortion up to nine weeks gestation. This is where both medications (a pessary and oral tablet) are given within 15 minutes and the patient can leave the clinic to pass products of conception in a place of their choice. If they preferred, or were up to 10 weeks gestation, the medications could be split so the patient had a one or two day gap between the first tablet and the insertion of the pessary. Again, patients left the clinic to pass products of conception in a place of their choice. BPAS gathered the data about the success or complications related to both simultaneous and EMA with up to a 72 hour gap. BPAS do not benchmark against national statistics and instead use internally gathered data and rates published from clinical trials. The operations director confirmed they received a breakdown of EMA complication rates by interval and gestation which were analysed every four months and reported on to CGC. They would benchmark period to period to ensure that rates were within expected levels relative to their own pilot data.
- All patients who underwent medical termination were given a pregnancy test and instructed to perform the test two weeks after they passed the pregnancy remains. Instructions from staff included what to do if the test was positive. We saw that any positive tests were reported as an incident, which acted as an audit trail.
- The regional quality, assessment and improvement forums and national clinical governance committee (CGC) monitored and reviewed treatment complication rates to ensure they were at or below accepted national levels.
- We saw that a telephone consultation option was available. Patients could have a wide scope of information gathered by telephone; they could then attend the clinic for an assessment. Because the clinic times were out of normal working hours, the telephone consultation did not allow immediate treatment on the first clinic appointment. This was because the legal requirements for HSA1 forms and prescriptions needed to be signed before treatment could commence and access to the doctor was not available out of hours.
- Audits were seen of care and treatment and included pathways of care, information provisions, abortion procedures and care after the abortion. These scores were seen to achieve 100%. Audit scores were provided to commissioners for their review.
- Audits were also undertaken which also included the level of activity, how many patients had repeat terminations, screening for Chlamydia and contraception. Waiting times to treatment were also audited, these showed that for the period January to April 2016 the average contact to treatment was a mean average of 10 days.
- There were specific pathways in place for patients with identified fetal anomalies. This was a collaborative pathway with the fetal unit at the local trust. An operational policy was in place for the termination of pregnancy for fetal abnormality (2014). This policy outlined a care pathway for patients seeking such a termination. The policy recognised the difference

between the termination on medical grounds to the termination on non-medical grounds and that significant differences to patient need were identified. Information for patients was available and included details of the procedure, risks and complications and that a dedicated booking line was available for patients needing this service. We reviewed the complication records for BPAS Plymouth and saw that between January and December 2015 there had been 10 minor complications. There had been records maintained of any incomplete abortions and continuing pregnancy. These records included identifying any of these complications for both simultaneous early medical abortions and early medical abortions with a one or two day interval. From January 2016 to April 2016 there had not been any major complications and three minor complications. These were two incomplete abortions and one continuing pregnancy. The BPAS regional quality, assessment and improvement forums and national clinical governance committee, monitored and reviewed treatment complication rates ensuring they were at or below accepted, published rates.

- Surgical terminations of pregnancy were discontinued at BPAS Plymouth from January 2016. One minor surgical termination complication was recorded prior to the discontinuation of this activity.
- We observed two consultation process and saw that patients were provided with full details of all of their options. No pressure was applied to make a decision. The 'My BPAS Guide' was read with the patient and the book used as a reference for the patient, both before, during and after treatment. From 1 Jan to 31 Dec 2015, the number of clients who had a consultation at BPAS Plymouth and did not proceed to treatment at BPAS Plymouth totalled 91 clients.

Competent staff

- BPAS had competency frameworks in order to support the training and development of staff. Staff were supported to undertake continued professional development activities in order to update their skills and knowledge, for example, all clinical staff were expected to attend the BPAS clinical forum, where speakers present on topics relevant to their work. We reviewed an agenda and saw learning was available on female genital mutilation, modified early warning scores and HIV pre and post test counselling.
- All of the nursing and administrative staff had received supervision in 2015 (100%). Staff had an annual appraisal and a one to one discussion (job chat) every four months. They also had clinical supervision for any specific nursing practice for example; those staff qualified to scan had extra clinical supervision. Counselling supervision support was also available for staff should they feel they needed it.
- Clinical passports were in place to enable staff to work between BPAS units. Clinical passports enabled the continuity of skills to be transferred across locations.
- All of the trained nurses at BPAS Plymouth had received ultra sound scanning training and practical assessment. Nurses told us this training was comprehensive and they felt it enabled them to develop their own skills. Every two years the nursing staff trained to scan had to submit a percentage of their scans for review and they were provided with an accuracy score. The review was undertaken by the BPAS lead sonographer.
- Five out of seven staff had completed training relating to female genital mutilation. This was to provide awareness and inform of the procedure to follow should this be recognised. We discussed female genital mutilation with staff to ascertain their understanding and the actions they would take. We found that training was available for all staff but not yet completely embedded in practice.

Multidisciplinary working (related to this core service)

- Staff told us of circumstances when they worked closely with a patient's GP to ensure that the service met the persons specific health needs. This included discussions by telephone with the patient and the GP to establish appropriate timescale, visits and discussions about what to expect. The patient's relative was able to visit the service first to be able to describe the environment and plan of care.
- If the patient did not wish to see their GP about the contraception they had started at BPAS, they were advised to attend a local family planning service.
- BPAS also provided a guide to the management of miscarriage. This included medical or surgical treatment for the removal of the remains of pregnancy. The information available for patients was clear and informative whilst remaining sensitive to the patient's loss

Seven-day services

Termination of pregnancy

- The service was not available at BPAS Plymouth over seven days. The clinic was opened Wednesday evening, Friday evening and Saturday mornings. Should a patient contact the booking service, they could be accommodated at other services if they wanted to be seen outside of those clinic times.
- Abnormal symptoms following treatment were included in the 'My BPAS Guide' book, with information on what patients should do if they were concerned, including details of the BPAS Aftercare Line which was available for 24 hours, seven days a week.Callers to the Aftercare Line spoke to registered nurses or midwives. Any calls to the line were then emailed to the service for follow up at the next available clinic.
- The booklet 'My BPAS Guide' was given to every patient and provided written information about treatment and care.The guide had a section dedicated to recovery, which detailed what would normally be expected following treatment.
- A mobile number was also included in the 'My BPAS Guide' for a member of BPAS Plymouth staff. This enabled patients to contact the service out of hours if needed.
- The provider had a Booking Information System linking to all BPAS services and head office. This enabled communication between other BPAS services and teams so patients could be seen at more than one clinic with transference of records electronically. Should the electronic format not be available, staff reverted to paper records.
- At the initial telephone call stage a safe word was agreed. This meant that any further communication needed the code word to promote patient safety and confidentiality.
- Staff worked with other services to deliver effective care and treatment. BPAS Plymouth communicated if permitted to do so, with the patient's GP. At the start of each patient's treatment, it was agreed if a letter could be sent to the patient's GP. This included the treatment procedure undertaken and any contraception provided. The patient was able to request this did not happen. In each case the patient is given a letter which included the same information should it be needed in the future.
- Two doctors reviewed the patient's history, ultrasound scan and grounds on which she was seeking an abortion on-line, before they signed the HSA1 form. The Department of Health RSOPs state that it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement. The information was provided to the two doctors electronically before they made their decision. A copy of the HSA1 form was printed and filed in the patient's medical record, which is considered best practice by the Department of Health. All the medical records we reviewed contained a printed and signed copy of the HSA1 form.
- BPAS staff had access to their own intranet and IT systems through secure access on the outpatient computer systems.
- During each patient's consultation and at each stage of the process the nurses asked patients for their consent to treatment. All risks were explained in detail so that the patient would understand what they were consenting too. We observed four consultations and saw consent being agreed prior to any procedures.
- Consent was obtained from the patient at each stage of the treatment and recorded in the patient's record. Consent was gained to undertake treatment of both early medical abortion and included the patients consent to the use of misoprostol and mifepristone. This is the medication used as part of the treatment to terminate pregnancy.
- The BPAS consent form included space for the signature of a witness should the patient be unable to sign but had indicated their consent. Young people may also want a parent or person with parental responsibility to sign although it would not necessarily be required if the younger patient had been assessed as Gillick competent. BPAS staff used the Gillick competence and Fraser Guidelines for clients under the age of 16 years to establish the patient's maturity to make their own decisions. The Gillick competence is used in medical law to decide whether a child, 16 years and under, is able to consent their own medical treatment, without the need for parental permission or knowledge. The guidelines used were recorded and stored in the patient's notes as an audit trail of how the consent decision was made.

- Staff demonstrated an understanding of Gillick competence (assessment of young people under 16 years of age to give informed consent) and Fraser guidelines (contraception and young people), (Department of Health, 2009, General Medical Council, 2008, Nursing and Midwifery Council, 2008).
- There was also a facility on the consent form for a declaration by an interpreter to confirm that the information interpreted was done to the best of the interpreter's ability and in a way the patient could understand.
- If a patient had a learning disability, the nurse would establish the patient's level of understanding before considering if informed consent could be given. The nursing staff would ensure the patient had support and may include this support person to establish patient understanding. Staff told us that patients lacking capacity to consent would not be managed at this service and would be referred for a specialist placement.
- The consent form included the consent signature of a staff member to confirm that the patient had no further questions and wished to proceed with the treatment. All staff at BPAS Plymouth had attended a consent workshop to support their practice.
- Consent was included to share anonymised information with the Department of Health for data gathering purposes.
- BPAS Plymouth had a copy of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards for staff to reference the code of practice. The contacts for the local mental health services for Devon were also available should staff need them.

Are termination of pregnancy services caring?

- We saw that patients were treated with compassion, kindness, dignity and respect. Patients and those attending with them were treated with understanding and consideration.
- Staff respected patient confidentiality and ensured patients' dignity was maintained.
- The patient's beliefs and faiths were respected and their choices supported. Staff were seen to be respectful of patient's cultural, social and religious needs.
- Patients were provided with appropriate and timely support and information to cope emotionally with their care and treatment. Various means of communication were available to ensure patients understood their care, treatment and condition.

Compassionate care

- We saw that patients and those people attending with them were treated at all times with dignity, respect and compassion. Staff had a non-directive, non-judgemental and supportive approach to patients.
- Patients could make contact through the telephone contact centre that asked a selection of questions and provided information of which services were available. Alternatively the patient could arrive at the site with or without an appointment and still be seen. Patients were told by telephone that the visit would take approximately two hours. We observed the complete pathway from consultation to post treatment checks and saw this to be the case.
- We received nine comment cards which were all positive about the way staff had managed their care and treatment.
- The Client satisfaction reports from January to December 2015 also showed satisfaction scores for most questions of 100%. Allpatients responding said they would recommend the service to someone they knew who needed similar care. From September to December 2015 93% of patients felt they were given sufficient information about how their information would be used and 100% felt their information would be treated confidentially.

Understanding and involvement of patients and those close to them

- Each patient's preference for what information was shared with their partner or family member/friend was established. This ensured the patient was in control of the information about them.

- We saw staff explaining the My BPAS Guide to patients, going line by line through the treatment options and any level of risk. Should the patient then decide against having a termination, the staff referred them on to ante natal care for the remainder of their pregnancy.
- Nursing staff told us that, during the initial assessment with a patient, they explained all the available methods for termination of pregnancy that were appropriate and safe. The staff considered gestational age and other clinical needs when suggesting these options to patients.
- Staff supported patients who needed time to consider their decision. A second consultation was offered, with a date and time that was convenient for the patient.
- Patients were given written information which explained what to expect during and after the abortion, including potential side-effects and complications. Contact numbers were also provided for 24 hour advice and further counselling if required.
- If needed, administration staff would take on a chaperone role, to escort and sit with the patient. No training was provided for this role. For younger patients a parent or family member would be able to sit with the patient.
- The patients' beliefs and faiths were respected and their choices supported.Staff were seen to be respectful of patients' cultural, social and religious needs. The initial discussion with staff was used as an opportunity to explore these areas and support patient choice.
- In the reception area, there was music playing and the reception staff spoke quietly when speaking with patients. This ensured patients confidentiality and privacy.
- BPAS information leaflets were available for all patients. These included details about how the service managed the records, who the information was shared with and how confidentiality was maintained. We heard staff explaining this leaflet to patients that some information was anonymised and shared with the Department of Health for auditing purposes.
- We did not observe any discussion about payment. Staff spoke clearly about how this was managed should the patient not come under established commissioning agreements. Payment tariffs were available and staff explained that support and advice was available to ensure all patients could access the service they needed.

Emotional support

- Patients' individual emotional needs were supported by BPAS staff.
- Staff could refer patients on to specific counselling for anxiety and depression should this be an identified need. Specific bereavement counselling could also be accessed if needed.
- Specific counselling by specialist organisations could be made available for patients who have undergone a termination due to fetal anomaly. For these patients, treatment was prioritised and fast tracked.

Are termination of pregnancy services responsive?

- The service was planned and delivered to meet patients' needs. Patients could access the service within a short timescale. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances.
- The service took into account the different needs of patients to support them through the treatment. Staff recognised patients' personal, cultural, social and religious needs.
- Patients' complaints were listened and responded to. Learning was taken from complaints and used by staff to reflect and change their practice.
- However, BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.

Service planning and delivery to meet the needs of local people

- Quarterly monitoring reports provided BPAS and NHS commissioners with a detailed breakdown of the average number of day's patients who had waited from contact to consultation, from consultation to treatment and from decision to proceed to treatment. At BPAS Plymouth patients could be seen on the day or they could make an appointment and return at another time.

Access and flow

- BPAS Plymouth advised that patients were seen within five working days of an appointment which was within the Royal College of Obstetricians and Gynaecology(RCOG) recommendations. Sometimes patients chose to wait for an appointment locally rather than travel to a service with more availability. The waiting times were audited quarterly to ensure targets were met. Staff explained that sometimes patients choose to wait longer but this was not audited. Quarterly Monitoring Reports were sent to each commissioning group which detailed the percentage of actual appointments booked within seven calendar days and the percentage of appointments available to book within seven calendar days for: Booking to assessment and assessment to treatment. However, there was no audit process in place to evidence what happened to those patients who did not choose to complete the booking with the service.The service will prioritise care and treatment for those patients with the most urgent need. Staff explained they sometimes work later to accommodate patients.
- In the timescale January to March 2016 there were a total of 78 patients received a medical termination. The mean average of patients were seen from contact to treatment within 10 days. Four clients were seen over 21 days.
- Patients could access the service within a short timescale. The percentage of women treated at less than 10 weeks gestation was a widely accepted measure of how accessible abortion services are. So far during 2015/16, over 94% of women had been treated below 10 weeks which was significantly above the national average. The national average reported in the Department of Health Abortion Statistics England and Wales 2014 (June 2015) states that 92% of abortions were carried out at under 13 weeks gestation, 80% were at under 10 weeks compared to 79% in 2013. Medical abortions accounted for 51% of the total.
- BPAS system recorded what appointments were available, within a 30 mile radius of the client's home address, at the point of booking. This meant the service were able to analyse waiting times. Service planning for BPAS Plymouth was monitored and included the appointment availability at all units. The electronic triage booking system offered clients a choice of dates, times and locations. This ensured that women were able to access the most suitable appointment for their needs and access treatment as early as possible.
- The telephone booking service was available 24 hours a day and 7 days a week. This included a fast track appointment system to prioritise patients with a higher gestational age and more complex needs or circumstances.

Meeting people's individual needs

- The service took into account the different needs of people to support them through treatment. Patients were enabled to have a friend or relative supporting them. BPAS provided a member of staff as a chaperone should one be requested. Leaflets were available for those people supporting someone having a termination of pregnancy. The literature gave some insight to the person providing the support role of what to expect.
- Patient information was available both through the website and provided to patients. Because the day surgery unit was used out of normal hours by BPAS, staff put up their own temporary notice board and leaflets prior to each clinic. This information covered all aspects of the services provided.
- The BPAS Plymouth site offered early medical abortions. The treatment was given with a gap of 12 hours between the two medications. Recent changes meant that the two treatments could be given simultaneously if all legal requirements were in place. We saw that when this took place the nurses explained carefully to the patient the different risks and enabled the patient to make an informed decision about how they wanted their treatment managed.
- There were specific pathways in place for patients with identified fetal anomalies. This was a collaborative pathway with the fetal unit at the local trust. An operational policy was in place for the termination of pregnancy for fetal abnormality (2014). This policy outlined a care pathway for patients seeking such a

termination. The policy recognised the difference between the termination on medical grounds to the termination on non-medical grounds and that significant differences to patient need were identified. Information for patients was available and included details of the procedure, risks and complications and that a dedicated booking line was available for patients needing this service.

- The initial assessment was undertaken with the patient on their own and then their companion could join them. This enabled BPAS staff to assess if the patient was making their own choices.
- Children under the age of 16 years were often escorted by a parent who was able to sit in with the assessment to provide the child with support. Should a patient aged 16 years and under attend the service; they were asked to return with a parent or friend over the age of 18 yearsto ensure their safety after their treatment.
- BPAS Plymouth was easily accessible for patients with mobility issues. The reception area had access to drinks and information about the service and various health promotion literatures.
- Staff recognised patients' personal, cultural, social and religious needs. BPAS staff had completed generic and role-specific training, which included a workshop in welcoming diversity to ensure they recognise different cultural needs and beliefs. Welcoming diversity training had been completed by all staff at the BPAS Plymouth sites.
- Termination was not offered to patients if the pregnancy did not show on a scan. In this instance the patient could return a week later or be referred to the early pregnancy service.
- BPAS also provided a guide to the management of miscarriage. This included treatment for the removal of the remains of pregnancy. The information available for patients was clear and informative whilst remaining sensitive to the patient's loss.
- Should the patient have any specific health concerns the specialist referral team were contacted to enable and support the patient to access the most appropriate service. The service provided support to patients who exceeded the gestational range accepted at this service. Should a patient contact the service who was in excess of the 10 week limit or required termination for urgent medical reasons, the call contact centre would support and assist the patient to access the service they needed in a suitably timely way.
- Various means of communication were available to ensure patients understood their care, treatment and condition. The My BPAS Guide was available in different languages and also in Braille for the visually impaired. Staff were unsure if the booklet was available in easy read for patients with a level of learning disability. The provider also had a webcam facility for patients who were not good at reading and would struggle with the My BPAS Guide. There was also an audio facility for patients to discuss any concerns.
- For those patients who did not read well or where English was not their first language, the helpline staff provided verbal advice and support.
- For patients who were homeless and so had no GP address, systems were in place to enable them to have the same access to BPAS services.
- Patients were given choices about how their care would be delivered. This included who would administer the medication vaginally (in the form of a pessary). Patients were given the option to insert their own pessaries and they were given instructions on how to do this. If they did not want to do this themselves, a nurse would assist them.
- In order to both obtain and maintain a licence from the Secretary of State to provide termination services, BPAS had to comply with a number of Required Standard Operating Procedures (RSOPs) based on legal requirements and best practice. RSOP14 concerns the provision of counselling services. This states that all women requesting a termination should be offered the opportunity to discuss their options and choices in a non-directive and non-judgemental way. In addition therapeutic support from a trained pregnancy counsellor should be available.
- The RSOP standards were met as all the staff we spoke with confirmed if a patient required professional counselling, a referral was made to an external, professional counselling service.
- RSOP14 defines a trained pregnancy counsellor as someone trained to Diploma level. Senior staff confirmed that the BPAS training did not reach Diploma

level. Clinical and administrative staff received internal BPAS training in order to provide impartial, non-judgemental support and advice to patients. This training took between one and four days to complete. Nursing staff attended one day of this course. Staff who attended for the four days also completed a range of competency based assessments and were then referred to as Client Care Coordinators. BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as councellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
Staff were appropriately trained and knowledgeable to provide the short term 'crisis' pregnancy options counselling that is required within a Termination of Pregnancy service. If other 'non pregnancy related' issues become evident during our discussions with clients, BPAS would then refer them for further therapeutic counselling with the relevant appropriately trained counsellors.

Learning from complaints and concerns

- Patients' complaints were listened and responded to. Posters were displayed in waiting areas and leaflets available advising patients on how to raise a complaint and the response to be expected. The client booklet My BPAS Guide also included a section on how to give feedback and how to complain, as did the BPAS website.
- During 2015, no complaints were received by BPAS Plymouth. Any complaints would be logged to include records of actions taken and any follow up needed. Learning was taken from complaints and used to improve any service issues.
- The client engagement manager reviewed any comments provided.

Are termination of pregnancy services well-led?

- Staff followed the vision for the service by treating all patients with dignity and respect in a non-judgemental way. The development strategy for this service was ongoing with staff being aware of future plans.
- There was an established governance structure at national, regional and local level to manage risk and quality including an audit programme and an established process for sharing learning.
- Staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork.
- Public and staff engagement was encouraged to develop the service provided.

Vision and strategy for this this core service

- The BPAS ethos was to treat all clients with dignity and respect, and to provide a caring, confidential and non-judgemental service. We observed that all staff did this. Staff were recruited in accordance with the BPAS Recruitment and Selection Policy and Procedure, which explored that candidates were pro-choice. BPAS do not employ or subcontract individuals with a conscientious objection to abortion, or those who do not embrace their organisational beliefs.
- BPAS Plymouth had a vision and strategy for the service at a local level. This was to develop services for women in the South West and increase access to a wider population.

Governance, risk management and quality measurement for this core service

- There was a defined governance structure in place at a national, regional and local level. The clinical governance committee (CGC) met three times a year and maintained oversight of all BPAS services. The CGC consisted of representatives from the BPAS executive and senior management team and included the chief executive, medical director, director of nursing and operations and regional directors of operations. At each meeting they reviewed serious incidents, complications, clinical incidents, near misses, complaints and customer satisfaction, appraisal and revalidation, infection control, safeguarding and service delivery planning.
- Clinical governance meetings were held monthly and minutes recorded the areas of discussion. Governance was divided between clinical (related to patient outcomes) and corporate items (finance).
- At a local level clinical governance meetings were held monthly and minutes recorded the areas of discussion.

The regional quality assessment and improvement forum (RQUAIF) met every four months to oversee all services in the region. The forum consisted of a lead nurse, a client care manager, doctor, nurse, clinical lead and associate director of nursing. At each meeting they reviewed complaints, incidents, serious incidents, audit results, complications, patient satisfaction and quality assurance for point of care testing and declined treatments. This ensured risk management and learning was taken across all regions and locations. Feedback to staff was evident in staff meeting minutes. We reviewed the minutes of these meetings and also spoke with staff who confirmed that information and learning was shared.

- Risk registers were in place for BPAS Plymouth with an action plan to meet any issues. No issues were rated as high concern.
- Commissioners contracting with BPAS had client complaints and feedback summarised in their Contract Quarterly Monitoring Report.
- BPAS undertook a monthly clinical dashboard. The registered manager monitored the clinic's performance against the standards on a monthly basis and communicated performance data to national and regional management teams and to staff working at the clinic. The purpose of a clinical dashboard is to improve quality and safety by focusing on key indicators which, if achieved, contribute to overall patient safety. They provided a real-time measure of quality and safety. The dashboard had ten standards which included medicines management, minimum staffing levels, serious incidents requiring investigation and complaints. At the end of the month, the registered manager submitted a return stating whether or not they have achieved each applicable standard. The unit was then given an overall dashboard red/amber/green rating. BPAS Plymouth rating was consistently green.
- Practicing privileges were granted to consultants who agreed to practice following BPAS policies and provided evidence of appropriate skills and registration. Revalidation was the process by which licensed doctors were required to demonstrate on a regular basis that they are up to date and fit to practice. Revalidation of medical staff took place annually by the medical director.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1). We looked at seven patient records and found that all HSA1 forms included two signatures and the reason for termination. The HSA1 audit undertaken monthly showed 100% completion between March 2015and December 2015.
- BPAS has an on-line completion and submission process for HSA4 forms, in which the BPAS 'Booking Information System' linked directly with the Department of Health. The online HSA4 forms were completed by the treatment unit, sent to the prescribing doctor who authorised on the system and submited to the Department of Health. BPAS doctors obtain a secure login and password from the Department of Health to use this service. The HSA4 was 'signed' online within 14 days of the completion of the abortion by the doctor who terminated the pregnancy. For medical abortion, the doctor who prescribes the medications is the Doctor who must submit the HSA4 form.The Department of Health alerted the BPAS head office if a form had not been submitted. Head office would inform the local office to complete.
- BPAS Plymouth had a licence from the Department of Health to undertake terminations of pregnancy. This licence is a legal requirement and is valid until 31 July 2018. The licence was displayed prominently in the waiting room of the service.
- BPAS had recently introduced a 'central authorisation system' (CAS) where staff uploaded all the completed documentation following the initial assessment by a nurse. Staff told us that CAS had helped reduce any possible delays with providing treatment. Two BPAS doctors were allocated every day to CAS on a rota. This ensured there were always two doctors available to review the documentation and sign the HSA1 form, if they agreed with the reason for the termination of pregnancy. We looked at the system and staff were competent in guiding and explaining how it worked.
- Staff were surveyed using questionnaires and the information collated and shared with staff. Central and South West services responses were handled together, 79% of staff in those regions responded. Results showed that 89% would recommend BPAS as a good place to

work and 97% would recommend friend and relatives for treatment. Staff told us they felt respected and included. They felt supported to speak about any concerns and able to report incidents.

Leadership / culture of service

- The regional management structure consisted of a regional director of operations, a regional manager, a regional clinical lead (doctor) and a regional nurse to cover training.
- At a local level each site is run by a registered manager. Staff told us they found the registered manager for BPAS Plymouth to be approachable and staff spoke positively about how they enjoyed their work and felt a strong sense of family and teamwork. Staff demonstrated at all times a caring and compassionate approach to all patients and those attending with them.
- Registered managers received training in key policy areas of their role, which included any current legal or regulatory requirements. They were also supported in their role to develop further management potential. Managers are encouraged to seek advice from Head Office support functions, each of which was led by a Director with expertise in their field.
- The staff survey results showed that 76% of staff felt there was strong leadership from managers and senior staff. A further 82% in the local region felt supported by their local manager.

Public and staff engagement

- Public and staff engagement was encouraged to develop the service provided. All BPAS clients were given a client survey/comment form entitled Your Opinion Counts.Each survey was initially reviewed by the manager, prior to being sent to the BPAS Head Office for collation and reporting, so that any adverse comments could be acted on immediately.

Innovation, improvement and sustainability

- BPAS Plymouth's manager sent a leaflet of BPAS information to all local GPs to promote BPAS services and facilities. Information was sent to NHS partners when changes to the BPAS Plymouth service had taken place, the last information shared related to the implementation of simultaneous early medical abortions. A local newsletter 'Welcome to Plymouth' had included BPAS Plymouth's information to provide updates on services provided in the local area.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- BPAS should advise patients' that staff only provide impartial, non-directive advice and are trained as counsellors but not to a Diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- The provider should audit those patients who exceed the 10 working days to treatment to evidence patient choice.