BPAS Slough

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Slough is part of the national charitable organisation British Pregnancy Advisory Service (BPAS). BPAS Slough opened on 30 November 2015. The unit provides a consultation and abortion service; medical abortions (up to 10 weeks gestation), including the treatment option of the simultaneous administration of abortifacient medicines (two medications are given within 15 minutes) in order to effect an early medical abortion, for abortions up to nine weeks gestation. The unit also provides surgical abortions (up to 14 weeks gestation). Surgical abortions are provided under local anaesthesia with or without conscious sedation. The unit offers a service to self-funding patients. The unit does not provide a vasectomy service.

We carried out an announced comprehensive inspection visit at BPAS Slough on 21 September 2016 and an unannounced visit on 29 September 2016. There is no satellite service linked to this unit. The unit manager and staff work across two BPAS units in Berkshire. We inspected BPAS Slough as part of our independent healthcare inspection programme. 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 two inspectors and a specialist advisor, who was a registered midwife with experience in termination of pregnancy services.

Our key findings were as follows:

Are services safe?

- We saw staff followed procedures to report, investigate and monitor incidents. Learning from incidents was shared across the organisation.
- The unit manager informed us they had received training on duty of candour and was due to provide formal training to staff. Staff we spoke with were aware of their responsibilities to be open and honest when incidents resulted in or could have resulted in harm. Staff were supported to implement duty of candour requirements by the national BPAS engagement manager.
- The clinic environment and equipment were clean and suitable for use; standards were monitored through audits and risk assessments such as health and safety risk assessments.
- We observed medicines including abortifacient medicines were stored securely and records maintained. Monthly medicines management audits were undertaken to monitor practice.
- Sufficient staff and skill mix were on duty to meet patients' needs. Records showed all staff were trained in safeguarding vulnerable adults and safeguarding children level 3 training. Staff obtained advice from the unit safeguarding lead or national BPAS safeguarding leads when needed.
- Arrangements were in place to transfer patients to the local NHS hospital if the need arose, accompanied by a member of BPAS staff if necessary.

Are services effective?

- Staff provided care in line with national best practice guidelines with the exception of the use of simultaneous administration of abortifacient drugs for early medical abortion (EMA), which is outside of current Royal College of Obstetrician and Gynaecologist (RCOG) guidance. However, patients were given up to date information about the risks and benefits of this treatment before giving consent and the organisation was monitoring outcomes from this treatment. Policies were developed that took account of national guidance including the Required Standard Operating Procedures (RSOP) from the Department of Health.

Summary of findings

- A programme of policy review was undertaken and all policies were approved by the national BPAS clinical governance committee. Staff had ready access to policies on the BPAS intranet.
- Records showed all staff were up to date with core training requirements and had access to additional training to develop their roles. Professional staff were supported to undergo revalidation. The BPAS medical director ensured doctors employed under practising privileges had the skills, competency and professional indemnity before they were permitted to provide treatments and their practising privileges were reviewed every two years.
- Records showed that staff sought and recorded consent to ensure patients made independent, informed choices about their treatment. We observed staff informed patients of the increased rate of complications with regards to simultaneous early medical abortion, during the consultation process.

Are services caring?

- We observed staff provided care with compassion and sensitivity and were non-judgemental in their approach. BPAS Slough response rate for their most recent satisfaction survey was 28% and results were consistently positive.
- Patients said they felt listened to, were given clear explanations by staff and had been involved in decisions about their care.
- We observed BPAS Slough all patients were offered a pregnancy options discussion with a nurse or midwife as part of their consultation. The nurse or midwife was not trained to diploma level in counselling, as recommended in the RSOP 14. However, they had undergone BPAS training on client support skills and counselling for pregnancy options.Staff checked patients understood their treatment options, and involved partners in their care when appropriate.
- Staff provided patients with contact details of the BPAS after care advice line, available 24 hours seven days a week. Post abortion specialist counselling was also available if needed.

Are services responsive?

- The service was planned and delivered to meet the needs of the local population.
- Clear suitability for treatment guidelines were followed. In cases where patients had complex medical needs, suitable alternative placements were identified to respond to their needs.
- BPAS Slough provided additional treatment sessions during busy periods to meet demand.
- Staff had access to a telephone interpreting service and patient information was available in a range of languages.
- Patients were able to access services in a timely manner. Between 30 November 2015 and 31 August 2016 the average wait time for first appointment at BPAS Slough was 7.6 calendar days and 5.5 calendar days from consultation to treatment
- The service recorded and responded to informal and formal complaints. The service had received three informal complaints between 30 November 2015 and 31 August 2016 which had all been investigated and lessons learnt where appropriate.

Are services well led?

- A unit manager was in post and was the registered manager for the service. Staff we spoke with aware of the BPAS values and aims and the strategic direction of the organisation.

Summary of findings

- A clear and effective governance framework was used to ensure service quality and performance was monitored and actions taken when needed. Four-monthly national clinical governance meetings and regional quality and managers meetings took place. These forums were used to discuss quality and risk issues and monitor the service was adhering to legal requirements such as completion and submission of legal documentation (HSA1 and HSA4 forms).
- A monthly audit of the abortion authorisation forms (HSA1s) was undertaken to ensure full completion and this showed consistent compliance. 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 is met for the termination to be lawful.
- The unit manager maintained a risk register which amalgamated the risks over the two units they managed. We saw the recorded risks were being monitored and mitigated.
- All staff we spoke with were kept informed of issues through emails and team meetings. Staff engagement also took place at a BPAS national biannual clinical forum and through an organisation wide annual staff survey.
- Staff described local and head office managers as approachable and accessible.
- We saw examples of how BPAS had improved the way it delivered services, for example by the introduction of conscious sedation as an alternative to general anaesthesia.

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

The provider should:

- Review the entry arrangements to the treatment room to ensure patients and visitors have controlled access.
- Ensure there is a formal, local contingency plan for business continuity in the case of prolonged loss of premises.
- Ensure all non-clinical incidents are recorded to ensure investigation and learning.
- Ensure staff audit using the appropriate sample size to provide results which are an accurate reflection of the quality of the service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Summary of findings

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Summary of this inspection

Background to BPAS Slough

BPAS Slough is part of the national charitable organisation British Pregnancy Advisory Service.

The clinic is located in gated business premises near to the centre of Slough.

The seven Berkshire clinical commissioning groups commission the services provided by BPAS Slough. The service also provides a service to self-funders. BPAS Slough does not provide a vasectomy service.

The unit provides consultations and medical abortions (up to 10 weeks) and surgical abortions (up to 14 weeks). Surgical abortions are provided using local anaesthesia with or without conscious sedation (medicine is given to reduce anxiety and pain).

The BPAS Slough clinic is open five days a week: Monday and Thursday, 11am to 7pm, Tuesday, 8am to 3.30pm, Wednesday and Friday, 9am to 5pm.

Other services include pregnancy testing, unplanned pregnancy counselling, abortion aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply. Between 30 November 2015 and August 2016 the service carried out 532 medical abortions and 341 surgical abortions.

At the time of inspection, there was a unit manager who was the registered manager and had been in post since the clinic opened on 30 November 2015.

A team consisting of two CQC inspectors and one specialist carried out this inspection as part of our comprehensive inspection programme of termination of pregnancy services. We reviewed medical and surgical termination of pregnancy services.

Our inspection team

Our inspection team was led by:

Inspection Lead: Kouser Chaudry, Care Quality Commission Inspector

The team included two CQC inspectors and a specialist advisor who was a registered midwife and experience in women's services including termination of pregnancy.

How we carried out this inspection

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

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

We carried out an announced inspection of BPAS Slough on 21 September 2016 and an unannounced visit on 29 September 2016. We spoke with six patients and 10 members of staff including the regional director of operations, BPAS assistant director of nursing, the treatment unit manager, nursing and midwife staff, administrative staff and medical staff. We observed how staff cared for patients and reviewed patients' clinical records. We reviewed 13 completed comments cards from patients.

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

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

Summary of this inspection

Information about BPAS Slough

The Slough clinic consisted of two screening rooms, two consultation rooms, one treatment room and one recovery area.

Activity

- Between 30 November 2015 and 31 August 2016 the service carried out 532 medical abortions and 341 surgical abortions.

Safety

- No 'never events' (November 2015 to August 2016).
- No serious incident requiring investigation between November 2015 and August 2016.
- All staff were trained to level 3 in safeguarding children and young people.
- There were no nursing staff vacancies.

Effective

- Information provided by BPAS showed that 100% of staff had completed an appraisal as of August 2016.
- Between April 2016 and June 2016, all patients over the age of 25 years were offered chlamydia testing; approximately 25% of patients accepted testing.

Caring

- 100% of patients using termination services at BPAS Slough during April 2016 to June 2016 would recommend the service to someone who needed similar care.

Responsive

- Between 30 November 2015 and 31 August 2016 patients waited an average of 7.6 calendar days for their first appointment and 5.5 calendar days from consultation to treatment. Eighty patients (1%) waited longer than 10 calendar days from consultation to their first appointment.
- There had been no formal complaints between November 2015 and September 2016.

Well Led

- 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 is met for the termination to be lawful and this is recorded on a HSA1 form. BPAS units completed monthly HSA1 audits. These showed consistent compliance at BPAS Slough of 100% between December 2015 and August 2016.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

BPAS Slough is part of the national charitable organisation, British Pregnancy Advisory Service (BPAS).

BPAS Slough opened on 30 November 2015. The services provided by BPAS Slough are commissioned jointly by the seven Berkshire clinical commissioning groups to provide termination of pregnancy services for patients of Berkshire. The clinic also treats self-funding patients.

The service provides consultations and medical abortions (up to 10 weeks) and surgical abortions (up to 14 weeks). Surgical abortions are provided under local anaesthesia with or without conscious sedation. The service also offers simultaneous (two medications are given within 15 minutes of each other) early medical abortion up to nine weeks gestation. BPAS Slough does not provide a vasectomy service.

The BPAS Slough clinic is open five days a week: Monday and Thursday, 11am to 7pm, Tuesday, 8am to 3.30pm, Wednesday and Friday, 9am to 5pm.

Other services include pregnancy testing, unplanned pregnancy counselling, abortion aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply. Between 30 November 2015 and 31 August 2016 the service carried out 532 medical abortions and 341 surgical abortions.

At the time of inspection, there was a unit manager who was the registered manager and had been in post since the clinic opened on 30 November 2015.

Summary of findings

BPAS Slough provided a compassionate, caring and non-judgemental service in line with BPAS values as an organisation. Sufficient staff were available with the skills and training to provide care. Staff provided care in line with national best practice guidelines with the exception of the use of simultaneous administration of abortifacient drugs for early medical abortion (EMA), which is outside of current Royal College of Obstetrician and Gynaecologist (RCOG) guidance. However, patients were given up to date information about the risks and benefits of this treatment before giving consent and the organisation was monitoring outcomes from this treatment. Policies were developed that took account of national guidance including the Required Standard Operating Procedures (RSOP) from the Department of Health.

Risk assessments and audits including how the service was adhering to legal requirements regarding completion of HSA1 and submission of HSA4 information to the Department of Health. This information was reported monthly to head office as part of the organisation's quality assurance processes. Incidents and complaints were reported, investigated and actions taken to reduce the recurrence. The service had not received any formal complaints since the clinic had opened. The unit manager and staff worked across two units. The unit manager had a joint risk register to record and monitor risks across the two units. The register included the controls in place to manage the risks.

All staff were trained in safeguarding vulnerable adults and safeguarding children to level 3. Staff told us they obtained advice from the unit safeguarding lead or

national safeguarding leads as needed. Arrangements were in place to transfer patients to the local NHS hospital if the need arose, accompanied by a member of BPAS staff.

Clear suitability for treatment guidelines were followed. In cases where patients had complex medical needs, suitable alternative placements were identified to respond to their needs. All patients were offered a pregnancy options discussion with a nurse or midwife as part of their consultation. The service signposted patients to the aftercare advice line and post abortion specialist counselling if the need arose. Patients were able to access services in a timely manner. Between 30 November 2015 to August 2016 the average wait time from consultation to treatment at BPAS Slough was 5.5 calendar days.

However,

- Access to treatment room was not controlled and unrestricted access by patients and visitors was possible.
- There was no local contingency plan for business continuity in the case of a major incident.
- Staff did not record all non-clinical incidents on the BPAS incident recording system to ensure they were investigated and lessons learnt.
- Staff did not audit using the sample size specified in the BPAS policy on auditing and treatment of quality and care (May 2016). This may have led to results which were not representative of the whole service.

Are termination of pregnancy services safe?

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

- Systems were in place to ensure staff reported incidents. These were investigated and learning shared across the organisation.
- The clinic was visibly clean and well organised. Infection control policies and procedures were monitored through audit which showed compliance.
- Equipment including resuscitation equipment and drugs were available and regularly checked to ensure they were fit for use. Medicines were stored securely and administered safely.
- Sufficient staff were on duty with the appropriate skills and training to meet patients' needs.
- Risk assessments were completed prior to termination of pregnancy (TOP) including for venous thromboembolism (VTE). Treatment room staff followed the five steps to safer surgery checklist and modified early warning score during the recovery phase. In cases of emergency, arrangements were in place to transfer patients to the local trust.
- We reviewed 11 patient records. Pathway documents and clinical risk assessments were completed fully and legibly. Staff completed and submitted Department of Health documentation in accordance with legal requirements.

  However

- Access to treatment room was not controlled and unrestricted access by patients and visitors was possible.
- There was no local contingency plan for business continuity in the case of major incident
- All non-clinical incidents were not recorded on the BPAS incident recording system

Incidents

- There had not been any reported 'never events' at the unit. Never events

- Records showed two clinical incidents and no complications were reported between January 2016 and April 2016. The two incidents were categorised as moderate. They related to sexually transmitted infection (STI) samples rejected by the laboratory. Following investigation staff were reminded to ensure the swab count was accurate before despatch of samples to the laboratory.
- The manager mentioned an incident regarding a patient's partner who had been verbally abusive to staff. However, the incident had not been reported at the time on the BPAS incident reporting system.
- Incidents were reported and investigated, staff we spoke with were aware of their responsibilities in relation to incident reporting. BPAS made a distinction between categorising incidents as clinical incidents or complications. For example, a clinical incident was defined as an event that resulted in harm such as a medication error. A complication was defined as an unintended outcome attributed to an intervention which resulted in harm such as haemorrhage or infection following treatment.
- We saw staff used a paper based system to report incidents. The regional clinical lead based at another BPAS unit determined whether incidents required investigation and submitted the reports to head office.
- Incidents were reported regionally through the Regional Quality Assurance and Improvement Forum (RQuAIF) and nationally through the clinical governance meetings. Learning was shared through meetings, emails and team brief. Significant learning points were communicated through information bulletins known as 'red top alerts'. We saw these included a staff signature sheet to confirm they had read the updates. For example, a red top alert (June 2016), following a serious incident related to scanning, reminded staff of the need for low and high magnification scan images to determine accurate pregnancy dating.
- The incident reporting procedure included information on how staff were to respond to duty of candour requirements. 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. Staff understood the principles of 'being open'. The unit manager told us they had received training on duty of candour and they were due to provide training to their staff at their next team meeting.

Cleanliness, infection control and hygiene

- All areas of the clinic were visibly clean and tidy. Washable flooring was in place in clinical areas.
- A cleaning contractor attended daily when the clinic was closed and we saw the cleaning schedule outlined daily, weekly and monthly cleaning tasks.
- Facilities for hand hygiene included hand sanitisers and hand wash basins were provided, which we saw were in good working order.
- We observed staff were bare below the elbows and observed appropriate infection control practices, such as washing hands and wearing gloves.
- Washable privacy curtains were in place in patient areas. The curtains were clean and intact. Staff informed us the curtains had been cleaned in April 2016, and were due to be replaced by disposable curtains in November 2016.
- The Slough unit followed the BPAS infection prevention and control (IPC) audit plan. The BPAS Slough link nurse for IPC undertook two audits each month. These covered aspects of clinical practice such as hand hygiene and aseptic technique as well as one aspect of the environment such as sharps disposal. We were told the results of all audits were submitted to head office and IPC was reported formally on a dashboard as a performance indicator. Between January 2016 and August 2016 the audit results showed 100% compliance with infection control standards.
- We saw staff wore designated treatment room attire to reduce the risk of wound infections in patients undergoing surgery. The treatment room was clean and organised and cleaning took place between patients.
- There was a policy in place regarding safe disposal of clinical waste and a service level agreement with a waste contractor for removal of clinical waste. We saw waste was appropriately segregated and disposed of including disposal of pregnancy remains. The waste inspection audit (December 2015), identified one area for action regarding security of clinical waste outside the premises; a subsequent audit showed full compliance.

- We saw the water risk assessment report including legionella assessment was carried out in February 2016 which highlighted some areas for action.

Environment and equipment

- The BPAS Slough clinic had controlled entry to the clinic and CCTV. The administrative assistant asked for patients' names before allowing them entry to the unit.
- The consultation rooms had call bells which staff could use in an emergency.
- The unit consisted of a main waiting area in front of reception, one screening room and two consultation rooms on the ground floor. A second screening room, the treatment room treatment room and recliner recovery area were located on the first floor. Access to treatment room was not controlled and unrestricted access by patients and visitors was possible.
- We observed one consulting room had loose ceiling tiles due to a water leak on the first floor. The unit manager informed us plans were in place to repair the defects.
- We saw equipment was well maintained and there was efficient maintenance support in place.
- Electrical safety testing of equipment had taken place and we saw records which demonstrated equipment was adequately maintained.
- The health and safety risk assessment (December 2015) completed by the BPAS corporate health and safety risk advisor showed low or insignificant risks.
- We reviewed the previous two weeks checklist for the resuscitation equipment, defibrillator and anaphylaxis medicines stored in the operating treatment room. The checklist including pictures of items to be checked. This showed daily checks had taken place when the clinic was open. All items were in date except for one expired blood pressure cuff, which staff were made aware of and they arranged for replacement.

Medicines

- The unit's lead nurse told us there was a designated person for the ordering of drugs online with the BPAS national purchasing department. A registered nurse signed to accept delivery of drugs. We saw there were local records of drug ordering and receipt.
- We saw medicines storage cupboards were clean, tidy and well organised. Drugs were checked regularly and stored safely. We checked the controlled drugs book and found it was complete and legible. Staff recorded fridge temperatures in line with medicines management guidelines. We saw readings were within the accepted ranges and staff were aware of what action to take if readings were out of range. We reviewed the fridge temperature log for the month of September 2016 and this showed all temperatures were within the accepted ranges.
- We observed staff followed the BPAS medicines management policy and procedures. The registered manager audited medicines management standards, for example, checks on CD records and fridge temperatures. The results were reported monthly on the unit dashboard to the regional manager. Data between January 2016 and August 2016 showed full compliance.
- Resuscitation medications were available on the resuscitation trolleys these were in date and ready for use.
- We observed treatment room staff confirmed patients' contraceptive implant choice and these were provided in accordance with good administration guidance.
- Nursing staff gave patients advice on antibiotics and painkillers and how to take them.
- Intravenous fluids were appropriately stored and in date. Equipment and drugs needed in the case of major haemorrhage were stored separately and appropriately.
- A doctor prescribed all abortifacient medicines and nurses provided some non-abortifacient medicines under patient group directions (PGDs). PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. BPAS PGDs were produced in line with national guidance. Accountable officers were clearly named and they had signed PGDs correctly. All PGDs we reviewed were within their review date and staff undertook training and signed the record sheet when training was complete and they felt competent to administer and or supply the prescribed medicines. PGDs also covered pain-controlling medication, treatment of chlamydia and prophylactic antibiotics to prevent post procedure infection.
- Drugs that induced abortion were prescribed by doctors only for patients undergoing medical abortion following

a face to face consultation with a member of the nursing team, written consent and completion of the HSA1 form signed by two medical signatories. The electronic information system enabled doctors to view the client information and consultation details remotely, authorise the terminations by signing the HSA1 forms and sign electronic prescriptions. The system was designed to only generate the prescription for the abortifacient medicines after two signatures had been recorded on the HSA1 form.

- The discharging nurse or midwife provided antibiotics and contraceptive medicines and we observed this take place.

Records

- Patient records were held in paper and electronic format. Our review of the treatment room register showed a second signature had not been recorded against all entries; we noted one omission since July 2016.
- The clinic had capacity to store three months of records on site. Records older than three months were securely transported to a BPAS records storage facility off site and were retrieved when needed.
- We looked at 11 sets of records across both surgical and medical pathways and we found them to be contemporaneous, complete and legible. Records indicated risk assessments and follow up of any medical concerns or issues.

Safeguarding

- BPAS had adult safeguarding and child protection policies that we saw were available to all staff via the unit's intranet. The policies were up to date with regard to current legislation and national guidance.
- Effective systems were in place to safeguard vulnerable adults and children. All staff we spoke with were aware of their responsibilities and had access to appropriate safeguarding pathways.
- Safeguarding risk assessments were carried out when there was any suspicion of abuse and safeguarding referrals were made to the local safeguarding team.
- Patients had at least part of their consultation without their partner or another person present to ensure they were making their decision independently. Staff said patients would not be treated for a surgical abortion unless they had a suitable escort to accompany them after their treatment.
- All initial appointments were made via the BPAS central contact centre. Staff told us patients were provided a 'safe word' by the contact centre which they would be asked if they called the contact centre or clinic in the future, alternatively patients had to provide other security information.
- Staff confirmed they undertook a safeguarding risk assessment for all patients under the age of 18 years. The outcome of the risk assessment was discussed with the local or national safeguarding lead if needed and acted on as needed. Between 30 November 2015 and 21 September 2016 no child under the age of 13 years had been treated. One patient between the ages of 13 to 15 years had been treated at BPAS Slough in the same period. Staff were aware that if any child under the age of 13 years it triggered an automatic referral to the local safeguarding authority. Staff said a patient's date of birth was confirmed by checking information through the patient's NHS number where possible.
- Our review of records included two patients who were under the age of 16 years. Safeguarding risk assessments and Gillick competencies (assessment of 16 years and under to give consent) and Fraser guidelines documentation were fully completed, where appropriate, in the notes we reviewed.
- Staff said patients under the age of 16 years and those who required post-operative checks were followed up if they did not attend their scheduled appointment.
- All staff had received adult safeguarding training in line with mandatory training requirements. All except one member of staff was up to date with safeguarding children level 3 training. This training also covered information relating to child sexual exploitation. Staff understood their responsibilities to report concerns.
- Staff had received training related to female genital mutilation (FGM) and they were aware of the Department of Health requirements in the guidance, Female Genital Mutilation Risk and Safeguarding:

Guidance for professionals. DH March 2015. Staff were clear what actions they needed to take if FGM was identified or patients were at risk, although they said they had not seen any such patients at BPAS Slough.
- Staff we spoke with gave examples of where they had referred patients to safeguarding and police where domestic violence had been raised as a concern.
- BPAS produced an annual safeguarding report and audit to monitor compliance with section 11 of the Children Act 2004. We reviewed the February 2016 report which showed 100% compliance with the Act.

Mandatory training

- BPAS core mandatory training for all staff included health and safety, infection control and fire safety. All staff had received basic, immediate or advanced life support training, dependent on their role. Additional role specific training was specified such as conscious sedation training for nurses and midwives. BPAS specified which training was updated annually, such as basic and immediate life support.
- A training log showed 100% of staff were up to date with their training. Staff were sent an email reminder before their training was due and managers were also alerted to remind staff.
- Training was delivered by e-learning or face to face workshops.
- New nursing and midwife staff underwent a a comprehensive 12 week induction programme, which covered all elements of mandatory training they required including for example, scanning competencies.

Assessing and responding to patient risk

- Staff followed the BPAS suitability for treatment guidelines when determining if patients were appropriate for treatment at BPAS Slough.
- The clinic used the 5 steps to safer surgery procedures and checklists. Internal observational audits of the 5 steps to safer surgery checklist showed compliance rates of 100% observed in practice
- Risk assessments, included venous thromboembolism (VTE) and sexual health, medical follow up, interventions and pre-operative reviews were evident in our observation of patients' journey and in the records we reviewed.
- Staff said blood tests were performed on all patients to establish their rhesus status. Patients who were identified as rhesus negative were provided an injection of anti-D to protect against complications should the patient have future pregnancies. We reviewed the anti-D register which showed checks on the results were made prior to commencing treatment.
- We saw treatment room staff transferred patients to the care of recovery staff postoperatively. The nursing staff who in recovery monitored patients using the modified early warning score tool. Staff recorded patient observations every 15 minutes after their surgical procedure and were aware of when to call for assistance depending on the patient's condition. The surgeon was trained to immediate life support and remained on the premises until all patients had been discharged from the recovery area.
- A major haemorrhage kit was available and staff were aware of their responsibilities and the policy / procedures if an emergency transfer of a patient was needed. The policy in the box was dated March 2013, which we queried as being out of date. By the end of the inspection staff provided an updated version (April 2016) of the policy which was on the intranet.
- Staff had effective relationships with the local NHS hospital's obstetrics and gynaecology team and could access medical advice or instigate an emergency transfer in line with the emergency transfer protocol if needed. We saw an agreement was in place with the local NHS acute hospital to facilitate the emergency transfer of patients by ambulance if needed.
- There was also agreement for when referral to the local early pregnancy assessment unit should be instigated. One patient was transferred to the hospital since between 30 November 2015 and September 2016 for a suspected ectopic pregnancy. We saw staff had been commended for the prompt action they had taken and the unit had also received a thank you note from the patient.
- We observed staff gave patients advice on what to look out for after treatment and what action to take in response, for example, if bleeding was less than four days in duration to call the BPAS unit and if bleeding was excess to call 999. We saw staff gave a patient a

discharge letter for day one of the treatment which outlined the treatment provided. Staff confirmed they provided a second updated discharge letter at the end of treatment.

- We spoke with one of the doctors who was on the central authorisation system (CAS) rota during the inspection visit. They told us HSA1 forms used to be rejected more often when CAS was introduced as staff had not provided sufficient information. Scan pictures were not accessible electronically, although scan information such as measurements was available. The doctor told us they found the staff now inputted information of sufficient detail in the majority of cases. Occasionally the doctor would request further information, particularly if the patient was at low gestation.

Nursing staffing

- At the time of inspection BPAS Slough employed nurses, midwives and administrative staff. Recruitment was ongoing for a healthcare assistant.
- No agency nursing staff were employed. Data showed occasionally BPAS staff from other units were deployed to the unit to provide cover. Staff said new staff were provided a local induction to familiarise themselves with the unit.
- Staff we spoke with said there was always enough staff available to ensure patients had sufficient time and never felt rushed during appointments.

Medical staffing

- A BPAS surgeon with practising privileges was always on site during a surgery list and during the patients' recovery phase. The manager said a regular surgeon was used at the unit who was familiar with the unit and other staff. The surgeon remained on site until all patients had left the recovery area.
- Medical staff applying for practising privileges at BPAS underwent an interview process and provided documentary evidence of registration, qualifications, revalidation, disclosure and barring service check and indemnity insurance. If accepted their practising privileges were reviewed every two years and we saw a copy of this.

Major incident awareness and training

- There was no formal, local contingency plan for business continuity in the case of prolonged loss of premises due to major incident.

Are termination of pregnancy services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Staff provided care in line with national best practice guidelines with the exception of the use of simultaneous administration of abortifacient drugs for early medical abortion (EMA), which is outside of current Royal College of Obstetrician and Gynaecologist (RCOG) guidance. However, patients were given up to date information about the risks and benefits of this treatment before giving consent and the organisation was monitoring outcomes from this treatment. Policies were developed that took account of national guidance including the Required Standard Operating Procedures (RSOP) from the Department of Health. Between January 2016 and April 2016, 56% of early medical abortions carried out at BPAS Slough used the simultaneous treatment method.
- Patient outcomes were monitored through an annual audit programme and achievement of key performance indicators. The service monitored waiting times to ensure patient outcomes were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- Staff received clinical supervision, appraisals and had opportunities for development training. Medical staff who were employed under practising privileges underwent a process of review. All staff had received an appraisal in the previous 12 months.
- The registered manager submitted monthly data on 10 key standards to the regional manager, relating to the quality and safety of the service, other information was also collected in line with RSOP 16, although not all the audits specified in RSOP 16 were undertaken. Slough unit showed compliance with all but one of the standards it had measured every month except for one month since the unit opened in November 2015.

- Staff audited records to check patients received effective care and treatment. At Slough all records documentation audits between January 2016 and August 2016 showed 100% compliance.
- Staff understood how to seek consent from patients, including children under 16 years of age. They checked that patients made independent, informed choices about their treatment. We observed staff informed patients of the increased rate of complications with regards to simultaneous early medical abortion during the consultation process.

However

- The sample sizes used in some of the audits were smaller than the sample size specified in the BPAS policy on auditing and treatment of quality and care (May 2016). The results of a small sample may not provide an accurate reflection of the quality of the service provided.

Evidence-based care and treatment

- Records showed staff followed BPAS suitability for treatment guidelines which included clear exclusion criteria. Where staff had concerns about whether a patient was suitable for treatment they always sought clinical advice from the regional clinical lead or the BPAS medical director.
- Staff had access to up-to-date policies and procedures via the BPAS intranet and hard copies, maintained in a file.
- Head office emailed staff to make them aware of policy updates and provided conference calls on updates if needed.
- Staff provided care in line with national best practice guidelines with the exception of the use of simultaneous administration of abortifacient drugs for early medical abortion (EMA), which is outside of current Royal College of Obstetrician and Gynaecologist (RCOG) guidance. However, patients were given up to date information about the risks and benefits of this treatment before giving consent and the organisation was monitoring outcomes from this treatment. Policies were developed that took account of national guidance including the Required Standard Operating Procedures (RSOP) from the Department of Health. The My BPAS Guide (April 2016) for patients included details of options available, including the relative risks associated with the two methods of EMA. Patients under nine weeks gestation were offered early medical abortion (EMA) on the same day but if over nine weeks medical abortion was offered over two days to increase the effectiveness. We observed a nurse explained the risks to a patient of the different risks associated with simultaneous and non-simultaneous methods of EMA. After consideration the patient changed her mind from simultaneous to treatment over two days.
- Staff offered patients over the age of 25 years screening for chlamydia and gonorrhoea infections, (both sexually transmitted bacterial infections), prior to treatment. Staff referred patients with a positive test result to sexual health services for treatment and further screening for other sexually transmitted infections (STIs). Between April 2016 and June 2016, all patients over the age of 25 years were offered chlamydia testing and approximately 25% accepted testing. However, the service was not commissioned to provide chlamydia screening for patients under the age of 25 years. The unit manager told us staff referred patients under 25 years to the local clinic or online service to order a testing kit for home use. This was not in line with RSOP 13 which states that all patients should be offered testing for chlamydia.
- Staff offered to discuss contraceptive options with patients during the initial consultation and assessment. They also discussed a plan for contraception after the abortion. Options included the long acting reversible contraceptive (LARC) methods, which are considered to be most effective as recommended by the National Collaborating Centre for Women's and Children's Health. Data showed 31% patients who had an abortion between 30 November 2015 and 31 August 2016, chose to have a LARC fitted. BPAS Slough staff prescribed contraceptives and devices in accordance with patients' choice and in line with RCOG guidance.

Pain relief

- We observed staff provided pain relief to patients during and after the surgical procedure. Patients' pain levels were assessed as part of the modified early warning score and pain relief was offered.
- We saw patients undergoing a medical abortion were offered advice during their treatment appointment on pain relief and how to take their medicines.

- Staff provided patients a copy of the 'My BPAS Guide' which contained information on pain control and suitable medicines to take after the procedure.
- Staff confirmed all patients undergoing medical abortion were provided a small supply of codeine phosphate tablets to take home and appropriate advice on pain relief during the recovery process. Patients we spoke with told us they had been advised on pain relief.

Patient outcomes

- Between November 2015 to August 2016 no patients were transferred from BPAS Slough to another healthcare provider for further treatment.
- Between November 2015 and August 2016, 332 patients had a repeat termination of pregnancy.
- Nursing staff undertook monthly audits of two procedures which involved observing two patients' procedures to check on compliance with standards for medical abortion and surgical abortions. We saw the results of the last three audits (July 2016 to September 2016) which showed 100% compliance. Administrative staff undertook five notes audits as part of the monthly records audit and these also showed 100% compliance. We reviewed the audits for conscious sedation (June to September 2016) these had been based on one observation, except for June 2016 when two observations were recorded. The audit included compliance with surgical safety checklist and modified early warning score and pain control during the recovery phase. However, the BPAS policy on auditing and treatment of quality and care (May 2016) stipulated 1% or a minimum of two patients should be audited.
- Complication rates such as retained products of conception, on-going pregnancy and post procedure infection were monitored and compared with other BPAS clinics. The results were better than the expected range as outlined in the My BPAS Guide. For example, between January 2016 to April 2016 there had been no reported complications of incomplete abortions for patients undergoing simultaneous EMA under 9 weeks at BPAS Slough compared to all BPAS units over the same period of 3.42% and the expected complication rate of 5% for incomplete abortion.
- We noted that between January 2016 and April 2016 BPAS Slough carried out 246 early medical abortions (under nine weeks) of which 56% were simultaneous, this was lower than the overall BPAS rate of 89% for all BPAS units for the same period.
- Staff provided patients a pregnancy test after the medical abortion procedure. Patients were advised to use the test and to recontact the clinic or aftercare line if the test was positive or they had any concerns.

Competent staff

- Nurses and midwives underwent a 12 week course of extended training to enable them to be assessed as competent in scanning patients, obtaining consent for procedures and administer or supply contraception. We saw competencies had been signed off by trainers for example, in order to apply for a letter of competence in subdermal contraceptive implant techniques by the faculty of sexual and reproductive healthcare.
- Staff we spoke with confirmed they Nursing staff who had undertaken accredited training on scanning and competency received a certificate accredited by the college of radiographers and we saw an example of this..

  Staff said they had their work audited every two years by the BPAS lead sonographer and senior BPAS managers confirmed the audit process.
- All staff we spoke with were very positive about the training and development opportunities they had access to. BPAS supported nursing staff to prepare for revalidation through raising awareness of the requirements and supporting staff to produce evidence for their portfolio.
- Nursing and midwife staff reported there was a designated clinical supervision nurse across the two Berkshire BPAS units who organised supervision and was very supportive.
- Data showed that all the staff employed at BPAS Slough had participated in an appraisal in the previous 12 months.
- We reviewed five sets of staff personnel records for different groups of staff; these were organised, well recorded and all staff had up to date training records and disclosure and barring scheme (DBS) checks carried out.

Termination of pregnancy

- At BPAS Slough, nursing and midwife staff were trained in undertaking discussions with patients on pregnancy options. They had participated in client support skills training. If patients required additional counselling support, for example, in cases of alcohol abuse,staff referred patients to specialist trained counsellors.
- All clinical staff were expected to participate in the biannual clinical forum. For example, the forum in April 2016 covered key updates for staff, such as information on professional revalidation.
- The administrative team included two administrative assistants and one administrative coordinator. The administrative coordinator was a BPAS trained client care coordinator (CCC).We were informed one of the administrative assistants was undergoing CCC training.
- The BPAS Slough unit manager was relatively new to the organisation and they told us they were supported by the regional manager and a buddy manager from another BPAS unit in the region.

Multidisciplinary working

- We observed nursing, midwifery and medical staff worked collaboratively.
- There were clear lines of accountability between different roles, for example, administrative assistants and nursing which contributed to the effective planning and delivery of care.
- Staff told us that they had close links with other agencies and services such as the local safeguarding team, contraceptive and sexual health services and counselling service. This facilitated referral and signposting of patients to meet their needs.
- BPAS Slough had service level agreements with local NHS trusts, which allowed them to transfer a patient to the hospital in case of medical or surgical emergency. The unit manager told us this worked well and there was effective joint working.

Seven-day services

- The BPAS Slough clinic was open five days a week, Monday to Friday. If patients needed to use services on other days, they were signposted to alternative BPAS clinics by the BPAS contact centre.
- BPAS provided a 24 hours a day and seven days a week advice line, which specialised in post-abortion support and care. This was in line with RSOP 3, set by the Department of Health. Callers to the BPAS after care service could speak to registered nurses or midwives who were able to offer advice and feedback to the clinic for follow up if needed.
  We observed patient records were primarily paper based. However, specific information was also stored on the electronic records system to allow doctors remote access to the patient details in order to complete the HSA1 form.
- Patient notes were kept onsite for three month period once the patient was discharged. If any complications occurred this allowed easy access to notes within this time. Records were archived at a central BPAS store after and could be retrieved if needed.
- Staff had access to relevant guidelines, policies and procedures in relation to termination of pregnancy in hard copy and via the BPAS intranet.
- In treatment room, we saw a board recorded the patient's name, type of procedure, gestation, anaesthetic, contraception, medication, allergies, anti-D required and consent as a checklist for staff.
- Staff were able to access diagnostic tests/blood results in a timely manner.
- Reports of contact with the aftercare service were emailed to the unit staff and saved on the patient's electronic record. Unit staff also printed the report and saved a copy in the patient's record for ease of access.
- Staff offered patients a copy of their consent form, if declined the copy remained in the notes and it was recorded as consent form copy 'not accepted'. Staff gave patients written discharge information, copies kept in their record, and advice regarding accessing emergency medical health services, should they suffer heavy blood loss following discharge. Discharge information was sent to the patient's GP if the patient had consented for their information to be shared. Aftercare and helpline numbers were included in the My BPAS guide, given to all patients who had a consultation and a termination of pregnancy.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Termination of pregnancy

- Nurse and midwife practitioners checked patients understood the termination process and sought their consent to treatment appropriately. We observed four consultations and in all cases staff had taken time to ensure the patient was aware of the consent and risks involved in the procedure. We observed staff explained the reduced effectiveness and risks involved with using the simultaneous method during the consent process to ensure patients were able to make an informed decision. We also observed staff checked consent prior to local anaesthesia taking place.
- All the care records we reviewed contained signed consent from patients if the patient had decided to proceed with treatment. The forms documented that staff had discussed risks, possible side effects and complications. The unit used different consent forms designed for different procedures. These included consent for surgical or medical abortions, evacuation of retained products of conception and the medical management of a miscarriage.
- Staff used a specific form to document in the patient record how they assessed competence of children under the age of 16 years using Gillick competence principles. Specific documentation was also used to record the assessment using Fraser guidelines in relation to contraception and sexual health advice and treatment.
- Staff we spoke with were clear about their roles and responsibilities regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Records from December 2015 showed 100% staff compliance with this training. Staff explained if a situation arose where patients needed more time to obtain consent they would book additional time or additional appointments to facilitate the process. Easy read information leaflets were also available to assist the consent process.

Are termination of pregnancy services caring?

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

- We observed staff provided care with compassion and sensitivity and offered patients the time they needed to make a decision. Staff were non-judgemental and provided person-centred care.
- Staff checked patients understood their treatment options, and involved partners in their care when appropriate. Patients who had responded to client surveys said they had been given privacy and dignity and had been treated in a confidential manner.
- Patients we spoke with gave positive feedback about the caring aspect of the service. They consistently said they had felt listened to, were given clear explanations by staff and had been involved in decisions about their care.
- The service offered patients the opportunity to discuss pregnancy options and post abortion support. They also signposted to specialised counselling services if needed.
- Feedback from comments cards was all positive. Patients felt they were well informed and treated in a friendly manner.

Compassionate care

- We observed staff were respectful, kind and sensitive to patients attending the clinic. This was confirmed by the patients we spoke with. For example, we saw a patient arrived late for her appointment and was dealt with sensitively. We observed a midwife had been asked to see a worried patient who had been advised to attend the unit following the procedure.
- We observed staff respected patients' privacy and dignity. For example, although the reception area was open, staff took care to speak quietly and discreetly to preserve confidentiality.
- Staff used patient's first names if appropriate and provided care behind closed doors and used privacy curtains.
- BPAS Slough clinic collected feedback from patients using the BPAS satisfaction survey. Staff encouraged service users to complete the survey and the unit response rate was 28%, which was above the BPAS target of above 25% to ensure survey results were valid.
- Quarterly reports of the survey results showed that 100% of patients using termination services at BPAS Slough during April 2016 to June 2016 would

recommend the service to someone who needed similar care. Patients reported high levels of satisfaction and the unit scored 100% on all the caring aspects of the survey.

- Patients could request a chaperone to be present during consultations and examinations and there were signs clearly displayed to inform patients that this was available.
- We spoke with two patients. Both patients were very positive about the care they had received. Their comments included "Staff are very caring" "From start to finish nurses and surgeons have all been excellent".
- We received 13 completed comments cards. All the comments were positive such as "Staff were caring and considerate", "Made a difficult process as easy as possible" and "Made me feel comfortable."

Understanding and involvement of patients and those close to them

- We observed staff gave patients aftercare advice and infection control risks associated with the procedures.
- Staff told us that patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care pathway. Younger patients and children were encouraged to involve their parents or family members and their wishes were respected.
- We observed four patient consultations and found that assessments were thorough and staff followed pathway guidance. Interactions were positive and staff gave information effectively. Patients understood what was happening and had enough information to follow their prescribed treatment and aftercare advice. We observed staff inform patients of their responsibility to follow their prescribed treatment and aftercare advice including perform a pregnancy test and contact the clinic immediately if the repeat test was positive.
- All patients received a 'My BPAS guide' at their first consultation. We observed staff provided information and checked patient's understanding before proceeding and referred to the My BPAS Guide throughout the pathway.
- Patients told us that staff had explained the process were provided sufficient information.

Emotional support

- Staff said they offered all patients a pregnancy options discussion at their first consultation and provided information about the services they could contact after the abortion if they needed additional emotional support. Our observation and discussion with patients confirmed this finding.
- Patients were provided information about the BPAS aftercare line which was accessible for 24 hours, seven days a week. Callers could speak to registered nurses or midwives.
- Medical and nursing staff within the clinic were experienced in identifying the signs of when a patient may require additional support or time before, during or after the procedure.

Are termination of pregnancy services responsive?

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

- The service was planned and delivered to meet the needs of patients. BPAS offered a 24 hour telephone referral service as well as a 24 hour after care advice line.
- Patients with complex medical needs or who did not meet the BPAS suitability guidelines were referred to the BPAS specialist placement service.
- Patients were able to access services in a timely manner. Data showed it had achieved the recommended target of ten working days from contact to treatment for 99% patients. BPAS operated a fast-track appointment system for patients with a higher gestation period or those with complex needs.
- Staff had access to an interpretation service and guidance materials in a range of languages.
- Staff used an electronic system for doctors to sign the HSA1 forms remotely. This meant that staff could provide treatment promptly, particularly when patients opted for a simultaneous early medical abortion (EMA).
- People were given information how to complain and raise concerns. The service responded to informal and local complaints and monitored the action taken and identified

Termination of pregnancy

Service planning and delivery to meet the needs of local people

- All appointments for BPAS Slough were booked via the BPAS contact centre, which was a 24 hour and seven days a week telephone booking and information service.
- Patients were able to receive various options in relation to termination of pregnancy including medical and surgical techniques. For surgical terminations at BPAS Slough, patients were offered the procedure using local anaesthesia with or without conscious sedation.
- Agreements were in place with the local hospital to provide emergency medical advice and support and to facilitate emergency transfers when needed.
- During times of peak demand, the service was able to provide additional or longer clinics.
- The regional manager told us the lack of commissioning for the chlamydia testing service for patients under the age of 25 years had been raised with the commissioners and brought up at sexual health network meetings
- We spoke with the regional BPAS manager and assistant director of nursing regarding the recent increase in demand for BPAS services. Senior BPAS staff told us the demand for increased services at BPAS Slough had been met but the additional provision was not sustainable in the long term due to staff fatigue.They said the situation was being monitored closely through weekly communication with the clinical commissioning groups and NHS England. The increased demand had affected the BPAS Slough service and we were told at the time of the inspection they were working at maximum capacity. Additional telephone consultations were also offered at weekends.

Access and flow

- Patients booked appointments for BPAS Slough via the national BPAS contact centre, a 24 hour, seven day telephone booking and information service.

Meeting people's individual needs

- The initial consultation with the client care coordinator also involved a discussion regarding pregnancy options. Patients who were identified as requiring further support were offered specialist counselling, for example, via the local sexual health team.
- A professional telephone interpreter service was available to enable staff to communicate with patients for whom English was not their first language. Some staff also spoke different languages. We observed a situation during the inspection when a non-English speaking patient was refused treatment as they turned up late and there would not be enough time to complete the procedure. The patient was upset but staff were able to de-escalate the situation by speaking to the patient in her own language.
- Staff told us that although they rarely treated patients with learning disabilities they were able to make reasonable adjustments such as ensuring they were accompanied by a friend or carer who could stay with them during their consultation and or treatment.
- Staff had access to a specialist placement team that would arrange referral to appropriate providers for patients with complex medical or special needs, who did not meet the usual BPAS acceptance criteria.
- The BPAS Guide included information for patients about choices in disposal of pregnancy remains including burial. Our review of records confirmed disposal of pregnancy remains was documented for patients who had undergone a surgical abortion. A log of pregnancy remains was kept which demonstrated how pregnancy remains were tracked following the procedure, in line with Human Tissue Authority code of practice guidance on the disposal of pregnancy remains following pregnancy loss or termination (March 2015). Staff said patients were offered the choice to take the pregnancy remains and suitable containers were provided if patients had not brought their own. However, staff said no patients had taken up the offer since the unit had opened.
- Nurses and medical staff undertaking assessments had a range of information to give to patients. There was also a range of leaflets and posters displaying information, easily accessible within the waiting area. This included advice on contraception, sexually transmitted infections and services to support patients who were victims of domestic abuse.
- Contraceptive options were discussed with patients at the initial assessments and a plan was agreed for contraception after the abortion.

- Staff provided all patients a My BPAS Guide which gave information about treatment options, what to expect, contact numbers and aftercare advice. BPAS guides were available in different languages for patients, depending on the needs of patients.
- The waiting area had comfortable seating, refreshments, large TV screen and reading material.
- The clinic had toilets suitable for disabled access.
- Patients preferred mode of contact was recorded to preserve confidentiality.

Learning from complaints and concerns

- There were posters and leaflets on display in the waiting areas advising patients how to raise concerns and give feedback. Patients we spoke with confirmed they had seen these. The information clearly stated how feedback could be given and how concerns would be dealt with. It included expectations about timescales and how to escalate complaints to the Parliamentary Health Service Ombudsman if dissatisfied with their BPAS response.
- All BPAS patients were given a patient survey form entitled 'your opinion counts'. There were boxes at the unit for patients to deposit their forms. The treatment unit manager initially reviewed locally submitted forms, prior to sending to the BPAS head office for collation and reporting. This meant that any adverse comments could be acted on promptly and positive feedback could also be shared with staff.
- The clinic had not received any formal complaints since it opened in November 2015.
- Formal complaints were reported on the monthly unit dashboard; the unit's local complaint register recorded three verbal (informal) complaints which had been dealt with at the time by the unit manager. No themes were identified, however, one also related to a partner of a patient who had been verbally abusive to staff and should have been raised as an incident at the time.
- The BPAS patient engagement manager was responsible for the oversight of the management of complaints. Any case needing escalation was brought to the attention of the regional director of operations and the responsible member of the executive leadership team.
- Notes of meetings showed a summary of complaints, feedback and patient satisfaction survey results (both national and by unit) was reviewed by each regional quality assessment and improvement forum and the clinical governance committee. Themes or trends were identified centrally and any actions, outcomes and lessons learned were shared across the BPAS organisation through a series of national and regional governance meetings and local team meetings.
- The patient booklet 'My BPAS Guide' also included a section on how to give feedback and how to complain, as did the BPAS website.

Are termination of pregnancy services well-led?

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

- Staff we spoke with demonstrated they understood the values of the organisation and were committed to providing a high quality, non-judgemental service to improve patients' lives.
- The provider had an effective governance framework for reviewing the quality and safety of care. Performance and quality data such as incidents, complaints, policy and legislative updates were discussed at national and regional meetings. Messages were communicated to staff through email and a team brief.
- Unit performance was measured through audits and reported on a monthly dashboard to the regional operations director. Action plans were developed for areas that required improvement.
- BPAS conducted annual staff surveys and there was a staff forum. Staff reported they had easy access to directors in the organisation for support and advice.
- The unit manager had developed a local risk register across two units with the support of the BPAS national risk manager to record, monitor and mitigate risks.
- There were systems in place to ensure the HSA1 forms were fully completed and that HSA4 information was submitted in accordance with requirements.

- The certificate of approval (issued by the Department of Health) was displayed in the reception area visible to patients.

Vision and strategy for this core service

- BPAS' ethos was to treat all clients with dignity and respect, and to provide a caring, confidential and non-judgemental service. The mission statement for the service was to provide safe and effective care for termination of pregnancy and these values were made clear to all new staff through the induction process and training.
- Values of the organisation were displayed by staff in the way we observed they cared for patients. Staff told us they were aware of the direction the organisation was moving. For example, the aim to offer more patients the choice of same day treatments.
- Maintenance of the values was fostered through the proactive recruitment of staff who displayed the values and behaviours expected by the organisation, including the importance of patients' choice in opting for abortion.
- The registered manager was aware of the corporate strategy and understood how this affected local provision of services and talked about expanding the service at BPAS Slough.

Governance, risk management and quality measurement for this core service

- There was a clear governance and reporting structure within the organisation. A national clinical governance committee was held every four months, chaired by a BPAS board member, to approve policies and procedures and address clinical risks. BPAS was structured in three regions; BPAS Slough was located in the South West and Central region. Each region held a regional quality assessment and improvement forum (RQuAIF), which was chaired by the regional director of operations and included representatives from all roles across the region. For example, medical, nursing and administrative staff. Staff attended the RQuAIF to discuss risks and clinical issues including incidents and complaints to ensure the appropriate learning and actions from issues were disseminated to staff across treatment units.A regional managers meeting (RMM) which included all treatment unit managers was scheduled shortly after RQuAIF to discuss issues raised by RQuAIF and operational issues.
- Our review of the last RQuAIF notes (7 June 2016) showed comparison of the complication rates for each unit in particular since the introduction of simultaneous early medical abortion which resulted in slightly higher rates of continuing pregnancy but within the expected range. Our review of the notes identified an improvement in the number of errors reported for sexual transmitted infection reporting for BPAS Slough and actions taken in response.
- Our review of the notes of the RMM of 21 June 2016 showed that issues from the previous RQuAIF meeting were raised including development of a unit and regional risk register and a reminder to attendees of duty of candour requirements. Complications, incidents and complaints were compared regionally. The low complication rate for Slough was queried as an anomaly.
- In 2015 BPAS implemented the The treatment unit manager monitored unit performance and submitted monthly data on the dashboard to the regional operations manager. nit performance was compared and monitored at the RQuAIF meetings.
- The unit manager had collated risks into one risk register for the two units they managed. The register included the controls in place to manage the risks. We saw the risks had been reviewed in April 2016 and actions taken to mitigate the risks. For example, a risk relating to the open waiting area in front of the reception desk in the Slough unit, had been mitigated by ensuring the availability of a private room for patients if needed.
- The BPAS medical director reviewed doctors practising privileges every two years through a structured process. We saw a copy of the recruitment file for the surgeon employed at BPAS Slough which contained a renewal of their practising privileges completed in November 2015.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1 form). We looked at 11 patient records and found that all forms included two signatures and

the reason for the termination. A doctor on site at BPAS Slough reviewed the completed documentation following the initial assessment by the nurse and either authorised the HSA1 as the first doctor or declined and requested further information. If a second doctor was available on site they would review the information and similarly authorise the HSA1 as the second doctor or decline and request further information. If a second doctor was not available onsite, BPAS used the electronic central authorisation system to ensure information and the HSA1 form was accessible and signed by doctors located at other BPAS units. Authorising doctors had access to information including the patients' medical history, blood test results, reason for seeking a termination and scan measurements, although the actual scan pictures were not available electronically. When the HSA1 form was fully completed the termination of pregnancy procedure could take place legally.

- The Department of Health required every provider undertaking termination of pregnancy to submit specific data following every termination of pregnancy procedure performed (HSA4 form). We observed staff recorded this data. There was an email reminder process to prompt doctors to submit the HSA4 information to the Department of Health. The HSA4 was signed online within 14 days of the completion of the abortion by the doctor who terminated the pregnancy. For medical abortions, where patients delivered pregnancy remains at home, the doctor who prescribed the medication was the doctor who submitted the HSA4 form. Doctors we spoke with confirmed they wer We were informed that BPAS were working with the Department of Health to monitor the HSA4 returns.
- Staff carried out monthly audits of BPAS Slough audits showed consistent compliance of 100% between December 2015 and August 2016.
- Staff attended a joint meeting across the two BPAS units approximately every four months to discuss the team brief. We reviewed the notes of the last team meeting (February 2016) which showed unit performance issues had been discussed and highlighted discussion and actions to be taken in response.
- Communication to staff was by email and reinforced at face to face meetings. Updates to policies and red top alerts were printed and staff were expected to sign to acknowledge they had read the updates. We saw examples of policies and associated staff signature lists.

Leadership / culture of service

- The unit manager and staff worked across two units. The unit manager was the registered manager for BPAS Slough.
- The certificate of approval (issued by the Department of Health) was displayed in the reception area visible to patients.
- Staff were aware of who to contact for specific issues for example, for management issues staff would approach the unit manager and for clinical issues the lead nurse. There was also an infection control lead and sepsis lead.
- Staff said they received good support from their colleagues, managers and head office. They told us the medical and nursing directors were very accessible. S
- The service maintained a register of patients undergoing a termination of pregnancy, which is a requirement of Regulation 20 of the Care Quality Commission (Registration) Regulations 2009. Staff completed the register at the time the termination was undertaken and BPAS kept an electronic copy for a period of not less than three years.
- Staff were recruited who subscribed to the values of the organisation. Staff spoke positively about their role in the clinic and about the impact they had on women's lives.
- We observed staff demonstrated mutual respect. There was effective team work and professionalism in the way the organisation was managed.

Public engagement and staff engagement

- Staff we spoke with said there was effective communication through the organisation. 'BPAS bulletin' was emailed to staff which highlighted national issues and staff achievements.
- The BPAS Slough staff described effective communication within the unit. For example,staff were

asked for their suggestions on service improvements, and they were made aware of updates on policies through formal team meetings, emails and face to face communication.

- All patients were given feedback forms and were encouraged to complete these. Units were expected to achieve a minimum of response rate of 25% to ensure results were valid; the Slough response rate was 28%. Feedback was received by the registered manager and discussed at regional managers meetings. The survey results for Slough across all areas was consistently positive.
- BPAS carried out an annual staff survey, similar to the NHS staff survey, to elicit how staff felt they were valued and supported and if there were any issues or suggestions for improvements. The 2015 survey report was based on a response rate of 63%. Results were generally positive, for example over 90% said they would recommend BPAS to friends and family and had the knowledge skills and equipment to do a good job. The questions that scored the lowest at 59% was 'There are enough staff to enable me to do my job well' and 'How much influence do you have to improve things.' Results were not disaggregated to unit level, however regional themes were identified and action plan developed. One of the actions was to increase the frequency of BPAS director visits to the units and these had been scheduled for 2016.
- Updated policies or guidelines were cascaded to staff via email and staff were informed at face to face meetings with their manager. Staff were informed of new policies or updates by email and conference calls were led by head office staff with question and answer session.
- A process for cascading the national team briefs was in place and staff could feedback to managers and the executive team through this mechanism.

Innovation, improvement and sustainability

- BPAS actively looked for improvements to the way it delivered services. For example, it had introduced the option of surgical abortion with conscious sedation which had been implemented in BPAS Slough.
- The BPAS Slough clinic provided training for BPAS nurses and doctors in conscious sedation.
- Staff in the unit were supported to undertake training to develop services. For example, one of the midwives was undertaking training to offer contraceptive implants to increase the availability for patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
The provider should:

- Review the entry arrangements to the treatment room to ensure patients and visitors have controlled access.
- Ensure there is a formal, local contingency plan for business continuity in the case of prolonged loss of premises.
- Ensure all incidents including non-clinical incidents are recorded to ensure investigation and learning.
- Ensure staff audit using the appropriate sample size to provide results which are an accurate reflection of the quality of the service.