BPAS - Portsmouth

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

British Pregnancy Advisory Service (BPAS) Portsmouth is part of the part of the national charitable organisation British Pregnancy Advisory Service. BPAS Portsmouth provides surgical termination of pregnancy (TOP) treatments up to 19 weeks gestation under general anaesthesia. It operates from the main NHS hospital in Portsmouth on Saturdays only, providing treatments from the day surgery unit. It also provides contraception services. The unit does not provide a vasectomy service.

We carried out an announced comprehensive inspection visit on 4 June 2016 and an unannounced visit on 18 June 2016. 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, an assistant inspector and a specialist advisor, who was a registered midwife and the divisional director of midwifery and nursing at an NHS Hospital.

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 visibly clean and suitable for use; standards were monitored through audits and risk assessments such as health and safety risk assessments.
- We observed staff complied with the 'five steps to safer surgery checklist' and this was confirmed with the records we reviewed.
- Medicines including abortifacient medicines were stored securely and records maintained. Medicines' management audits were undertaken to monitor practice.
- There was secure records storage at the unit and staff transported records between units following local protocols. Information was shared appropriately and securely when patients had assessment and treatment at different sites.
- 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 , such as those based on Royal College of Obstetricians and Gynaecology (RCOG) guidance and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health.
- 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.

Summary of findings

- 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.
- 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 patients and children made independent, informed choices about their treatment.
- Staff provided care and treatment that took account of best practice policies and evidence based guidelines.
- The staff were trained for their roles and completed competency assessments. They had supervision sessions and appraisals. BPAS trained staff in counselling using their own course material.
- The medical director ensured doctors employed under practicing privileges had the skills, competency and professional indemnity before they were permitted to provide treatments.
- Multidisciplinary working was effective within the unit and across other units, head office and local services.
- Staff we spoke with understood how to seek consent from patients, including those less than 16 years of age. Staff checked that patients made independent, informed choices about their treatment.

Are services caring?

- We observed staff provided care with compassion. They introduced themselves, spoke in a kind and respectful way and were non-judgemental.
- Patients had at least part of their consultation on their own, without their partner or friend, and staff were careful to support patients in making their own decisions.
- We saw staff checked patients understood their treatment options, and involved partners in their care when appropriate.
- Responses to client surveys showed patients said staff gave them privacy and dignity and had treated them in a confidential manner.
- Patients gave positive feedback about the caring aspect of the service. They told us staff listened to them, provided clear explanations and felt they had been involved in decisions about their care.
- The service offered patients after-care counselling, including bereavement counselling, or signposted them to specialist services.

Are services responsive?

- The service was planned and delivered to meet the needs of the local population. BPAS Portsmouth was in a group of five Solent BPAS services, and was a centre for surgical abortions. It provided terminations for fetal anomaly and for patients with complex medical conditions.
- Patients had access to the BPAS had website, 24/7 telephone advice line and every patient was provided a copy of the 'My BPAS guide'. This included information about the disposal of pregnancy remains.
- Staff had access to an interpretation service as well as some guidance materials in a range of languages, including the guide.
- Patients in the Solent area waited on average four working days from 'decision to proceed with treatment' to treatment and 11 days from first contact to treatment (October 2015 to December 2015).

Summary of findings

- People were given information on how to complain and raise concerns, although there had been no formal complaints in the past year.
- The service responded to formal, informal and local complaints and monitored the action taken and any trends.
- However, the BPAS quality standard was set at zero formal or informal complaints, which meant there was a risk that complaints might not be viewed as opportunities for learning and improvement.
- Staff did not always determine patients' options for the disposal of fetal remains.

Are services well led?

- A unit manager was in post and was the registered manager for the service. The registered manager provided clear leadership and managed the service effectively, with a strong focus on quality and safety of care.
- Staff we spoke with understood the BPAS values and aims and the strategic direction of the organisation.
- The Portsmouth service had set up a pathway to treat complex medical patients to improve options for patients, which was unique to this clinic.
- The registered manager monitored the performance, quality and safety of the service. They reviewed activity, audit data, complaints and incidents. They contributed to the governance arrangements. There were regional meetings for managers and regional quality meetings every four months. This structure supported a flow of information across the region and learning from complaints, incidents and feedback from clients.
- The medical director reviewed clinical updates and communicated changes in guidance or legislation with unit staff. The provider had effective clinical governance arrangements.
- The provider produced a team brief summarising key issues and developments. Staff were encouraged to ask questions and submit queries to the executive team. This was in addition to the annual staff survey.
- There were effective systems in place to ensure the service adhered to legislation relating to abortions. This included the completion of HSA1 and HSA4 forms and maintaining a register of all abortions.
- BPAS updated policies and procedures when improvements were identified. For example, they had recently updated the audit programme for the 11 quality and safety standards, to improve the relevance and proportionality of the sampling frequency.
- BPAS Portsmouth had plans in place to offer patients conscious sedation as an alternative to general anaesthesia in the next six months.

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

Importantly, the provider must:

- Ensure staff maintain theatre records in accordance with record keeping standards.

In addition the provider should:

- Ensure arrangements are in place to provide assurance that the facilities used are maintained appropriately.
- Ensure that all patients are given the options regarding the disposal of pregnancy remains.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Overall summary

Patients told us staff were caring and compassionate, and treated them with respect. They felt involved in their care and they said they would recommend the service to others based on their own experiences. The service actively sought their views to help improve care and treatment. We observed staff provided care in a non-judgemental way and supported patients to make independent decisions about their pregnancy.

Average waiting times from consultation to treatment were 11 days. Feedback from patients showed they were satisfied with the wait times.

Staff carried out risk assessments, to check patients made their own decisions and were suitable for the type of abortion selected. They undertook safeguarding risk assessments for children and young people and worked collaboratively with local services such as sexual health teams, safeguarding and the early pregnancy units. Theatre staff used the BPAS surgical checklist and recovery staff monitored patients post-surgery for any deterioration in health, and took necessary actions. The service had undertaken scenario-based emergency training and there was a transfer agreement with the hospital if emergency services were required.

Staff checked they followed safe systems for medicine administration, infection control and surgical procedures, by carrying out regular audits and following policies based on best practice guidelines. Staff checked equipment such as scanners and surgical sets. However, the service did not gain assurance from the host hospital that relevant parts of the premises were maintained safely, such as the theatre ventilation system.

There was a clear governance framework, with incident reporting procedures, complaints management and root cause analysis. There was effective information sharing to promote learning and improvement.

Staff said their managers provided good support. They had access to professional development and staff were up to date with mandatory training and appraisals. New nursing and midwifery staff said the induction had been useful, and there was good access to clinical supervision and training.

Staff completed clear records and documented risk assessments and management plans. They kept records securely and were careful to maintain confidentiality. Doctors completed the legal forms for termination of pregnancies, the HSA1 and HSA4 forms, correctly. However, although the surgeon and anaesthetist signed the surgical register after each surgical abortion, the theatre nurse, who prepared the list, pre-stamped the date and signed their part of the register in advance. This was against record keeping standards.

BPAS Portsmouth had worked collaboratively with the commissioners to extend their services to include terminations for patients with complex medical conditions, as well as offering terminations for fetal abnormalities. The unit treated specialist placements for terminations, including those not funded by the local commissioners, by using the BPAS charitable funds.

The unit monitored the timeliness of treatments. When demand was high the unit responded by allocating stand-by appointments to help reduce waiting times.

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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BPAS - Portsmouth

Services we looked at:
Termination of pregnancy

Summary of this inspection

Background to BPAS - Portsmouth

British Pregnancy Advisory Service (BPAS) Portsmouth is part of the part of the national charitable organisation British Pregnancy Advisory Service. BPAS Portsmouth provides surgical termination of pregnancy (TOP) treatments up to 19 weeks gestation under general anaesthesia. It also provides contraception services.

BPAS Portsmouth opened in June 2012 and provides surgical terminations at an acute NHS Hospital on Saturdays only. It provides day-case treatment for patients who have already had a consultation with BPAS staff at other units, or for patients referred from local fetal abnormality and screening units who would otherwise not be offered surgical terminations. The unit also provides treatment for patients with complex medical conditions.

The unit has its own waiting room and reception and uses four screening rooms, four consulting rooms and one operating theatre. There is a pre-treatment waiting room, an anaesthetic room, two recovery areas and a bay where patients receive refreshments. In addition, there is a discharge meeting room and a waiting room for partners and escorts.

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

The inspection team comprised a team consisting of two inspectors, an assistant inspector and a specialist advisor carried out this inspection as part of our comprehensive inspection programme of termination of pregnancy services. As part of our inspection we reviewed surgical termination of pregnancy services.

Our inspection team

Our inspection team was led by:

Inspection Lead: Kate Dew, Inspector, Care Quality Commission.

The team included two CQC inspectors and an assistant inspector. A specialist advisor joined the lead inspector for the unannounced visit. She was a registered midwife and the divisional director of midwifery and nursing at an NHS Hospital.

How we carried out this inspection

We always ask the following five questions of every service and provider, to get to the heart of patients' experience of care and treatment.

- 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 visit on 4 June 2016 and an unannounced visit on 18 June 2016. Before the inspection we reviewed information provided by the service and sought feedback from the stakeholders.

Patients were invited to contact the CQC with their feedback. We left a comments box at the unit for patients to complete and received 12 completed comments cards. During our inspection visits, we spoke with the registered manager, the lead nurse, five clinical staff including agency and bank staff, administrative staff, the BPAS regional clinical lead, anaesthetists and the regional operations director.

We observed care and treatment and looked at 12 patient records. We also reviewed other relevant records both on site and at BPAS Portsmouth Central where there was secure records storage. These included performance reports, incidents, the abortion register, safeguarding records and complaints.

Summary of this inspection

Information about BPAS - Portsmouth

BPAS Portsmouth: Key facts and figures for the time period January 2015 to December 2015

Activity

- 1042 (99.9%) surgical abortions under general anaesthesia.

Safety

- No 'never events'.
- One serious incident requiring investigation between January and December 2015.
- 100% of patients who underwent surgical abortions were risk assessed for venous thromboembolism (VTE).
- Six patient transfers to an NHS hospital.
- All staff were trained to level 3 in safeguarding children and young people.
- No children under the age of 13 years treated.
- Twenty children between the ages of 13 and 15 treated.
- One nursing staff vacancy.

Effective

- Information provided by BPAS showed that 100% of staff had completed an appraisal as of December 2015.

Caring

- 99% (315) of patients who responded to the unit's BPAS opinion survey said they would recommend the service to others.

Responsive

- Within the Portsmouth area, 53% of patients had their termination within 7 working days from their decision to proceed with treatment.
- 85% of patients were treated within 10 days from first contact.
- The average waiting time for a consultation was four days wait (October 2015-December 2015).
- The average time between consultation to treatment was five days (October 2015-December 2015).
- There had been no formal complaints.

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. This is recorded on a HSA1 form. BPAS units completed monthly HSA1 documentation audits to evidence this. The compliance of BPAS Portsmouth with this audit was 100% for 13 out of 15 months to April 2016. Less than 100% compliance was due to signatures not being clearly legible, not due to a lack of signature.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

The British Pregnancy Advisory Service (BPAS) provides surgical terminations up to 19 weeks at an acute NHS Hospital in Portsmouth, under contract to the local NHS community trust. BPAS Portsmouth provides treatment for patients who have already had a consultation with BPAS staff at other BPAS units, or for patients referred from a local fetal abnormality and screening unit who would otherwise not be offered a surgical termination. The unit also provides treatment for patients with complex medical conditions.

The service provides day-case treatment on Saturdays only. The unit has its own waiting room and reception and uses four screening rooms, four consulting rooms and one operating theatre. There is a pre-treatment waiting room, an anaesthetic room and areas for first and second stage recovery. Patients receive post-treatment refreshments in a further bay. There is a discharge meeting room and another waiting room for partners and escorts meeting patients after their treatment.

We carried out an announced comprehensive inspection on 4 June 2016 and an unannounced inspection visit on 18 June 2016. We spoke with 12 staff (nurse, midwife and operating department practitioners, healthcare assistants, administration staff, client coordinator manager, regional clinical lead, anaesthetist, regional operations director and registered manager), and four patients attending for surgical terminations. We reviewed records for 12 patients and documents relating to the management of the service, such as incident reports, staff records, audits and team meeting minutes. We observed care and treatment.

We spoke with patients about their experiences of care and treatment, including previous consultations with BPAS staff, as part of their surgical pathway.

Summary of findings

Patients told us staff were caring and compassionate, and treated them with respect. They felt involved in their care and they said they would recommend the service to others based on their own experiences. The service actively sought their views to help improve care and treatment. We observed staff provided care in a non-judgemental way and supported patients to make independent decisions about their pregnancy.

Average waiting times from consultation to treatment were 11 days. Feedback from patients showed they were satisfied with the wait times.

Staff carried out risk assessments, to check patients made their own decisions and were suitable for the type of abortion selected. They undertook safeguarding risk assessments for children and young people and worked collaboratively with local services such as sexual health teams, safeguarding and the early pregnancy units. Theatre staff used the BPAS surgical checklist and recovery staff monitored patients post-surgery for any deterioration in health, and took necessary actions. The service had undertaken scenario-based emergency training and there was a transfer agreement with the hospital if emergency services were required.

Staff checked they followed safe systems for medicine administration, infection control and surgical procedures, by carrying out regular audits and following policies based on best practice guidelines. Staff checked equipment such as scanners and surgical sets. However, the service did not gain assurance from the host hospital that relevant parts of the premises were maintained safely, such as the theatre ventilation system.

Termination of pregnancy

There was a clear governance framework, with incident reporting procedures, complaints management and root cause analysis. There was effective information sharing to promote learning and improvement.

Staff said their managers provided good support. They had access to professional development and staff were up to date with mandatory training and appraisals. New nursing and midwifery staff said the induction had been useful, and there was good access to clinical supervision and training.

Staff completed clear records and documented risk assessments and management plans. They kept records securely and were careful to maintain confidentiality. Doctors completed the legal forms for termination of pregnancies, the HSA1 and HSA4 forms, correctly. However, although the surgeon and anaesthetist signed the surgical register after each surgical abortion, the theatre nurse, who prepared the list, pre-stamped the date and signed their part of the register in advance. This was against record keeping standards.

BPAS Portsmouth had worked collaboratively with the commissioners to extend their services to include terminations for patients with complex medical conditions, as well as offering terminations for fetal abnormalities. The unit treated specialist placements for terminations, including those not funded by the local commissioners, by using the BPAS charitable funds.

The unit monitored the timeliness of treatments. When demand was high the unit responded by allocating stand-by appointments to help reduce waiting times.

Are termination of pregnancy services safe?

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

- There were processes in place to report, investigate and monitor incidents. Staff we spoke with understood their roles and responsibilities in relation to reporting of incidents. There were arrangements to share lessons learnt within the treatment unit and across other BPAS units.
- All staff had completed training in safeguarding adults and children and were aware how to identify and report concerns. These included concerns relating to child sexual exploitation and female genital mutilation.
- The treatment unit was visibly clean. Staff followed policies and guidelines in relation to hand hygiene and checking infection control procedures to reduce risks of cross infection. Staff carried out monthly audits, which showed a high level of compliance. Staff carried out additional local audits when there had been an issue with decontaminated instruments, to check on cleanliness.
- Staff ensured equipment was safety checked and carried out checks at appropriate frequency intervals. For example, they checked the resuscitation trolley and the temperature of the medicine fridge each day they were on site. Other equipment was tested under contract.
- Medicines were prescribed and administered appropriately. All medicines were in date and stored securely and staff followed systems for checking orders and deliveries.
- Staff created clear, legible records and audited a selection each month. Audit results showed high levels of compliance. Staff transported records in locked filing briefcases, following local protocols.
- Every patient attending the clinic completed a medical history and staff carried out a comprehensive risk assessment to ensure they were suitable for an early medical abortion.
- There were sufficient staff with the right mix of skills to deliver the agreed services at BPAS Portsmouth. Staff worked across different units on different days, which helped them develop their skills and provide a flexible workforce.

However,

- Although the surgeon and anaesthetist signed the surgical register after each surgical abortion, the theatre nurse, who prepared the list, pre-stamped the date and signed their part of the register in advance. This was against record keeping standards.
- BPAS did not seek assurance from the host hospital that the facilities they used were routinely serviced and tested.

Incidents

- There had not been any reported 'never events' at the unit. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- There had been one serious incident in the 12 months to December 2015. Records showed there had been a full investigation into the incident by the incident review group. This resulted in a report that the regional managers shared with all unit managers. Regional managers asked unit managers to identify learning and appropriate actions for their own clinic. They signed off each unit's action plans and ensured the unit manager implemented their recommended changes.
- Staff reported three clinical incidents in the four months from January 2016 and April 2016. These were categorised as moderate risk incidents and there were no trends.
- In addition, staff reported four minor complications and one major complication relating to surgical terminations. The major complication was a haemorrhage that required a blood transfusion.
- The BPAS incidents policy and procedure included definitions for clinical incidents/near misses and complications. Clinical incidents were defined as 'unexpected events that resulted in harm'. Complications were described as 'unintended outcomes attributed to an intervention' that resulted in harm. The policy included a list of examples of possible clinical incidents and complications. For example, an unsuitable referral for treatment by the contact centre was defined as a clinical incident. An example of a complication was haemorrhage or infection following treatment.
- The policy also described serious incidents requiring investigation, which included serious harm, death, 'never events' and 'not at BPAS events' (NABE). NABE were locally defined events to be avoided, for example, performing the wrong procedure, such as contraceptive fitting.
- Staff used a paper-based system for reporting clinical and non-clinical incidents. Staff said the registered manager maintained a no-blame culture and they discussed issues openly.
- The registered manager referred all incidents to the regional clinical lead, or other senior clinical staff, who reviewed incidents and checked their classifications. Our review of clinical governance meetings showed incidents were discussed and learning shared.
- The registered manager confirmed they would immediately report serious incidents, such as patient transfers, to the BPAS medical director and director of nursing by email or telephone, as well as using the written reporting system. This was in line with the BPAS policy on reporting incidents.
- Managers discussed serious incidents and investigations at clinical governance and regional quality meetings. They considered any learning and actions required and cascaded these to clinical staff both verbally and via email updates.
- BPAS had introduced a 'red top alert' system to communicate important learning from serious incidents across all BPAS locations. The risk management and clinical safety lead for BPAS sent these alerts to the service managers who cascaded them to their local teams. There had been six red top alerts since January 2016, for example in relation to safeguarding and the management of medicines. Staff we spoke with were familiar with these and said they were useful, succinct ways of sharing advice.
- The manager was familiar with the duty of candour legislation and had used it following an incident at the unit. Other staff understood the principles of openness and transparency that the duty of candour encompasses. 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.

- The BPAS corporate office received Medicines and Healthcare products Regulatory Agency (MHRA) Alerts and Safety Notices and emailed these to unit managers for the attention of all clinical staff.

Cleanliness, infection control and hygiene

- The unit used premises were provided by the NHS and cleaned under contract. The premises were visibly clean, including the waiting, treatment and recovery areas.
- The hospital submitted results of their cleaning audits to the registered manager.
- The unit had sanitiser gels at the entrance and in the corridors for staff and patients to use and there were hand basins in all the rooms and clinical areas used by BPAS staff. We observed good hand hygiene practice including bare below the elbows.
- The curtains in the clinical areas were not disposable and were not marked with the date of last change. The registered manager checked the laundry arrangements with the hospital management and confirmed they were changed according to a schedule.
- We saw personal protective clothing, such as gloves and disposable aprons, was available in all areas we visited.
- Portsmouth BPAS had a link practitioner for infection control. There was a programme of monthly infection control audits, which included aspects of clinical practice such as hand hygiene and the use of aseptic techniques as well as one aspect of the environment, such as sharps disposal. These 'essential steps for infection control' audit results were consistently good, achieving 100% between January 2015 and December 2015. The unit received hygiene audit results from the host hospital and there were good information sharing links.
- The registered manager submitted results of the infection control audits as part of the monthly performance dashboard. Compliance was consistently above 90% between January 2015 and April 2015.
- The BPAS infection control lead had audited the service's sterile instruments in March 2015, in response to staff finding unclean items in surgical sets. They met with the hospital's sterile services manager and highlighted concerns. The sterile services unit bar coded all sets for audit trail purposes and ongoing monitoring had shown no further issues.
- The last two infection control audits showed high levels of compliance with infection prevention and control, with results of 98% in February 2015. The next audit was planned for July 2016.
- Staff disposed of waste appropriately, using the NHS waste disposal facilities. Unless patients requested segregation of pregnancy remains at consultation, theatre staff collected all pregnancy remains in a designated bin for incineration. This was numbered to ensure the waste could be traced.
- There had been no healthcare acquired infections in the year to April 2016.

Environment and equipment

- The unit environment was visibly well maintained. BPAS had the sole use of the NHS hospital's day surgery department, which provided a suitable environment for patient safety and dignity.
- Patients accessed the unit via the main hospital entrance. Staff placed temporary BPAS signage outside the unit to direct people to the clinic.
- BPAS used the hospital equipment, and had their own, dedicated sets of surgical instruments. The NHS trust carried out maintenance of all diagnostic, theatre and recovery equipment. Systems were in place to control the environment in the theatre. However, at the time of the inspection evidence that checks had been carried out was not available. Following the inspection (August 2016) an annual inspection and verification inspection was conducted; the report showed less than three areas which required routine maintenance.
- Staff checked equipment to ensure it was in working order at the start of each session.
- BPAS had carried out health and safety risk assessments in September 2015. Many of the risks were identified as being under the control of the NHS hospital's own policies and procedures. BPAS did not have evidence from the NHS trust that some relevant maintenance checks, for example of the theatre ventilation system, were completed regularly.
- We saw that electrical equipment had been safety tested.

- The blood testing and scanning equipment had been calibrated and tested within the last year.
- Staff checked the resuscitation equipment and drugs on the days when they used the unit.
- Staff checked that single-use items were sealed and in date, and the emergency equipment was serviced.
- The unit adhered to the management of clinical waste policy. We reviewed the waste risk assessment report (September 2015) which showed risks were managed effectively.

Medicines

- The unit's lead for medicines ordered all medicines online from the BPAS purchasing department. They followed BPAS policies and procedures for logging orders, deliveries and any disposal of medicines.
- The registered manager told us they were responsible for auditing of medicines and reporting to the local intelligence network for controlled drugs.
- We observed the BPAS medication trolley in the anaesthetic room was securely locked and tethered. Staff checked medicines daily and monitored when any might be due to expire.
- Two registered staff signed the controlled drugs register and included batch codes. The registered manager carried out checks to ensure staff entered information correctly.
- The resuscitation trolley and anti-D medicines were kept in the recovery room and checked by staff.
- We saw that theatre staff checked that patients had received contraceptive advice and that prescriptions were prepared in line with their consent.
- We checked the fridge temperature records, staff recorded fridge temperatures to ensure medicines were stored at a safe temperature.
- 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. There were PGDs for analgesia, treatment of chlamydia and prophylactic antibiotics to prevent post procedure infection.
- Staff had signed the PGDs to show they were competent to administer and/or supply the prescribed medications.
- We observed the nurse or midwife practitioner checked patients understood how to take their medicines before they were discharged.

Records

- Staff recorded consultation and treatment information on paper-based records. They kept records on site for two months, locked in a filing cabinet in a secure store room used by BPAS staff only. Thereafter, staff transported records in locked cases to the nearby BPAS clinic where there was secure records storage.
- There was a local policy for transporting records securely between sites.
- Most patients attending Portsmouth for a surgical treatment had completed their consultation and initial assessment at another BPAS clinic. Some patients were referred from the NHS fetal medicine departments and were terminating due to fetal abnormalities. The client coordinator manager prepared paper records at BPAS Portsmouth Central in advance of the Saturday surgical lists at BPAS Portsmouth.
- Different staff members completed relevant parts of the client records and signed and dated each entry. We reviewed 12 client records which showed staff wrote legibly, completed comprehensive assessments and noted associated action plans. The records included clear assessments of health risks, medical history, social history and patients specific needs.
- The surgical records showed staff had completed all details in the comprehensive anaesthetic, operation and recovery pathways. These included the surgical checklists and early warning scores. Staff provided a clear rationale for a termination of pregnancy.
- BPAS staff undertook completion of records' audits each month. These consisted of reviewing between two and five sets of records depending on the type of audit. Results showed BPAS Portsmouth was compliant with these audits, scoring between 95% and 100% in the 12-month period to April 2016.
- Administration staff copied information from the paper records on the BPAS electronic administration system. Nursing and midwife practitioners checked entries were correct before submitting them for approval.
- The electronic information system enabled doctors to view the patient information including scan information remotely and authorise the terminations by signing the HSA1 forms.

- Although the surgeon and anaesthetist signed the surgical register after each surgical abortion, the theatre nurse, who prepared the list, pre-stamped the date and signed their part of the register in advance. This was against record keeping standards. We alerted the registered manager who reminded staff to follow the correct practices.

Safeguarding

- BPAS Portsmouth's registered manager had overall responsibility for safeguarding at the unit. They escalated safeguarding concerns to the BPAS national safeguarding leads as appropriate.
- Staff knew who to contact for safeguarding advice within BPAS, including the name of the BPAS safeguarding lead.
- There were electronic versions of safeguarding policies and procedures available for staff to reference. These included the policy and procedure for safeguarding patients aged under 18.
- All staff had completed training in safeguarding children and adults. Nursing and midwife practitioners completed training in safeguarding adults and safeguarding children and young people (to level three). This training also covered information relating to child sexual exploitation (CSE). They understood their responsibilities to report concerns.
- Staff encouraged young patients under 16 years to involve their parents in discussions about their care, or to have support from another adult. Staff applied the Gillick competency (assessment of 16 years and under to give consent) principles during assessments, to ensure young patients and children understood the discussion and had the maturity to make independent decisions. For example, notes in records showed when parents had been involved, and when it was the young patient's choice not to involve them.
- The unit adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for the care of patients requesting an abortion when they treated young patients under 16 years of age. Staff carried out a safeguarding risk assessment for young patients aged 13 to 18 years and made a decision whether to raise a safeguarding referral. They used a safeguarding assessment form specifically designed for young people to find out if they were subject to any risks such as CSE.
- Staff at the unit had treated 20 young people who were aged between 13 and 15 years between January 2015 and December 2015.
- We reviewed records for two young people aged 16 years and below. Staff had noted discussions in detail and carried out appropriate safeguarding risk assessments. They had used the Gillick and Fraser guideline forms for consent and had completed appropriate risk assessments and safeguarding referrals.
- Staff had not treated any children under 13 years of age at the unit. It was a legal requirement to raise a safeguarding referral if a child under 13 years old used the service.
- Staff ensured they saw patients on their own for at least part of their consultation, to ask if they were safe and to explore potential safeguarding concerns. They explained how they would protect patients who were at risk of CSE, which included raising safeguarding alerts or contacting GPs depending on the situation.
- All the clinical staff had received training related to female genital mutilation (FGM). Staff were aware of the Department of Health requirement (Female Genital Mutilation Risk and Safeguarding: Guidance for professionals. DH March 2015) relating to FGM. There was information about FGM on the BPAS intranet, including definitions and global prevalence. BPAS had recently included FGM within the BPAS Safeguarding Vulnerable Groups training.
- There had been no FGM related cases treated or assessed at the unit.

Mandatory training

- BPAS had agreed training requirements for staff in different roles. All staff had received basic or immediate life support training appropriate for their role. Almost all staff, including bank staff, were up to date with their mandatory training, for example in infection control, health and safety, information governance and safeguarding vulnerable groups.
- The registered manager monitored staff training and ensured staff were booked to attend refresher courses.
- Nurse and midwife 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.

Termination of pregnancy

Assessing and responding to patient risk

- The unit was resourced and staffed to offer surgical abortions to patients with complex medical conditions, dependent on their risk assessments. These included patients with BMIs over 40, and medical conditions that increased risks from surgery. Records showed patients attending for a termination at this unit had already completed initial assessments and counselling at another BPAS clinic. BPAS Portsmouth also carried out surgical termination of pregnancy for a fetal abnormality referred by the NHS screening service.
- We observed staff checked whether it was safe to proceed with treatment on the day of surgical treatment. We saw nurse and midwife practitioners asked patients about their medical history, including whether they had any known allergies or health risks. They also carried out an ultrasound scan to confirm the gestation and had access to the surgeon if they identified any concerns or abnormalities. Staff monitored patients' vital signs, including blood pressure and temperature prior to the procedure. Based on the results, staff assessed the suitability of patients for treatment in line with the BPAS 'suitability for treatment' guidelines. These guidelines outlined which medical conditions would exclude patients from treatment at the unit, and identified any medical conditions that required a risk assessment by a doctor. The anaesthetist and/or surgeon reviewed any patients with a medical risk prior to theatre.
- Our review of 10 records and three observations during the inspection demonstrated nursing and midwife practitioners assessed patients undergoing termination of pregnancy against the risk of venous thromboembolism (VTE). The risk assessments informed staff if prophylactic treatments were required. The risk assessments were in all the patients' records we reviewed and included actions to mitigate any risks identified.
- At the pre-treatment assessment, nurse and midwife practitioners rechecked patients' health and medical history. They gave patients colour-coded identity bands if they had allergies or other risks to alert the theatre team. They checked whether the patient had fasted appropriately prior to surgery, and ensured the patient had removed jewellery or signed to accept responsibility if this was not possible.
- Records showed that staff provided point of care testing on all patients to identify their rhesus status. It is important that any patient who has a rhesus negative blood group receives treatment with an injection of anti-D. This treatment protects against complications should the patient have future pregnancies.
- Theatre staff used a modified version of the '5 steps to safer surgery' checklist. Staff included these into each patient record. The latest audit in February 2016 showed 100% compliance although only three patients' records were included in the audit. This was in line with the BPAS specification of audits of 1% or a minimum number of two. During our inspection we observed three surgical termination procedures; in each case the theatre staff completed the checklist appropriately.
- All staff agreed and confirmed the emergency code to use, should a patient's health deteriorate and the team needed to implement emergency procedures. The unit was located in an NHS hospital and had a transfer agreement in place. Staff we spoke with were aware of the emergency patient transfer arrangements agreed with the NHS acute hospital. They carried out an annual emergency simulation exercise, with the last one undertaken in July 2015 and led by the anaesthetist. The staff said they had good relationships with the NHS hospital's obstetrics and gynaecology team as well as the hospital theatre staff. Nine patients had been transferred to from the unit to an NHS hospital between January 2015 and December 2015.
- We saw theatre staff transferred patients to the care of recovery staff postoperatively. Staff carried out observations of patients vital signs every 15 minutes in the recovery phase to assess for signs of deterioration. At the time of the inspection we did not see the modified early warning scoring tool used. However, we were informed BPAS was in the process of rolling out the implementation of the modified early warning scoring tool across all units in June 2016.
- BPAS informed us all the anaesthetists at Portsmouth were consultant anaesthetists and advanced life support trainers. Anaesthetists remained in the unit until the last patient had left the first stage of recovery. After this time anaesthetists were available on call for BPAS until 5pm on the day they were operating.

- Patients had access to a 24 hour aftercare helpline, operated by BPAS trained staff, which they could call for advice after their abortion if they had concerns about their health or wellbeing. We saw notes of calls taken in the patients' records we reviewed.

Nursing staffing

- The unit applied the BPAS safe staffing policy, which outlined minimum staffing levels.
- The unit manager, lead nurse, surgeon, the nurse and midwife practitioners and client care manager worked their contracted hours across different BPAS locations, as BPAS Portsmouth only operated on one day a week.
- On the day of our inspection there were two agency nurses working at the unit. The unit had one vacancy, for an operating department practitioner, which the registered manager filled with a regular agency nurse.
- BPAS employed nine registered nurse or midwife practitioners at Portsmouth and 12 administrative staff/ healthcare assistants, working part-time across this and other units. The BPAS Portsmouth unit had four ward nurses and ward healthcare assistant (HCA), and an HCA to accompany patients through to surgery. In theatre, there was an operating department practitioner, surgeon, anaesthetist, theatre nurse and two HCAs. The recovery areas were staffed by two nurses and an HCA.
- BPAS reviewed staffing at each location to ensure that there were sufficient staff to meet the needs of the patients, taking into account the type of treatment offered and the opening times.
- Staff followed the Association of Anaesthetists of Great Britain and Ireland (AAGBI) (2011) day case and short stay surgery guidelines. These included a clear escalation process to a named NHS provider should a medical emergency occur. They also required the unit to have sufficient staffing in the recovery area.
- The registered manager reported on staffing levels as part of their monthly dashboard performance report. These reports showed safe staffing levels each month since January 2016, apart from February 2016, when one staff member left before the clinic was ready to close. This was reported as a failed safety standard for the month.

Medical staffing

- The BPAS regional clinical lead routinely carried out the surgical abortions at this clinic, and at another BPAS clinic on three other days. She reported to the BPAS medical director.
- BPAS Portsmouth employed anaesthetists under practicing privileges. They had selected a group of eight anaesthetists to work at the clinic on rotation. To gain practicing privileges the doctors had to demonstrate continuing professional development, evidence of registration, insurance and appraisals.

Major incident awareness and training

- The unit only operated one day a week. Staff were familiar with actions to take in case of emergency such as fire.
- The unit had a local emergency evacuation procedure.
- Staff took part in emergency scenario exercises to ensure they knew what to do in case of different medical emergencies and how to initiate an emergency transfer of a patient.

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 national guidance. For example, Royal College of Obstetricians and Gynaecology (RCOG) and the Required Standard Operating Procedures (RSOP) guidance from the Department of Health. These included the provision of pregnancy counselling services, testing patients for sexually transmitted diseases and offering the most effective pain relief. Staff discussed contraception options with patients attending the clinic. Anaesthetic procedures were in line with the guidelines produced by the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

Termination of pregnancy

- Staff were trained for their roles and completed competency assessments. Clinical staff had competency passports to demonstrate their skill levels.
- The medical director ensured doctors employed under practicing privileges had the skills, competency and professional indemnity before they were permitted to provide treatments.
- Staff who were trained as pregnancy counsellors had undertaken a BPAS course on counselling and demonstrated competencies in specific areas relevant to the service provided. Staff received annual appraisals and had opportunity for regular discussion with their managers.
- The service monitored waiting times to ensure patient outcomes were in line with the Royal College of Obstetricians and Gynaecologists' guidelines.
- There was multidisciplinary working between the unit staff and BPAS staff based in other locations, including senior managers. Unit staff had effective links with outreach services, safeguarding teams and the voluntary sector.
- Staff at the unit submitted monthly data on 11 key standards, relating to the quality and safety of the service. BPAS Portsmouth showed a high level of compliance with these standards.
- There was secure records' storage at the unit and information was shared appropriately and securely when patients had assessment and treatment at different sites.
- Staff understood how to seek consent from patients, including those under 16 years of age. They checked that patients made independent, informed choices about their treatment.

Evidence-based care and treatment

- The unit followed policies that were based on for example, the Royal College of Obstetricians and Gynaecology (RCOG) guidelines. The policies also reflected the Department of Health Required Standard Operating Procedures (RSOP) and professional guidance, and The Abortion Act 1967 and supporting legislation. These included policies for the treatment of patients with specific conditions, such as termination of pregnancy for fetal anomaly and ectopic pregnancy.
- Staff could access BPAS policies on the corporate intranet. BPAS clinical advisory team issued updates electronically and staff signed to show they had read them.
- The Portsmouth unit provided surgical abortions under general anaesthetic, up to 19 weeks gestation. Patients attending for a surgical abortion had already received an ultrasound scan to determine the gestation of the pregnancy, which was confirmed at the time of treatment.
- BPAS Portsmouth provided contraceptives at the unit in line with patients' choices. Options included the long acting reversible contraceptive methods (LARC), which are considered to be most effective as suggested by the National Collaborating Centre for Women and Children's Health. Across the Solent BPAS services, 39% of patients treated for an abortion chose the LARC, with 49% of young patients under 18 choosing this option.
- Staff followed RCOG guidance, which recommends that all methods of contraception should be discussed with patients at the initial assessment and a plan should be agreed for contraception after the abortion. For Solent BPAS services, 56% of patients chose condoms as their preferred contraception.
- Staff counselled patients to discuss their pregnancy options and choices. BPAS trained staff, known as client care coordinators, for this role, in line with the RSOP relating to counselling. BPAS staff completed training and competency assessment for the role of pregnancy counsellors, although they were not all trained to diploma level. Staff could signpost patients to professional counsellors trained to diploma level if the need arose.
- The unit manager informed us the BPAS units in Hampshire were partnered with the local sexual health service in Hampshire. This joint working enabled the service to provide chlamydia testing for all patients in line with RSOP 13. Between April 2015 to March 2016 the unit exceeded the target of 90% of patients who were screened for chlamydia. All patients were offered screening for sexually transmitted infections. If a positive result was returned, processes were in place to track partners and offer treatment.
- BPAS staff gave patients clear verbal and written advice about what to do if they had concerns after their abortion. Patients could call a 24-hour BPAS aftercare line if they experienced any problems, such as excessive bleeding, or they could attend their local NHS hospital.
- After their abortion, patients could access the BPAS counselling service again irrespective of the lapsed time.

Pain relief

- Doctors prescribed pre and post procedural pain relief and recorded this on medication records.
- Patients were given advice on the use and dosage of painkillers once they had returned home.
- The BPAS booklet included space for staff to record when pain relief was due, to ensure patients knew the correct time intervals for taking pain relief.

Patient outcomes

- The service had agreed standards with the NHS service commissioned to provide the integrated sexual health services in the region. BPAS Portsmouth reported on indicators such as the number of treatments, complaints, waiting times, rates of complications and screening.
- BPAS had a planned annual programme of clinical audit and monitoring. The majority of subjects listed in RSOP 16 were covered in terms of audits, waiting times, complaints, incidents and infections. Unit results were reported regionally and discussed at quality forums.
- The registered manager had instigated a local monthly audit for general anaesthetic procedures, based on the BPAS policies and procedures, from December 2015. These had identified areas for improvement, which the manager had raised with staff to address.
- There was no national comparison data available at the time of inspection; however, BPAS was contributing to work with the Department of Health and other service providers to make this possible in the future. BPAS reviewed complications by abortion type and year on year, to monitor trends and to be able to inform patients of risk factors.
- At BPAS Portsmouth, there had been 18 minor complications between September 2015 and December 2015, or 5.8% of procedures. These included incomplete abortions, infections, hematometra (where blood collects in the uterus) and an ongoing pregnancy. Staff completed a form in the client's notes to ensure the complication was flagged up should the patient seek treatment in the future.
- BPAS Portsmouth, as part of the Hampshire group of five clinics, reported statistics to their commissioners on activity levels, the ages of patients, gestation ages and treatments provided by age and type. The quarterly reports included data on the number of patients who did not attend for appointments (about 20% in total) and those who were referred to other providers or whose treatment was cancelled by BPAS.
- Staff at the unit carried out various audits recommended by RCOG, such as audits relating to infection control, the environment and client records. BPAS used the case note audits to check that staff discussed options and implications in relation to patients' pregnancy, obtained consent to treatment, talked about contraception choices and carried out a full assessment. The treatment unit achieved 100% in these audits for the period May 2015 to April 2016. Other audits related to medicine management and point of care testing.

Competent staff

- A review of two staff files and bank staff files showed a consistent recruitment process. All staff had completed security checks. New nursing and midwifery staff were supported through a 12-week induction programme and competence based training relevant to their roles.
- The induction programme included training on various topics including the consent process, counselling, safeguarding, sexual health, contraception advice and scanning.
- BPAS checked staff were suitable for working with vulnerable people, including children, by carrying out Disclosure and Barring Service checks.
- Staff were up to date with their appraisals and supervisions. Clinical staff had three monthly clinical supervisions with the regional clinical lead.
- Staff said the regional clinical lead also set up 'question and answer' sessions in different clinics for staff to share topics for discussion. They said these were useful learning events. In addition, they attended an annual clinical forum training day which staff said was excellent.
- Staff said the quality of training was good and they were supported to access face to face and online training.
- The lead nurse or unit manager observed practices for the monthly audits. They shared the results with staff and highlighted areas for development.
- Clinical staff had competency passports to demonstrate their skill levels. These were useful since staff worked across different BPAS units and were reviewed as part of the appraisal process.
- The client care staff, who provided the pre and post abortion counselling service, had completed the 'BPAS Client Support Skills and Counselling and Self

Awareness' course and competency assessment. This was not to a diploma level, but focused on the counselling patients when making decisions about their pregnancy.
- The regional clinical lead was responsible for overseeing medical staff. There was a structured process for recruiting doctors with practicing privileges and reviewing their competencies. The regional clinical lead arranged regular supervisions with a nominated NHS supervisor.
- Medical staff were up to date with relevant training. For example, anaesthetists were up to date with advanced life support training.

Multidisciplinary working

- There was a core team of staff to provide this weekly service, supported by experienced nurse and midwife practitioners and healthcare assistants.
- The BPAS employed staff also worked at other units, which meant they had a good understanding of the patient's entire pathway, from initial contact to treatment. Staff worked well together as a team and understood each other's roles and responsibilities.
- The service had built up effective links with the host acute NHS trust, which helped them deliver a consistent programme of care. This included with senior staff within the surgical, gynaecology and sterile services departments.
- Staff told us that senior staff within the unit had links with other agencies and services such as the local safeguarding team, sexual health services (for example, for HIV positive clients) and the outreach sexual health team for patients under 18. They also had strong links with the early pregnancy units.

Access to information

- Staff prepared and stored client records at the nearby BPAS Portsmouth Central unit. Staff transported records in code-locked brief cases between Portsmouth Central and this surgical unit.
- They kept treatment records on site at the hospital for two months, in case patients returned to the clinic with complications.
- The unit shared results of sexually transmitted infections with the integrated sexual health service, to enable the sexual health service to engage with those needing treatment. This was facilitated by direct links to the NHS patient records.
- Staff accessed the BPAS intranet via the NHS computers on site. Access to records was password protected and screens were situated so that unauthorised persons would not be able to view client data. Only employed staff had passwords to the BPAS intranet.
- We observed paper records were stored securely in the unit.
- Staff transferred records for patients if they referred them to a different BPAS unit, or to another specialist service, as required.
- We observed the theatre team used the surgical checklist appropriately, and re-checked patient details immediately prior to administering anaesthesia to ensure information was correct and understood by all those involved.
- Staff provided patients a copy of their discharge letter. Discharge information was also 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. They checked patients were sure of their decision at assessment, pre-treatment and immediately prior to surgery.
- If patients expressed any doubts, staff did not apply pressure to continue with treatment, but carefully and sensitively discussed their options. For example, staff told us they offered patients more time to consider their options, or a further consultation appointment.
- We observed staff re-checked consent for both the termination and any contraceptive devices with patients before the anaesthetic procedure.
- All the care records we reviewed contained signed consent for treatment. They showed staff signed to show they had discussed risks, possible side effects and complications. Patients were able to retain a copy of their consent form if required, or it remained in the notes if they did not request it.
- The unit used different consent forms designed for different procedures. These included consent for surgical abortions or evacuation of retained products of conception.
- Staff we spoke with were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Staff told us that they rarely saw patients who

lacked capacity to give their consent. Staff explained they gave information in a way people could understand and if necessary, allowed additional time or repeated appointments to gain consent.
- Staff assessed whether young patients aged under 16 years had the competency to make decisions about a termination of pregnancy, applying the Gillick competency guidelines. They also followed the Fraser guidelines when seeking consent from young patients in relation to contraception. BPAS had created specific consent forms for young patients to help staff assess whether they had the maturity to make these decisions independently.
- Staff also identified the need to act in the person's best interest, seeking advice and making joint decisions with others when there were concerns about a person's capacity to understand.
- A patient's consent was required before staff communicated information about their care to their GP.

Are termination of pregnancy services caring?

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

- We observed staff provided care with compassion. They introduced themselves, spoke in a kind and respectful way and were non-judgemental.
- Patients we spoke with said staff had a caring and understanding attitude and were friendly.
- Patients had at least part of their consultation on their own, without their partner or friend, and staff were careful to support patients in making their own decisions.
- Staff treated patients with respect and helped protect their dignity by offering them private changing facilities and closing curtains when appropriate. This was confirmed in responses to client surveys.
- We saw staff checked patients understood their treatment options, and involved partners in their care when appropriate.
- The service offered patients after-care counselling, including bereavement counselling, or signposted them to specialist services.

Compassionate care

- We observed staff introduced themselves to patients and were considerate and friendly.
- We observed staff engaged with patients in a kind, professional way, which helped patients relax and offered reassurance.
- Patients we spoke with were consistently positive about the attitude of staff. They said staff were caring and understanding and treated people with dignity and respect. We received comments such as, 'I felt comfy and well looked after; staff are lovely and caring', '[The staff] all treated me with dignity and respect and they all took time to listen; very good' and 'The staff and the services were brilliant'.
- We observed staff closed curtains when patients were in recovery, when it was appropriate to give them privacy.
- Staff invited patients to complete a survey form, called 'your opinion counts'. Results for Portsmouth showed 100% of patients said they were given enough privacy and were treated with dignity at all times. Every respondent said they had confidence and trust in the staff and their personal information was treated confidentially. These were the results from 337 responses for the period September 2015 to December 2015.
- Staff were careful to arrange treatment lists and facilities so that patients attending for a termination due to a fetal abnormality could have privacy. They allocated patients a private room, for them to use with their family if they wished.

Understanding and involvement of patients and those close to them

- The client satisfaction reports for Portsmouth showed 100% of respondents said they were involved in decisions about their treatment, treatment was explained clearly and they were listened to. Ninety nine percent said were given enough information about their aftercare. Only 2% of patients thought their escorts or partners were not involved as much as they wanted them to be.
- Patients at the clinic on the day of the inspection said they understood the treatment they were receiving and said staff answered their questions. They said they did not feel rushed. One patient said the clinic staff had phoned when she had missed her first appointment, which she appreciated.

- Staff were careful to ensure patients understood each step of the treatment pathway, including what to expect from surgery, recovery and aftercare. They did not overload patients with information and often reminded patients to refer to their guide book for information.
- Theatre staff provided patients with clear explanations of what to expect, in a calm and reassuring manner. Staff were aware that partners and escorts did not always feel fully involved and informed and were careful to explain the process, likely wait times and contact details if they wanted to phone the unit.
- At discharge, staff had a private meeting with patients to discuss aftercare and possible signs of infection or haemorrhaging. Patients were encouraged to ask any questions including those relating to contraception. Staff reiterated that patients could seek further advice if they had any concerns, and ensured they had the contact numbers for the unit and the 24 hour advice line.

Emotional support

- Most patients had received pregnancy counselling at one of the BPAS clinics before attending for treatment at BPAS Portsmouth. BPAS counselling staff offered patients emotional support in making a decision about their pregnancy, and could refer them to more specialist support if necessary.
- Prior to surgical treatment, we observed staff offered patients comfort, reassurance and emotional support, with both verbal and non-verbal forms of communication. They chatted and checked patients were comfortable. One patient commented, 'I didn't feel lost or lonely and everyone made me feel welcome and at ease'.
- Staff provided sensitive and emotional support for patients who underwent termination of pregnancy due to fetal anomaly. Staff told us that they encouraged their support person (carer or a family member) to be involved as much as possible. Staff said they prioritised and fast-tracked appointments in cases of fetal anomaly, where appropriate.
- Staff said that patients sometimes requested post-abortion counselling many months or years after treatment, and they were able to accommodate this. Staff reinforced this aspect of the service at the discharge meeting.

Are termination of pregnancy services responsive?

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

- The service was planned and delivered to meet the needs of the local population. BPAS Portsmouth provided terminations for patients with more complex medical needs.
- The service provided fetal anomaly surgical terminations and supported patients and their families though this treatment.
- BPAS Portsmouth reported on activity and trends to their contracted service provider, an integrated sexual health service provided by the local NHS community services. The reports included information on the demographics of clients, to review how they were meeting people's needs
- BPAS had an informative website and a 24 hours seven day a week telephone advice line as well as a range of guidance materials about their services.
- Staff had access to an interpretation service as well as some guidance materials in a range of languages to support patients for whom English was not their first language.
- Patients waited on average five days from 'decision to proceed with treatment' to treatment. On average, patients waited on average 11 days from first contact to treatment.
- BPAS operated a fast-track appointment system for patients with a higher gestation period or those with complex needs. At Portsmouth, they also set up 'stand-by' appointments, at times of high demand to support access.

However

- We observed all patients were not provided the options regarding the disposal of pregnancy remains.

Service planning and delivery to meet the needs of local people

- The surgical termination of pregnancy service at BPAS Portsmouth was provided under contract with the local NHS trust's integrated sexual health services. It was provided in the city's main NHS hospital. The BPAS

regional managers planned the service in discussion with the commissioners and the integrated sexual health services, with the registered manager's support and involvement.
- The service was planned for patients in the Portsmouth and Hampshire area.
- Patients attended the BPAS Portsmouth service after consultation and initial assessment at another BPAS unit. They accessed the first part of this treatment pathway via the Solent single point of access telephone line or by calling the BPAS telephone booking service directly, which was open 24 hours a day throughout the year.
- The service had set up a pathway for patients with complex medical needs, in liaison with the local anaesthetic team and the hospital. They had particularly good links with the early pregnancy units.
- The unit carried out a full range of tests for sexually transmitted infections, as part of their contract with the integrated sexual health service in line with RSOP 13.
- BPAS operated a fast-track appointment system for patients with a higher gestation period, for those with a fetal abnormality or for patients with complex needs.
- BPAS Portsmouth had a pathway to treat patients with more complex medical needs. The service had undertaken 31 complex pathway treatments since August 2014. However, the local clinical commissioning group did not fund specialist placements for terminations, so Portsmouth tended to treat only patients from outside the area, who had funding agreed by their clinical commissioning groups. This meant patients with complex medical needs, living locally, had to travel to a BPAS clinic in London for their termination. However, in situations where BPAS assessed it was inappropriate for patients to travel, they arranged for treatment to be funded via the BPAS charitable status. Between January and December 2015, seven patients with complex needs were funded by BPAS to receive treatment at Portsmouth.

Access and flow

- As patients attending for surgery at this unit had already completed a pre-assessment and consultation, their records included details of their risk assessments and date-checking scans.
- Staff offered patients surgical treatments at Portsmouth as soon as practical, given the service only offered surgical abortions once a week. If necessary, patients were referred to other locations, such as BPAS Richmond.
- The Department of Health Required Standard Operating Procedures recommend that patients should be offered an appointment within five working days (or seven calendar days) of referral. They should then be offered the abortion procedure within five working days of the decision to proceed.
- BPAS monitored the average number of days patients waited, from initial contact to consultation, from consultation to treatment and the time taken for the whole pathway. Results for BPAS Portsmouth, as part of the Solent group of services, showed the average number of working days from booking to consultation was four days, and from consultation to treatment was six days, during the period October 2015–December 2015. On average, patients waited on average 11 working days from first contact to treatment during this period. The waiting times for Solent BPAS services had decreased (improved) each quarter over the previous year. Staff could fast-track patients for treatment if their gestation period meant they needed an earlier appointment.
- BPAS submitted a report on waiting times under the integrated sexual health service contract each quarter.
- BPAS' booking system recorded what appointments were available to patients, within a 30 mile radius of their home address, at the point of booking. Across Portsmouth, the proportion of patients who could have attended a consultation within seven days was 68%. Those who chose to have their appointment within seven days was actually 53%. Patients had different reasons for choosing their appointment time, and some chose to wait longer than five working days.
- Activity data for BPAS Portsmouth was combined with that of the other four BPAS units in the Solent area. In October 2015–December 2015, 85% of patients were treated below 10 weeks gestation by Solent BPAS services, which is better than the national average of 80%. For patients living in Hampshire, the percentage treated less than 10 weeks gestation had increased from 80% in 2014/15 to 82.5% in 2015/16. The percentage of patients treated under 10 weeks gestation is a widely accepted measure of access into abortion services.

- Data from the unit patient survey January 2016 to March 2016 showed that 99% of patients said they waited 14 days or less for treatment and 93% said the waiting time was acceptable. Eighty nine per cent said they were seen at the clinic within 30 minutes of the appointment time.
- A significant number of patients did not attend for their appointments. BPAS staff risk assessed whether to contact the patient to ask if they wanted a new appointment. Staff said they were careful not to pressurise patients who did not attend (DNA).
- The registered manager said they set up a 'standby' list during busy periods, to fill any appointments left free, when a patient did not attend. They had a written procedure for this, to enable patients to be on standby for the first Saturday after their consultation, but booked onto the list for a confirmed appointment the following week. Staff made it clear they might only know on the day if an appointment was released for the standby list. There were strict criteria for this process, and patients were given clear information so they knew what to expect and how to prepare. The registered manager said patients gave very positive feedback on this initiative.
- BPAS had introduced a 'Central Authorisation System' (CAS), which staff used to upload assessments for the HAS1 authorisation. The system prompted two BPAS doctors, working remotely, to review the documentation to check the reason for the patient requesting a termination. Each doctor signed their own copy of the HSA1 form electronically. 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. All the staff we spoke with told us that the CAS was very efficient and was helping minimise delays associated with gaining the doctors' certificate of opinion and approval of the HSA1 forms.

Meeting people's individual needs

- The day surgery unit was within the main acute hospital in Portsmouth, with disabled access and BPAS signage. Patient said they were given clear instructions on how to find the unit within the hospital.
- The unit was accessible to people who used mobility aids and the hospital had designated disabled parking spaces.
- The unit was spacious and well laid out, with separate pre and post treatment waiting areas. There were private consultation and assessment rooms to support patients' privacy. Staff gave patients theatre gowns and they changed in private and had their own lockers for their belongings. Once changed, there was a separate waiting area to protect patients' dignity.
- Staff gave those who accompanied patients to the clinic written guidance on what to expect, such as how long the day care treatment would take. The guidance note explained escorts could not remain in the day surgery for the entire treatment period and suggested where they could wait in the hospital or locally in Portsmouth. The note also gave the clinic's direct phone line and suggested escorts phone for an expected discharge time. This helped manage expectations and anxieties.
- Staff had access to an independent telephone interpreting service to enable them to communicate with patients for whom English was not their first language. They also had access to BPAS guides and consent forms in different languages, such as Polish. BPAS ensured the interpreters were aware of the nature of topic of conversation in advance and were prepared to provide the service.
- BPAS had a range of written materials for patients attending for an abortion. Patients had already received the My BPAS Guide at consultation, but staff checked they had brought this with them and could offer additional written guidance if necessary. This booklet gave guidance on what to expect when undergoing different types of medical and surgical terminations. It also included potential risks. One patient said, '[The staff] cared so much about how I was feeling; they treated me as an individual. Nothing was too much trouble'.
- Staff were also able to provide leaflets, for example for contraception and after care, to help explain the treatment and for patients to refer to at a later date.
- BPAS staff supported patients who sought to end a pregnancy because of a fetal abnormality. Staff had specific information booklets to share with patients and their partners. Staff tried to fast track their appointments and where possible arranged them to attend the first appointment of the day. They enabled their partners to stay with them for as long as possible, and allocated them a named nurse for their entire treatment pathway.

- Support was available for patients living with a learning disability or a mental health illness Staff followed BPAS's policy on advising and treating patients with a learning disability. They were assured the contact centre would advise them if someone with particular needs booked for an appointment. Data for the five clinics in the Portsmouth/Solent area showed BPAS monitored patients attending with disabilities. For example, in the year to March 2016, 16 patients were treated through the complex pathway. We saw an example of how the patient, family and GP had been involved with the patient's consent to meet her needs.
- If BPAS could not offer treatment because patients did not meet the suitability criteria, staff had access to a specialist placement team, who would arrange referral to appropriate providers.
- Staff said patients were normally asked if they had any preferences regarding the disposal of pregnancy remains before they attended for surgery. This was because the theatre then made arrangements to collect the remains separately. When we visited, one patient was not asked about this and their notes indicated they had not previously been given the option to discuss this as they had initially opted for a medical termination. The staff recognised this had been an omission.
- The manager had carried out an audit of the documentation in relation to pregnancy remains' discussions, in March 2016. An audit of five sets of notes showed the topic had been raised for discussion with each of the five patients treated.

Learning from complaints and concerns

- BPAS Portsmouth had not received any formal complaints between January 2015 and April 2016. The Portsmouth 'local complaints log', used to capture informal complaints, showed ten verbal complaints during this time, relating to both Portsmouth and Portsmouth Central units. Most staff worked across the two units and most patients received treatment across both units. The nature and details of the complaint identified the specific location.
- Staff had resolved most informal complaints locally with an apology and explanation.
- The BPAS complaints policy (July 2015) categorised complaints as local, informal or formal. A formal complaint differed from an informal one in that it was put in writing and signed by the client. The policy stated that both informal and formal complaints should be escalated to the client engagement manager if they could not be resolved within five days. Locally resolved complaints were escalated if they could not be resolved locally or were of a serious nature and needed further investigation.
- We discussed a complaint classified as informal, from a relative of a young person, which related to a complaint about the BPAS treatment process. This had been logged as an informal complaint, escalated and investigated. BPAS had responded to the complainant appropriately and in full. This was classified as in informal complaint, as it was neither raised by the client nor their view of events.
- The BPAS quality standard was set at zero formal or informal complaints. If a unit reported one formal complaint or informal complaint in a month, it would not achieve the complaints quality standard for that month. Locally resolved complaints were not counted for the dashboard. This approach meant complaints might not be viewed as opportunities for learning and improvement, and staff might be discouraged from reporting complaints. The registered manager was also confused whether the informal complaints should be included on the dashboard. The regional director agreed that 'zero' appeared a low threshold and potentially could deter learning from complaints.
- The unit shared the number of formal complaints at the quarterly contract review meetings. They did not include data on informal complaints.
- The registered manager submitted data on both formal and informal complaints to head office for review. Staff said BPAS used complaints to identify trends and seek areas of improvement. For example, they said there had been complaints about the lack of involvement of partners or escorts. As a result, BPAS had asked staff to remember to offer escorts support.
- The complaints manager and client engagement manager reviewed formal complaints. Records showed they investigated complaints and gave feedback to staff. At a regional level, senior managers discussed individual complaints and cascaded learning to unit manager to promote learning. Evidence of complaints review was shown in the minutes of the four-monthly regional quality and improvement forum (RQuAIF) meetings.
- Staff gave information to every patient on how to make a comment or complaint. Guidance was included in the

pocket-sized 'My BPAS' guide. It was also on the BPAS website. The guidance clearly outlined the formal complaints procedure and the informal feedback process.
- Staff said that the corporate induction programme incorporated training on how to manage and escalate complaints to encourage learning.

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 understood the BPAS values and aims were committed to supporting patients throughout their care and treatment.
- The Portsmouth service had set up a pathway to treat complex medical patients to improve options for patients, which was unique to this clinic.
- The registered manager provided clear leadership and managed the service effectively, with a strong focus on quality and safety of care.
- The registered manager monitored the performance, quality and safety of the service. They reviewed activity, audit data, complaints and incidents. They contributed to the governance arrangements. There were regional meetings for managers and regional quality meetings every four months. This structure supported a flow of information across the region and learning from complaints, incidents and feedback from clients.
- The medical director reviewed clinical updates and communicated changes in guidance or legislation with unit staff. The provider had effective clinical governance arrangements.
- The regional clinical lead offered question and answer sessions which staff appreciated.
- The provider produced a team brief summarising key issues and developments. Staff were encouraged to ask questions and submit queries to the executive team. This was in addition to the annual staff survey.
- There were systems in place to ensure the service adhered to legislation relating to abortions. This included the completion of HSA1 and HSA4 forms and maintaining a register of all abortions.
- BPAS updated policies and procedures when improvements were identified. For example, they had recently updated the audit programme for the 11 quality and safety standards, to improve the relevance and proportionality of the sampling frequency.
- BPAS Portsmouth was scheduled for the roll out of conscious sedation as an alternative to general anaesthesia.
- The certificate of approval (issued by the Department of Health) was displayed in the reception area visible to patients.

Vision and strategy for this this core service

- The BPAS aim was 'To provide high quality, affordable sexual and reproductive health services'. It had clearly defined corporate objectives to support this aim.
- The corporate aims and values were described within the 'About BPAS Guide' that staff gave to patients during their consultation. The guide also provided patients with background information about BPAS, its management structure and clinic locations.
- Staff demonstrated they were committed to providing a high quality service for patients. They said their induction programme had emphasised the corporate values to support patients to make their own decisions about their pregnancy. They were aware of the corporate values.
- Staff behaviours reflected the organisational values, to treat patients with dignity and respect and to provide confidential, non-judgmental services.
- In April 2016, BPAS had organised a series of regional presentations entitled '2016 and beyond' to outline the organisation's direction to staff.
- The registered manager understood the contract arrangements for the service.

Governance, risk management and quality measurement for this core service

- The BPAS organisation provided an effective governance framework to support the management of the unit. The registered manager monitored and reported on 11 quality and safety standards each month. These related to medicines management,

clinical supervision, infection control, records audits, incidents, complaints, staffing issues and laboratory sample errors. The regional manager investigated any issues that units had not resolved promptly.

- The Portsmouth unit showed it had achieved the 11 quality and safety standards each month from January 2015 to April 2016, apart from in April 2015 and February 2016. In these months, the unit missed their dashboard target due to a slippage in clinical supervision and a staff member leaving the unit early.
- Staff had access to a suite of policies and procedures available on the BPAS intranet. These included policies relating to surgical abortions, the completion of HSA forms and risk management. They received updates on policy changes via email or a conference call, which was accessible to all staff. These were also recorded and available for the consecutive month to enable staff to access them.
- The regional quality assessment and improvement forum (RQuAIF) met three times a year to oversee service quality and safety. The forum consisted of representatives from the operational leadership team, regional clinical leads, clinical audit and client care management. It reported to the BPAS clinical governance committee. The RQuAIF reviewed complaints, incidents, serious incidents, audit results, complications, patient satisfaction, quality assurance for point of care testing and declined treatments. The forum meetings minutes showed effective scrutiny of quality and safety and an emphasis on shared learning.
- The regional managers referred to the RQUAIF meeting minutes at their local meetings, to ensure that learning was shared with a wider audience.
- The BPAS corporate risk manager circulated significant learning points through 'red top alerts,' which 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 followed the major haemorrhage management guideline; a red top alert issued in January 2016 reminded staff of the correct procedure. BPAS had issued six red top alerts since January 2016, on topics such as safeguarding, surgical safety checks and the management of potential ectopic pregnancies. Staff said they were useful, concise reminders of good practice.
- BPAS produced a team brief, four times a year, to inform all staff of key changes, clinical updates, marketing activity and financial performances. The team brief was used to cascade information efficiently to all staff and to seek staff feedback.
- In addition, the corporate committees for infection control, information governance and research and ethics supported the unit's governance arrangements.
- The BPAS medical director took a lead role in ensuring the organisation as a whole was working in line with national guidance. BPAS submitted papers to each clinical advisory group detailing any new or amended guidance together with an assessment of how BPAS was meeting the guidance or what work needed to be undertaken to achieve compliance.
- The BPAS performance report to commissioners grouped data from the five units within the NHS Solent commissioning contract. Performance data included activity information, access results, the number of STI tests completed, contraception offered, client satisfaction results and infection rates.
- The organisation's corporate risk register included various areas of risk and the actions taken to reduce the level of risk. The manager at BPAS Portsmouth had developed a local risk register, which included specific risks relating to the service and mitigating actions. This was a working document, which showed risks were identified and managed effectively.
- 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. The doctors must be in agreement that at least one and the same ground is met for the termination to be lawful. BPAS units completed monthly HSA1 audits to check completion of HSA1 paperwork. BPAS Portsmouth achieved 100% in 12 months out if 15, between January 2015 and April 2016. In June, July and August 2015, the scores were 96% to 98% due to a lack of clarity in the signatures.
- A doctor on site at BPAS Portsmouth reviewed the completed documentation following the initial assessment by the nurse and 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. We looked at 12 patient records and found that all HSA1 forms included two signatures and the reason for the termination.

- 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.
- BPAS maintained a register of all terminations of pregnancy, in line with legislation.
- The BPAS Portsmouth nurse manager or registered manager completed a series of audits each month, in line with a corporate audit programme. If audit results produced a score less than 90%, staff had to take action and re-audit the following month. In most months, the unit scored over 90% for the audits of clinical records and infection control 'essential steps'. The essential steps audits changed each month, and covered areas such as hand hygiene, use of personal protective equipment, medicine storage and waste management. The auditor identified corrective actions and raised issues with staff concerned.
- The unit had also undertaken monthly audits of the client pathway from reception for surgery through to discharge, since July 2015. As a result of these audits, the manager had implemented small improvements in the processes, such as including batch numbers of anti-D medication and devices into client records.
- Other audits included the use of the surgical checklist and documenting patients' preferences in relation to pregnancy remains. Action was taken if shortfalls were identified.
- The unit received hygiene audit results from the host hospital and there were good information sharing links.

Leadership / culture of service

- The certificate of approval (issued by the Department of Health) was displayed in the reception area visible to patients. The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) was on display in reception. This was in line with legal requirements and provided assurance to people attending the clinic.
- The registered manager at Portsmouth was also the registered manager at the nearby Portsmouth Central and Andover units. This meant they had a good oversight of client pathways.
- Many of the staff at BPAS Portsmouth also worked at other BPAS units on other days of the week. They appreciated this was an effective way of working and they enjoyed the teamwork, variety and opportunities for developing different skills.
- There was an established pattern to the work at Portsmouth, since the service provided solely surgical terminations and was only open one day a week. The nurse manager and registered manager were on site most weeks, as was the regional clinical lead who was the surgeon. Other staff had lead roles, for example in infection control and in 'opening and closing' the unit each Saturday.
- The registered manager had been proactive in setting up local audits, liaising with the host trust and promoting person centred care.
- Clinical staff welcomed the weekly presence of the regional clinical lead, and said there was an open culture for asking questions, for example in relation to suitability for treatment, and raising issues. The regional clinical lead also held clinical 'question and answer' sessions at different units to support staff.
- The service maintained an electronic register of patients undergoing a termination of pregnancy, which is a requirement of Regulation 20 of the Care Quality Commission (Registration) Regulations 2009. Staff completed the register at the time the termination was undertaken and BPAS kept an electronic copy for a period of not less than three years.
- The staff working at Portsmouth said they liked working for BPAS and at the unit. They had good access to senior staff, and could contact the medical director or nursing director if they wanted advice. They also commented on

the effective networking and communication within the organisation, which help staff keep up to date and informed of changes. They said that BPAS encouraged a good work/life balance and they felt well supported in their roles.

- Staff were proud of the service they provided. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy, and they spoke of a culture of providing care in a compassionate and professional way. They were positive about the high quality care and services they provided for patients.
- Feedback from the contract managers was that the service was well led, and the managers maintained good working relationships with their partners.

Public and staff engagement

- Patients attending the unit were given feedback forms, which asked for their opinion of the service. The forms asked patients to provide feedback on a range of experiences of care and if they would recommend the service.
- Patients' feedback of 337 responses, between September 2015 and December 2015, showed that 97% would recommend the service. In 2015, results were consistently between 96% and 97%. Staff were aware of these results and encouraged patients to complete the feedback forms.
- The BPAS organisation wide staff survey results for 2015 showed 397 staff responded, indicating an engagement rate of over 60%. Almost all staff said they would recommend BPAS as a place to receive treatment (97%) and 89% said it was a good place to work. Their highest scores were for 'I promote high quality care' and 'I have knowledge and skills for my role'. Lowest scores related to opportunities to improve things, enough staff and feeling safe and secure. BPAS reported that actions taken in response to this survey included planning a programme of visits for directors to meet staff at clinics.
- BPAS directorates produced a team brief for all staff, every four months. The operations, human resources, finance and external affairs directors included information from the RQUAIF and also details of any company changes. The team brief included an electronic feedback form so staff could ask questions directly to members of the executive team. For example, we saw a staff member had asked about the corporate strategy and had received a clear and informative response.
- In addition, BPAS produced a staff magazine, approximately quarterly, highlighting staff news, developments and achievements. For example, the summer 2016 edition reported on conscious sedation, including views from consultants, healthcare assistants and clinic managers and guidance on where staff could access more information.

Innovation, improvement and sustainability

- Plans were in place to offer patients conscious sedation as an alternative to general anaesthetic.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Ensure staff maintain contemporaneous records in the theatre register in accordance with record keeping standards.

Action the provider SHOULD take to improve

- Ensure arrangements are in place to provide assurance that the clinical facilities are maintained appropriately.
- Ensure that all patients are given the options regarding the disposal of pregnancy remains.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Good Governance **How the regulation was not being met:** Staff were not maintaining contemporaneous records in the surgical theatre list in accordance with record keeping standards. Regulation 17(2) (c) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.