BPAS - Bournemouth

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Bournemouth is part of the national charitable organisation British Pregnancy Advisory Service. BPAS Bournemouth opened in 1977 and has a satellite clinic in Dorchester which undertakes consultations and medical abortions (up to 10 weeks gestation). BPAS Bournemouth provides consultations and medical abortions (up to 10 weeks gestation) and surgical abortions (up to 19 weeks gestation). Surgical abortions are provided under local anaesthesia or general anaesthesia. The unit does not provide a vasectomy service.

We carried out an announced comprehensive inspection visit at BPAS Bournemouth on 25 May 2016. We did not visit the satellite service as part of this inspection. We inspected this service as part of our independent healthcare inspection programme. We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

The inspection team comprised two inspectors and a specialist advisor, who was a registered midwife with experience in termination of pregnancy services.

Our key findings were as follows:

Are services safe?

- Staff followed procedures to report, investigate and monitor incidents. Learning from incidents was shared across the organisation.
- Staff we spoke with understood the principles of being open and were supported to implement duty of candour requirements by the BPAS engagement manager and we saw an example of this.
- The clinic environment and equipment were clean and suitable for use; standards were monitored through audits and risk assessments such as health and safety risk assessments.
- Medicines including abortifacient medicines were stored securely and records maintained. Regular medicines management audits were undertaken to monitor practice.
- Sufficient staff and skill mix were on duty to meet patients' needs. All staff were trained in safeguarding vulnerable adults and safeguarding children level 3 training. Staff obtained advice from the unit safeguarding lead or national BPAS safeguarding leads when needed.
- Arrangements were in place to transfer patients to the local NHS hospital if the need arose, accompanied by a member of BPAS staff.

Are services effective?

- Staff provided care and treatment that took account of policies based on Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health. The clinic also provided simultaneous early medical abortion for patients less than nine weeks gestation. The evidence to support the effectiveness of this treatment method was based on a BPAS trial carried out in 2014/2015.
- A programme of policy review was undertaken and all policies were approved by the BPAS clinical governance committee. Staff had ready access to policies on the BPAS intranet.
- All staff were up to date with core training requirements and had access to additional training to develop their roles. Professional staff were supported to undergo revalidation. The BPAS medical director ensured doctors employed under practising privileges had the skills, competency and professional indemnity before they were permitted to provide treatments and their practising privileges were reviewed every two years.

Summary of findings

- The unit manager followed up all patients who were transferred to hospital from the unit.
- Records showed that staff sought and recorded patients consent to ensure women and children made independent, informed choices about their treatment. We observed staff informed patients of the increased rate of complications with regards to simultaneous early medical abortion during the consultation process.

Are services caring?

- Staff provided care with compassion and sensitivity and were non-judgemental in their approach. BPAS Bournemouth response rate for their satisfaction survey was over 50% and results were consistently positive.
- Patients said they felt listened to, were given clear explanations by staff and had been involved in decisions about their care.
- All patients were offered a pregnancy options discussion with a client care coordinator (CCC) as part of their consultation. The CCC was not trained to diploma level in counselling, as recommended in the RSOP 14. However, they had undergone a BPAS training programme which included theory and competency based assessments.Staff checked women understood their treatment options, and involved partners in their care when appropriate.
- The service provided patients with contact details of the BPAS after care advice line, available 24 hours seven days a week. A post abortion specialist counselling was also available if needed.

Are services responsive?

- The service was planned and delivered to meet the needs of the local population.
- Clear suitability for treatment guidelines were followed. In cases where women had complex medical needs, suitable alternative placements were identified to respond to their needs.
- BPAS Bournemouth provided additional treatment sessions during busy periods to meet demand.
- Staff had access to a telephone interpreting service and patient information was available in a range of languages.
- Women were able to access services in a timely manner. In 2015 the proportion of women and children at BPAS Bournemouth who could have had their consultation within five days was 87%. The percentage of available appointments was 99.5%.
- The service recorded and responded to informal and formal complaints. The service had received three formal complaints between January to December 2015 which had all been investigated and lessons learnt where appropriate.

Are services well led?

- A unit manager was in post and was the registered manager for the service. Staff understood the BPAS values and aims and the strategic direction the organisation.
- A clear and effective governance framework was used to ensure service quality and performance was monitored and actions taken when needed. Four-monthly national clinical governance meetings and regional quality and managers meetings took place. These forums were used to discuss quality and risk issues and monitor the service was adhering to legal requirements such as completion and submission of legal documentation (HSA1 and HSA4 forms).
- A monthly audit of the abortion authorisation forms (HSA1s) was undertaken to ensure legal requirements were met and this showed consistent compliance. Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful.

Summary of findings

- The unit manager had recently developed a unit risk register. We saw the recorded risks were being monitored and mitigated.
- All staff we spoke with were kept informed of issues through emails and team meetings. Staff engagement also took place at a biannual clinical forum and annual staff survey.
- Staff described local and head office managers as approachable and accessible. BPAS actively looked for improvements to the way it delivered services.
- At BPAS Bournemouth plans were in place to offer patients conscious sedation as an alternative to general anaesthesia from January 2017.

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

The provider should:

- Ensure staff offer and record patients are provided information about disposal of pregnancy remains and patients' wishes are respected in accordance with guidance on the disposal of pregnancy remains following pregnancy loss or termination (Human Tissue Authority).

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

BPAS Bournemouth provided a compassionate, caring and non-judgemental service in line with BPAS values as an organisation. Sufficient staff were available with the skills and training to provide care. BPAS produced policies that took account of best practice policies and evidence based guidelines. For example, in line with Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health. BPAS also carried out its own research before the implementation of simultaneous early medical abortion up to nine weeks. Risk assessments and audits including how the service was adhering to legal requirements regarding completion and submission of HSA1 and HSA4 forms were undertaken. This information was reported monthly to head office as part of the organisation's quality assurance processes. Incidents and complaints were reported, investigated and actions taken to reduce the recurrence. The unit manager had recently developed a unit risk register which was under review to monitor and mitigate risks. The service had received three formal complaints between January to December 2015 which had all been investigated and lessons learnt where appropriate.

All staff were trained in safeguarding vulnerable adults and safeguarding children to level 3) and obtained advice from the unit safeguarding lead or national safeguarding leads as needed. Arrangements were in place to transfer patients to the local NHS hospital if the need arose, accompanied by a member of BPAS staff.

Clear suitability for treatment guidelines were followed. In cases where women had complex medical needs, suitable alternative placements were identified to respond to their needs. All patients were offered a pregnancy options discussion with a BPAS client care coordinator as part of their consultation.The service signposted women to the after care advice line and post abortion specialist counselling if the need arose. Women were able to access services in a timely manner. In 2015 the proportion of women at BPAS Bournemouth who had their consultation within five days was 87%. The percentage of available appointments was 99.5%.

However, although the consultation documentation included a section on disposal of pregnancy remains, our review of records showed that in four out of eight records the patients wishes with regards to disposal of pregnancy remains was not documented.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		We have not provided ratings for this service. We have not rated this service because we do not currently have a legal duty to rate this type of service or the regulated activities which it provides.

Summary of findings

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Summary of this inspection

Background to BPAS - Bournemouth

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

The clinic is located in a converted detached house in a residential area in the centre of Bournemouth.

Dorset clinical commissioning group is the main commissioner for services provided by BPAS Bournemouth. The service also provides a service to self funders.

The service provides consultations and medical abortions (up to 10 weeks) and surgical abortions (up to 19 weeks). Surgical abortions are provided under local anaesthesia or general anaesthesia. BPAS Bournemouth does not provide a vasectomy service.

The BPAS Bournemouth clinic was open weekly, Tuesday to Thursday and included a late evening session on Wednesday. Staff also provided a consultation and medical abortion (up to 10 weeks) service from a satellite clinic based in Dorchester on two afternoons a week.

Other services include pregnancy testing, unplanned pregnancy counselling, abortion aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply. Between January 2015 and December 2015 the service carried out 726 medical abortions and 2332 surgical abortions.

At the time of inspection, there was a unit manager who was the registered manager and had been in post since 2012.

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

Our inspection team

Our inspection team was led by:

Inspection Lead: Lisa Cook, Care Quality Commission Inspection Manager

The team included CQC inspectors and a nursing specialist with experience in women's services including termination of pregnancy.

How we carried out this inspection

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

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

We carried out an announced inspection of BPAS Bournemouth on 25 May 2016. We spoke with two patients and 10 members of staff including the regional director of operations, the treatment unit manager, service managers, nursing staff, medical staff, and support staff. We observed how staff cared for patients and reviewed patient's clinical records. We reviewed 17 completed comments cards from patients.

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

Summary of this inspection

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

Information about BPAS - Bournemouth

The Bournemouth clinic consisted of three screening rooms, six consultation rooms, one theatre, one recovery area and one step down recovery area.

Activity

- Between January 2015 and December 2015 the service carried out 726 medical abortions and 2332 surgical abortions.

Safety

- No 'never events' (January 2015 to December 2015)
- Two serious incidents requiring investigation between January and December 2015
- All staff were trained to level 3 in safeguarding children and young people.
- There were one nursing staff vacancy as of December 2015.

Effective

- Information provided by BPAS showed that 100% of staff had completed an appraisal as of December 2015.
- Between April 2015 and March 2016, 84.5% of patients were screened for chlamydia.

Caring

- 100% of patients using termination services at BPAS Bournemouth during April 2015 to December 2015 would recommend the service to someone who needed similar care

Responsive

- Over a 12 month period 572 (19%) of women had waited longer than 10 days for their first appointment.
- Between April 2015 to March 2016 , the proportion of women in Dorset who had their consultation within seven days (five working days) was 87%.
- There had been three formal complaints between January and December 2015.

Well Led

- Legislation requires that for an abortion to be legal, two doctors must each independently reach an opinion in good faith as to whether one or more of the legal grounds for a termination is met. They must be in agreement that at least one and the same ground is met for the termination to be lawful and this is recorded on a HSA1 form. BPAS units completed monthly HSA1 audits to monitor legal requirements. The compliance of BPAS Bournemouth with this audit was 100% (January 2015 to October 2015).
- The response rate for patient feedback forms was 52%.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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

BPAS Bournemouth opened in 1977 and has a satellite clinic in Dorchester. The services provided by BPAS Bournemouth were predominantly commissioned by Dorset clinical commissioning group to provide termination of pregnancy services for the women of Dorset. The clinic also treated self-funding patients.

The service provides consultations and medical abortions (up to 10 weeks) and surgical abortions (up to 19 weeks). Surgical abortions are provided under local anaesthesia or general anaesthesia. BPAS Bournemouth does not provide a vasectomy service. The service also offers simultaneous (two medications are given within 15 minutes of each other) early medical abortion up to nine weeks gestation.

The BPAS Bournemouth clinic was open weekly, Tuesday to Thursday and included a late evening session on Wednesday. Staff also provided a consultation and medical abortion (up to 10 weeks) service from a satellite clinic based in Dorchester on two afternoons a week.

Other services include pregnancy testing, unplanned pregnancy counselling, abortion aftercare, sexually transmitted infection testing, contraceptive advice and contraception supply. Between January 2015 and December 2015 the service carried out 726 medical abortions and 2332 surgical abortions.

At the time of inspection, there was a unit manager who was the registered manager and had been in post since 2012.

The CQC previously inspected the service in November 2013 and found improvements were required to reduce and prevent the spread of infection. In June 2015 we found the provider had made improvements and was meeting the standards inspected.

Termination of pregnancy

Summary of findings

BPAS Bournemouth provided a compassionate, caring and non-judgemental service in line with BPAS values as an organisation. Sufficient staff were available with the skills and training to provide care. BPAS produced policies that took account of best practice policies and evidence based guidelines. For example, in line with Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health. BPAS also carried out its own research before the implementation of simultaneous early medical abortion up to nine weeks. Risk assessments and audits including how the service was adhering to legal requirements regarding completion and submission of HSA1 and HSA4 forms were undertaken. This information was reported monthly to head office as part of the organisation's quality assurance processes. Incidents and complaints were reported, investigated and actions taken to reduce the recurrence. The unit manager had recently developed a unit risk register which was under review to monitor and mitigate risks. The service had received three formal complaints between January to December 2015 which had all been investigated and lessons learnt where appropriate.

All staff were trained in safeguarding vulnerable adults and safeguarding children to level 3) and obtained advice from the unit safeguarding lead or national safeguarding leads as needed. Arrangements were in place to transfer patients to the local NHS hospital if the need arose, accompanied by a member of BPAS staff.

Clear suitability for treatment guidelines were followed. In cases where women had complex medical needs, suitable alternative placements were identified to respond to their needs. All patients were offered a pregnancy options discussion with a BPAS client care coordinator as part of their consultation.The service signposted women to the after care advice line and post abortion specialist counselling if the need arose. Women were able to access services in a timely manner. In 2015 the proportion of women at BPAS Bournemouth who had their consultation within five days was 87%. The percentage of available appointments was 99.5%.

However, although the consultation documentation included a section on disposal of pregnancy remains, our review of records showed that in four out of eight records the patients wishes with regards to disposal of pregnancy remains was not documented.

Termination of pregnancy

Are termination of pregnancy services safe?

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

- Systems were in place to ensure staff reported incidents. These were investigated and learning shared across the organisation.
- The clinic was clean and organised. Infection control policies and procedures were monitored through audit which showed compliance.
- Equipment including resuscitation equipment and drugs were available and regularly checked to ensure they were fit for use. Medicines were stored securely and administered safely.
- Sufficient staff were on duty with the appropriate skills and training to meet patients' needs.
- Risk assessments were completed prior to termination of pregnancy (TOP) including for venous thrombosis embolism (VTE). Theatre staff followed the 5 steps to safer surgery checklist and modified early warning score during the recovery phase. In cases of emergency, arrangements were in place to transfer patients to the local trust.
- We reviewed 11 patient records. Pathway documents and clinical risk assessments were completed fully and legibly. Staff completed and submitted all Department of Health documentation in accordance with legal requirements.

Incidents

- There had not been any reported 'never events' at the unit. Never events
- Records showed fifteen clinical incidents and 28 complications were reported between January 2015 and December 2015. Staff reported two serious incidents in the same period. These had been investigated by the regional clinical lead and actions taken as a result. The learning from incidents mainly involved staff retraining and a reminder to staff that specific procedures needed to be followed to reduce risks.
- Incidents were reported and investigated, staff we spoke with were aware of their responsibilities in relation to incident reporting. BPAS made a distinction between categorising incidents as clinical incidents or complications. For example, a clinical incident was defined as an event that resulted in harm such as a medication error. A complication was defined as an unintended outcome attributed to an intervention which resulted in harm such as haemorrhage or infection following treatment.
- We saw staff used a paper based system to report incidents. The regional clinical lead based at BPAS Bournemouth determined whether incidents required investigation and submitted the reports to head office.
- Staff told us about an incident which had occurred at Bournemouth and had led to improvements in the way specialist placement referrals were handled throughout the organisation to ensure patients were followed up and received timely treatment. We saw documentary evidence to support this.
- Incidents were reported regionally through the Regional Quality Assurance and Improvement Forum (RQuAIF) and nationally through the clinical governance meetings. Learning was shared through meetings, emails and team brief. Significant learning points were communicated through information bulletins known as 'Red Top Alerts'. We saw these included a staff signature sheet to confirm they had read the updates. For example, an investigation into a serious incident of major haemorrhage found staff had not strictly adhered to the major haemorrhage management guideline. A red top alert issued in January 2016 reminded staff of the procedure to be followed.
- The incident reporting procedure included information on how staff were to respond to duty of candour requirements. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff understood the principles of 'being open', however senior staff were not fully aware of the specific requirements of the duty of candour. Although, the unit manager was supported by the BPAS client engagement manager to ensure actions were taken and we saw an example of this.

- The support services coordinator received the medicines and healthcare products regulatory agency (MHRA) alerts and safety notice. They informed staff, followed up and actioned the alerts as needed.

Cleanliness, infection control and hygiene

- All areas of the clinic were visibly clean and tidy. Washable flooring was in place in clinical areas. Cleaning schedules and checklists were on display in each of the clinic areas as a record that cleaning had taken place.
- Facilities for hand hygiene included hand sanitisers and hand wash basins were provided and in good working order.
- We observed staff were bare below the elbows and observed appropriate infection control practices, such as washing hands and wearing gloves.
- Washable privacy curtains were in place in patient areas. The curtains were clean and intact; records showed they had been sanitised every three months. The support services team had recently introduced a curtain washing schedule which it was working to.
- The Bournemouth unit followed the BPAS infection prevention and control (IPC) audit plan. The link nurse for IPC undertook two audits each month. These covered aspects of clinical practice such as hand hygiene and aseptic technique as well as one aspect of the environment such as sharps disposal. Results of all audits were submitted to head office and IPC was reported formally on a dashboard as a performance indicator. The Bournemouth unit had a rating of green, which meant that IPC compliance was above 90%. Between January and December 2015 all audits showed between 94% and 100% compliance.
- We saw staff wore designated theatre attire to reduce the risk of wound infections in patients undergoing surgery.
- The support services coordinator undertook cleaning audits three times a year. The last audit undertaken in April 2016 showed actions were completed, which mainly involved additional cleaning requirements or identified items that needed replacing.
- There was a policy in place regarding safe disposal of clinical waste and a service level agreement was in place with a waste contractor for removal. We saw waste was appropriately segregated and disposed of including disposal of pregnancy remains
- The theatre was clean and organised and cleaning took place between patients.
- Health Technical memorandum 03-01: specialised ventilation for healthcare premises sets out clear standards by which organisations are to ensure that patients are cared for in safe environments.
- The annual inspection of the day case theatre at BPAS Bournemouth to check compliance with HTM 03-01 took place in February 2016. Five recommended actions were reported following the inspection which had all been completed.

Environment and equipment

- The BPAS Bournemouth clinic had controlled entry to the clinic and CCTV to ensure only authorised people were allowed access.
- The unit consisted of two waiting areas, screening rooms, consultation rooms, one theatre, recovery area with couches, recliner recovery area and a patient dining area.
- Equipment was well maintained and there was efficient maintenance support in place. One day a week when the clinic was closed to patients, maintenance staff were able to access all parts of the clinic and carry out repairs as needed.
- Electrical safety testing of equipment had taken place and we saw records which demonstrated equipment was adequately maintained.
- The support services team carried out a maintenance audit. We reviewed the most recent audit of April 2016 which highlighted some minor issues for action. Environmental risk assessments did not identify any uncontrolled risks.
- We saw that resuscitation equipment, including defibrillator and drugs for anaphylaxis were checked daily when the clinic was operating.
- Intravenous fluids were appropriately stored and in date. Equipment and drugs needed in the case of major haemorrhage were stored separately and appropriately.

Medicines

- There was a designated person for the ordering of drugs online with the BPAS national purchasing department. A registered nurse signed to accept delivery of drugs. We saw there were local records of drug ordering and

receipt. Staff followed the medicine management policy and procedures. The registered manager was responsible for auditing medicines including controlled drugs and reporting to the local intelligence network.

- The local waste management contract covered the disposal of controlled drugs.
- The unit dispensed prescriptions for analgesia, antibiotics and contraceptives.
- Medicines storage cupboards were clean, tidy and well organised. Drugs were checked regularly and stored safely.
- We checked the controlled drugs book and found it was completed correctly, although, signatures were not always legible.
- Oxygen was available at every bed space. A risk assessment had been carried out regarding ventilation and indicated this was safe.
- Resuscitation medications were available on the resuscitation trolleys these were in date and ready for use.
- Women gave consent prior to administering rectal antibiotics.
- Theatre staff checked that patients had received contraceptive advice and that prescriptions had been written up. We observed contraceptive implants and injections given in accordance with good medicine administration guidance.
- Staff recorded fridge temperatures in line with good medication guidelines. We saw readings were within the accepted ranges and staff were aware of what action to take if readings were out of range.
- The operating department practitioner ordered medicines and checked those used in theatre were in date.
- A doctor prescribed all abortifacient medicines and nurses provided some non-abortifacient medicines under patient group directions (PGDs). PGDs are written instructions for the supply and administration of medicines to groups of patients who may not be individually identified before presentation for treatment. BPAS PGDs were in line with national guidance. Accountable officers were clearly named and they had signed PGDs correctly. All PGDs were within review date and staff undertook training and signed the record sheet when training was complete and they felt competent to administer and or supply the prescribed medications.
- Drugs that induced abortion were prescribed only for women undergoing medical abortion following a face to face consultation with a member of the nursing team, written consent and completion of the HSA1 form signed by two medical signatories. The electronic information system enabled doctors to view the client information and consultation details remotely, authorise the terminations by signing the HSA1 forms and sign electronic prescriptions. The system was designed to only generate the prescription for the abortifacient medicines after two signatures had been recorded on the HSA1 form.
- PGDs also covered pain-controlling medication, treatment of chlamydia and prophylactic antibiotics to prevent post procedure infection.
- The discharging nurse or midwife provided antibiotics and contraceptive medications and the patients we spoke with told us they understood what the medicines were for and how to take them.

Records

- Paper records were not always stored securely when not in use. For example, we observed records were placed in open document holders in the corridor. Although patients and partners were accompanied in the corridors there was a risk that confidential information was accessible to unauthorised people. At the end of the inspection visit the registered manager relocated the records to a more secure place where only authorised staff had access to them.
- The clinic had capacity to store six months of records on site. Records older than six months were securely transported to a records storage facility off site and were retrieved when needed.
- We looked at 11 sets of records across various pathways and found them to be contemporaneous, complete and legible. Records indicated good risk assessments and follow up of any medical concerns or issues identified were well documented and reviewed following appropriate interventions.
- In four out of eight records for patients who had undergone a termination under general anaesthesia (one due to fetal abnormality) there was no reference to disposal of pregnancy remains documented.

Safeguarding

Termination of pregnancy

- BPAS had adult safeguarding and child protection policies that we saw were available to all staff via the unit's intranet. The policies were up to date with regard to current legislation and national guidance.
- Effective systems were in place to safeguard vulnerable adults and children. All staff we spoke with were aware of their responsibilities and had access to appropriate safeguarding pathways.
- Safeguarding risk assessments were carried out when there was any suspicion of abuse and safeguarding referrals were made to the local safeguarding team.
- Patients had at least part of their consultation without their partner or another person present to ensure they were making their decision independently.
- BPAS had recently increased the age (from 16 years to 18 years) for undertaking a safeguarding risk assessment to be completed. The outcome of the risk assessment was discussed with the local or national safeguarding lead if needed and acted on as needed. Between January to December 2015 no child under the age of 13 years had been treated. Forty young patients between the ages of 13 to 15 years had been treated at BPAS Bournemouth in the same period.
- Our review of records identified three patients who were under the age of 18 years, of which one was under 16 years. Safeguarding risk assessments and Gillick competencies (assessment of 16 years and under to give consent) and Fraser guidelines documentation were fully completed, where appropriate, in the notes we reviewed.
- All staff had received adult safeguarding training in line with mandatory training requirements. All except one member of staff was up to date with safeguarding children level 3 training. The one member of staff who was overdue had training scheduled. This training also covered information relating to child sexual exploitation. Staff understood their responsibilities to report concerns.
- All patients received a private initial consultation without anyone else present to safeguard against possible coercion or abuse and to give them the opportunity to disclose such information in a safe environment.
- Staff had received training related to female genital mutilation (FGM) and they were aware of the Department of Health requirements in the guidance, Female Genital Mutilation Risk and Safeguarding: Guidance for professionals. DH March 2015. Staff were clear what actions they needed to take if FGM was identified or patients were at risk.
- BPAS produced an annual safeguarding report and audit to monitor compliance with section 11 of the Children Act 2004. We reviewed the February 2016 report which showed 100% compliance with the Act.

Mandatory training

- BPAS core mandatory training for all staff included health and safety, infection control and fire safety. All staff had received basic, immediate or advanced life support training, dependent on their role. Additional role specific training was specified such as moving and handling people for theatre nurses. BPAS specified which training was updated annually, such as basic and immediate life support.
- A training log was maintained by the support services coordinator which showed 100% of staff were up to date with their training. Staff were sent an email reminder before their training was due and managers were also alerted to remind staff.
- Training was delivered by e-learning or face to face workshops.
- Nurse practitioners underwent a comprehensive 12 week induction programme, which covered all elements of mandatory training they required including for example, scanning competencies. Their scanning practice was audited every two years.

Assessing and responding to patient risk

- Staff followed the BPAS suitability for treatment guidelines when determining if patients were appropriate for treatment at BPAS Bournemouth.
- The clinic used the 5 steps to safer surgery procedures and checklists. Internal observational audits of the 5 steps to safer surgery checklist showed compliance rates of 100%.observed in practice
- An incident which involved the delayed recognition of cervico-vaginal injury in a patient led to the development of a modified early warning score which had been implemented in the unit.
- We observed the anaesthetist reviewed the patient's medical risk during the patient's pathway prior to commencing the procedure.

Termination of pregnancy

- Risk assessments, included venous thromboembolism (VTE), sexual health and malnutrition, medical follow up, interventions and pre-operative reviews were evident in our observation of patients' journey and in the records we reviewed.
- Blood tests were performed on all patients to establish their rhesus status. Patients who were identified as rhesus negative were provided an injection of anti-D to protect against complications should the patient have future pregnancies. Positive identity checks were made prior to commencing treatment.
- We observed theatre staff transferred patients to recovery staff postoperatively. Staff undertook patient observations, as part of the modified early warning score tool, after their general anaesthetic procedure every five minutes for 30 minutes. Sedation scores were used to assess sedation levels postoperatively. Staff conveyed patients in a wheelchair to the recliner recovery area where they were monitored and supported until they were ready to walk to the dining area.
- A major haemorrhage kit was available and staff were aware of their responsibilities and the policy / procedures if an emergency transfer of a patient was needed. An agreement was in place with the local NHS acute hospital to facilitate the emergency transfer of patients by ambulance if needed.
- The unit manager told us fire evacuation plans were in place to remove patients to safety if the need arose.
- Staff were able to identify signs, which could identify a deteriorating patient and knew how to escalate when needed. Staff had effective relationships with the local NHS hospital's obstetrics and gynaecology team and could access medical advice or instigate an emergency transfer in line with the emergency transfer protocol if needed.
- Staff gave patients written discharge information, copies kept in their record, and advice regarding accessing emergency medical health services, should they suffer heavy blood loss following discharge. Aftercare and helpline numbers were included in the My BPAS guide, given to all women who had a consultation and a termination of pregnancy.

Nursing staffing

- No agency nursing staff were employed, occasionally agency health care assistants, to support patients post-recovery, were employed. Agency staff completed a full induction before working at the unit.
- The performance dashboard for Bournemouth showed staffing levels at the unit had not fallen below minimum for over a year.
- If the unit was full, this meant there was a ratio of one registered nurse or midwife to four patients.
- The clinic used a skill mix of registered midwives, nurses and healthcare assistants.
- There were dedicated recovery staff to care for patients in the immediate post operation stage.
- Healthcare assistants supported step down recovery and had a process in place to summon assistance from registered staff if needed.
- Staff we spoke with said there was always enough staff available to ensure patients had sufficient time and never felt rushed during appointments.

Medical staffing

- BPAS Bournemouth employed one surgeon, who was based at the unit. Additional medical staff including anaesthetists were employed under practising privileges.
- Medical staff applying for practising privileges at BPAS underwent an interview process and provided documentary evidence of registration, qualifications, revalidation, disclosure and barring service check and indemnity insurance. If accepted their practising privileges were reviewed every two years.
- Anaesthetists employed under practising privileges also worked at the local NHS trust hospital.
- A doctor was always on site during a surgery list and during the patients' recovery phase.

Major incident awareness and training

- Although there was a corporate business continuity plan, local arrangements centred on individual incident plans such as fire or loss of utilities and staff underwent scenario-based training.

Termination of pregnancy

- There was no formal, local contingency plan for business continuity in the case of prolonged loss of premises due to disaster or staff in case of disease outbreak. However, managers told us they would divert patients to another BPAS unit if the need arose.

Are termination of pregnancy services effective?

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

- Staff provided care and treatment that took account of best practice policies and evidence based guidelines. The service had clear standards agreed with commissioners and key performance indicators to monitor performance and service delivery. Policies and procedures were based on Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health.
- BPAS also carried out its own research before the implementation of simultaneous early medical abortion for up to nine weeks gestation. Since May 2015 approximately 90% of early medical abortions at BPAS Bournemouth were provided using the simultaneous treatment method.
- Patient outcomes were monitored through an annual audit programme and achievement of key performance indicators. The service monitored waiting times to ensure patient outcomes were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- Staff received clinical supervision, appraisals and had opportunities for development training. Medical staff who were employed under practising privileges underwent a process of review. All staff had received an appraisal in the previous 12 months.
- Staff had effective relationships with NHS staff in particular the screening nurse for fetal anomalies the local early pregnancy unit and the sexual health service.
- The registered manager submitted monthly data on 10 key standards, relating to the quality and safety of the service. Bournemouth unit showed compliance with all standards for the past year.
- Staff audited records to check women received effective care and treatment. At Bournemouth all records audits between November 2015 and April 2016 showed 100% compliance.
- Staff understood how to seek consent from women, including children under 16 years of age. They checked that women made independent, informed choices about their treatment.

Evidence-based care and treatment

- Staff followed BPAS suitability for treatment guidelines which included clear exclusion criteria. Where staff had concerns about whether a patient was suitable for treatment they always sought clinical advice from the regional clinical lead who was based at the unit or the BPAS medical director.
- Staff had access to up-to-date policies and procedures via the BPAS intranet. Head office emailed staff to make them aware of policy updates and provided conference calls if needed.
- Policies relating to termination of pregnancy and professional guidance were developed in line with, where appropriate, the Royal College of Obstetricians and Gynaecology (RCOG) guidelines and Department of Health Required Standard Operating Procedures (RSOP).In addition, BPAS Bournemouth also offered women a new way of receiving drugs to initiate an early medical abortion (EMA), up to nine weeks gestation), which meant patients received medicines at the same time. The provider had reviewed clinical research and carried out a national pilot to monitor outcomes of the options in 2014/2015. The updated My BPAS Guide (April 2016) for women included details of options available, including the relative risks associated with the two methods of EMA. Patients under nine weeks gestation were offered early medical abortion (EMA) on the same day but if over nine weeks EMA was offered over two days to increase the effectiveness.
- BPAS Bournemouth was not commissioned to screen patients for sexually transmitted infections (STI). However, the unit participated in the Dorset Chlamydia

screening programme and promoted testing to women aged under 25 years. Between April 2015 and March 2016, 84.5% of patients accepted testing. During the initial consultation, all women were asked about their medical history and risk assessed for sexually transmitted infections (STIs), those who were at high risk were signposted to other STI testing services. This was not in line with RSOP 13 which states that all women should be offered testing for Chlamydia.

- Staff offered to discuss contraceptive options with patients during the initial consultation and assessment. They also discussed a plan for contraception after the abortion. Options included the long acting reversible contraceptive (LARC) methods, which are considered to be most effective as recommended by the National Collaborating Centre for Women's and Children's Health. Data showed 43% women who had an abortion between April 2015 to March 2016, chose to have a LARC fitted. BPAS Bournemouth provided contraceptives and devices in accordance with patients' choice and in line with RCOG guidance.

Pain relief

- Staff provided patients a 'My BPAS Guide' which contained information on pain control and suitable medicines to take after the procedure.
- The standard observation documentation for surgical abortions included a pain score rated 0, no pain to 3 for severe pain which was used during the patients' recovery process.
- Pain relief was available for patients and was offered on a regular basis post procedure.
- All women undergoing early medical abortion were offered a small supply of codeine phosphate tablets to take home and appropriate advice on pain relief during the recovery process. Patients we spoke with confirmed they had been advised on pain relief.

Patient outcomes

- An emergency transfer protocol was in place with the local NHS trust. The unit manager also informed head office, using a dedicated email address, of any patient transfer. This ensured the appropriate staff were notified. The unit manager followed up all transfers with the local trust until the patient was discharged. In 2015 there were five patients transferred to another healthcare provider for further treatment. These were all patients who had received surgical treatment.
- Complication rates such as retained products of conception, on-going pregnancy and post procedure infection were monitored and compared with other BPAS clinics. All results were within the expected range as outlined in the My BPAS Guide. For example, between May 2015 to December 2015 the reported unit complication rate for incomplete abortion for patients undergoing simultaneous EMA under 9 weeks was 0.95%. This was below the expected rate of 5% and below the average of all BPAS units over the same period of 1.59%. The complication rate for incomplete abortion for patients undergoing vacuum aspiration under general anaesthetic for the unit was 0.0.16% compared to the expected rate of 0.17% and the overall BPAS average of 0.21% for the same period.
- Patients were scanned pre and post surgical procedure to ensure there were no retained products of conception after the procedure and the termination was complete.
- Staff provided patients a pregnancy test after the EMA procedure. Patients were advised to use the test and to re-contact the clinic or aftercare line if the test was positive or they had any concerns.

Competent staff

- Nurse practitioners had undertaken a 12-week course of extended training and were able to scan patients, obtain consent for procedures and administer or supply contraception.
- We reviewed five sets of staff personnel records; these were organised, well recorded and all staff had up to date training records and disclosure and barring scheme (DBS) checks carried out.
- BPAS supported nursing staff to prepare for revalidation through raising awareness of the requirements and supporting staff to produce evidence for their portfolio.
- Data from March 2015 to February 2016 showed that at the Bournemouth unit 100% of medical and nursing staff had participated in an appraisal. Staff also had regular 'job chats' with their line manager.

Termination of pregnancy

- The regional clinical lead was responsible for overseeing medical staff in terms of competence. The process involved following up on concerns about a doctor's practice or performance. This included action planning to improve performance.
- All staff we spoke with were very positive about the training and development opportunities they had access to.
- Client care coordinators (CCC) were trained in undertaking discussions with patients on pregnancy options. CCCs participated in two days of client support skills/ counselling training. This was followed by completion of a competency matrix which involved observing at least 15 consultations followed by being observed for at least 10 consultations prior to providing lone consultation. Senior staff said it normally took three to six months for staff to complete all the required competencies. Ongoing training and support was provided through supervision and access to experienced CCCs. Although CCCs were not trained to diploma level as stated in RSOP 14, BPAS CCCs were trained pregnancy counsellors. If patients required additional counselling support, for example, in cases of alcohol abuse, staff referred patients to specialist trained counsellors. Two of the CCCs at BPAS Bournemouth were also trained in offering patients supportive discussions post-abortion.
- All clinical staff were expected to participate in the biannual clinical forum. The last forum was held in April 2016 and covered key updates for staff, such as information on professional revalidation.
- Anaesthetists employed by BPAS were sent alerts if there was any change in BPAS policies to ensure they were kept up to date.

Multidisciplinary working

- Nursing, midwifery and medical staff worked collaboratively. A daily 8am managers meeting took place to discuss the day's surgical and medical lists and confirm the 'named nurse' for the day, who would act as the point of contact for queries.
- There were clear lines of accountability between different roles, for example, client care coordinators and nursing which contributed to the effective planning and delivery of care.
- Staff told us that they had close links with other agencies and services such as the local safeguarding team, contraceptive and sexual health services and counselling service. This facilitated referral and signposting of patients to meet their needs.
- BPAS Bournemouth had service level agreements with a neighbouring NHS Trust, which allowed them to transfer a patient to the hospital in case of medical or surgical emergency. The unit manager told us this this worked well and there was effective joint working.

Seven-day services

- The BPAS Bournemouth clinic was open weekly from Tuesday to Thursday and included a late afternoon/ evening session on Wednesday. The satellite clinic at Dorchester unit offered consultations and medical abortion treatments on Thursday and Friday each week. If women needed to use services on other days, they could be signposted to alternative BPAS clinics.
- The anaesthetist stayed on the premises until all patients were fully recovered from their anaesthetic.
- BPAS provided a 24 hours a day and seven days a week advice line, which specialised in post-abortion support and care. This was in line with RSOP 3, set by the Department of Health. Callers to the BPAS after care service could speak to registered nurses or midwives who were able to offer advice and feedback to the clinic for follow up if needed.
  Patient records were primarily paper based. However, specific information was also stored on the electronic records system to allow doctors remote access to the patient details in order to complete the HSA1 form.

Access to information

- Patient notes were kept onsite for six months once discharged. If any complications occurred this allowed easy access to notes within this time. Records were archived at a central store after six months but could be retrieved if needed.
- Staff had access to relevant guidelines, policies and procedures in relation to termination of pregnancy.
- In theatre, a board recorded the patient's name, type of procedure, gestation, anaesthetic, contraception, rectal medication, allergies, anti-D required and consent as a checklist for staff.

- Staff were able to access diagnostic tests/blood results in a timely manner.
- Reports of contact with the aftercare service were emailed to the unit staff and saved on the patient's electronic record. Unit staff also printed the report and saved a copy in the patient's record for ease of access.
- Staff offered patients a copy of their consent form, if declined the copy remained in the notes and it was recorded as consent form copy 'not accepted'. Discharge information was sent to the patient's GP if the patient had consented for their information to be shared.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Are termination of pregnancy services caring?

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

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

Compassionate care

- We observed staff were respectful, kind and sensitive to patients attending the clinic. This was confirmed by the patients we spoke with.
- We observed staff respected patients' privacy and dignity. For example, staff used patient's first names if appropriate and provided care behind closed doors and used privacy curtains.

- A private room was available and used for patients under the age of 16 years and for patients who attended for a termination of pregnancy due to a fetal abnormality.
- Bournemouth clinic collected feedback from patients using the BPAS 'your opinion counts' survey. Staff encouraged service users to complete the survey and the Bournemouth response rate was 52%, significantly higher than the BPAS target of above 25% to ensure survey results were valid.
- Quarterly reports of the BPAS patient satisfaction survey showed that 100% of patients using termination services at BPAS Bournemouth during April to December 2015 would recommend the service to someone who needed similar care. Patients reported high levels of satisfaction and the unit scored above 99% on all the caring aspects of the survey.
- Women could request a chaperone to be present during consultations and examinations and there were signs clearly on display to inform women that this was available.
- We spoke with two patients. Both patients were very positive about the care they had received. Their comments included "Staff amazing and friendly" "I received good information and advice over phone: practical and informative."
- We received 17 completed comments cards. All the comments were positive. Eleven out of 17 comments described the service as 'friendly'. Others said staff were 'non judgemental' and 'Staff listen, provide feedback and reassurance'.

Understanding and involvement of patients and those close to them

- Staff told us that patients preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care pathway. Younger women and children were encouraged to involve their parents or family members and their wishes were respected.
- We observed two patient consultations and found that assessments were thorough and staff followed pathway guidance. Interactions were positive and staff gave information effectively. Patients understood what was happening and had enough information to follow their prescribed treatment and aftercare advice. We observed staff inform patients of their responsibility to follow their prescribed treatment and aftercare advice including perform a pregnancy test and contact the clinic immediately if the repeat test was positive.
- All patients received a 'My BPAS guide' at their first consultation. We observed staff provided information and checked patient's understanding before proceeding and referred to the My BPAS Guide throughout the pathway.
- Staff told us that patients were made aware of the statutory requirements of the HSA4 forms (a requirement to notify the Department of Health of an abortion) and were reassured that the data published by the Department of Health for statistical purposes was anonymised.
- Patients told us that staff had explained what was going to happen and they had enough information given to them.

Emotional support

- Staff responded immediately if patients became particularly upset following a procedure, for example, by calling one of the client care coordinators to provide additional support.
- Staff offered all patients a pregnancy options discussion at their first consultation and provided information about the services they could contact after the abortion if they needed additional emotional support.
- Patients were provided information about the BPAS aftercare line which was accessible for 24 hours, 7 days a week. Callers could speak to registered nurses or midwives.
- Medical and nursing staff within the clinic were experienced in identifying the signs of when a patient may require additional support or time before, during or after the procedure.

Are termination of pregnancy services responsive?

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

Termination of pregnancy

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

However,

Although the consultation documentation included a section on disposal of fetal remains, our review of records showed that in four out of eight records the patients wishes with regards to disposal of pregnancy remains was not documented.

Service planning and delivery to meet the needs of local people

- All appointments for BPAS Bournemouth were booked via the BPAS Contact Centre, which was a 24 hour and seven days a week telephone booking and information service. Dorset CCG had commissioned a central booking system to allow a one number service for all appointments, which had been operational since September 2015. BPAS were commissioned to run this central booking system service within the national BPAS Contact Centre.
- Women were able to receive various options in relation to termination of pregnancy include medical and surgical techniques. For surgical terminations, women were offered the procedure using general anaesthesia or local anaesthesia.
- Agreements were in place with the local hospital to provide emergency medical advice and support and to facilitate emergency transfers when needed.
- During times of peak demand, the service was able to provide additional or longer clinics.
- BPAS Bournemouth was scheduled to commence conscious sedation in January 2017 as part of the BPAS national implementation programme.
- BPAS Bournemouth received referrals from the antenatal screening service at the local NHS Trust. Designated staff had been trained in meeting the needs of patients who requested a termination of pregnancy due to a fetal abnormality.
- Between May to December 2015, the proportion of patients opting for simultaneous early medical abortion was over 90%. Since the service had introduced same day consultation and simultaneous early medical abortion, uptake had increased to a current average of 27 per month.

Access and flow

- Patients booked appointments for BPAS Bournemouth via the national BPAS Contact Centre, a 24 hour, seven day telephone booking and information service.
- Patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment. The electronic triage booking system offered patients a choice of dates, times and locations. Patients at later gestation were prioritised for appointments to ensure they were provided treatment if they wished.
- All patients were offered a consultation appointment either face to face or by telephone which discussed medical history and contact details. Where patients opted to proceed with treatment a second appointment in a suitable clinic was booked. Patients who had opted for a telephone consultation were booked for a longer treatment appointment to allow time to conduct the necessary tests and scan.

Termination of pregnancy

- Department of Health Required Standard Operating Procedure 11 (access to timely abortion service) state good practice is that women should be offered an appointment within five working days of referral and the abortion procedure should be carried out within five working days of the decision to proceed. The service monitored its performance against the waiting time guidelines set by the Department of Health. In 2015, the proportion of women at Bournemouth who had their consultation within seven days (five working days) was 87%. The percentage of appointments available was 99.5%,
- The clinic monitored the average number of days women waited from initial contact to consultation, from decision to proceed to treatment and the whole pathway from contact to treatment. Data was submitted to the BPAS corporate office and was monitored both locally and centrally.
- The percentage of women treated under ten weeks gestation is a widely accepted measure of access into abortion services. In 2015 at Bournemouth, 82% of women were treated below ten weeks, which is better than the national average of 80%.
- When demand peaked and waiting times were likely to exceed recommendations, the service could provide extra or longer clinics and or signpost women to other clinics. For example, typically in the post Christmas period. We saw the diary to show that in January 2016, three extra sessions were made available to accommodate patients and also extra sessions were provided in February and April 2016.
- Aftercare advice was available 24 hours a day seven days a week, via a national helpline or women could call the clinic directly during opening hours.
- Patients could also contact BPAS via a dedicated telephone number in order to make an appointment for post-abortion counselling. Post-abortion counselling was a free service to all BPAS patients, and patients could access it at any time after their procedure.

Meeting people's individual needs

- The initial consultation with the client care coordinator also involved a discussion regarding pregnancy options. Patients who were identified as requiring further support were offered specialist counselling, for example, via the local sexual health team.
- A professional telephone interpreter service was available to enable staff to communicate with women for whom English was not their first language.
- Staff told us that although they rarely treated patients with learning disabilities they were able to make reasonable adjustments such as ensuring they were accompanied by a friend or carer who could stay with them during their consultation and or treatment.
- Staff had access to a specialist placement team who would arrange referral to appropriate providers for patients with complex medical or special needs, who did not meet the usual BPAS acceptance criteria.
- The BPAS Guide included information for women about choices in disposal of fetal remains including burial. However, our review of records showed that in four out of eight records disposal of pregnancy remains was not documented for patients who had undergone a surgical abortion.
- Nurses and medical staff undertaking assessments had a range of information to give to patients. There was also a range of leaflets and posters displaying information, easily accessible within the waiting area. This included advice on contraception, sexually transmitted infections and services to support women who were victims of domestic abuse. A video information loop with sign language interpretation was shown in the waiting area which include a range of information including contraception choices.
- Contraceptive options were discussed with women at the initial assessments and a plan was agreed for contraception after the abortion.
- Staff provided all patients a My BPAS Guide which gave information about treatment options, what to expect, contact numbers and aftercare advice. BPAS guides were available in different languages for patients. Staff told us the most common translated language needed was Polish.

- A private room was used for younger patients and patients attending for a termination of fetal abnormality to allow for a degree of extra privacy.
- The clinic had toilets suitable for disabled access.
- Patients preferred mode of contact was recorded to preserve confidentiality.
- The clinic had a recovery area and dining area where partners could join them before discharge.

Learning from complaints and concerns

- There were posters and leaflets on display in the waiting areas advising patients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with. This included expectations about timescales and how to escalate complaints to the Parliamentary Health Service Ombudsman if dissatisfied with their BPAS response.
- All BPAS patients were given a patient survey form entitled 'your opinion counts'. There were boxes at the unit for patients to deposit their forms. The treatment unit manager initially reviewed locally submitted forms, prior to sending to the BPAS head office for collation and reporting. This meant that any adverse comments could be acted on promptly and positive feedback could also be shared with staff.
- The clinic received very few concerns or formal complaints. Staff told us, where possible, they would resolve any concerns immediately. We saw there were seven of these recorded on the unit log between October 2014 to February 2016. These involved delays, cancellation and communication issues, which had all been resolved locally.
- Formal complaints were reported on the monthly unit dashboard; the quality standard was set at zero which potentially discouraged reporting of complaints. There had been three complaints at BPAS Bournemouth during January to December 2015. These had all been investigated and actions taken in response.
- The BPAS patient engagement manager was responsible for the oversight of the management of complaints. Any case needing escalation was brought to the attention of the regional director of operations and the responsible member of the executive leadership team.
- Notes of meetings showed a summary of complaints, feedback and patient satisfaction survey results (both national and by unit) was reviewed by each regional quality assessment and improvement forum and the clinical governance committee. Themes or trends were identified centrally and any actions, outcomes and lessons learned were shared across the BPAS organisation through a series of national and regional governance meetings and local team meetings.
- The client booklet 'My BPAS Guide' also includes a section on how to give feedback and how to complain, as does the BPAS website.

Are termination of pregnancy services well-led?

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

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

- There were systems in place to ensure the HSA1 forms were fully completed and that HSA4 forms were submitted in accordance with requirements.
- The certificate of approval (issued by the Department of Health) was displayed in the reception area visible to patients.

Vision and strategy for this core service

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

Governance, risk management and quality measurement for this core service

- There was a clear governance and reporting structure within the organisation. A national clinical governance committee was held every four months, chaired by a BPAS board member, to approve policies and procedures and address clinical risks. BPAS was structured in three regions and BPAS Bournemouth was located in the South West and Central region. Each region held a regional quality assessment and improvement forum (RQuAIF), which was chaired by the regional director of operations and included representatives from all roles across the region. For example, medical, nursing and administrative staff. Staff attended the RQuAIF to discuss risks and clinical issues including incidents and complaints in detail to ensure the appropriate learning and actions from issues were disseminated to staff across treatment units. A regional managers meeting (RMM) which included all treatment unit managers was scheduled shortly after RQuAIF to discuss issues raised by RQuAIF and operational issues.
- Our review of the last RQuAIF notes (2 February 2016) showed comparison of the complication rates for each unit in particular since the introduction of simultaneous early medical abortion which resulted in slightly higher rates of continuing pregnancy but within the expected range. Bournemouth was not identified as an outlier.
- Our review of the notes of the RMM of 1 March 2016 showed that RQuAIF notes had been discussed. Recommendations from a complex complaint was highlighted. This had resulted in a change to the information provided to patients and the recommendation to facilitate a discussion with a BPAS doctor for patients who were an 'exception' to the normal pathway.
- In 2015 BPAS implemented the The treatment unit manager monitored performance and communicated to the regional management team and staff at the service. key performance and quality metrics to the regional director monthly. All unit performance was compared and monitored at the RQuAIF meetings.
- BPAS had appointed a national risk manager who supported treatment unit managers to develop local risk registers. The BPAS Bournemouth risk register had been created in April 2016 and contained 17 risks. These mainly involved environmental issues which had been considered and measures put in place to monitor and mitigate the risks.
- The BPAS medical director reviewed doctors practising privileges every two years through a structured process.
- An emergency transfer protocol was in place. The unit manager would inform head office of any transfer by email to a specific BPAS transfer mailbox which ensure the appropriate staff were notified. All transfers were followed up with the local trust until the patient was discharged.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason

for the termination and sign a form to indicate their agreement (HSA1 form). We looked at 11 patient records and found that all forms included two signatures and the reason for the termination. A doctor on site at BPAS Bournemouth reviewed the completed documentation following the initial assessment by the nurse and either authorised the HSA1 as the first doctor or declined and requested further information. If a second doctor was available on site they would review the information and similarly authorise the HSA1 as the second doctor or decline and request further information. If a second doctor was not available onsite, BPAS used the electronic client administration system to ensure information and the HSA1 form was accessible and signed by doctors located at other BPAS units. When the HSA1 form was fully completed the termination of pregnancy procedure could take place legally. Authorising doctors had access to information including the patients' medical history, blood test results, reason for seeking a termination and scan measurements, although the actual scan pictures were not available electronically. When the HSA1 form was fully completed the termination of pregnancy procedure could take place legally.

- The Department of Health required every provider undertaking termination of pregnancy to submit specific data following every termination of pregnancy procedure performed (HSA4 form). We observed staff recorded this data in the medical records. There was an email reminder process to prompt doctors to complete this task daily and all HSA4 forms were reported electronically to DH. The HSA4 was signed online within 14 days of the completion of the abortion by the doctor who terminated the pregnancy. For medical abortion, where women deliver foetal products at home, the doctor who prescribed the medication was the doctor who submitted the HSA4 form.
- Staff carried out monthly audits of completion of HSA1 forms. BPAS Bournemouth audits showed consistent compliance of 100% between January 2015 and October 2015. In November 2015 compliance was below 100% due to a typographical error on the form.
- BPAS Bournemouth held staff meetings every four months to discuss the team brief. The last team meeting took place and records confirmed in April 2016 where the roll out of conscious sedation was discussed.
- The heads of departments met before the daily clinic list to review the schedule for the day. Heads of departments held meetings with their teams every three months and records confirmed.
- Communication was by email and reinforced at face to face meetings. Updates to policies and red top alerts were printed and staff were expected to sign to acknowledge they had read the updates. And reviewed and followed up.

Leadership / culture of service

- The certificate of approval (issued by the Department of Health) was displayed in the reception area visible to patients.
- The service maintained a register of women undergoing a termination of pregnancy, which is a requirement of Regulation 20 of the Care Quality Commission (Registration) Regulations 2009. Staff completed the register at the time the termination was undertaken and BPAS kept an electronic copy for a period of not less than three years.
- Staff were recruited who subscribed to the values of the organisation. Staff spoke positively about their role in the clinic and about the impact they had on women's lives. Staff said they really felt they "Made a difference."
- BPAS Bournemouth had long-serving staff and spoke highly of their managers.
- Staff said they received good support from their colleagues, managers and head office.
- Staff told us the medical and nursing directors were very accessible. They made comments such as "Always someone to ask for advice" and "Fantastic support available."
- We observed staff demonstrated mutual respect. There was effective team work and professionalism in the way the organisation was managed.

Public engagement and staff engagement

- All patients were given feedback forms and were encouraged to complete these. Units were expected to achieve a minimum of response rate of 25% to ensure results were valid; the Bournemouth response rate was 52%, significantly higher than the BPAS target of above 25%.

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

Innovation, improvement and sustainability

- BPAS actively looked for improvements to the way it delivered services. For example, in the previous year it implemented the provision of same day consultation and simultaneous early medical abortion. A telephone consultation service had been introduced and full data analysis of the service and evaluation was planned to be undertaken within six months.
- Plans were in place to offer patients conscious sedation as an alternative to general anaesthetic from January 2017.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
The provider should:

- Ensure staff offer and record patients are provided information about disposal of pregnancy remains and patients' wishes are respected in accordance with guidance on the disposal of pregnancy remains following pregnancy loss or termination (Human Tissue Authority).