BPAS - Cannock

Quality Report

Cannock Chase Hospital
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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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS - Cannock is operated by the British Pregnancy Advisory Service (BPAS). It comprises one main location at an NHS hospital site in Cannock, and five satellite locations. The satellite locations are in Burton on Trent, Stafford, Telford, Shrewsbury and Tamworth.

The service provides termination of pregnancy as a single speciality service; it also provides vasectomy services at the BPAS - Cannock location, which we inspected along with the termination of pregnancy single speciality service.

We inspected this service using our comprehensive inspection methodology. We conducted an unannounced inspection on 5 and 9 January 2019.

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

Services we rate

We rated this service as **Good** overall.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients 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.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff promoted sexual health in line with national guidance.

Summary of findings

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion and provided emotional support to patients.
- Staff involved patients' decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people and took into account individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services.

However, we also saw some areas where the service could improve:

- Some patients waited longer than two weeks from first contact to treatment which was outside of Required Standard Operating Procedures (RSOP) as specified by the Department of Health. Actions had been put into place to reduce this.
- We noted two staff members did not comply with 'bare below the elbows' guidance; although mitigating measures were taken.
- The service did not use a paediatric specific early warning score for young patients. However the modified early warning score chart used by BPAS had the ability to be adjusted for any clients that fell outside normal monitoring parameters.
- The emergency transfer agreement with the nearest acute hospital of clinics in Staffordshire was out of date. However; this service were aware of this and were engaging in ongoing communication to develop an up to date agreement.
- We saw a cupboard containing contraceptives including medicines was unlocked.
- The location at Stafford did not have a secure entry point therefore there was potential for members of the public to enter the premises unnoticed.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Summary of findings

Amanda Stanford

Deputy Chief Inspector of Hospitals (Central West)

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy	Good 	BPAS Cannock comprises one registered location within a NHS hospital in Cannock, with five satellite locations in Telford, Shrewsbury, Tamworth, Burton-on-Trent and Stafford. Early medical abortion is available at all clinics up to 10 weeks gestation. Medical and surgical terminations of pregnancy are available at Cannock up to 23 weeks and 6 days gestation. Vasectomies are available at Cannock. The service offers four consultation slots per week; and one day of procedures per month which enables 16 patients to be treated.

Summary of findings

Contents

Good

BPAS - Cannock

Services we looked at:
Termination of pregnancy

Summary of this inspection

Background to BPAS - Cannock

BPAS - Cannock is operated by the British Pregnancy Advisory Service (BPAS). The service opened in 1998 as a consultation centre. Early medical abortions commenced from this location in 2002. BPAS Cannock has been registered with the CQC since 2011. The service is located within an NHS Hospital in a suite of rooms leased by BPAS on a sessional basis. The service primarily serves the communities of Staffordshire and surrounding areas. It also accepts patient referrals from outside this area.

BPAS Cannock has five satellite units attached to the location. These are based in Burton on Trent, Stafford, Shrewsbury, Telford and Tamworth. BPAS Telford and Shrewsbury opened in December 2018.

The hospital has had the same registered manager in post since 2004.

BPAS – Cannock is registered to provide the following activities:

- Diagnostic and Screening Procedures
- Family Planning Services
- Treatment of Disease, Disorder or Injury
- Termination of Pregnancy
- Surgical Procedures

Within the scope of these registered activities BPAS – Cannock offers the following services to patients:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Surgical Termination of Pregnancy under General Anaesthetic
- Surgical Terminations of Pregnancy under Local Anaesthetic/Conscious Sedation
- Vasectomy
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply

Specifically, BPAS Cannock offers early medical abortion treatment up to ten weeks. Medical abortion and surgical termination of pregnancy are offered up to 23 weeks and 6 days gestation using local anaesthetic and conscious sedation or general anaesthetic. In addition, vasectomies are offered from the Cannock location.

BPAS – Cannock has been inspected on five previous occasions. The most recent past inspection was conducted in May 2016 with the subsequent report being published in January 2017. During this inspection we found that the service was meeting all standards except for one breach of Regulation 11 of the Health and Social Care Act (2014) 'Care and treatment of service users must only be provided with the consent of the relevant person'. At this inspection we found that information regarding the slightly raised risk of complications arising from simultaneous administration of abortifacient medication was not verbally discussed during appointments when patients' chose this treatment; although it was contained within information booklets.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, and an assistant inspector. The inspection team was overseen by Katherine Williams, Inspection Manager.

Summary of this inspection

Information about BPAS - Cannock

As stated above, BPAS Cannock comprises of one main registered location and five satellite locations.

BPAS – Cannock is the main location and is based within Cannock Chase Hospital. The service leases space on a regular sessional basis. This includes the use of four screening rooms, two consulting rooms and one operating theatre. There are no day case or overnight beds used by this service. All patients are day case only. If complications arise which require an overnight stay; the patient is transferred to the nearest acute NHS hospital.

The opening hours for BPAS – Cannock at this location are 3pm to 8.30pm on Thursdays, 5pm to 8.30pm on Fridays and 8.30 am to 2.30pm on Saturdays, based within the Chase Suite. Consultations, early medical abortions (EMA), and medical abortions take place on all three days; however surgical termination of pregnancy and vasectomies are only undertaken on Saturdays within the Hollybank Ward and the Chase Suite respectively.

The five satellite locations undertake EMA up to 10 weeks gestation but do not undertake SA. They also offer the following services:

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

BPAS – Burton on Trent is located within a medical centre in Burton-on-Trent and is open on Tuesdays between 8.30am to 18.00 hours.

BPAS – Stafford is located within a surgery in Stafford and is open on Wednesdays; between 9am and 17.30.

BPAS – Shrewsbury is located within a surgery in Radbrook, Shrewsbury. It is open two days per week. Mondays 9am until 16.30 and Tuesdays 8.30am until 17.00.

BPAS - Telford is located within an NHS clinic in Telford and is open on Wednesdays 8am until 17.30.

BPAS – Tamworth was previously registered as a separate location; but in December 2018 became a satellite unit of BPAS – Cannock. This service is located in the outpatients' department at a community hospital in Tamworth and is open on Monday evenings; between 17.00 to 21.00.

During the inspection, we visited BPAS – Cannock on Saturday 5 January 2019, and we also visited BPAS – Telford and BPAS – Stafford on Wednesday 9 January 2019.

We spoke with 13 staff including nurses, midwives, health care assistants, administration staff, medical staff, operating department practitioners, and managers. We spoke with four patients and observed eight patient interactions. During our inspection, we reviewed 21 sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Activity (1 August 2017 to 31 July 2018)

Please note that BPAS – Telford and BPAS – Shrewsbury opened to patients in December 2018. Therefore all data about the service prior to this time relates to BPAS - Cannock, BPAS - Tamworth, BPAS-Stafford and BPAS – Burton-on-Trent only.

- In the reporting period August 2017 to July 2018, BPAS – Cannock undertook 518 surgical terminations of pregnancy; three of which were after 20 weeks gestation.
- In the same reporting period, BPAS - Cannock undertook 694 early medical abortions (EMA).
- For the slightly adjusted reporting period of July 2017 to September 2018, BPAS – Tamworth undertook 220 EMAs.

Summary of this inspection

- For the slightly adjusted reporting period of July 2017 to September 2018, BPAS – Stafford undertook 168 EMAs.
- For the slightly adjusted reporting period of July 2017 to September 2018, BPAS – Burton – on Trent undertook 105 EMAs.
- In the same reporting period, the service undertook 117 vasectomies.
- All but two patients were funded by the NHS for their treatment between August 2017 and July 2018. Both self-paying patients received treatment at the Cannock clinic.
- In the above reporting period, 59 patients were between the age of 13 to 17, and one patient was under 13 years of age (age 12).
- At the time of the inspection, the service staffing comprised a treatment unit manager (also the registered manager), and 16 nurses. The service employed nine administrative staff and three healthcare assistants. At the time of the inspection; two manager grade staff oversaw the service; with a third manager due to start the following month. No doctors were directly employed by BPAS – Cannock. Instead doctors worked under practising privileges.
- The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety (1 August 2017 to 31 July 2018):

- No never events or serious incidents requiring investigation
- One patient was transferred out to another hospital
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Two complaints were received within the reporting period

Services provided at the service under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Certain mandatory training modules

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

Are services safe?

We rated safe as **Good** because:

- Staff received mandatory training and were up to date with all modules. This included safeguarding training which was completed to the standard required by the intercollegiate document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (2014).
- Staff worked well to protect patients from abuse and harm by conducting thorough assessments and following BPAS safeguarding policies. Staff were well versed on their safeguarding responsibilities and knew how to raise concerns.
- The environment and facilities were suitable to keep patients safe. We saw that clinics we visited were visibly clean and adhered to infection control and prevention standards.
- Staff were familiar with the incident reporting process and able to use this. The treatment unit manager provided feedback from incidents both locally and nationally; and learning was shared to improve practice.
- Medical risks to patients were assessed, monitored and mitigated well. Staff followed policies and best practice guidance to ensure any deteriorating patients were identified quickly.
- Patient records contained relevant information to keep patients safe. Staff appropriately shared information to other linked agencies as required. Staff completed all parts of patient records to a high standard.

However we also saw:

- Not all staff were compliant with 'bare below the elbow' requirements.
- We saw one cupboard containing contraception was left open and unattended.
- At BPAS – Stafford we saw that the general public could freely access the clinic and, if staff were busy with patients, may not be immediately identified.

Are services effective?

Good

Are services effective?

We rated effective as **Good** because:

Summary of this inspection

- The service followed best practice guidance for both termination of pregnancy and vasectomies. Staff were promptly updated on new legislation and changes and were able to quickly implement this safely as a result.
- The service monitored patient outcomes and set actions to improve these.
- Staff were competent to undertake their roles and maintained their skills through continuous professional development. This was monitored through a robust appraisal process.
- Staff worked well as part of a team, including across different clinics, to support patient treatment and care.
- Patient consent was managed well. Staff ensured that patients only gave informed consent, and where barriers to giving consent were identified staff adapted their approach as required by law.

However, we also saw:

- Audits showed that some patients waited more than two weeks for treatment which was outside of the Department of Health's guidance. However no treatment was affected by this.

Are services caring?

Good

We rated caring as **Good** because:

- Staff treated patients with kindness and respect. We observed that all staff displayed a non-judgemental approach and supported patients to make their own informed decisions.
- Staff strove to maintain patients' dignity.
- Staff, particularly client care co-ordinators, received specific training in counselling skills to provide emotional support as part of the consultation. This service was offered through patients' appointments should patients become distressed at any time.
- Pre- and post-abortion counselling was available to all patients via the BPAS 24-hour phone line.
- Patients were kept involved in their care and treatment at all times. Staff answered questions and offered transparent information including the risks and benefits of treatment options.
- Where appropriate, patients' partners or other support were kept involved in information about treatment.
- Patients were given the option to take pregnancy remains following surgical terminations of pregnancy. Where patients chose to do this, advice and guidance was provided.

Are services responsive?

Requires improvement

Are services responsive?

Summary of this inspection

We rated responsive as **Requires improvement** because:

- A high proportion of patients waited longer than two weeks from first contact to treatment which was outside of Required Standard Operating Procedures (RSOP) as specified by the Department of Health. Actions had been put into place to reduce this.

However, we also saw:

- The service was commissioned and delivered to meet the needs of the local communities. The service also accepted out of area referrals, including from Ireland.
- The service strove to meet individual needs. With the exception of BPAS – Stafford, which was not suitable for patients who could not use stairs, the service was accessible to patients regardless of mobility.
- The service offered telephone consultations for patients who may not be able to physically come to the clinic for an initial appointment. This was checked in full prior to issuing treatment at the next face to face appointment.
- Patients could access information in alternative formats and languages.
- Clinics were open six days a week including Saturdays and some evenings enabling flexibility.

Are services well-led?

Good

We rated well-led as **Good** because:

- Local leadership was visible and supportive. Managers integrated with staff and shared information and updates regularly.
- BPAS followed NHS England's 'Compassion in Practice' vision. Locally all staff spoke of putting the patient at the centre of all care as a vision. We saw this in action within staff and patient interactions.
- Staff told us they were well supported and enjoyed working for BPAS. We saw a culture of transparency and compassion for patients.
- The service had robust reporting systems including a quality and safety dashboard which enabled provider level monitoring of local performance.
- The service had a local risk register which was updated with actions to reduce identified concerns.
- Information was managed safely within the service; therefore reducing the risk of a data security incident.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Termination of pregnancy

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

Are termination of pregnancy services safe?

Good

Our rating of safe was **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Data from the service showed that all staff (100%), with the exception of those off work such as for long term sickness and very newly employed staff, were up to date with mandatory training requirements.
- At least once per year, the service was closed for a day for all staff to attend a BPAS staff training day; which included updates to policies and procedures.
- We saw that mandatory training offered to all staff included basic life support, fire evacuation and fire awareness, infection control, health and safety and information governance. Specific training modules were provided to those staff for whom it was relevant; for example, medical gas training, moving and handling and immediate life support.

Safeguarding

- **Staff understood how to protect patients 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.**
- Nursing staff underwent provider based 'safeguarding vulnerable groups' training every two years. As of August 2018, all staff were trained to level three in safeguarding children in line with the intercollegiate document 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (2014). In addition, staff had access to a range of BPAS policies relating to protecting patients from abuse and harm. Staff were aware of how to discuss or act upon specific types of potential abuse such as domestic violence, child sexual exploitation, female genital mutilation and modern slavery. We were given examples of where staff had worked with police in relation to suspected offences such as child sexual exploitation and incest.
- We saw staff had access to a comprehensive 'Prevent' policy. 'Prevent' is part of a national campaign to prevent vulnerable people becoming involved in terrorist activity.
- The registered manager was the first point of contact for safeguarding concerns or queries. The area manager was trained to level four in safeguarding children for additional support. The safeguarding lead for the service was based at provider level and was the chief nurse. Advice and support was accessible during evenings and Saturdays.
- BPAS had two safeguarding assessment tools. One was designed for adults (18+) and the other designed for use with children and young people (17 and under).
- Staff underwent checks via the Disclosure and Barring Service (DBS) to ensure they were safe to work with children and vulnerable adults at the point of employment.

- Staff we spoke with had a good awareness of signs and symptoms of abuse and were able to provide examples and show completed referrals and forms detailing concerns. From August 2017 to July 2018, three formal referrals were made (two from the Stafford unit and one from Cannock).
- We saw that effort was made to protect the identity of patients. Within the Cannock, Stafford and Telford locations; no other services were being provided when BPAS were using facilities. When patients arrived; staff discreetly asked patient details such as their name and date of birth to ascertain identification.
- Children under 16 could access termination of pregnancy. The BPAS policy stated where under 13's presented for treatment, an automatic referral to social services was made. Between the age of 13 to 15; an assessment was made as to whether a referral to social services was required. Where children were identified as being already under the care of social services; staff contacted the relevant social worker or family support worker to share information as appropriate. Staff provided examples of referrals made and subsequent support given and actions taken.
- All patients underwent the initial part of their consultation without family or friends present. This was to enable patients to speak openly and honestly about any abuse or coercion into treatment. We were given a recent example where coercion to treatment was identified and staff worked to support the patient to arrive at an independent decision. Other examples showed staff were responsive and involved agencies such as the police immediately where there was a serious risk of harm or death.
- At BPAS – Cannock location specifically; a ward area was in use for patients pre and post-surgical termination of pregnancy. As this was a female only ward; no men were allowed to sit with a patient to protect the privacy of other patients. Where a patient was under 13; or particularly vulnerable; arrangements would be made for this patient to be located where they could have male support (for example from a partner or parent) outside of the ward area if the patient wished for this. Alternatively, any patient under 16 could have a female visitor support them on the ward.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, we did note two staff members did not comply with 'bare below the elbows' guidance; although mitigating measures were taken.**
- Staff at the service undertook regular audits to monitor cleanliness, infection control and hygiene. We saw records covering the months of January, March, April, May and July 2018 whereby five clinical activities were monitored for adherence to infection prevention standards at Cannock. We saw that 100% had been achieved on each audit.
- At the Stafford location, data provided prior to our inspection showed a compliance of 94% to infection control standards for April 2018. The was above the BPAS target of 90%.
- Reusable medical devices were in use at the Cannock site; specifically, in theatres for surgical terminations of pregnancy. This location was within an NHS hospital and operations took place within a trust operating theatre. The trust were contracted to undertake the decontamination of reusable surgical instruments. All instrument sets used had traceability stickers and were sent with a list to confirm they had been decontaminated by the trust. We saw following each surgical procedure instruments were immediately wrapped and placed within a 'dirty' utility room for collection by the trust.
- All three clinics we visited were visibly clean and adhered to infection and prevention control best practise. For example, in treatment rooms; cleanable flooring which went partially up the wall was used. All clinical rooms had sinks with non-touch taps for hand washing.
- As all clinic areas were within rented premises; the cleaning was undertaken by the main provider. For example, within the Cannock clinic, the NHS trust provided cleaning services. We saw evidence of cleaning being completed; for example, 'I am clean' stickers on equipment prior to use; and cleaning schedules for the week confirming cleaning had been completed. We also

saw BPAS staff undertaking cleaning and decontamination as necessary; for example, cleaning the operating theatre between patients, and changing bedding or couch covers between patients.

- We observed two staff members who did not fully comply with the 'bare below the elbows' requirements. This was due to nail varnish, and in one case jewellery, being worn. We saw that gloves were used throughout contact with patients to minimise any risk of infection from this. This issue was highlighted by the staff, and manager on site who addressed it immediately.
- Personal protective equipment was readily available and staff used this for patient contact.
- Antibacterial gel was readily available. The only exception to this was within the Cannock operating theatre where the gel pumps were empty. We raised this with the registered manager who stated they would highlight to the trust team responsible.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- Data from the service showed monthly environmental audit results. These included sharps management audits, theatre environment audits and care of equipment audits. From September 2017 to July 2018; for the locations of Cannock, Burton-on-Trent and Stafford; 100% was achieved on each occasion for all audits.
- Pregnancy remains were managed appropriately. Where patients did not choose to manage the remains themselves, the tissue was stored separately from other clinical waste, collected by an authorised carrier and incinerated in line with the Human Tissue Authority. We saw the clinical waste bins were placed appropriately and were collected by the NHS trust as part of the overall clinical waste management for the trust.
- For two clinics we visited; security was good. At Cannock; BPAS used areas which were only used by them on the days rented. Administration staff were placed at the entrance to the clinic and could view all patients and visitors entering or exiting the building. At Telford, access to the unit was controlled by a buzzer; and again, patients and visitors were always in view of staff. Several areas were secured by coded entry. At Stafford, patients could enter directly into the waiting room; however, there was no receptionist to monitor arrivals. As such the general public could potentially access this clinic unnoticed if the nurse and client care coordinator were busy seeing patients. During our inspection at Stafford, staff told us the treatment unit manager was on site most of the days it was open and therefore could welcome incoming patients.
- We sample checked equipment and consumables. We found these were in date, and were necessary maintained as per manufacturers' guidelines. Equipment was serviced via the trust who used a third-party company. Stickers were placed on equipment to confirm servicing deadlines.
- Resuscitation equipment was available at all units we visited. Where no surgical or high-risk intervention was undertaken, for example at Telford, staff had access to items such as emergency medicine including adrenaline for anaphylaxis. This was provided by the NHS service that owned and usually used the premises. Where patients were seen upstairs, evacuation chairs were not available.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. However, the service did not use a paediatric specific early warning score for young patients.**
- Between August 2017 and July 2018 nurses assessed all patients (518) who underwent a surgical termination of pregnancy for venous thromboembolism (VTE). During our inspection we observed VTE assessments being undertaken; and re-checked at the point of admission for surgery. Where necessary prophylactic medicine was given to minimise any risk of VTE.
- Staff completed modified early warning scores (MEWS) as a way of monitoring any deterioration in the health of patients undergoing surgical terminations of pregnancy. We saw that observations were taken during the admission of the patient prior to the patient entering the ward area. Patients generally moved quickly from admission to the ward to the theatre where they were continuously monitored throughout the procedure. Following the procedure, observations were taken in

recovery and at least twice on the ward. Adequate time was allowed for patients to recover following their procedure depending on whether they had received a general anaesthetic or conscious sedation.

- The service confirmed that they used MEWS for all patients undergoing surgical procedures including children and young people. Between August 2017 to July 2018; 33 patients under the age of 18 underwent surgical termination of pregnancy; one of whom was under 13.
- When patients were undergoing early medical abortions (EMA) physiological signs of good health were checked prior to this including blood pressure and temperature.
- Staff had recently; within the previous three months, undertaken training in sepsis to enable them to identify patients who may be demonstrating signs of this.
- We observed staff appropriately identify patients by asking them to confirm their name and date of birth prior to consultation and treatment. Staff checked to ensure there were not more than one patient with the same name. If there were two patients with the same, or very similar names; staff highlighted this on the patient record.
- When undertaking patient assessments for suitability for treatment; nurses had access to a comprehensive set of guidelines which outlined medical conditions or patient factors which may require additional medical support, or require the patient to receive their termination within an environment more suited to managing complicated cases. For example, guidance was given for working with patients who had a body mass index (BMI) of over 35 and 40. Patients who did not consent to potential blood transfusions for surgical terminations of pregnancy were not able to be treated at BPAS clinics as, in the event of a complication involving blood loss, the patient may not receive the optimal treatment that they could access in an acute hospital. Where any concerns were raised with a patient's suitability to undertake treatment; nurses were expected to liaise with a doctor or anaesthetist for advice.
- The registered manager reported that from August 2017 to July 2018, one patient had required transfer out to an alternative provider. We saw a transfer agreement with a nearby acute NHS trust for the clinics based in Staffordshire which clearly outlined action to take in the event of a medical emergency including significant blood loss. However, the agreement we viewed was due to be renewed in January 2018; although this was discussed at regional managers meetings in terms of having an up to date document. We discussed this on the inspection and found that ongoing conversations were occurring with the relevant trust in order to secure an up to date transfer agreement as soon as possible. For the clinics located in Shropshire a draft agreement was being produced with a separate local hospital at the time of inspection.
- BPAS as a provider had adapted the World Health Organisation (WHO) and five steps to safer surgery checklist. This adapted checklist was used when patients underwent surgical termination of pregnancy and vasectomies. The use of this checklist was audited at local and provider level to check compliance.
- We reviewed theatre audits conducted in January, February, May and June 2018 which included monitoring adherence to the adapted safer surgery checklist. These monitored patients undertaking both surgical termination of pregnancy and vasectomy procedures; and patients having general anaesthetic or conscious sedation. These audits looked at three patients per quarter. We saw that every procedure observed scored 100% against the audit measures.
- Theatre staff held a huddle before seeing patients to discuss the anticipated patient list and any potential complications.
- We observed part of the safer surgery checklist process during the inspection and saw it was completed as specified. As patients could be moved from their original surgery time for various reasons, the patient's name and details were only recorded in the operating theatre when the patient arrived in the anaesthetic room with their notes. The notes and patient signature for consent were double checked prior to anaesthetising or sedating the patient.
- The anaesthetists waited until all patients had been through recovery before leaving the site. This included patients who had undergone conscious sedation.
- 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 on what the patient

should do if they experience abnormal or worrying symptoms. BPAS offered a 24 hour aftercare phone line which was open every day of the year whereby patients could speak directly with a nurse or a midwife about any concerns.

Nurse and support staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- At the time of the inspection, the service staffing comprised a treatment unit manager (also the registered manager), and 16 nurses/ midwives/ operating department practitioners. The service employed nine administrative staff and three healthcare assistants. At the time of the inspection; two manager grade staff oversaw the service; with a third manager due to start the following month. During our inspection we saw there were adequate numbers of staff of all required grades to manage the number of patients and types of treatment.
- Agency staff covered 40 shifts between August 2017 and July 2018. We saw that concerns with nurse staffing were raised on the service's risk register; with actions such as ensuring inductions for agency staff, highlighted. We discussed this risk with the registered manager who spoke of recent recruitment to cover the additional staff needed for BPAS – Telford and BPAS – Shrewsbury. Once new starters were in post; there were no vacancies.
- We saw that staff were competent to undertake their roles; for example, only undertaking scanning for specific purposes (such as intra-operative, or first trimester) once fully trained and assessed. Where newly employed staff had not undertaken competency training for any specific tasks they were not permitted to undertake that part of the patient appointment.

Medical staffing (BPAS – Cannock clinic only)

- **The service had access to medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- BPAS – Cannock as a registered location did not directly employ any medical staff. Instead two surgeons and two anaesthetists worked under practising privileges. This meant that they had permission from BPAS to work privately for this location. We checked one practising privileges folder and saw that relevant checks had been completed and were updated as required; such as annual appraisals and five-year revalidation documentation.
- The surgeons and anaesthetists worked in pairs on alternate Saturdays to undertake surgical terminations of pregnancy. Should cover be required; we were told the medical staff were flexible to provide additional cover.
- In addition, a BPAS (at provider level) employed surgeon (also a clinical lead) undertook vasectomies once a month; and provided surgical terminations of pregnancy support if required.
- Other BPAS employed remote doctors as part of the BPAS client administration system (CAS). Part of this role was to provide medical advice; but in addition, was to review patient assessments, agree treatment and electronically sign the HSA1 form (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967).
- We saw that appropriate anaesthetic cover was present during and after procedures where patients had received either general anaesthetic or conscious sedation.
- Between August 2017 and July 2018, locum doctors covered one shift.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- Data provided prior to our inspection showed the results of a records audit from December 2017. Five records were audited and all scored 100% against standards measured such as 'the client's name has been inserted'.
- During our inspection we reviewed 21 patient records. We found all records to be consistent with the above

audit findings. Records were primarily paper based; however, if a patient had received a telephone consultation; the treating clinic could download and print the patient record which enabled access.

- All relevant information was contained within the patient records to ensure the patients were kept safe. This included initial observations, scan results, medical history, medicines administered or taken elsewhere by the patient, blood group, any safeguarding information and allergies. Specifically, we saw that HSA1 forms (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967) were present for every patient; with two signatures from doctors.
- All patient records we reviewed were clear, legible and well organised.
- We saw every patient undergoing a termination of pregnancy was asked if they would like their GP to be informed. If the patient declined; they were given a letter to take with them should they change their mind, or need to present it at an alternative medical facility such as an accident and emergency or walk in centre. Patients undergoing vasectomies were only seen following a referral from their GP.

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. We observed one instance where a cupboard containing contraception was unlocked and unattended.**
- 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 then administered these medicines to patients 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 patients without needing an individual prescription. For example, antibiotics, termination of pregnancy medicines, codeine and contraception. We checked four PGDs and saw these were up to date. Staff had signed to say they had undertaken training and this was signed off by both the unit manager and the competency trainer. When we spoke with staff they showed a clear understanding in their responsibilities when administering or giving medicines.
- Medicines were prescribed and given as per national guidelines. Where a medicine was being used out of licence (Misoprostol) this was clearly explained to the patient as part of the consent process.
- Controlled drugs were stored securely and used only within the theatre environment by suitably trained medical staff.
- Medicines management was audited and monitored monthly. We saw results of audits conducted at Burton-on-Trent and Cannock sites in April 2018. Both showed overall good compliance to safe storage and management of medicines with the exception of the medicines fridge at Burton-on-Trent which was old and needed replacing. We saw that as a result, a new fridge was ordered and delivered within the same month.
- We sample checked medicines across three sites and found all to be in date with the exception of one box of suppositories for pain relief which went out of date in May 2018. This was highlighted to staff who removed it. Medicines were ordered internally via BPAS and delivered by external couriers to individual clinics as required. Stock checks were completed regularly; dependant on the opening hours of the clinics.
- Oxygen cylinders were stored securely in key locations.
- We saw that refrigerators used to store specific medicines were temperature checked. Staff knew what to do in the event of the fridge temperatures being out of range.
- Data provided from the service reported that non-refrigerated medicines were stored in NHS premises; and temperatures were monitored by the relevant organisation. Further information given showed that BPAS had gained advice via their internal pharmacy team regarding monitoring ambient room temperatures which was there was no need to monitor this. However, following the unusually hot summer during 2018; provisions were made to monitor ambient temperatures.

Good

Termination of pregnancy

- When providing medicines, we saw that nurses and midwives gave explicit instructions on how to take them; and wrote additional notes for the patient as required.
- The service had an in-date antibiotic policy which provided advice and guidance regarding appropriate antimicrobial use.

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**
- As of August 2018, 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. The have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The service also reported no incidents which met the legal threshold for the duty of candour to be followed. 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 that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. Staff we spoke with understood their role in the duty of candour. In addition staff spoke of providing an apology when something had gone wrong, such as a failed abortion, and working with patients to come to the best solution quickly.
- Staff reported incidents using an electronic reporting system. We saw that 29 incidents had been reported in the six months prior to the inspection. This was broken down into categories of treatment complications (23), declined treatment (3), lab error – sample not received (1) and lab error – wrong patient details/ information error (2).
- Staff told us they reported incidents such as when an early medical abortion had failed. All staff were familiar with the reporting procedure and had undertaken training.
- Following the report of an incident; the registered manager would investigate it and if necessary escalate for consideration as a serious incident. Following the investigation lessons learnt and general information were shared with staff via email and during team meetings. Staff confirmed that they heard about incidents that had been reported, including from units out of the area.

Safety Thermometer (or equivalent)

- **The service monitored harm free care.**
- Every patient scheduled to undergo surgery had a venous thromboembolism (VTE) assessment conducted on initial assessment and also on admission for surgery. Patients did not stay overnight at the clinic therefore these were not re-assessed following surgery.
- Where patients were identified as being at risk; prophylactic medicine was given; usually in recovery.
- BPAS produced a national quality report for 2017/ 2018 which was accessible to patients on the BPAS website. This provided national findings including the number of patients who were assessed for a VTE (100%). In addition this report showed no cases of c.difficile infection had been reported nationally, and no pressure ulcers grade two or over had been acquired by patients whilst in the care of a BPAS clinic.

Are termination of pregnancy services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidenced its effectiveness. Managers checked to make sure staff followed guidance.**

- The medicine, Misoprostol, which is used to induce abortions is not officially licenced for this purpose. However, it is widely used for this purpose as supported by the Royal College of Obstetricians and Gynaecologists (RCOG) and this is explained on patient consent forms.
- We saw that the service adhered to best practice guidelines as stated in RCOG and Required Standard Operating Procedures (RSOP) as specified via the Department of Health. For example, the service had available information in booklet form on all types of contraception, including less reliable methods, to enable patients to choose the most suitable option. We directly observed staff offering contraception options post termination. Where a patient chose no option or a non-barrier method; advice was given on the use of condoms to prevent sexually transmitted infections (STIs) as per RSOP 13. All patients were given condoms to take home; including vasectomy patients.
- Data from the service showed that from August 2017 to July 2017, 472 patients were screened for chlamydia across Cannock, Burton-on-Trent and Stafford locations.
- At the smaller clinics where only early medical abortion (EMA) was offered, the choice of long acting reversible contraception (LARC) such as implants and coils were not available; particularly at the newly opened clinics where staff were awaiting training. However, we saw plans were in place to undertake implant training in the future. The contraceptive injection was available to be given at the time of treatment at all clinics. However, we observed staff give advice on where to access other types of LARC. Data from the service showed that from August 2017 to July 2018 specifically at Cannock, 117 patients had received some form of LARC at the time of treatment. This equated to 9.7% of patients treated in this timeframe (both EMA and surgical terminations of pregnancy). The most commonly chosen method was the implant. These were usually inserted by the medical doctor following surgical treatment; or by alternative trained nursing staff.
- For patients opting for EMA, they were given the choice (depending upon gestation) of simultaneous treatment whereby they had both medicines required at the same time or they could choose to take the first tablet at the clinic and return for the second medicine 24 to 48 hours later. Simultaneous administration is associated with a slightly elevated risk of complications and side effects are more likely to occur. Although patients were offered both options and had the risks explained; we saw many chose to take both medicines on the same day.
- The Department of Health confirmed the week prior to the inspection visit that they had approved for patients to take the second tablet home with them; thus avoiding the raised complications of simultaneous administration and providing more dignity to patients. We saw that staff at BPAS Cannock, including the satellite units we visited were aware of this change and had already taken part in a meeting to discuss implementing this change locally. It was expected that staff could offer this option to patients by the end of January 2019.
- BPAS – Cannock offered non-scalpel vasectomies. These have been recommended as an effective method due to reducing the risk of bleeding and intraoperative pain as compared to vasectomies using a scalpel (Faculty of Sexual & Reproductive Healthcare Clinical Effectiveness Unit).
- Staff clearly outlined to patients what to do in the event of complications arising; including excessive bleeding. All patients had access to a 24 hour phone line which was staffed with nurses and midwifes which they could contact if they had any questions.

Nutrition and hydration

- **Staff considered the nutritional needs of patients when assessing for treatment.**
- BPAS – Cannock did not provide meals to patients as all patients were attending for relatively short periods of time and no patients stayed overnight. However hot drinks and biscuits were provided for patients post procedure whilst they waited to go home.
- For patients undergoing a general anaesthetic who were required to fast; staff provided specific information detailing how long before procedures patients should stop eating and drinking. Should patients not adhere to this; their procedure was either moved to later in the day where possible, or rearranged.
- If a patient had specific requirements around food, such as being diabetic; staff told us they would book them in to be first on the operating list.

Good

Termination of pregnancy

Pain relief

- **Staff provided pain relief for patients to manage symptoms.**
- We saw that patients, where appropriate were offered non-steroidal anti-inflammatory drugs (NSAIDs) prior to treatment such as a surgical termination of pregnancy under conscious sedation as per the Royal College of Obstetrics and Gynaecologists (RCOG) guidelines.
- Patients undergoing conscious sedation were also given a local anaesthetic to the cervix to help manage pain. Vasectomy patients received a local anaesthetic to testicles pre procedure.
- Following treatment, all patients were provided with codeine to manage pain; and were given advice regarding other pain relief such as using over the counter paracetamol to ease symptoms.
- We observed staff checking pain levels post-surgical termination of pregnancy during recovery.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- We saw that the service monitored specific outcomes as per Royal College of Obstetrics and Gynaecologists (RCOG) guidelines. Please note that the results below do not include data from BPAS – Telford or BPAS – Shrewsbury due to these services only being operational since December 2018.
- National complication rates were discussed at area level and national management meetings.
- The complication rate for both termination of pregnancy and vasectomies combined at Cannock was 1.8% between August 2017 and July 2018. For the same period, EMA complication rates at the Burton-on-Trent clinic was 1.2% and at the Stafford clinic was 1.4%.
- Waiting times were monitored as a patient outcome. Specifically, for the BPAS Cannock, Stafford, Burton-on-Trent and Tamworth locations; data provided from the service reported that between July 2017 and June 2018, the average wait was nine days between contacting BPAS and having a consultation for treatment. For the same time period; patients waited an average of seven days between their consultation and their chosen treatment. RCOG state that patients should not have to wait more than two weeks from referral to treatment.
- Information from the service gave explanations for these wait times including patients choosing to wait in order to come to their final decision regarding their termination of pregnancy, patients choosing to attend an alternative clinic which may only open one day per week, or patients delaying consultation so that they can undertake both their consultation and treatment on the same day.
- The percentage of women treated at less than 10 weeks gestation was also monitored; for the same reporting period of July 2017 to June 2018, over 75% of women had been treated below 10 weeks at BPAS - Cannock.
- Between August 2017 and July 2018; 512 patients waited longer than 10 days from their decision to proceed with a termination to having a termination which equated to 42% of patients treated. The service told us this was due to patient choice, clients preferring to wait for a local appointment rather than travel further, and BPAS Cannock being the only unit in the Midlands providing late gestation surgical termination of pregnancy. In addition, an alternative clinic in the North of England which provided late gestation surgical termination of pregnancy had been closed for six weeks in the reporting period which further impacted upon wait times at BPAS Cannock specifically.
- We were told of actions being taken to reduce the waiting time for termination of pregnancy which included temporarily having additional clinic slots at the Cannock location in order to undertake more consultations and surgical terminations of pregnancy.
- In addition, we requested further data from the service to break down the reasons for, and the impact of delays in treatment. The data showed that of the 512 patients who waited longer than 10 days; 79 (15% of the delayed patients) were identified as choosing to delay through either not attending the first treatment appointment, or changing this in advance. Reasons for choosing to delay included patients being unsure of their decision and delaying because of holidays. The service reported that

the figures of patients who chose to delay may be higher; but due to reasons for this not being consistently recorded on the booking system, it was not feasible to gain a more accurate figure.

- Of the delayed patients, 89 undertook medical abortion, of which 81 were early medical abortion. The remaining 423 had a planned surgical termination of pregnancy. The service reported that no terminations were conducted differently to the patients' wishes (such as an early medical abortion being changed to a medical abortion or surgical termination of pregnancy) due to delays in treatment.
- Effectiveness of the treatments was measured by either a pregnancy test for patients having early medical abortion (EMA) or an intra-operative scan for patients undergoing surgical termination of pregnancy. Vasectomy patients were required to send a semen sample 12 weeks and 20 ejaculations post procedure to check if it had been successful. Where it was identified that the procedure had not been successful; patients could undergo further treatment or if necessary, be referred to specialist services.From August 2017 to July 2018; one vasectomy failure was reported out of 117 procedures (0.9%).
- Data from the service reported that no termination of pregnancies had failed at BPAS – Stafford and BPAS Burton-on-Trent (EMAs only). At the Cannock clinic, a rate of 0.8% failure rate was reported which included the above-mentioned vasectomy failure.

Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held meetings with them to provide support and monitor the effectiveness of the service.**
- The registered manager submitted data in August 2018 which confirmed that 100% of staff had undertaken an appraisal that year. Staff confirmed this during our inspection and spoke of it being a positive process which supported professional development.
- BPAS staff were required to engage with continued professional development. This included attending a BPAS clinical forum on an annual basis where staff could access presentations and updates about topics relevant to their role. This was protected time and the clinics were shut for this day. If staff were unable to attend they could travel to an alternative training day. If required; two days were offered to ensure all staff could attend.
- We saw that a programme of auditing patient care and quality of treatments was monitored through direct observations of procedures by supervising staff such as clinical leads. This meant any concerns regarding staff competence could be raised quickly and addressed. Data from the service showed that staff had 100% compliance to care and treatment standards when observed.
- Medical staff were trained to the level of Advanced Life Support (ALS) with some theatre staff trained to immediate Life Support (ILS) level in case of a medical emergency.
- Relevant staff such as nurses and midwives received appropriate training and supervision to ensure they were competent to perform scans.
- The treatment unit manager was required to attend two safeguarding supervision sessions per year, and the client care coordinators were required to attend one per year in order to offer support and ongoing development within their roles.
- Client care co-ordinators underwent specific BPAS training in counselling skills in order to provide in depth emotional support to patients during initial consultations.
- Regular team meetings were held for the more established teams to share updates and learning. BPAS – Telford and BPAS – Shrewsbury had not yet started to hold team meetings due to both clinics being newly opened the month prior to the inspection.
- Where clinics were newly opened and new staff had been recruited; we saw robust support for the induction of new staff. Staff newer to the service were paired with experienced staff either permanently or for a period of two months post starting in post. Management were visible to provide additional support.

Multidisciplinary working

- **Staff of different job roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.**
- During our inspection we observed an effective level of teamwork. Staff worked together to communicate and ensure patients were seen in a timely manner. The nurses and healthcare assistants working within the ward area at the Cannock location liaised with theatre staff to transition patients to different areas.
- Staff told us if they needed advice or support; there were various professionals within BPAS they could contact. This included staff at other clinics and lead healthcare professionals at provider level.
- Where patients gave consent; staff sent a letter to GPs to share information to ensure post-procedural support.

Seven-day services

- **Whilst the clinics did not open seven days per week, provision was in place to support patients at any time of day or night.**
- BPAS – Cannock and associated satellite units were open six days per week at varying times including evenings. Some clinics were only open one day per week. Where patients needed to return the following day for treatment; they were made appointments at alternative local clinics.
- The BPAS client contact centre and aftercare phone lines were staffed 24 hours per day, every day of the week. Patients had access to nurses and midwives through this service; and were able to access pre and post abortion counselling at times to suit them.

Health promotion

- **Staff promoted methods to prevent future unwanted pregnancies and sexually transmitted illnesses.**
- Staff provided information about contraception and methods that would prevent the transmission of sexually transmitted illnesses (STI). They also provided patients with a BPAS booklet about contraception.
- All patients were provided with condoms upon discharge and advised to use them.
- Staff encouraged patients to take up contraception whilst at the clinic.
- Staff offered eligible patients the option to be tested for Chlamydia; and some other STIs dependant on local commissioning.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**
- BPAS provided standard consent forms to be signed by patients following an informed decision about treatment and aftercare. Hard copies of consent forms were available in languages other than English to enable informed consent for patients whose first language was not English. Although BPAS consent policy specified consent must be signed and written, scope was given to where patients would be unable to sign for example, due to a disability. In these instances, verbal consent would be acceptable and recorded in patient notes.
- We saw staff were competent at enabling patient consent to treatment. Staff we observed ensured every consent form was completed and read through prior to asking the patient to read and sign. Individual consent forms were used for every stage of treatment such as for general anaesthetic, for the actual termination of pregnancy and for any long acting contraception inserted. After initial consultations, and admissions, we saw other staff followed up and rechecked consent forms to ensure the patient was still wanting to proceed.
- Staff demonstrated a good understanding of patients who may be unable to consent; or who may need additional support to provide informed consent to treatment. BPAS policies highlighted clear guidance where a patient's capacity to consent to treatment may be impaired.
- Staff spoke of using Gillick Competence and Fraser guidelines principles to assess young people's capacity to consent. Fraser guidelines requires the staff member to ensure a young patient can receive, weigh up and make a decision about information provided in regard to sexual health.

Good

Termination of pregnancy

- For the first part of the initial consultation, staff saw all patients alone to ensure that the choice to terminate the pregnancy was voluntary.
- Data from the service showed that from August 2017 to July 2018; 146 patients out of 799 that received a consultation chose to not proceed with treatment at the Cannock clinic. For the same time, 66 out of 340 patients at Burton-on-Trent did not proceed to treatment, and at Stafford, 67 out of 423 patients did not proceed to treatment.

Are termination of pregnancy services caring?

Good

We rated caring as **good.**

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- We spoke with four patients during the inspection. All patients told us that staff had been caring and supportive during appointments. Patients told us they felt the service was discreet.
- Staff made effort to ensure that patients privacy and dignity was respected; for example, only allowing females on the ward area. Staff gave patients the option to self-insert vaginal tablets; and if this option was chosen, offered the use of either a consulting room bed with curtains drawn or the toilets.
- We observed staff interacting with patients and saw all were non-judgemental in their approach. Staff listened openly to patients and respected choices made without swaying patient decisions.
- Staff working within the operating theatre were friendly and compassionate in their manner; engaging with patients who had undergone conscious sedation to distract them appropriately from the procedure. Staff spoke kindly and used appropriate humour to relax patients during the anaesthetic process.
- Staff introduced themselves and made patients aware of what their role was to help the patient feel comfortable and involved.
- All patients were given an opportunity to feedback on the care they received whilst at BPAS – Cannock via 'my opinion counts' forms. We saw patients were handed these after treatment and encouraged to complete them.
- On rare occasions when a patient was transferred to an acute hospital; staff told us that the patient would be accompanied by a member of staff for support.
- Staff could offer cards with personal hand and footprints for later gestation terminations. This was primarily offered to patients who had undergone terminations due to foetal abnormalities.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- BPAS offered pre- and post-abortion counselling to all patients which was easily accessible. This was in line with the Required Operating Standards (RSOP; 14) as directed by the Department of Health. Patients could self-refer using a dedicated phone line. We observed counselling being discussed with patients during our inspection.
- Client care co-ordinators offered emotional support and information during patient consultations pre-assessment. We were told of examples where patients needed additional time to discuss their concerns and choices; this was facilitated so no patient was rushed when making a decision that may impact upon their subsequent wellbeing.
- Patients could have a chaperone for intimate examinations or procedures to provide support. This was generally a member of the BPAS staff team; however, the patient could request alternatives such as a family member or friend if they wished.
- We staff took time to comfort patients and to reassure patients who were distressed.

Understanding and involvement of patients and those close to them

Good

Termination of pregnancy

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- We saw that staff involved the patient at every step of the process; and used the 'My BPAS' guide' information booklet to include the patient and ensure they were involved in discussions. An equivalent booklet was available for patients undergoing vasectomies.
- Staff provided impartial information and allowed patients make an informed choice about treatment, including the option to look at alternatives to abortion. Staff made more appointments for patients who wished to go home and consider their options before arriving at a final decision.
- Patients undertaking surgical termination of pregnancy were provided with information regarding how pregnancy remains would be disposed of; therefore enabling them to be involved with any alternative decisions. Patients had the choice to take pregnancy remains home and were given information on how to manage this.
- Patients told us they felt their partners or friends/ family members were able to be involved in understanding the treatment and the process for the patient.
- Patients were immediately informed of results such as Rhesus status, iron levels and gestation. Prior to undertaking a ultrasound scan, the nurse or midwife explained that it was not BPAS policy to display the screen however if the patient wanted they could see it. In addition, patients were asked if they would like to be informed if a multiple pregnancy was present.

Are termination of pregnancy services responsive?

Requires improvement

We rated responsive as **requires improvement.**

Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- BPAS Cannock, Burton on Trent and Stafford provided termination of pregnancy services to NHS patients in Stafford and the surrounding areas as per their contract with the local Clinical Commissioning Group. BPAS Telford and Shrewsbury were commissioned through the Shropshire Clinical Commissioning Group and saw patients mainly from this area. The clinics were open on varying days between Mondays to Saturdays; including three evenings per week.
- Patients could access the service via their GP or local health professionals, or could self-refer by ringing the BPAS contact centre which was accessible 24 hours, seven days per week.
- Patients could visit the clinic of their choice; even if this was out of area. The service accepted patients from Ireland, Northern Ireland and Wales. From August 2017 to July 2018, two patients paid for their treatment.
- Staff told us that BPAS – Cannock could be busy as patients opting for surgical termination of pregnancy were regularly referred to the service from out of area. This was due to fewer number of clinics offering surgical terminations. As a result, extra clinics were planned in January and February 2019 to meet demand.
- The three clinics we visited during the inspection were in suitable premises and had appropriate facilities for the purpose of termination of pregnancy.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- Patients could choose the most appropriate type of termination for them; either early medical abortion (EMA), medical abortion or surgical termination of pregnancy depending on the results of their initial health assessment and gestation period. Patients undergoing surgical terminations of pregnancy could choose whether to have a general anaesthetic or conscious sedation for this procedure.
- BPAS – Cannock and satellite units could fund travel for patients who were under 18. We were given examples of other vulnerable patients (over the age of 18) who were also financially supported to enable the patient to receive treatment. BPAS could fund overnight accommodation for patients travelling a long distance who met criteria.
- Staff at BPAS – Cannock supported patients who wished to take pregnancy remains with them to manage personally following a surgical termination of pregnancy. The service had information about local funeral services to provide to patients as required. The treatment unit manager was in the process of liaising

with local funeral providers to support patients who had undergone treatment due to foetal abnormalities. The service had very clear policies and information was contained within the 'My BPAS guide' booklet.

- BPAS – Cannock location was mostly accessible to patients with mobility requirements; such as by being accessible to people using a wheelchair. Although the BPAS facilities were located on the second and third floor; lift access was readily available. At BPAS – Telford patients were seen upstairs; however, there was no lift. Here, patients who could not use the stairs were seen in a consulting room downstairs for the entirety of their consultation and treatment. At BPAS – Stafford; again there was no lift access and all patients here were seen upstairs. Therefore, any patient who wished to be seen here who couldn't use stairs were directed to an alternative clinic.
- The service could provide more private waiting areas for patients who were in distress and wished to be alone.
- We saw staff appropriately supported patients with existing mental health conditions. Staff described how they would enable patients with learning difficulties or cognitive impairment to access treatment.
- The service liaised with other agencies as required to support patients. This included social services, local police, domestic violence agencies and GPs.
- As previously reported; patients could be supported financially to attend appointments.
- Patients who did not speak English to a level to assure informed consent to treatment were given access to an interpreter. BPAS as a provider had contracts with third party interpreter services. Consent forms were readily available in other languages on the staff intranet.

Access and flow

- **People could mostly access the service when they needed it.**
- Patients were able to choose their own dates and times of appointment to suit their lifestyle. There was no waiting list and staff aimed to see patients as quickly as possible.
- Data provided from the service reported that from July 2017 to June 2018, the average wait for patients who were funded by Staffordshire Clinical Commissioning Group was an average of nine days. This was counted from the clients first contact; such as phoning the BPAS contact centre to their consultation for treatment. For the same time period; patients waited an average of seven days between their consultation and their chosen treatment.
- As reported in 'Effective'; the Royal College of Obstetricians and Gynaecologists (RCOG) and the Department of Health (DoH) state that patients should not have to wait more than two weeks between first making contact and having treatment. These average reported times indicated some patients may wait over two weeks.
- From August 2017 to July 2018, 512 patients waited longer than 10 days from their decision to proceed with a termination to having a termination which equated to 42% of patients treated.
- Information from the service gave explanations for these wait times including patients choosing to wait to come to their final decision regarding their termination of pregnancy, patients choosing to attend an alternative clinic which may only open one day per week, or patients delaying consultation so that they can undertake both their consultation and treatment on the same day. Furthermore, BPAS Cannock was the only BPAS unit in the Midlands providing late gestation surgical termination of pregnancy. In addition, an alternative clinic in the North of England which provided late gestation surgical termination of pregnancy had been closed for six weeks in the reporting period which further impacted upon wait times at BPAS Cannock specifically.
- During our inspection we spoke with patients about waiting times. Generally, patients felt their wait time was acceptable; however one patient had waited two weeks. This patient reported that this was due to them choosing to wait for an appointment at the most convenient location for them.
- Actions to manage waiting times had been put into place locally. These included adding extra clinic slots and facilitating same day treatment (where the initial consultation and early medical abortion treatment can occur on the same day) for more patients where appropriate. Patients were sent text message reminders for appointments.
- From August 2017 to July 2018; 319 patients did not attend for their appointment (either consultation or treatment). At the Cannock unit, 222 patients did not attend in this time frame, for Stafford 53 did not attend and for Burton on Trent, 44 did not attend.

Good

Termination of pregnancy

- The percentage of women treated at less than 10 weeks gestation is an NHS target; for the same reporting period of July 2017 to June 2018, over 75% of women have been treated below 10 weeks at BPAS - Cannock. This was in line national results.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The service received two complaints from August 2017 to July 2018. These were responded to within timescales set by BPAS.
- We saw the details of one complaint received in April 2018 which related to retained products of conception. On this occasion it was found that the correct procedures were followed and this is a known side effect of termination of pregnancy. An apology was still offered to the patient as part of the complaint process.
- The second complaint, received in July 2018 related to patient suitability for the early medical abortion (EMA). A resolution was reached and the patient was booked for a surgical termination of pregnancy.
- We saw that complaint leaflets were readily available within clinics and information regarding how to make a complaint was contained within the 'my opinion counts' feedback form given to each patient. In addition, complaints information was contained within the guide books provided to patients, and on the BPAS website.

Are termination of pregnancy services well-led?

Good

We rated well-led as **good.**

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The service displayed the certificate of approval to undertake termination of pregnancies as issued by the Department of Health.
- The service maintained a register of all surgical procedures undertaken including vasectomies. All termination of pregnancies were recorded and data maintained at provider level.
- BPAS – Cannock was managed locally by the registered manager for the main location and all satellite clinics at the time of the inspection. A separate treatment unit manager was due to start in February 2019 who would apply to become the registered manager for Telford and Shrewsbury.
- Supporting the treatment unit manager was a nurse manager who oversaw nurses and health care assistants, and an admin co-ordinator who oversaw administrative staff and client care co-ordinators.
- The local management team and had been in post for a number of years and demonstrated a passion to improve the service for patients; involving all staff to enable this to happen. Managers shared updates and learning with staff to ensure all staff were working to updated best practise guidelines and were aware of learning following serious incidents in other areas of BPAS.
- The management team were visible and integrated within the units. They worked directly with patients and supported with general duties as well as managerial work.
- The registered manager (treatment unit manager) was supported by an area manager who was overseen by the director of operations and associate director of operations.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action.**
- BPAS followed NHS England's 'Compassion in Practice' vision which encompassed six 'C's: care, compassion, competence, communication, courage, and commitment. BPAS had also added an extra 'C' of creativity to encourage innovation amongst staff.
- Locally all staff spoke of putting the patient at the heart of the service. We saw this in action whereby patients were enabled and supported to arrive at informed

decisions with no judgement. Patients were free to change their mind without repercussions. We saw that all staff during the inspection strove to provide an excellent service based on best practise principles.

- BPAS as an organisation was involved in research and projects to develop the termination of pregnancy services. We saw this strategy was quickly integrated locally at this service to ensure patients received high quality and up to date care and treatment. This was also done in collaboration with relevant Clinical Commissioning Groups.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- All staff we spoke with reported feeling valued and supported. Staff reported feeling positive about working for the service and were proud to provide an excellent and caring service to patients. Staff told us the BPAS induction programme enabled a smooth transition into working for the company.
- Staff told us that BPAS as a provider offered opportunities for staff to get together and celebrate success.
- Where new units were recently opened; staff reported working hard to facilitate this; at times missing breaks to do so. Staff chose to prioritise patients to enhance the patient journey and ensure the new clinics became well run and responsive to patient needs.
- We observed staff worked together to share responsibility and care for patients. This included managers who were happy to join in with the wider team to meet to needs of the patients.
- We saw staff were open and honest with patients with regards to their treatment. Very few patients who attended BPAS – Cannock or a satellite location were required to pay for treatment; the vast majority of patients were funded by the NHS. Where a patient was private; staff told us payment would be taken at an alternative clinic due to having no facilities within BPAS – Cannock. Staff told us they would clearly explain any fees to patients and ensure they were transparent with this. There were no fee-paying patients during our inspection therefore we did not observe this directly.

Governance

- **The service systematically improved service quality and safeguarded high standards of care.**
- BPAS audited the completion of HSA1 forms (legal forms which two doctors must sign for a termination of pregnancy to occur) as per The Abortion Act (1967). An audit was conducted at BPAS Cannock in July 2018 which found that 100% of forms had been appropriately completed and signed by two doctors prior to the termination taking place. All HSA1 forms were kept within patient records. The process of obtaining the two signatures was to send each patients' assessment electronically to a client assessment system (CAS). Via this, BPAS medical staff at provider level reviewed the assessments including the scan and made their decision about whether they agreed an abortion was legal as per the criteria within The Abortion Act. Where patients were undergoing consultations and treatments on the same day, we saw that the electronically signed forms were returned reasonably quickly such as within an hour. Where staff and patients were waiting longer than this, we saw staff contacted the medical staff to expediate the process. No patients were treated without two signatures.
- HSA4 forms are sent to the Department of Health no more than 14 days post termination. Again, this is a legal requirement and must be completed by the doctor that officially undertook the termination of pregnancy; either by prescribing abortifacients or by conducting a surgical termination of pregnancy. Compliance with this requirement was audited monthly. Results can be seen in the next section 'managing risks, issues and performance'.
- We noted that one policy, and one service level agreement were out of date for review at the time of inspection. These were the emergency contingency plan (due for review in September 2018) and a transfer agreement with a local acute NHS trust which was due for renewal in January 2018; although this document was under discussion within regional manager meetings. We spoke to the management team who reported the emergency contingent plan was under review, due for completion in March 2019. The transfer

agreement was clearly an ongoing area of resolution at the service; with regular communication between the relevant trust and the service to get this document ratified.

- There were governance processes in place to monitor clinical outcomes. This was done through completion of a monthly clinical dashboard. This is discussed in more detail under the next heading.
- All staff we spoke with were aware of their roles and any limitations of these; such as new staff who had not completed all competency training. We saw all staff were aware of best practise guidelines, including those released within the week prior to the inspection. This ensured that all patients undergoing termination of pregnancy treatment did so according to The Abortion Act (1967).
- The unit manager was aware of the need to submit statutory notifications for example involving the death of a patient.

Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them.**
- The governance structure fed up and down management chains to ensure information was shared and monitored. Treatment unit managers held staff meetings. They then provided information to area managers, the clinical governance group meetings, quality and risk committees, and an operational activity committee. From here, information could be escalated to the executive teams, and senior clinical oversight meetings.
- We saw minutes from various governance meetings held within 2018 including regional manager meetings, meetings with the relevant Clinical Governance Group Committee and the Regional Quality, Assessment and Improvement Forum (RQuAIF, to be re-named the Quality and Risk Committee post inspection). We saw that outcomes of serious incidents were discussed and learning shared, such as updates to policies and procedures.
- Local team meetings were held to share information. These had not yet commenced at Telford or Shrewsbury due to the infancy of the services, but were due to be scheduled following the start of the new treatment unit manager. Minutes were taken for staff unable to attend.
- Managers discussed performance and risk within these meetings; for example, complication rates following treatment, themes identified within incidents and risks to individual services such as staff sickness.
- The treatment unit manager was responsible for completing a monthly dashboard which monitored quality and safety on an ongoing basis. Measures included medicines management, safer staffing, clinical supervision, infection prevention, appraisal rates, record keeping audits, patient group direction (PGD) compliance, treatment audits and HSA4 completion audits.
- We saw results of this dashboard for the clinics in Cannock, Burton-on-Trent and Stafford from April 2017 to July 2018. We saw that overall; the measures stated above were met. However, there were some areas where targets had not been achieved. For example, in February and March 2018; none of the three clinics met the requirements for treatment audits. However, between April and July 2018; the treatment audits showed improved results.
- At the Cannock clinic, for April, May and June 2018, the clinic did not achieve the required standard for submitting HSA4 forms to the Department of Health. We discussed this with the treatment unit manager who reported that the target related to the submission of HSA4 forms within 14 days as per the legal requirement set by the Department of Health. Some reasoning was provided; doctors who perform the surgical termination of pregnancy or prescribe the medical abortion medicine are legally responsible for submitting this form via an online portal. On occasions, such as during annual leave or a period of sickness; this submission was delayed. Actions were taken to discuss this with the medical team and as a result improvement was noted.
- We saw a local risk register was maintained which had been implemented at the time of our previous inspection in 2016. The register contained seven risks which were rated by severity. These included risks relating to staffing and the use of agency staff which

may impact upon the consistency and quality of care provided. Actions such as ensuring a local induction for all agency staff were implemented. We also saw within regional manager meetings that this issue was regularly discussed. A risk added in September 2018 was about the operating theatres within the main Cannock site being refurbished; therefore, using alternative theatres. We saw actions were ongoing to monitor this.

- During our inspection the treatment unit manager highlighted that a current risk linked to the newly opened clinics was only having one mobile scanner between both clinics. Although the same staff worked at both Telford and Shrewsbury; and therefore would always have access; a concern was if the member of staff transporting the scanner was unable to attend work. A plan to purchase a new scanner was in place to mitigate this.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The processing of HSA4 forms is reported above however with reference to data management, the service used an online secure portal to do this which ensured data security.
- The service used paper patient records. These were kept securely when not in use. When in use they were accompanied by a member of staff to ensure data protection.
- Staff had access to information such as policies, procedures and updates both electronically and in paper form. There was less access to electronic systems at the newly opened clinics as not all treatment rooms had laptops; however staff told us they could easily access any information by using an alternative laptop.
- Where clinics rented space from other services, information about BPAS, such as the complaints policy, was readily displayed; however staff removed and securely stored this in between opening times.

Engagement

- **The service engaged well with patients, staff and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- Staff told us of engagement activities including meetings and annual training days which helped them feel part of the wider BPAS group.
- BPAS produced a yearly quality report. Whilst not specifically created by BPAS – Cannock; BPAS – Cannock and relevant satellite units were reported on and cited in the report. This was published on the BPAS website and was accessible to the general public. Information contained figures on patient satisfaction, complication rates, harm free care results, results from complaints, and overall changes made to the care and treatment given to patients based upon all of the above.
- Every patient that attended the service was given a 'my opinion counts' feedback form and encouraged to complete it. This enabled both positive and negative feedback to be provided which was analysed at provider level. In addition; BPAS had a robust complaints policy and openly advertised to patients how they could make a complaint.
- The service worked with local agencies to support patients with specific needs. For example they worked with local domestic violence organisations, and collaborated with social services where necessary. The service attended meetings with the relevant Clinical Commissioning Groups to discuss performance and how to develop the service. We saw minutes from some of these meetings which indicated the service was being open and transparent with data.

Learning, continuous improvement and innovation

- **BPAS – Cannock and satellite units were involved with improving patient care and promoting more effective treatment and aftercare.**
- Patients undergoing surgical termination of pregnancy over a particular gestation were required to have an internal procedure prior to the operation to open the cervix. This involved inserting cervical dilators into the cervix. This had to be done between three and 24 hours before the operation. At the time of the inspection staff inserted cervical dilators on the same day as the operation meaning the patients had to then wait for at

least three hours prior to their procedure. However, the local management team were investigating the feasibility of inserting them the night prior to the procedure therefore improving the patient journey.

- Staff and treatment unit managers told us of ideas they had to develop and improve the service for patients. One idea was to collaborate with local funeral homes to develop a pathway for patients who had terminated pregnancies for foetal abnormalities. Another idea was generated after realising that patients were ringing local phone numbers on days clinics were not open and therefore they did not have an immediate response to concerns. Staff identified that producing a list of up to date numbers where patients could either speak with clinic staff, or via the customer contact centre depending on the day of the week would be useful; and this could be provided to each patient as part of the aftercare and discharge appointment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should continue to ensure waiting times for patients are reduced when possible to be in-line with Required Standard Operating Procedures (RSOP).
- The service should monitor reasons for any delays from first consultation to treatment to ensure delays do not impact upon patient outcomes.
- The service should ensure all staff adhere to infection and prevention control policies at all times.
- The service should ensure that all cupboards containing medicines are consistently locked when not in use.
- The service should consider measures to ensure they are consistently aware of who is on the premises throughout opening times at BPAS Stafford specifically.
- The service should consider the use of equipment, such as 'evac chairs' for locations where patients are seen upstairs with no lift facilities.
- The service should consider the use of a specific paediatric early warning score for use with appropriate children undergoing surgical terminations of pregnancy.
- The service should ensure policies and service level agreements are updated in a timely manner.