

British Pregnancy Advisory Service BPAS - Basingstoke

Quality Report

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This report describes our judgement of the quality of care at this hospital. 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) provides a termination of pregnancy service at Basingstoke. The service at BPAS Basingstoke is provided under contract with Solent NHS Trust. This contract commenced in January 2012. The contract allows BPAS Basingstoke to use rent free premises shared with the sexual health service run by Solent NHS Trust. It also provides BPAS with facilities for the provision of medicines and consumables and permits sub contract arrangement for the provision of medical and administrative staff.

BPAS Basingstoke provides a range of termination of pregnancy services. This includes pregnancy testing, unplanned pregnancy counselling/consultation, early medical abortion, surgical abortion under local anesthetic, abortion aftercare, miscarriage management referral, sexually transmitted infection testing and contraceptive advice and contraception supply.

We carried out this comprehensive inspection as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology. We did not provide ratings for this service.

The inspection team of three, included an inspector, inspection manager and a specialist advisor who was an associate director and head of midwifery. The inspection took place on 14 May 2015.

Our key findings were as follows:

Is the service safe?

- The centre was visibly clean and staff followed infection control practices.
- Incidents were reported, investigated and appropriate action was taken. The learning from and actions required from incidents was shared with the staff and with other BPAS centres.
- Patient records were written legibly and assessments were comprehensive and complete. Records were stored securely.
- There were sufficient numbers of suitably trained staff available to care for women.
- All the women undergoing abortion underwent a venous thromboembolism (VTE) risk assessment in line with current national guidance.
- During surgical procedures, staff used the Five Steps to Safer Surgery checklist, which is designed to prevent avoidable mistakes. These were completed appropriately in the patient records we reviewed.
- Staff were aware of safeguarding procedures and had received training in safeguarding adults and children. Safeguarding risk assessments were carried out appropriately when there was a suspected case of abuse and safeguarding referrals were made to local safeguarding team when appropriate.
- Medicines were appropriately managed to ensure they were safe to use. However, there was not a clear audit trail for the request and receipt of medication.

Is the service effective?

- Care was provided in line with national best practice guideline.
- The centre adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for the treatment of women with specific conditions, such as termination of pregnancy for fetal anomaly and ectopic pregnancy.
- Policies were accessible for staff and were developed in line with Department of Health standard operating procedures and professional guidance.
- Women were offered appropriate pain relief, prophylactic antibiotic treatments and post-abortion contraceptives.
- The organisation had performed audits recommended by Royal College of Obstetricians and Gynaecology (RCOG). BPAS Basingstoke demonstrated compliance rates between 87% to 100% (February 2015). Action was being taken where areas for improvement were identified.

Summary of findings

- Staff had an annual appraisal and also received clinical supervision.
- Staff had access to specific training to ensure they were able to meet the needs of the women they delivered care.
- The BPAS Aftercare Line, a telephone service, was accessible to women over 24 hours a day and for seven days a week.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

- Staff were caring and compassionate and treated women with dignity and respect.
- Women were introduced to all healthcare professionals involved in their care, and were made aware of the roles and responsibilities of the members of the healthcare team.
- Women's preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care.
- Staff had a non-directive and non-judgemental approach to women receiving treatment
- Patient's wishes were respected and their beliefs and faith were taken into consideration regarding the disposal arrangements for fetal tissue.
- During the initial assessment, nursing staff explained all the available methods for termination of pregnancy that were appropriate and safe to women. The staff considered gestational age and other clinical needs whilst suggesting these options.
- Women considering termination of pregnancy had access to pre-termination counselling.
- The results of the Friends and Family test demonstrated 100 % of women were 'extremely likely' to recommend the trust to family and friends

Is the service responsive?

- Women could book appointments through the BPAS telephone booking service which was open 24 hours a day throughout the year. This also enabled women to choose the location they attended.
- There was a fast track appointment system for women with a higher gestational age or complex needs.
- The service monitored its performance against the waiting time guidelines set by the Department of Health. Across Hampshire, for which Basingstoke is part, 56% of women waited longer than the recommended time of five working days from referral to consultation and 47% waited longer than five working days from decision to proceed to termination of pregnancy. The service had done a further analysis to establish the reasons for this which showed that some of the delay related to the women's choice.
- A professional interpreter service was available to enable staff to communicate with women for whom English was not their first language.
- Support was available for women with a learning disability or other complex needs.
- Women were provided with information to help them to make decisions.

Is the services well led?

- There were effective governance arrangements to manage risk and quality. This included an audit programme and an established system to cascade learning.
- Staff felt supported by their clinic and regional managers. They described BPAS as a good place to work and as having an open culture.

We saw several areas of outstanding practice including:

- BPAS offered a web chat via the internet, for women who wanted to know more about the services provided..
- There was referral process for women who required a specialist service. The referrals were managed by a specialist referral placement team, which was a seven day service. Women were referred to the most appropriate NHS provider to ensure that they received the treatment they required in a timely and safe way.

Summary of findings

- Key policies were launched across the organisation, via a conference call which was accessible to all staff. These were also recorded and available for a month to enable staff to access them.

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

Importantly the provider should ensure:

- There is a clear audit trail for the request and receipt of medication and that practice is monitored against the medicines management policy.

Professor Sir Mike Richards Chief Inspector of Hospitals

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

The termination of pregnancy service at BPAS Basingstoke was following procedures to provide safe care to the women. There were sufficient numbers of suitably trained staff available to care for women. The environment and equipment was visibly clean and infection control procedures were followed. Staff were aware of safeguarding procedures and had received training in safeguarding adults and children.

Medicines were appropriately managed to ensure they were safe to use. However, there was not a clear audit trail for the request and receipt of medication. The supply chain for medicines was not in line with the current provider policy and there was no formal audit to monitor medicine management against the policy.

There were appropriate procedures to provide effective care. Care was provided in line with Department of Health Required Standard Operating Procedures. Women were cared for by a multidisciplinary team working in a coordinated way and staff had appropriate skills and competence. Women had access to BPAS Aftercare Line, a telephone service over 24 hours a day for seven days a week.

Women received compassionate care and their privacy and dignity was respected. All women considering termination of pregnancy had an access to pre-termination counselling. Women's wishes were respected and their beliefs and faith were taken into consideration regarding the disposal arrangements for fetal tissue.

The centre was responsive to patient needs. A professional interpreter service was available to enable staff to communicate with women for whom English was not their first language. Support was provided to women with a learning disability or other complex needs. The service monitored its performance against the waiting time guidelines set by the Department of Health. Across Hampshire, for which Basingstoke is part, 56% of women waited longer than the recommended time of five working days from referral to consultation and 47% waited longer than five working days from decision to proceed to termination of pregnancy. The service had done a further analysis to establish the reasons for this which showed that some of the delay related to the women's choice.

There were effective governance arrangements to manage risk and quality. Staff felt supported by the centre and regional management and considered the leadership and visibility of senior managers was good. The culture within the service was caring and supportive. The service was active in engaging with the wider public and service innovation was encouraged and supported. Staff spoke positively about the high quality care and services they provided for women and were proud to work for BPAS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating Why have we given this rating?

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BPAS - Basingstoke

Detailed findings

Services we looked at

Termination of pregnancy

Detailed findings

Contents

Detailed findings from this inspection

	Page
Background to BPAS - Basingstoke	8
Our inspection team	8
How we carried out this inspection	8
Facts and data about BPAS - Basingstoke	8
Areas for improvement	24

Background to BPAS - Basingstoke

British Pregnancy Advisory Service (BPAS) provides a termination of pregnancy service at Basingstoke. The service at BPAS Basingstoke is provided under contract with Solent NHS Trust. This contract commenced in January 2012. The contract allows BPAS Basingstoke to use rent free premises shared with the sexual health service run by Solent NHS Trust.

The centre currently offers the early medical abortion procedures for women with gestational age up to nine week and surgical abortions procedures for women with gestational age up to 20 weeks.

The centre is open on three days a week on Wednesday, Thursday and Friday. The surgical procedures

are carried out on Thursdays. Between January 2014 to December 2014, a total of 369 termination procedures were carried out. Of these, 195 procedures contributed towards early medical abortions and 174 contributed towards surgical abortions.

The registered manager for this centre was registered with the Care Quality Commission (CQC) on 2 June 2014 and has been in post for 10 months.

We carried out this comprehensive inspection as part of the first wave of inspection of services providing a termination of pregnancy service. The inspection was conducted using the Care Quality Commission's new methodology. We did not provide ratings for this service.

Our inspection team

Our inspection team was led by:

Inspection Manager : Lisa Cook, Care Quality Commission

The team of three included the CQC inspection manager, a CQC inspector and a specialist advisor who was the associate director and head of midwifery.

How we carried out this inspection

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

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

- Is it well-led?

The inspection took place on 14 May 2015.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they

Detailed findings

knew about the service. These included the clinical commissioning group (CCG) and Solent Healthcare NHS Trust. Women were invited to contact CQC with their feedback.

We carried out an announced inspection visit on 14 May 2015. We spoke with a range of staff in the centre, including nurses, client support workers, administrative and clerical staff, doctors, regional managers and directors.

During our inspection we spoke with women and staff. We observed how people were being cared for and talked with carers and/or family members and reviewed treatment records of women.

We would like to thank all staff, women, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at the BPAS Basingstoke centre.

Facts and data about BPAS - Basingstoke

BPAS Basingstoke Key facts and figures

Activity

- 195 (53%) early medical abortions undertaken between January to December 2014
- 174 (47%) surgical abortions undertaken between January to December 2014.

Safety

- No never events (January 2014 to December 2014)
- No Serious Incidents Requiring Investigation (SIRIs) between January and December 2014
- 100% women who underwent surgical abortion who were risk assessed for VTE between January and December 2014
- All staff who are involved in the care of women aged under 18 and are trained to level three in safeguarding children and young people which is an advanced level training in protecting children and young people.
- 37% vacancy rate for nursing staff

Effective

- There were no unplanned returns to theatre between July and September 2014
- 100% of staff had received an appraisal

Caring

- Friends and Family Test 100% of respondents would be “extremely likely” to recommend the centre

Responsive

- Between January and December 2014, 46 (12%) women waited longer than 10 days from decision to proceed up to termination of pregnancy
- There had been no complaints or concerns between January and December 2014

Well Led

- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form (HSA1 form) to indicate their agreement. BPAS Basingstoke’s last audit for compliance with the use of the HSA1 forms was carried out in March 2015 and demonstrated 100% compliance.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

BPAS Basingstoke provides support, information, treatment and aftercare for people seeking help with termination of pregnancy.

The following services were provided at the Basingstoke centre:

- Pregnancy testing
- Unplanned pregnancy counselling/consultation
- Medical abortion
- Surgical abortion under local anesthetic
- Abortion aftercare
- Miscarriage management referral
- Sexually transmitted infection testing
- Contraceptive advice and contraception Supply

The BPAS Basingstoke held a licence from the Department of Health to undertake termination of pregnancy procedures. The licence was displayed at the waiting areas near the entrance of the centre.

The BPAS Basingstoke centre consists of:

- One consulting room designated full time to BPAS.
- One shared consulting room.
- A treatment room for manual vacuum aspiration, which is also used for ultrasound scanning.
- A counselling room.

The treatment room facility included clean and dirty utilities, a recovery area with recliner chairs and a dedicated toilet within the suite. BPAS also used the shared reception area and the office area for administration.

We inspected the BPAS Basingstoke centre on 14 May 2015. We spoke with eight staff members including receptionist,

registered nurses, doctor, service manager, regional manager, associate director of nursing and director of operations. We observed care and treatment and looked at the care records of 10 women.

Termination of pregnancy

Summary of findings

The termination of pregnancy service at BPAS Basingstoke was following procedures to provide safe care to the women. There were sufficient numbers of suitably trained staff available to care for women. The environment and equipment was visibly clean and infection control procedures were followed. Staff were aware of safeguarding procedures and had received training in safeguarding adults and children.

Medicines were appropriately managed to ensure they were safe to use. However, there was not a clear audit trail for the request and receipt of medication. The supply chain for medicines was not in line with the current provider policy and there was no formal audit to monitor medicine management against the policy.

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Women received compassionate care and their privacy and dignity was respected. All women considering termination of pregnancy had an access to pre-termination counselling. Women's wishes were respected and their beliefs and faith were taken into consideration regarding the disposal arrangements for fetal tissue.

The centre was responsive to patient needs. A professional interpreter service was available to enable staff to communicate with women for whom English was not their first language. Support was provided to women with a learning disability or other complex needs. The service monitored its performance against the waiting time guidelines set by the Department of Health. Across Hampshire, for which Basingstoke is part, 56% of women waited longer than the recommended time of five working days from referral to consultation and 47% waited longer than five working days from

decision to proceed to termination of pregnancy. The service had done a further analysis to establish the reasons for this which showed that some of the delay related to the women's choice.

There were effective governance arrangements to manage risk and quality. Staff felt supported by the centre and regional management and considered the leadership and visibility of senior managers was good. The culture within the service was caring and supportive. The service was active in engaging with the wider public and service innovation was encouraged and supported. Staff spoke positively about the high quality care and services they provided for women and were proud to work for BPAS.

Termination of pregnancy

Are termination of pregnancy services safe?

Incidents

- There was a paper based system for reporting incidents. Staff were encouraged to report incidents and received feedback on the incidents they had reported. All staff we spoke with were familiar with how to report incidents and gave us examples of incidents they had reported.
- The BPAS organisation had a 'Client Safety Incidents Policy and Procedure'. Staff were able to locate this policy on the intranet and found it useful.
- Incidents reviewed during our inspection demonstrated that investigations and root cause analysis took place and action plans were developed to reduce the risk of a similar incident reoccurring. For example; as a result of an incident related to failure to record medications in patient records, staff were reminded to document all the drugs given to women during treatment and this was being monitored regularly by patient record audits.
- Clinical governance meeting and regional management meetings were held on a quarterly basis. These were attended by a wide range of staff. Serious incidents from all BPAS locations were discussed at these meetings including any learning and the actions required. The learning and actions were cascaded to clinical staff at local team meetings.

Cleanliness, infection control and hygiene

- All the clinical and non clinical areas we visited were visibly clean.
- In all areas, we observed staff to be complying with best practice with regard to infection prevention and control policies. All nursing staff were observed to be adhering with the bare below the elbow policy to enable good hand washing and reduce the risk of infection. There was access to hand washing facilities and a supply of personal protective equipment, which included gloves and aprons. Staff washed or applied hand gel to their hands between treating women.
- The centre had reported no incidence of Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile in the reporting period January 2013 to December 2014. The results of MRSA audits were displayed in the waiting areas.

- BPAS as a corporate provider had developed an infection control annual audit plan to monitor and control infection and to maintain a clean and appropriate environment. The plan included current compliance of the whole organisation against different standards of infection control and required actions where issues were identified. Staff training and audits were undertaken at BPAS centres.
- Standards of cleanliness were monitored. Staff told us that infection control audits were completed by the manager. The results of the infection control audits for the month of December 2014 and March 2015 showed that the compliance of Basingstoke centre ranged between 75% to 100% against various outcomes. There was an action plan to address where improvements were identified, for example the management of sharps.

Environment and equipment

- The environment was visibly clean and well maintained. The unit shared its premises with the sexual health service which was run by Solent NHS Trust. We observed that the waiting areas near the reception were shared by women attending BPAS clinics as well as the sexual health clinic. This sometimes led to overcrowding in the waiting areas. The managers of BPAS were aware of this and whenever possible they had made arrangements for women attending BPAS clinics to sit in private waiting areas.
- We observed all patient-care equipment to be clean and ready for use. Patient equipment had been routinely checked for safety and was clearly labelled stating the date when the next service was due. The equipment was also labelled to indicate that portable appliance testing had been carried out to ensure it was fit to use.
- Resuscitation equipment was available in case of an emergency and was checked on the days the centre was open to ensure that the correct equipment was available and fit to use. There was also a major haemorrhage kit. This was to ensure that if a patient had a haemorrhage, the equipment and medication would be readily available. Single-use items were sealed and in date, and emergency equipment had been serviced.
- The centre adhered to the management of clinical waste's policy specifically for the disposal of fetal remains. Where a patient wished to dispose of the

Termination of pregnancy

pregnancy remains privately, staff provided them with a specific information sheet which laid out how the remains should be managed. When women did not have specific wishes with regard to disposal, the remains were routinely collected and stored separately from other clinical waste before being sent for incineration. A full audit trail was maintained at the unit.

Medicines

- We observed that there was an established system for the management of medicines to ensure they were safe to use. This included clear monitoring of the stock levels, stock rotation and the expiry dates of medicines. The minimum and maximum temperatures of fridge's where medication was stored was monitored to ensure that medication was stored at the correct temperature. There was a clear escalation procedure to follow if the temperature was outside the agreed range. Controlled drugs were not used at this location.
- There was, however, not a clear audit trail for the request and receipt of medicines. Medicine orders were submitted via email to the trust's pharmacy department by the lead nurse or their deputy. A check was performed when the medicine was delivered to ensure the contents of the order corresponded with the items detailed on the delivery note. However, there was not a reconciliation process with the original order. The one exception was Anti D injections which were ordered from a central point and there was a clear trail and reconciliation process at each step.
- This medicines supply chain was not in line with BPAS' current provider policy- medicines management policy and procedure (July 2013), version 3. The policy had not been reviewed or revised, and the process had not been monitored following the service contract with the Solent NHS Trust, which provided the medicines. The request of medicines was being made by email, which was not in line with the providers policy, which stated a request form would be used. The emails were not available or accessible so it was not possible to check what had been requested with what had been received.
- There was one audit that reviewed the safe storage of medicines and the centre had scored 100% compliance. We observed that medicines were securely stored, kept in locked cupboards and fridges.
- There was system for the safe disposal medicines and medicines were placed in a dedicated disposal bin that could be tracked to the place of origin.

- Women were asked if they had any known allergies and it was clearly recorded in the pre-assessment forms.
- A doctor would prescribe the required medication after a face to face consultation with a member of the nursing team and after the HSA1 form had been signed by two medical practitioners. Drugs that induced abortion were prescribed only by a doctor for women undergoing early medical abortion.
- Some medicines were administered via patient group direction (PGD). These are written instructions for the supply and/or administration of medicines to groups of women without them having to see a doctor (or dentist) in planned circumstances. The PGD has a role in ensuring the safe and timely delivery of patient care. There was an established process for the safe development of the PGD to ensure that they included all the required information and that they were approved by a medical practitioner and a pharmacist. The director of nursing also contributed to their development as the lead for the staff who would be using them.
- All PGD's were reviewed every two years. This was in line with national guidance about patient group directions. All PGD's were ratified by the organisations clinical governance committee and approved by the chief executive officer (CEO). Nurses had to have completed an in house training program before they could administer medication against a PGD. They also had to sign the written PGD to indicate that they had read it and agreed to abide by the instructions. These had only recently been introduced to this location and therefore no audit information was available.
- Post-surgical antibiotics were prescribed to all women to reduce the risk of infection and the local microbiology protocols for the administration of antibiotics were used. There were six different antibiotics used by the organisation. There were clear guidelines on when these were to be used.

Records

- Patient records were paper based .Patient information and records were held securely in lockable cabinets.
- Patient records were well maintained and well completed with clear dates, times and designation of the person documenting. We reviewed 10 patient records. These records were written legibly and

Termination of pregnancy

assessments were comprehensive and complete, with associated action plans and dates. Comprehensive pre-operative assessments were undertaken and recorded where women underwent surgical abortion.

- Record keeping audits and pre-operative assessment record audits were undertaken on a monthly basis. Information provided by the organisation indicated that the Basingstoke centre was compliant with these audits between the time frame of January 2015 to April 2015.

Safeguarding

- The manager of BPAS Basingstoke was the designated safeguarding lead. Staff knew who the safeguarding lead for the service was and where to seek advice.
- There were suitable safeguarding policies and procedures. Staff were aware of, and had easy access to the policy called "Safeguarding and Management of Clients Aged under 18 Policy and Procedure"
- All staff we spoke with had received training about safeguarding children and adults. They were clear about their responsibilities and how to report concerns. The information provided by the organisation demonstrated that all the clinical staff were trained in safeguarding adults and to level three in safeguarding children and young people.
- Women aged under 16 years were assessed by using Gillick competence and Fraser guidelines which helped to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- We observed that efforts were made to encourage young people aged less than 16 years old to involve their parent or to be assisted by another adult who could provide support.
- Between January 2014 to December 2014 the Basingstoke centre did not treat any young people who were aged under 13 years. It was an organisational policy that if an under 13 year girl used the service then a safeguarding referral would automatically be made. For those aged 13 to 16 years, a safeguarding risk assessment would be completed and a decision made on the outcome of the assessment. Staff would always discuss the outcomes with the designated safeguarding lead if required

- We reviewed a record of a young person aged under 14 years which showed appropriate procedures were followed by the staff to maintain patient confidentiality, risk assessments were carried out and a safeguarding referral was made.
- We also reviewed the records of an adult where concerns about her and her children's safety had been identified. In this case contact had also been made with social service which confirmed they were aware of the family and the situation.
- Safeguarding risk assessments were carried out appropriately when there was a suspected case of abuse and safeguarding referrals were made to local safeguarding team when appropriate.

Mandatory training

- Mandatory training covered a range of topics including fire safety, health and safety, basic life support, safeguarding, manual handling, infection control and information governance training. Staff told us they were up to date with their mandatory training.
- Data provided by the organisation showed that staff were 100% up to date with mandatory training as of April 2015. There were reminder systems for staff to prompt staff when they were overdue for their mandatory training.

Assessing and responding to patient risk

- All the women undergoing termination of pregnancy underwent a venous thromboembolism (VTE) risk assessment. This was documented in the patient's records and included actions to mitigate the risks identified. The risk assessments informed staff if prophylactic treatments were required. Audits of pre admission checks showed that VTE assessments were routinely completed.
- Prior to termination procedures all women should have a blood test to identify their blood group. 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. The records that we reviewed demonstrated that all the women underwent a blood test prior to the termination procedure and those who had a rhesus negative blood group received an anti-D injection.

Termination of pregnancy

- During surgical procedures, staff used the Five Steps to Safer Surgery checklist, which is designed to prevent avoidable mistakes. These were completed appropriately in the patient records we reviewed. The organisation had also performed a surgical safety checklist audit. The audit performed in March 2015 showed that the compliance of the Basingstoke centre was 63%. As a result, the organisation had set up an action plan. Staff were given more training and support in using the surgical safety checklist. The support was provided by the local and regional management team. The performance of the centre was re-audited in April 2015 which showed compliance had improved to 100%.
- Nursing staff had good access to medical support in the event a patient's condition might deteriorate. If a doctor was not available on site, the staff could seek medical advice from the doctor in other nearby BPAS locations.

Nursing staffing

- Nursing staff were employed based on contracted hours per week and for the days of the week when the centre was open. There were currently four registered nurses working at the centre. The current vacancy rate for registered nurses was 37%.
- A new lead nurse had been appointed to the centre and was due to start from May 2015.
- BPAS reviewed each clinic to ensure that there were sufficient staff to safely meet the needs of the women taking into account any treatment also scheduled. For example for days when only consultations were taking place, there would be a reception, a client support workers and a nurse. When interventional treatments were planned there would also be a doctor and two nurses.
- Nurses were given a clinical passport which demonstrated their clinical competencies, level of training and recruitment status. This allowed the managerial staff to arrange cover by equally competent nurses in the events of holidays or sickness absence.
- The centre did not use any agency staff.

Medical staffing

- A consultant, who was subcontracted from the Solent NHS trust worked on Thursday when surgical abortions were performed. On the other days when the centre was open, medical support or advice could be obtained

from another doctor working at a nearby BPAS unit such as Bournemouth. The staff told us that doctors were always available and accessible when they needed support.

- BPAS also used independent medical contractors who were granted practising privileges to work with the organisation. These medical staff mainly covered the holiday or sickness period of the existing medical staff. There were no documents on site to review, but the senior manager told us there was a robust process to ensure that suitable checks were carried out to enable staff to practice. The range of checks undertaken by human resources included qualification, insurance, registration, Disclosure and Barring Service checks (DBS) and revalidation reports. Following these checks the medical director granted the practising privileges.
- Information provided by BPAS showed that all the doctors were trained in advanced life support (ALS).

Major incident awareness and training

- The centre had a business continuity plan and staff we spoke to were aware of the procedure for managing major incidents.
- Emergency plans and evacuation procedures were in place. Staff were trained in how to respond to major incidents.

Are termination of pregnancy services effective?

Evidence-based care and treatment

- The centre adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for the treatment of women with specific conditions, such as termination of pregnancy for fetal anomaly and ectopic pregnancy.
- Policies were accessible for staff and were developed in line with Department of Health
- Required Standard Operating Procedures (R SOP) and professional guidance.
- We observed a patient consultation where correct procedures and referral pathways were followed by a clinical staff in a suspected case of ectopic pregnancy.
- All women underwent an ultra sound scan at the treatment centre to determine gestation of the pregnancy. This was in line with the BPAS clinical guideline for all abortions.

Termination of pregnancy

- RCOG guidance 'the care of women requesting induced abortion' suggest that information about the prevention of sexually transmitted infections (STI) should be made available. It also suggests that all methods of contraception should be discussed with women at the initial assessment and a plan should be agreed for contraception after the abortion.
- All the women attending the BPAS Basingstoke centre were tested for Chlamydia infection (Chlamydia is a sexually transmitted bacterial infection) prior to any treatment. Women with positive test results were referred to sexual health services. Women were also referred to sexual health services for further screening for other STI and treatment.
- Contraceptive options were discussed with women at the initial assessments and a plan was agreed for contraception after the abortion. The women were provided with contraceptive option and devices at the centre. These included Long Acting Reversible methods (LARC) which are considered to be most effective as suggested by the National Collaborating Centre for Women's and Children's Health.
- The audits of records showed that the centre was 100% compliant in following the discussion around contraceptive advice.

Pain relief

- Pre and post procedural pain relief was prescribed on medication records. Best practice was followed as non-steroidal anti-inflammatory drugs (NSAIDs) were usually prescribed. These are recognized as being effective for the pain experienced during the termination of pregnancy.
- Staff we spoke with were clear about which medication would be offered and in which order. For example for a medical abortion procedure NSAIDs would be administered first, if this was not effective paracetamol would then be offered.
- The post-surgical information provided to women included space to record when their pain relief was next due, this ensured that women would be informed about the correct time interval between taking the medication.

Patient outcomes

- The organisation performed various audits recommended by RCOG such as audits related to infection control, consenting for treatment, discussions related to different options of abortion, contraception

discussion, confirmation of gestation and medical assessments audits. The BPAS Basingstoke centre demonstrated compliance rates between 87% to 100% (February 2015). Action plans were developed and implemented to address the areas where improvements were identified

- Women undergoing medical abortion were asked to ensure that a pregnancy test was completed after two weeks post procedure to ensure that the procedure had been successful. Follow up was undertaken through a method agreed with the women. This was usually by telephone and women were invited back to the clinic if there were any concerns.
- Women who had undergone a surgical procedure were offered a follow up appointment but nursing staff told us that women did not tend to routinely take up this option.
- Regional managers told us that in order to monitor outcomes they relied on other staff reporting back to them or women contacting BPAS by using BPAS Aftercare Line. If the clinic was informed that there had been a complication a form would be completed and it would be documented in women's notes to ensure that the information was captured. This was monitored by the quality leads and cascaded through meetings. There had been two reported cases in the last 12 months; there was no evidence of a trend that needed to be investigated further.

Competent staff

- Staff told us they had regular annual appraisals Information provided by BPAS showed that 100% of staff had completed an appraisal in the time period January 2014 to December 2014. Staff were further supported through 'job chats' which took place three times in a year. We reviewed records of the 'job chats' which included objectives relevant to the staff's individual role.
- Clinical supervision was also available and was provided three times a year by lead consultant surgeon from the BPAS centre at Bournemouth.
- All the staff were supported through an induction process and competence based training relevant to their role. Staff who had attended this programme felt it met their needs.
- Staff had access to specific training to ensure they were able to meet the needs of the women they delivered care to. For example, staff had attended a workshop in 'Welcoming Diversity' to ensure they recognise different

Termination of pregnancy

cultural needs and beliefs. This had helped staff in broadening their knowledge and skills to support women in making reproductive choices whilst respecting their individual needs.

- All women were offered a counselling service prior to the treatment. This service was also available post termination procedure if required. Staff referred to as 'client care coordinators, who provided the pre and post abortion counselling service had completed 'BPAS Client Support Skills and Counselling & Self Awareness' course and had completed the client care co-ordinator competencies framework. We spoke to a member of staff who had provided counselling service for 20 years, they confirmed that they were supported by training provided by the organisation's competence matrix and also received counselling supervision
- Referrals would be made if a patient required further support and counselling. This included referrals to Relate and Crisis.
- Initial contact for any of the services provided by BPAS was made through a national contact centre. The centre was run by dedicated BPAS staff who had completed a competence based training specific to the role.

Multidisciplinary working (related to this core service)

- Medical staff, nursing staff, counsellors and other non clinical staff worked well together as a team. There were clear lines of accountability that contributed to the effective planning and delivery of patient care.
- The centre had close working relationships with sexual health service which operated on the same premises. This had helped to improve the patient care pathway.
- The staff told us that they had close links with other agencies and services such as the local safeguarding team and early pregnancy units at the local hospitals.
- The BPAS Basingstoke had a service level agreement with neighbouring NHS Trust which allowed them to transfer a patient to the hospitals in case of medical or surgical emergency.

Seven-day services

- All terminations of pregnancy procedures were carried out as day procedures at the Basingstoke centre.
- The Required Standard Operating Procedures set by the Department of Health set out that women should have access to a 24-hour advice line which specialises in post abortion support and care. BPAS Aftercare Line was a 24 hours per day and seven days a week service. Callers to

the BPAS Aftercare Line could speak to registered nurses or midwives who performed triage and gave advice. This dedicated team of nurses had received training for this role from BPAS.

- A specific triage programme, for the aftercare line staff to follow, for women who had undergone a termination had been developed with input and support from BPAS. These women were then followed up by the centre the women had attended, either by a phone call or sometimes by giving an appointment at the clinic.

Access to information

- A woman's consent was required to communicate with her GP, even if the GP had made the initial referral. Women were asked if they wanted their GP to be informed by letter about the care and treatment they received. Women's decisions were recorded and their wishes were respected.
- Staff at the centre ensured that patient care records were transferred in a timely and accessible way and in line with BPAS protocols, if the woman was referred to a different BPAS centre or provider for further treatment.
- We observed a member of staff handing over a patient's risk assessments and test results to a doctor who worked in an early pregnancy unit at Basingstoke and North Hampshire Hospital over the phone. This was done promptly following a suspected case of ectopic pregnancy. The woman was also given a transfer letter to take to the hospital so that information would be readily available to the staff at the hospital.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed, during the patient consultation that women were consented appropriately and correctly. When women expressed any doubts, efforts were made, by the staff to carefully discuss any sensitive information. Women were offered a second consultation if they were not entirely sure about their decision to terminate the pregnancy.
- The care records we reviewed contained signed consent from women. Possible side effects and complications were recorded and the records showed that these had been explained to women.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLS). While there were no specific examples to support the

Termination of pregnancy

implementation of their responsibilities under the Act staff discussed the need to ensure that women had capacity to make an informed decision. They 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.

Are termination of pregnancy services caring?

Compassionate care

- Throughout our inspection we observed women being treated with compassion, dignity and respect. Curtains were drawn and privacy was respected when a scan was performed.
- We observed positive interactions between women and staff. Women were introduced to all healthcare professionals involved in their care, and were made aware of the roles and responsibilities of the members of the healthcare team.
- Women's preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care. Younger women were encouraged to involve their parents or family members and their wishes were respected.
- Women we spoke with were positive about the way they had been treated by staff.
- The results of the Friends and Family test demonstrated that between January and March 2015, 100 % of women were 'extremely likely' to recommend the service to family and friends.

Understanding and involvement of women and those close to them

- We observed that during the initial assessment, nursing staff explained all the available methods for termination of pregnancy that were appropriate and safe to women. The staff considered gestational age and other clinical needs whilst suggesting these options.
- Women were also given leaflets and a BPAS guide which had information regarding different methods and options available for abortion. If women needed time to make a decision, this was supported by the staff and women were offered an alternative date for further consultation.

- Notices displayed in treatment rooms informed women they could request a chaperone to be present during consultations and examinations.
- Women were involved in their care. Women were given the option to insert their own pessaries (a pessary is medication that is inserted directly into the vagina or cervix) and they were given instructions on how to do this.
- The records we reviewed considered and recorded the post discharge support available for women at home. Women were given written information about accessing the 24 hour BPAS Aftercare Line, a telephone service, for support following abortion procedure.
- Records reviewed showed that there were occasions when women changed their minds about terminating their pregnancy. Staff we spoke with told us that in these circumstances the women were referred for scans and antenatal care.
- The Department of Health (DH) requires every provider undertaking termination of pregnancy to submit demographical data following every termination of pregnancy procedure performed (HSA4 form). These contribute to a national report on the termination of pregnancy. We observed this was discussed with women in the initial consultation. Women were made aware of the statutory requirements of the HSA4 forms and were reassured that the data published by the DH for statistical purposes is anonymised.

Emotional support

- Women considering termination of pregnancy should have access to pre-termination counselling. All the women who attended the centre were provided with pre termination counselling sessions. These were undertaken by experienced clinical support workers. We observed that women who were anxious or unsure about their decision were provided with extra support.
- Adequate support was given where a patient underwent termination of pregnancy due to fetal anomaly. These women were treated sensitively by the staff. Staff told us that they encouraged the support person (carer or a family member) to be involved in the care of such women as much as possible. The treatment and appointments of such women were fast tracked and prioritised.
- Discussions were held with women regarding the disposal arrangements for fetal tissue. Women's wishes were respected and their beliefs and faith were taken

Termination of pregnancy

into consideration. The centre supported the women if they had specific wishes about burial or sensitive disposal of fetal remains. Staff provided women with specific information about how this could be managed and also provided information about local funeral services.

- The centre also supported women with post-termination counselling sessions if required. For those women having difficulty coping due to special circumstances such as fetal anomaly, referrals were made to specialist organisations.

Are termination of pregnancy services responsive?

Service planning and delivery to meet the needs of local people

- The regional managers were involved in developing the facilities and premises and the planning of the service along with the commissioners.
- The women could book their appointments through the BPAS telephone booking service, which was open 24 hours a day throughout the year. The electronic triage booking system offered women a choice of appointment to help ensure women were able to access the most suitable appointment for their needs and as early as possible.
- BPAS offered a web chat service, via their internet page, for women who wanted to know more about the services provided.
- A fast track appointment system was available for women with higher gestational age or those with any complex needs.
- BPAS was able to offer treatment at other BPAS centres within Hampshire if a woman preferred a different location or preferred an option for termination which was not available at the Basingstoke centre.

Access and flow

- Women were referred from a variety of sources such as GPs, school nurses and also self-referrals. The centre undertook all aspects of pre assessment care pathway including counselling, date checking scans to confirm pregnancy and to determine gestational age and other pre-termination assessments.
- BPAS monitored the average number of days women waited from initial contact to consultation, from

consultation to treatment and the whole pathway from contact to treatment. The report of the waiting times was also provided to the commissioners on a quarterly basis.

- Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral and they should be offered the abortion procedure within five working days of the decision to proceed. The service monitored its performance against the waiting time guidelines set by the Department of Health. Across Hampshire, for which Basingstoke is part, 56% of women waited longer than the recommended time of five working days from referral to consultation and 47% waited longer than five working days from decision to proceed to termination of pregnancy.
- BPAS was aware of these longer waiting times and in order to analyse these times the organisation had conducted a review of available appointments within a 30 mile radius of the patient's home address, at the point of booking. The data provided by BPAS showed that across Hampshire, of which BPAS Basingstoke is part, between January 2015 and March 2015 77% of women could have had an appointment with five days from referral to consultation. Seventy eight percent could have had the procedure with five working days from decision to proceed to treatment. It was noted that some women chose to be treated at a different centre or needed extra time in which to make a decision about whether to proceed.

Meeting people's individual needs

- The centre was accessible to wheelchairs users and disabled toilets were available.
- A professional interpreter service was available to enable staff to communicate with women for whom English was not their first language.
- Consent forms were available in different languages for the women who could not speak English. Staff told us that they also used the interpreter service to ensure the patient understood and could weigh up the decision to continue the treatment.
- Support was available for women with a learning disability or other complex needs. We were given an example where a woman with a learning disability was given all the information in writing following her consultation. This had allowed her to discuss the various options for termination of pregnancy with her

Termination of pregnancy

family members and come to a decision. Nursing staff liaised closely with the learning disability nurse or other specialist nurses whilst dealing with women with complex needs.

- BPAS was working to make the service they provided accessible to all women. The regional managers told us that the service provides support to women who may otherwise not be able to access the required treatment. We were given an example where a patient was supported with travel costs and accommodation to enable to receive the treatment they required in a timely way.
- There was a clearly defined referral process for women who required a specialist service. BPAS treated fit and healthy women without an unstable medical condition. For women who did not meet these criteria a referral form was completed and managed by a specialist referral placement team. This was a seven day service. Women were referred to the most appropriate NHS provider to ensure that they received the treatment they required in a timely and safe way.
- A general guide for women attending any BPAS centre was available called 'My BPAS Guide'. This guide had information about different options available for termination of pregnancy including what to expect when undergoing a surgical termination. This also included any potential risks.
- We did not observe any discussions with women around making informed choice about fetal remains during the patient consultation clinics that we attended. Staff told us that the women were given 'My BPAS' guide which provided the relevant information about fetal remains. Staff told us that the service supported the women if they had specific wishes about burial or sensitive disposal of fetal remains.
- Nurses undertaking pre-surgical assessments had a range of information available to them that they could give to women as required. This included advice on contraception, sexually transmitted infections, miscarriage and services to support women who were victims of domestic violence and how to access sexual health clinics.
- Leaflets were given to women to inform them what to expect after the procedure. This included a 24 hour telephone number of where women could seek advice if they were worried.

Learning from complaints and concerns

- Women were encouraged to raise a concern or make a complaint and staff were positive about learning from complaints.
- Literature and posters were displayed advising women and their supporters how they could raise a concern or complaint formally or informally. Information on how to make a complaint was included in the 'my BPAS Guide'. A separate leaflet was also available
- We were told by staff that how to manage complaints was discussed as part of the corporate induction days
- Formal complaints were managed by the complaints manager and the patient engagement manager. A full investigation of a complaint was carried out and feedback was given to the staff.
- A local complaints log was maintained. Between January 2014-December 2014, the centre did not receive any formal complaint. There were also no complaints raised to the Care Quality Commission during this period.
- Between January 2015 and April 2015 there had been one formal complaint. This had been investigated and the learning shared with staff. The investigation showed that procedures had been followed but greater emphasis needed to be placed on making follow-up calls to women following early medical abortions.

Are termination of pregnancy services well-led?

Vision, strategy, innovation and sustainability and strategy for this this core service

- The organisation's aim was 'To provide high quality, affordable sexual and reproductive health service'. The organisation had clearly defined corporate objectives to support its aim.
- Staff were passionate about improving services for women and providing a high quality service.
- As a provider, BPAS has expanded in response to the market and acquisition of contracts to provide services across the country. Locally BPAS Basingstoke was provided as the Hampshire wide contract with Solent NHS Trust. The services provided by BPAS across Hampshire were being reviewed. There were plans to reduce the number of locations and increase the operational service days at other locations to make the services more efficient and streamlined.

Termination of pregnancy

- The potential to expand the service at Basingstoke centre was under consideration. Staff were informed that service could expand from three to four days. The new nurse lead also hoped to expand the range of procedures on offer at Basingstoke centre.
- Regional management staff told us about the organisation's value to treat all women with dignity and respect and provide confidential, non-judgmental services. Staff reflected and followed the values of the organisation although they did not always fully recognise these as the organisation values.

Governance, risk management and quality measurement for this core service

- The regional quality assessment and improvement forum (RQUAIF) met three times a year and maintained oversight of all services in the region. The forum consisted of representative from across disciplines and included a lead nurse, a client care manager, doctor, nurse, clinical lead and associate director of nursing. At each meeting they reviewed complaints, incidents, serious incidents, audit results, complications, patient satisfaction and quality assurance for point of care testing and declined treatments. We saw from forum records that detailed information was shared with a focus on shared learning. This forum reported to the organisation's clinical governance committee.
- Minutes from RQUAIF were also shared at the regional managers meetings who were expected to hold local meetings to ensure that learning was shared to a wider audience.
- The associate director of nursing supported the lead nurses with meetings three times a year, either through the use of electronic methods of communication, such as a webinar, or face to face. One of these three meetings was always face to face.
- A team brief was circulated to all staff and included generic, financial marketing and clinical elements.
- Key policies were launched via a conference call which was accessible to all the staff. These were also recorded and available for a month to enable staff to access them.
- The medical director took a lead role in ensuring that the organisation was working in line with current national guidance. A paper would be submitted to each clinical advisory group detailing any new or amended guidance and assessment of how BAPS was meeting the guidance or what work needed to be undertaken.

- The centre had a risk register which included various areas of risk identified. These risks were documented and a record of the action being taken to reduce the level of risk was maintained.
- The assessment process for termination of pregnancy legally requires that two doctors agree with the reason for the termination and sign a form to indicate their agreement (HSA1 Form). We looked at 10 patient records and found that all forms included two signatures and the reason for the termination.
- A doctor who worked at BPAS Basingstoke centre would review the completed documentation following the initial assessment by the nurse. At this point, if they agreed with the procedure being undertaken they would sign the HAS1 form. The information would be scanned or faxed to a second doctor in the neighbouring BPAS centre for them to review the information and sign the form if they were also in agreement.
- BPAS centres completed monthly HSA1 audits to ensure and evidence with BPAS compliance. BPAS Basingstoke centre's last audit was carried out in March 2015 and demonstrated 100% compliance with HAS 1 forms.
- The Department of Health (DH) requires every provider undertaking termination of pregnancy to submit demographical data following every termination of pregnancy procedure performed. These contribute to national report on the termination of pregnancy (HSA4 forms). The HSA4 forms were reported electronically to DH on the same day by service manager following the termination procedure. The HSA4 forms were signed online within 14 days of the completion of the abortion by the doctor who terminated the pregnancy.

Leadership of service

- The staff working at the Basingstoke centre felt well supported by their centre manager and regional manager and told us they could raise concerns with them. Staff told us the senior management were visible and had a regular presence on their centre. They also said the associate director of nursing was approachable and helpful.
- The service maintained a register of women undergoing a termination of pregnancy, which is a requirement of regulation 20 of the Care Quality Commission

Termination of pregnancy

(Registration) Regulations 2009. This was completed in respect of each person at the time the termination was undertaken and was retained for a period of not less than three years beginning on the date of the last entry.

- The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) was displayed near the waiting room area.

Culture within the service

- Staff displayed an enthusiastic, compassionate and caring manner to the care they delivered. They recognised that it was a difficult decision for women to seek and undergo a termination of pregnancy.
- Staff spoke positively about the high quality care and services they provided for women and were proud to work for BPAS. They described BPAS as a good place to work and as having an open culture.
- Staff told us they were comfortable reporting incidents and raising concerns. They told us they were encouraged to learn from incidents. Staff felt they could openly approach managers if they felt the need to seek advice and support.
- The staff at the centre facilitated, wherever possible, and if it was within legal requirements, any request made by a woman concerning management of the remains of the pregnancy. BPAS provided relevant training to staff to enable them to meet those needs. Staff followed the 'Women's Wishes' regarding 'Fetus Policy & Procedure' in accordance with 'HTA Guidance on the disposal of pregnancy remains following pregnancy loss or termination'.
- Where a woman wished to dispose of the pregnancy remains privately, staff provided them with a specific information sheet which laid out how the remains should be managed.

Public and staff engagement

- Women attending the centre were given feedback forms which asked for their opinion of the service. Staff however, told us that due to the sensitivity of the procedure and the emotional experience for the women, it was sometimes a challenge to engage with women. The patient satisfaction survey (January to March 2015) had a response rate of 58%. The analysis of feedback from surveys showed an overall 94% satisfaction with care and 100% of women who would recommend the service.
- The service was active in engaging with the wider public through various engagement activities, such as talks in schools to increase awareness of contraception/STDs and an understanding of the abortion process. BPAS had involved a young women's group in writing an abortion guide for younger women.
- Staff surveys were completed to gain staff opinion of working at the centre. The staff survey results for 2014 were generally positive.

Innovation, improvement and sustainability

- There were examples of innovative service delivery and clinical practice. This included the use of 24 hour telephone appointment service and web chat service for women.
- The centre was commissioned to provide the termination of pregnancy service by the Solent NHS Trust. There was dedicated surgical time allocated, with provision for this to be increased from three to four days. The service also had plans to merge the Aldershot centre with the Basingstoke centre at the current Basingstoke location in order to expand the service.

Outstanding practice and areas for improvement

Outstanding practice

- The service offered a web chat for the women who wanted to know more about the service.
- There was a clearly defined referral process for women who required a specialist service. Such referrals were managed by a specialist referral placement team, which was a seven day service. Women were referred to the most appropriate NHS provider to ensure that they receive the treatment they require in a timely and safe way.
- Key policies were launched across the organisation, via a conference call which was accessible to all staff. These were also recorded and available for a month to enable staff to access them.

Areas for improvement

Action the hospital SHOULD take to improve

Action the service SHOULD take to improve:

The service should ensure

- There is a clear audit trail for the request and receipt of medicines and that practice is monitored against the medicines management policy.