British Pregnancy Advisory Service

BPAS - Sandwell

Inspection report

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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	Requires Improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

BPAS Sandwell is operated by British Pregnancy Advisory Service and was inspected as part of the Care Quality Commission (CQC) comprehensive inspection programme. BPAS Sandwell has not been inspected since it was registered in December 2019.

From March 2021 to February 2022, the service completed 695 medical abortions and 187 surgical abortions.

Prior to the inspection, inspectors reviewed monitoring and ongoing information about the service.

We rated it as requires improvement because:

- Women did not have timely access to the service and had to wait longer than national guidance both for consultation and treatment.
- The service did not ensure secure or appropriate storage and collection of pregnancy remains.
- The service did not use a paediatric specific risk scoring tool for girls under the age of 16.
- Completion of venous thromboembolism risk assessments did not always meet the providers policy.

However

- 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 kept good care records. Most medicines were managed 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. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs. They provided emotional support to women, families and carers.
- The service made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. 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 well with women to plan and manage services and all staff were committed to improving services continually. Required notifications were made to meet legal requirements.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Requires Improvement 	We rated it as requires improvement for a summary of our findings please see the overall summary at the beginning of this report.

Summary of findings

Contents

Summary of this inspection

Background to BPAS - Sandwell

British Pregnancy Advisory Service (BPAS) Sandwell provides a termination of pregnancy service in Sandwell and for the surrounding areas. The service provides termination of pregnancy as a single speciality service. BPAS Sandwell offers consultation, medical assessment, early medical abortion up to nine weeks and six days and surgical termination of pregnancy up to 13 weeks and six days weeks gestation, service specific counselling and treatment. As part of the care pathway, women are offered sexual health screening and contraception. Surgical termination of pregnancy can be undertaken under conscious sedation or local anaesthetic according to patients wishes.

The service is registered to provide the following regulated activities:

- Termination of Pregnancy.
- Family Planning Service.
- Treatment of Disease, Disorder or Injury.
- Diagnostic Imaging Services.
- Surgical procedures.

Under these activities the service provided:

- Pregnancy Testing.
- Unplanned Pregnancy Counselling.
- Early Medical Abortion.
- Surgical termination of pregnancy (SToP).
- Abortion Aftercare.
- Sexually Transmitted Infection (STI) testing and treatment.
- Contraceptive advice and supply.

The government legalised / approved the home-use of misoprostol for medical abortion in England from 1 January 2019. On 30 March 2020, the Secretary of State for Health and Social Care made two temporary measures that superseded this previous approval. These temporary arrangements were aimed at minimising the risk of transmission of coronavirus (COVID-19) and ensuring continued access to early medical abortion services during the COVID-19 global outbreak. The temporary arrangement meant that:

Pregnant women (and girls) would be able to take the two medicines used, Mifepristone and Misoprostol for early medical abortion, up to nine week and six days gestation, should they meet the eligibility criteria, in their own homes without the need to first attend a hospital or clinic.

It is possible for a medical practitioner to provide a remote consultation and or prescribe medicines for an early medical abortion from their own home. rather than travelling into a clinic or hospital to work.

This service has had three registered managers since its registration in December 2019. The current registered manager had been registered since May 2021 and is also the registered manager of another two BPAS registered locations.

Summary of this inspection

How we carried out this inspection

We carried out a scheduled comprehensive inspection at this service on 16 March 2022. The service did not know we were coming until we contacted them the day before the inspection. During this inspection we observed patient consultations, attended the treatment room and the pre-operative and post-operative recovery areas. The inspection was undertaken by one CQC inspector and a specialist advisor in termination of pregnancy with support from an inspection manager. BPAS Sandwell has a satellite location in Wolverhampton which has been closed since the start of the pandemic so was not inspected.

During this inspection we observed client interactions, looked at twelve sets of client notes, spoke with one client, and six members of staff.

To get to the heart of women's' 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 as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was termination of pregnancy. 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 trust 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 failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure women are offered an initial consultation within five working of contacting the service and treatment within another five working days (Reg 17(2)(a).
- The service must ensure the safe and secure storage and disposal arrangements for pregnancy remains which meet the providers policy Reg17(2)(b).

Action the service SHOULD take to improve:

- The service should consider the use of a specific paediatric early warning score tool for use with children under the age of 16 years undergoing surgical terminations of pregnancy.
- The service should audit the completion of venous thromboembolism risk assessments and address the findings.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Termination of pregnancy

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

Are Termination of pregnancy safe?

Good

Mandatory training

The service provided mandatory training in key skills to all staff and most staff had completed it.

Staff received and mostly kept up to date with their mandatory training which was comprehensive and met the needs of women and staff. Staff had access to mandatory training by a mixture of e-learning modules and face-to-face sessions. Information showed two examples where all mandatory training had not been completed however arrangements were in place to address this.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff said they received email alerts, so they knew when to renew 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 understood the importance of maintaining the confidentiality of information about women's identity and their care and treatment.

All staff received level three adult and children's safeguarding training which met national safeguarding training guidance. Staff kept up to date with their safeguarding training. There was a system to alert managers and staff when they needed to update or refresh their training. The electronic patient records system enabled staff to request safeguarding advice and receive a timely response, the site leader had been trained to safeguarding level three in both adults and children. Senior managers were suitably trained to safeguarding level four

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff completed a separate 'young person 'safeguarding risk assessment in place for girls under 18 years to identify potential safeguarding risks. Staff were supported to recognise cases of child sexual exploitation and female genital mutilation (FGM). Girls under 16 years can have an initial video consultation and then attend a unit for an ultrasound scan. At the scan appointment they were seen on their own to assess any risk of coercion. Girls under 16 years can also have a face to face consultation where a safeguarding risk assessment is completed.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding adult at risk policy and a safeguarding children and young people policy. Both of which were in date, version controlled and reflected national guidance. Staff were supported by the senior management team and safeguarding level 4 leads to raise issues and report safeguarding concerns. Staff made appropriate safeguarding referrals to the local authority and knew which safeguarding concerns to also report direct to the regulator. The registered manager was aware of a need to report any women under 18 who had female genital mutilation.

Staff understood the importance of maintaining the confidentiality of information about women's identity and their care and treatment. Staff ensured women's identity was protected, women booked in a separate private room and when staff called them, they used their first or their preferred name only. Information was not shared with others including the women (clients) doctor without their consent.

There were appropriate recruitment, selection and employment procedures in place to ensure women receive safe and appropriate care by staff who had appropriate checks undertaken.

Cleanliness, infection control and hygiene

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

The premises were clean and had suitable furnishings which were visibly clean and well-maintained. There was a service level agreement with the health centre for cleaning, maintenance arrangements.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Daily tick lists confirmed when an area had been cleaned. The service did regular audits on cleanliness which showed satisfactory levels of cleanliness. If cleanliness failed to meet the required standard an action plan would be identified, and monthly audits would be undertaken until improvement was identified. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff received training on infection prevention and control. Staff were seen to wash and sanitise their hands appropriately and wore personal protective equipment. Staff hand hygiene audits and use of personal protective equipment were undertaken monthly as part of the 'essential' steps audits and identified full compliance. Clinical staff had arms bare below the elbows to aid effective handwashing.

The service had commenced a new monthly programme of infection prevention and control audits. The last audit in February 2022 identified 94% compliance. The audit identified actions needed such as to display the infection control audit result score in a public place.

The service had guidance on infection prevention and control in the context of COVID-19. Staff did twice weekly lateral flow tests. Women were asked if they of someone they had close contact with had symptoms of COVID-19 before they attended their appointment. Women attending the service also had their temperature checked on arrival.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. All clinical waste was not stored safely or appropriately prior to collection.

Call buzzers were available in consultation rooms, the treatment room and recovery area, toilets and the waiting areas so either the woman or staff could alert staff if urgent attention was required.

The design of the environment followed national guidance. The service was within a large health centre which signposted women for BPAS to an identified separate room with reception staff present and they had privacy to book in. Women then waited in the health centre waiting room before being collected by staff and taken to consultation rooms.

There were fire exit signs and fire extinguishers throughout the department. All fire exits, and doors were kept clear and free from obstructions. Fire alarms and emergency lighting were tested on a weekly basis.

Staff carried out daily safety checks of specialist equipment. Resuscitation trolleys, the major haemorrhage trolley, and anaesthetic equipment were checked daily. All equipment was regularly serviced and maintained. Faulty equipment was reported to facilities and staff confirmed it was quickly repaired. Storage rooms were well stocked and kept tidy.

Staff disposed of most clinical waste safely in appropriate waste bins. Bins were clearly labelled with what could be put in them. The service had separate arrangements for two weekly collection of pregnancy remains but did not store them or manage them appropriately until collection. For more detail please refer to the governance section within the well led section of this report.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff mostly identified and quickly acted upon patients at risk of deterioration although further assurance was needed.

Staff knew about, and dealt with any specific risk issues. Staff were aware of the national gestation guidelines for each type of termination. Individual risk assessments were carried out for all women both at the clinic and those receiving telephone consultations. Depending on answers to the risk assessment, for example the women had a medical condition, unsure of last menstrual period, bleeding or pain, a women may require a scan to accurately determine gestation consultations to ensure they were on the right treatment pathway or may require referral to NHS care. The service ensured that appropriate assessments were conducted to minimise the risk of women receiving treatment that did not meet the eligibility for termination of pregnancy.

Staff used a modified early warning score (MEWS) to identify deterioration which was suitable for pregnant women and escalated them appropriately. The MEWS scores for eleven of the twelve records reviewed were correctly completed. The twelfth record identified complications during surgery with the surgeon present, the woman was subsequently transferred to hospital. Whilst staff had taken woman's observations there were gaps in recording observations so it could not be audited to ensure the timeliness of the call requesting an ambulance and transfer to hospital. Following the inspection the provided sent us the following information: *When a transfer is initiated the client's BPAS record with all observations to the point of decision to transfer are copied for use by the receiving NHS hospital. During the time the BPAS records are being photo copied by the administration team the clinical team will complete interim transfer notes with all observations etc. The transfer notes will also accompany the client to hospital. A copy of the transfer notes is kept in client's records*

BPAS do not have a specific paediatric early warning score for use with girls under 16 undergoing surgical terminations of pregnancy. CQC and BPAS were currently discussing the rationale for this. BPAS have initiated stakeholder engagement to consider differences in physiological for under 16 year old. BPAS will be working with other independent

providers of termination of pregnancy abortion to agree an early warning score tool which clarifies and meets national guidance. Information provided by the service identified one under 16-year-old had a surgical termination of pregnancy at BPAS Sandwell in the last 12 months. Managers said under 16s would be offered attendance a larger centre and have the additional option of a general anaesthetic which was not available at BPAS Sandwell.

Staff confirmed medical staff did not leave the premises until they had made sure patients were fit for discharge.

Staff completed risk assessments for each woman on arrival, using a recognised tool, and reviewed this regularly, including after any incident. BPAS used a risk assessment to assess the risk of deep vein thrombosis (DVT). The risk assessment identified no requirement for assessment for women receiving surgery by either conscious sedation or local anaesthetic, which were the only options available for surgical treatment at BPAS Sandwell. Three of the twelve risk assessments did not confirm 'not applicable' for further review. Whilst this did not present an identified risk, review was required to ensure staff fully understood the process.

Staff were trained to a safe level of life support and clinical staff working during surgical procedures were trained to Immediate Life Support level. Staff conducting conscious sedation received appropriate training in airway maintenance.

Staff were aware of sepsis and clinical staff received training in sepsis identification and management.

Staff used a modified Surgical Safety Checklist based on the World Health Organisation (WHO) and five steps to safer surgery checklist when undertaking surgical terminations of pregnancy. WHO checklists are a tool designed to improve the safety of surgical procedures. Records showed staff completed the checklist at all stages throughout surgery. Managers audited completion of the safer surgery checklist and found it was appropriately completed.

Staff completed, or arranged, psychosocial assessments and risk assessments for women thought to be at risk of self-harm or suicide. Counselling was arranged for women presenting with mental health difficulties. Support was arranged women who decided to continue with their pregnancy.

Staff shared key information to keep women safe when handing over their care to others. The service had guidelines and policies in place for staff to follow in the event a woman needed to be transferred to an NHS Hospital. We saw these arrangements were followed. At the start of each shift staff were allocated roles in the event a woman needed transfer. Staff said this meant there was no confusion when transferring patients to other facilities.

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, agency and locum staff a full induction.

The service had enough clinical and support staff to keep women safe. All staff had received training specific to termination of pregnancy. Staff worked as part of a hub at both BPAS Sandwell and BPAS Birmingham services. This assured the availability of suitably trained staff.

Managers accurately calculated and reviewed the number and grade clinical and non-clinical staff. Managers could adjust staffing levels daily according to the needs of women who were booked for consultation or treatment.

The service had one whole time equivalent clinical role (either nurse or midwife) vacancy which was being recruited to. BPAS Sandwell shared staff with other local BPAS locations and worked together to cover staff absence when required. Continuity midwives provided additional clinical support when required for example to support staff who had not completed all required training.

The service had low levels of agency staff. When required the service used regular agency operating department practitioners. The agency staff were familiar with the service and received a full induction and regular updates from the service.

The service had enough medical staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Medical staff were either employed centrally by BPAS or worked under practising privileges. Practising privileges means that staff are employed elsewhere but can work for another service in a limited, defined capacity. When doctors were employed under practising privileges their clinical background was checked and a set of criteria for the patients they could see was drawn up. Agreement to medical staff employment and ongoing employment which included competence, experience, training and appraisals was part of the role of the BPAS medical director.

Records

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

Women's notes were comprehensive for 11 of the 12 women's records reviewed. Records were mostly electronic, and staff could access them easily. HSA1 forms (legal forms which must be signed by two doctors who agreed a woman was suitable to undergo a termination of pregnancy as per The Abortion Act, 1967) were present and appropriately completed.

Paper documents included surgery records of assessment and care, a safer surgery checklist, women's observations and early warning scores.

Records were stored securely. Only authorised staff had access to records which were password protected. Display screens were locked when staff were not present. As part of their mandatory training, staff completed information governance sessions. The service carried out an information governance audits to ensure staff followed BPAS policies and were kept women's records securely.

Medicines

The service used systems and processes to safely prescribe, administer and record medicine. Most medicines were appropriately stored.

Staff followed systems and processes to prescribe and administer medicines safely. The service used abortifacient medicines to induce medical abortion. These were prescribed by one of the doctors completing the HSA1 form (a legal form which must be signed by two doctors for an abortion to take place). Nurses and midwives administered these medicines as directed. Nurses and midwives were trained in a range of specific patient group directions (PGDs) which enabled them to give very specific medicines to women without needing an individual prescription. For example, antibiotics, anti-sickness medicines and contraception.

There were appropriate checks on controlled drugs (CDs). CDs are medicines usually strong pain relief which require additional security. Medicine allergies were clearly identified on women's records. The service had an in-date antibiotic policy which provided advice and effective use of antibiotics.

Staff reviewed women's medicines regularly and provided information about their medicines. Staff ensured women's medicines were identified and was recorded on their electronic patient record. Women received specific instruction as to how and when to take the medicines they had been prescribed. This was both verbal and in written format. Pain relief for women having surgical terminations of pregnancy was regularly reviewed and adjusted as per individual requirements.

Staff completed medicines records accurately and kept them up to date, recording the time and date medicines were administered.

Staff managed and stored most medicines safely. The temperature of rooms and fridges where medicines were stored was recorded and met manufacturers guidance. Emergency medicines which included one bag of intravenous fluids on the medicine trolley were not secured or tamper proof. Staff did daily checks on medicines on the emergency trolley. Managers told us a new tamper proof trolley had been on order since the beginning of February 2022 and has been delivered since our inspection. Medicines management was audited and monitored. When action was required a record of actions undertaken was recorded.

Staff learned from safety alerts and incidents to improve practice. The service had systems to ensure staff knew about safety alerts and incidents, so women received their medicines safely. The service had an electronic system in place to record what actions were taken and when they were completed.

Incidents

The service managed patient 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 actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff had a good understanding of incidents and showed us how they would report an incident using the online system.

Staff raised concerns and reported incidents and near misses in line with the BPAS policy.

The service reported no never events. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death.

Managers shared learning with their staff about serious incidents that happened elsewhere. Staff received feedback from investigation of incidents, both internal and external to the service. Feedback from a recent surgery incident was shared with staff during the staff safety huddle. Information about learning around record keeping were also discussed.

Managers investigated incidents thoroughly. Women and their families were involved in these investigations. Staff followed a clear process for reporting and investigating incidents. Managers attended monthly meetings, during which they discussed recent incidents and this information was then shared with staff.

Requires Improvement

Termination of pregnancy

Staff understood the duty of candour. They were open and transparent and gave women and families a full explanation and an apology when things went wrong. The service had reported one incident which met the legal threshold for the duty of candour to be followed. An investigation report had been commenced. The duty of candour is a duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person an incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology

Are Termination of pregnancy effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were developed and reviewed centrally facilitated by BPAS's senior leadership team and head office. Policies were in line with Department of Health Required Standard Operating Procedures (RSOP) guidelines and professional guidance from the Royal College of Obstetricians and Gynaecology (RCOG), Royal College of Anaesthetists for the treatment of women for termination of pregnancy. Staff had access to electronic versions of policies and were able to navigate the electronic system without difficulty.

Staff protected the rights of women subject to the Mental Health Act and followed the Code of Practice. Staff had received training in the Mental Health Act and described the process to follow if they had concerns which we observed during the inspection.

Nutrition and hydration

Staff gave women enough food and drink to meet their needs.

Staff made sure patients had enough to eat and drink. BPAS Sandwell did not provide meals to women as they attended for a relatively short period of time. Hot drinks, bottled water and biscuits were provided for women post procedure free of charge. Women did not have to fast as BPAS Sandwell did not provide procedures under a general anaesthetic.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed women's' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service used a symbol tool which enabled women to easily identify their pain level.

Staff prescribed, administered and recorded pain relief accurately. Staff discussed pain levels and pain relief in clinic consultations and post operatively. Pain relief was also included as part of the early medical abortion packs. Staff gave women advice and information on how to manage their pain at home.

Requires Improvement

Termination of pregnancy

Women who had undergone surgical terminations of pregnancy received pain relief when requested and its effectiveness was reviewed by staff.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service completed and returned patient analysis data for each termination of pregnancy to the Department of Health (HSA4 report).

Managers and staff used the results to improve patients' outcomes. Outcomes which included both national, regionally and location complication and failure rates of treatment were reviewed by senior managers and the registered manager. Complications varied from a referral with a complex outcome to bleeding and excessive pain and ectopic pregnancy. An electronic incident record was completed, and the woman's records updated to reflect information and actions taken. The data was measured against the provider national average to provide evidence of any trends, themes or increases in complications in specific areas.

Managers and staff carried out a programme of repeated audits to check to improve care and treatment. The audits for the service were compared against all the services in the BPAS area and learning taken to make improvements across the organisation. These benchmark reviews prompted managers to look at issues and address any shortfalls when required. Managers shared and made sure staff understood information from the audits.

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 identified staff training needs and gave them the time and opportunity to develop their skills and knowledge. Staff undertook a rotational training programme in which they developed skills in all areas of pregnancy termination such as consultation around treatment options, ultrasound, surgery and contraception. Managers told us this allowed staff to work in all areas of the clinic. Staff assisting with women who had conscious sedation were appropriately trained in airway management. Staff undertaking ultrasounds were appropriately trained to the gestation of the pregnancy they were scanning.

Managers gave all new staff a full induction tailored to their role before they started work. New clinical staff worked on a supernumerary basis alongside an experienced member of staff for a minimum of 12 weeks. The induction included a corporate induction, mandatory training and completion of a competency pack tailored to their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had had a recent appraisal.

The clinical leads supported the learning and development needs of staff. Competency was signed off by an experienced member of staff. Additional skills were available as extended training, for example conscious sedation and sonography. Sonography is an externally accredited course for both first and second trimester. Sonography trainees were supervised by accredited staff until they passed their theory and practical assessments. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Requires Improvement

Termination of pregnancy

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit women. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss women and improve their care. Staff met at the beginning and end of each day to review patient care and look for any areas for improvement and shared learning.

Staff worked across health care disciplines and with other agencies when required to care for women. Staff worked well as a team within the clinic and with outside agencies for example early pregnancy units, accident and emergency, mental health services and the local authority safeguarding. There were clear lines of accountability and all staff we spoke with knew what and who they were responsible for.

Seven-day services

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

The clinic was open Mondays, Wednesdays and Fridays and alternate Tuesdays. When the clinic was closed women could contact BPAS post treatment via the aftercare 24 hours a day telephone line which specialised in post abortion advice. The telephone line provided triage and arrangements can be made for women to be seen for a post treatment check at a BPAS unit, or if necessary they are told to attend accident and emergency at their local NHS Hospital.

Health promotion

The service had relevant information promoting healthy lifestyles and support. Women received contraception advice and had the option of having an intrauterine contraceptive inserted at the time of surgical termination. Early medical abortion packs had contraception advice booklets and contraception in each pack.

Women were offered testing for chlamydia and were signposted for sexually transmitted diseases screening.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from women for their care and treatment in line with legislation and guidance. Staff discussed treatment options available with women to ensure they consented to treatment based on the information available. Staff recorded consent in women's' records. Care records contained signed consent from women. Possible side effects and complications were recorded, and the records showed that these had been discussed with women. Staff ensured women and girls were seen alone to minimise the risk of coercion by a third party.

The clinic had a policy outlining the principles of consenting women and of capacity to consent. The service audited their consent forms and found consent was gained in line with required BPAS policies and procedures.

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment and how this would be safely managed. Girls and young women under the age of 18 years had to be accompanied by a person over 18 years when they left the service and staff checked this. Staff had access to advice and support if they had any concerns regarding consent.

Requires Improvement

Termination of pregnancy

Are Termination of pregnancy caring?

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.

Staff understood and respected the individual needs of woman showing understanding and a non-judgmental attitude when caring for them. Staff throughout the women journey within the clinic from the receptionist to clinicians were approachable and kind. Staff explained clearly the procedures and the options available to the woman.

Staff followed policy to keep patient care and treatment confidential. Women booked in a separate room which was private on a one to one with the women. We saw consultations were held in private rooms women where assured of confidentiality.

Staff were aware of women's different cultural and religious needs when dealing with the disposal of pregnancy remains. As part of the procedure, the wishes of patients for dealing with disposal of pregnancy remains were discussed and recorded.

Emotional support

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

Staff supported women who became distressed. Staff understood the emotional impact having a termination of pregnancy could potentially have on a woman and tried to minimise any distress they may have experienced. Staff were empathic, non-judgemental, kind and compassionate.

Staff understood the emotional and social impact that a women's care, treatment or condition had on their wellbeing and on those close to them. Staff gave emotional support to women at various points in their termination pathway. Women could contact BPAS via a dedicated telephone number, detailed in the 'My BPAS Guide' booklet, to make an appointment for post-abortion counselling.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment and made them aware about information provided on the main BPAS website around help and support.

Staff talked with women and those close to them in a way they could understand, using communication aids where necessary. Staff explained treatment and ongoing care to women clearly and always asked whether they understood or had any questions. Family and friends were not used as translators to ensure women's decisions were their own.

Requires Improvement

Termination of pregnancy

Women and their families could give feedback on the service and their treatment and staff supported them to do this. Women were able to give feedback on the service in person and electronically. Online surveys showed women gave positive feedback about the service. More than 96% of women would recommend BPAS Sandwell to friends and family.

Are Termination of pregnancy responsive?

Requires Improvement

Service planning and delivery to meet the needs of the local people

The service did not always plan and provide care in a way that met the needs of local people in a timely way.

Women booked their appointments on-line or by telephoning the BPAS Booking and Information Centre (BIC) which is open 7 days a week. Women could refer themselves or be referred by a GP or other healthcare professional. Women were asked about their health, current and previous pregnancies and risk assessments were completed to determine the best route for an appointment. An appointment was then made for the woman to have either a telephone/video call or an appointment at the clinic. Information detailed below shows women did not all have timely consultation or treatment see information detailed below within the Access and Flow section.

The service provided both face to face appointments and telephone consultations. Women who were suitable for early medical abortions could collect their medication from the BPAS clinic or have them sent by post. The clinic made follow up calls to women assessed as vulnerable or a when safeguarding concerns were identified. This information was entered onto the clinic safeguarding log and clients were followed up within three weeks to ensure their wellbeing and that the treatment had been effective.

Facilities and premises were appropriate for the services being delivered. BPAS Sandwell was situated with a health centre which provided a range of primary care services. BPAS Sandwell was based in a suite of rooms on the first floor which had lift access. Consultation rooms were private. For surgical patients there was a dedicated treatment room, recovery/ ward area and waiting room with changing facilities which could not be accessed by the public and were not used by another service. There were accessible toilets for those with limited mobility. Free car parking spaces including blue badge accessible spaces was available.

The service had systems to help care for patients in need of additional support or specialist intervention. BPAS provided a patient guidance booklet called 'My BPAS Guide' which outlined the expected recovery for patients. Abnormal symptoms were listed within the book, and it contained advice for women.

Managers monitored missed appointments. Information showed six women had not attended their planned consultations and 23 did not attend their planned treatment. The registered manager confirmed any woman who had been assessed as vulnerable or a safeguarding concern was followed up and the reason for non-attendance recorded on their electronic record along with assurance of their wellbeing.

Meeting people's individual needs

The service 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.

The service could support women with additional needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff were able to identify where they could seek assistance for women with additional communication needs.

The premises enabled wheelchair access.

Staff were able to access interpreters or signers when needed and were able to use a translation service for women for whom, English was not their first language. As part of the initial website contact, women could 'select language' at the top of the BPAS website which then provided treatment information in their selected language.

BPAS had a central team which ensured when needed, women who were unsuitable for BPAS treatment were referred to a specialist centre within the NHS as soon as possible. This includes clients with a later gestation who could not be treated by BPAS.

Systems were clear to ensure that pregnancy remains were registered. Should the patient want to arrange for disposal, this was organised and recorded both on the electronic system and a paper audit trail was available.

Access and flow

Access to the service was not timely and women did not always receive treatment within agreed timeframes and national targets.

Women contacted the BPAS Booking and Information Centre (BIC) or used the on-line system to book telephone or face to face appointments. On average women waited longer than the national guidelines for both their initial consultation and their treatment.

National guidelines say women should wait no longer than five days from contacting the service to their first consultation, but in the year to the end February 2022 they waited an average of 9.1 days.

Once identified as suitable for treatment, women should be offered an appointment within five days. But in the year to the end of February 2022 from consultation to treatment for women waited for an average of 7.8 days. The average wait for medical abortion was 5.7 days and for surgical abortion was 15.5 days. Managers said availability of appointments had been impacted with some experienced staff leaving and the impact of the pandemic on staff sickness and staff having to isolate. Staff training was ongoing to ensure staff had required competencies which would ensure additional appointments were available to reduce waiting times.

The total time from initial contact to the procedure should not exceed 10 working days, BPAS Sandwell did not meet this.

Managers and staff worked to make sure women did not stay longer than they needed to. Staff told women their clinic appointment would last between two and three hours. Staff said sometimes there was a delay receiving HSA1 and the prescription for women's medicines but usually they would be returned within 15 minutes. Managers monitored the flow of women through the clinic and would step in and support staff if women were waiting for prolonged periods of time for their treatment or discharge.

Staff supported patients when they were referred or transferred between services. Staff contacted services on behalf of the women, such as an early pregnancy unit and would ensure they were aware they would be attending and the reason for attendance.

Requires Improvement

Termination of pregnancy

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. 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.

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

Staff understood the policy on complaints and knew how to handle them. If concerns were raised, staff would try to address them in the first instance and would then report the complaint and outcome on the electronic recording system. The manager would be informed, and a further investigation would be implemented at local level if required.

Managers investigated complaints and identified themes. There was a process to investigate complaints regardless of whether they were raised locally or centrally. If a complaint was made locally, it was investigated by the manager and overseen by the quality matron. BPAS Sandwell had two complaints in the last 12 months which also included concerns about other services and waiting times. Complaints were shared at the monthly treatment unit manager meetings and potential themes discussed.

Managers shared feedback from complaints with staff and learning was used to improve the service. Women received feedback from managers after the investigation into their complaint.

Are Termination of pregnancy well-led?

Requires Improvement

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. New arrangements should ensure managers are more accessible.

There was a clear management structure for the provider both locally and nationally with lines of responsibility and accountability. Regional management teams had recently been strengthened to support clinics with additional clinical oversight.

Managers were aware of the issues facing the service such as ensuring staff who were trained in all key skills were available, continuity of the service and actions to reduce waiting lists when possible which was dependent on staff availability.

Managers completed BPAS manager training which was devised to ensure they had all required information and clinics were run to the same standard.

The treatment unit manager at the time of the inspection was also the registered manager for two other services and spent their time between all three services. From the 1 April 2022 it was being planned that the clinic was to have another experienced treatment unit manager who had applied to be the registered manager. The new arrangements will ensure increased accessibility of the manager for staff at BPAS Sandwell.

Staff mainly worked in clinics with managers working remotely but said they were supported and were able to raise any concerns they had with the management team.

Requires Improvement

Termination of pregnancy

The clinic's certificate of approval to carry out termination of pregnancy was prominently displayed in accordance with Department of Health requirements.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The vision and strategy for BPAS 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 barriers to reproductive choice and to advocate for and deliver high quality, woman-centred reproductive health care. Staff spoke clearly about enabling women to access services and treat women with compassion and respect.

BPAS is a charity which provides evidence based and not for profit care. The BPAS strategy included providing effective services, meeting contract requirements and financial stability. Managers monitored the service provided to ensure stakeholder contracts and financial viability were met.

Culture

Staff felt respected, supported and valued. The service provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.

Staff were proud of the organisation as a place to work and said they were treated with respect. Staff spoke positively about their role working for BPAS and at BPAS Sandwell. Staff felt supported to raise concerns and said they felt listened to.

Many training opportunities were available to support staff develop their careers.

There was a positive approach to complaints about the service and looked at how women's experience could be improved. The service had a whistle blowing policy and staff knew how to raise concerns with managers.

Governance

Leaders mostly operated effective governance processes. 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.

There were shortfalls in the governance arrangements for the storage and disposal of pregnancy remains which were not stored or managed appropriately until collection. Pregnancy remains were left in a sealed container called Hermetically Sealed Theatre Container (HSTC) in an unlocked utility room and were not stored appropriately in a freezer. BPAS policy identifies pregnancy remains should be put into yellow clinical waste sacks and stored in a secure freezer or placed into HSTC in a secure storeroom away from clients and the public. The service did not follow the BPAS policy for collection of pregnancy remains which required the HSTC collection to be supervised by a designated BPAS staff member. Staff said the contractor collected the pregnancy remains around 5am, with access provided by the cleaners. Staff were unclear about the frequency of collection and said pregnancy remains were collected every two weeks. Information provided following the inspection confirmed two weekly collection. However this pregnancy remains were not stored appropriately and were left at room temperature until the next collection.

BPAS had processes and systems of accountability to support the delivery of the service. BPAS had a structure with several committees, each with a defined responsibility to ensure information was discussed regularly at the relevant group by relevant staff. Committees fed information into a board of trustees. There was a clinical governance committee; finance, audit & risk committee; and a strategic leadership team. These met four times a year, except for the leadership team which met every two weeks. The clinical governance committee comprised of a clinical advisory group, drugs & therapeutics committee, infection control committee, quality & risk committee, and a research and ethics committee. The operational quality manager/treatment unit manager met between eight and 12 weeks to review the quality of the service. BPAS medical director ensured the organisation met current national guidance.

The treatment unit manager cascaded information to their teams by monthly meetings and updated them with latest issues, developments. Learning from incidents, complaints and changes in policies and procedures were also shared.

Audits and dashboards were used to monitor the quality of the service provided and these were reviewed as part of the governance process. Information gathered was used to identify areas for change and learning. Changes were needed to ensure women received timely consultation and treatment. Staff had been appointed and were being trained to increase the availability of appointments. Learning from incidents and complaints were used to identify areas for improvement.

All incidents had a dedicated person responsible for investigation and completion of an action plan. Staff safety huddles included a review of any incidents identified the previous day. Complaints, incidents and any lessons learned were regularly reviewed during staff monthly meetings.

The service delivered care and treatment in accordance with the Abortion Act 1967. The certificate of approval was displayed and processes to ensure that the certificate of opinion (HAS1) and abortion notification (HSA4) were completed in line with legislation. The 12 sets of notes reviewed confirmed this had been completed.

Management of risk, issues and performance

Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and but actions to reduce their impact were not always evident. They had plans to cope with unexpected events.

BPAS managers monitored the delivery of clinical treatment and care and identified risks and improvements to safety and quality across the business. The service worked with the local commissioning group to monitor the services allocated.

Performance dashboards were used to discuss, benchmark and monitor performance at monthly senior management team meetings and were accessible to treatment unit managers to review and compare their performance against other treatment centres.

BPAS Sandwell had access to a corporate and a local risk register. Risks were rated red, amber and green depending on the level of risk, to identify the highest risks. Measure and controls to manage the risks were recorded and review dates were noted to ensure risks were monitored. Each risk was identified as being reviewed or approved and was rated as green or amber. Highest risks included the number and skills of staff to provide the service.

The service had held discussions to agree procedures for transfer to the local NHS Trust should women deteriorate or require urgent treatment final agreement by the NHS Trust was still outstanding.

Requires Improvement

Termination of pregnancy

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

Most of the information required by staff was available electronically this included policies and procedures.

Clinical records were recorded and stored electronically, except for surgical records which were recorded on paper and stored securely. The provider group worked from an integrated electronic record system which enabled details of care requirements to be shared with other clinics in the wider corporate group, the notes were immediately available.

BPAS collected data on the quality of the service from a variety of sources and used this to improve performance and identify and escalate risks. Regular audit processes checked to ensure performance met the required standards. The service made improvements and shared learning when the results of audits showed data was not up to the expected standards. Information was shared with staff to enable them to be part of any problem solving to improve performance when required.

Data or notifications were submitted to external organisations as required. It was the responsibility of the treatment unit manager to submit data or notifications to external organisations.

In order to meet the requirements of the Abortion Act 1967, following a termination, the registered medical practitioner must complete a HSA4 form and send this to the Department of Health within 14 days and include patient demographic data. BPAS had an on-line submission process for HSA4 forms, where the BPAS 'Booking Information System' had direct access to the Department of Health database. There was an effective system to ensure there were no delays in submission.

Engagement

Leaders and staff actively and openly engaged with patients to plan and manage improve services.

Paper patient feedback surveys were removed in 2020 due to COVID-19 infection control limitations and were switched to an online feedback form. Reports summarising women's comments was available. National themes were reviewed and monitored by the client engagement manager and the quality & risk committee. Managers reviewed women's feedback and looked for any trends to improve service delivery.

Staff told us they had regular team meetings. Information was shared with staff in a variety of ways, such as face-to-face, email, and noticeboards.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The COVID-19 pandemic had required considerable change which included staff providing less face to face treatment to working virtually to support women and provide advice about safe home use of abortion medicines.

Staffing arrangements had changed to meet new ways of working. Staff had an enhanced role and more staff received sonography training to enable them to provide more of the care women required.

Requires Improvement

Termination of pregnancy

BPAS senior leadership had supported research developments to enable initiatives such home use of abortion medicines and 'pills by post' to provide improved access for women to abortion services.