

BPAS - Peterborough

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

The Care Quality Commission (CQC) carried out an announced comprehensive inspection at British Pregnancy Advisory Service (BPAS) Peterborough on 17 May 2016. This service was inspected as part of a wider programme to inspect providers of acute independent healthcare.

BPAS Peterborough provides consultations, ultrasound scans, medical and surgical termination of pregnancy, and counselling and support for people who use the service. In addition, long acting reversible contraception and sexually transmitted infection testing and screening are offered. BPAS Peterborough also provides services via one treatment unit (BPAS Cambridge).

BPAS Peterborough provides consultation, early medical abortion (EMA) and medical abortion treatments up to 10 weeks gestation and surgical treatment up to 13 weeks gestation. Surgical termination is carried out under local anaesthetic by vacuum aspiration.

Our key findings across all the areas we inspected were as follows:

Are services safe at this hospital?

Staff we spoke with were confident to report serious incidents, whistleblow or challenge if they suspected poor practice. Incidents, near misses and serious incidents were standard agenda items at BPAS Regional Quality, Assessment and Improvement Forums (RQuAIF).

Staff adhered to “bare below the elbows” and were observed to undertake appropriate hand decontamination to reduce the risk of infection. Recommendations identified in recent infection prevention and control (IPC) audits (BPAS hazardous waste inspection and the May IPC audit) had been actioned.

All the equipment reviewed during the inspection had been serviced by an appropriate contracted company and maintenance dates were visible on the equipment.

There were systems in place for medicine management that included obtaining, recording, handling, storing and security of medicines.

All eight staff had undertaken BPAS training for safeguarding vulnerable groups - level three. Staff were knowledgeable about safeguarding concerns and documented evidence demonstrated that safeguarding assessments had been completed and appropriate safeguarding referrals had been made for patients under the age of 16.

Evidence of risk management and accountability for the treatment unit in Cambridge was not provided. Specifically in relation to checking of the emergency equipment, ensuring a risk assessment or service level agreement was in place for appropriate care of a deteriorating patient and consideration of a risk assessment in relation to lone working safety requirements. Staff at a local level had not received any training on dealing with violence and aggression.

Not all references to national guidance and standards listed in the Medicines Management Policy 2015 were the most up to date version, despite a recent review. Subsequent data provided following the inspection stated that the Medicines Management Policy 2015 policy had been under review by the clinical governance committee (CGC) at the time of inspection. However no material changes were made to the reference documents or the BPAS policy as a result of this review.

Are services effective at this hospital?

Policies were accessible for staff and there was a system in place for auditing and review via regional and provider level clinical governance. There was a system for patient clinical outcomes to be reviewed at regional and provider level. Staff we spoke with stated that outcomes were discussed at local team meetings. However, this was not minuted.

Summary of findings

All staff were appropriately qualified and had received training in accordance with their role. One-hundred per cent of registered nurses had undergone an annual appraisal and 80% of administration staff.

Training data provided demonstrated that both registered nurses and the registered midwife at BPAS Peterborough had received consent workshop training in line with the provider policy.

Are services caring at this hospital?

Staff offered a good service to patients and were helpful, caring and treated patients with dignity and respect. We observed that staff adopted a non-directive, non-judgemental and supportive approach to patients seeking and receiving treatment for termination of pregnancy.

Views from patients were positive and described staff as caring. Results from the patient survey, December 2015, were 100% for confidence and trust in staff and patients treated with dignity and respect.

Staff were clear on the range of emotional responses that women and those close to them may experience during and following a termination.

Staff were recruited in accordance with the BPAS Recruitment and Selection Policy and Procedure, which explored whether candidates were pro-choice. BPAS did not employ or subcontract individuals with a conscientious objection to abortion, or those who did not embrace the organisational beliefs.

Are services responsive at this hospital?

Services were planned and delivered in a way that met the needs of the population and reflected the importance of flexibility and choice for patients. Commissioners and stakeholders were involved in service planning.

Data provided between January and December 2015 demonstrated that 77% of patients received treatment below 10 weeks gestation at BPAS Peterborough, which was above the national average.

Data provided demonstrated that BPAS Peterborough was achieving the target that patients are offered an appointment within five working days of referral or self-referral, as per RSOP 11, in the majority of cases. Achieving between 81% and 91% in each quarter of 2015/16. The percentage of patients receiving a termination procedure within five working days of the decision to proceed was between 73% and 85% in each quarter of 2015/16.

Midwives and nurses undertaking assessments had a range of information that they could give to patients as required. Translation services were available for patients who did not have English as a first language.

There was a complaints procedure in place, and posters displayed in the clinic to inform and encourage people to raise concerns where necessary. There had been no complaints reported between January and December 2015.

We were informed that there were plans to improve capacity and flow. A business case was being developed to increase the number of days the Peterborough centre was open and increase the number of surgery days per month with the aim to reduce waiting times.

Are services well-led at this hospital?

Governance took place at regional and national levels however data provided did not demonstrate this at a local level.

Risk processes were not effective at location level. The centre manager was not trained in risk management and there was a lack of risk assessments to show a proactive approach to risk management at location level.

There was no risk register to enable risks to be identified, managed and reduced in a timely manner.

There was a lack of ownership or responsibility for processes and risk management at the Cambridge treatment unit.

Summary of findings

Staff we spoke with stated that team meetings were utilised to discuss incidents, outcomes, complaints and ensure learning. However, team meetings were not minuted, so there was no official record of agenda items discussed or actioned at the meetings.

However, staff were aware of the vision and strategy at BPAS Peterborough, which was to deliver high quality care, promote good outcomes for patients and encompass key elements such as involvement, kindness, a non-judgemental approach and choice for patients. The culture was viewed as supportive and corporately led.

Processes were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms.

Patient and staff engagement was good, with positive comments of a friendly environment where patients and staff were valued and respected.

We saw the following area of good practice:

- Staff were described and observed as being non-judgemental.

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

Importantly, the provider should:

- Ensure that senior staff at a local level receive training and development with regard to risk management.
- Ensure clear guidelines are provided to evidence who is accountable for managing and checking emergency equipment at the treatment unit.
- Review local risk management practices, such as local risk registers and risk assessments for the treatment unit staff regarding safety, management of deteriorating patient, equipment and environment.
- Ensure that staff at a local level have access to violence and aggression training.
- Ensure team meetings are minuted to demonstrate good communication and engagement of all staff at all times.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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BPAS Peterborough

Services we looked at

Termination of pregnancy

Summary of this inspection

Background to BPAS - Peterborough

Termination of pregnancy (TOP) refers to the treatment of termination of pregnancy, by surgical or medical methods. BPAS Peterborough is part of the provider group British Pregnancy Advisory Service (BPAS), which is an independent healthcare charity which has provided a service to patients for nearly 50 years.

BPAS Peterborough opened in the current location in 2006 and provides consultations, ultrasound scans, medical and surgical termination of pregnancy, and counselling and support for people who use the service. In addition, all methods of contraception, including long acting reversible contraception, and sexually transmitted infection testing and screening are offered.

BPAS Peterborough also provides services via one treatment unit (BPAS Cambridge). The treatment unit is located in the community, where medical termination and consultations in the early stages of pregnancy are provided in a private consulting room. Both locations hold a licence from the Department of Health (DH) to undertake termination of pregnancy services in accordance with The Abortion Act 1967. Services are provided to both NHS and privately funded patients.

Patients of all ages, including those aged less than 18 years, are seen and medically treated at both the locations. There is a surgical list undertaken once a month at BPAS Peterborough for patients requiring surgical termination of pregnancy.

Counselling services are offered to all patients before and after their treatment and are provided face to face or by telephone. Appointments are made through a 24 hour appointment booking centre.

The service is provided from a discretely located secure building. The external door is locked and entry is authorised via an intercom system. The building is not purpose built and has been modified to provide four consulting rooms, one treatment room and two screening rooms.

There are car parks and public transport close by and there are facilities in place to support people with a physical disability.

Our inspection team

Our inspection team was led by a CQC lead inspector and included an additional inspector.

How we carried out this inspection

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

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

We inspected the clinic as part of our schedule of independent hospitals.

An announced inspection took place at BPAS Peterborough on 17 May 2016. During our inspection we visited the main location only. Before visiting, we reviewed a range of information we held about the centre and asked other organisations to share what they knew. We also viewed information provided by the centre, which included feedback from people using the service about their experiences.

We spoke with six staff members, including managers, registered nurses, healthcare support workers and

Summary of this inspection

administration staff. We spoke with two patients and reviewed the patient care records of six patients. We observed interactions and communication with patients and those close to them during our inspection.

Information about BPAS - Peterborough

BPAS Peterborough is a clinic that provides termination of pregnancy and family planning services to private and NHS patients. BPAS Peterborough provides consultation and early medical abortion (EMA) and medical abortion treatments up to 10 weeks gestation and surgical treatment up to 13 weeks gestation. There is one treatment room where surgical termination under local anaesthetic by vacuum aspiration is undertaken. This is performed as day case surgery and no overnight accommodation is provided.

The clinic is registered to provide the regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury
- Family planning
- Termination of pregnancy.

The centre performed 600 early medical abortions (87%) and 89 surgical abortions (13%) between January and December 2015.

The centre does not provide surgery under general anaesthetic or dilatation and evacuation.

There was a registered manager in post.

Opening days are currently Tuesday, Wednesday and Thursday each week at BPAS Peterborough and Tuesdays at Cambridge treatment unit.

Staff employed consisted of two registered nurses and one registered midwife (wte 1.4) and five administration staff (wte 1.9).

No medical doctors are directly employed at BPAS Peterborough but one doctor supports the monthly surgical list working under practising privileges.

Detailed findings from this inspection

Notes

This service was inspected but not rated.

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. Although we do

not currently have the powers to rate these services, we report on whether they are safe, effective, caring, responsive to people's needs and well-led. We highlight areas of good practice and areas for improvement.

Termination of pregnancy

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Summary of findings

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Staff adhered to “bare below the elbows” and were observed to undertake appropriate hand decontamination to reduce the risk of infection. Recommendations identified in recent infection prevention and control audits (BPAS hazardous waste inspection and the May IPC audit) had been actioned.

All the equipment reviewed during the inspection had been serviced by an appropriate contracted company and maintenance dates were visible on the equipment.

There were systems in place for medicine management that included obtaining, recording, handling, storing and security of medicines.

All eight staff had undertaken BPAS training for safeguarding vulnerable groups - level three. Staff were knowledgeable about safeguarding concerns and documented evidence demonstrated that safeguarding assessments had been completed and appropriate safeguarding referrals had been made for patients under the age of 16.

All staff were appropriately qualified and had received training in accordance with their role. One-hundred per cent of registered nurses had undergone an annual appraisal and 80% of administration staff.

Training data provided demonstrated that both registered nurses and the registered midwife at BPAS Peterborough had received consent workshop training in line with the provider policy.

There was a system for patient clinical outcomes to be reviewed at regional and provider level. Staff we spoke with stated that outcomes were discussed at local team meetings. However, this was not minuted.

Staff offered a good service to patients and were helpful, caring and treated patients with dignity and respect. We observed that staff adopted a non-directive, non-judgemental and supportive approach to patients seeking and receiving treatment for termination of pregnancy. Staff were clear on the range of emotional responses that patients and those close to them may experience during and following a termination.

Services were planned and delivered in a way that met the needs of the population and reflected the importance of flexibility and choice for patients. Commissioners and stakeholders were involved in service planning.

Data provided between January and December 2015 demonstrated that 77% of patients received treatment below 10 weeks gestation at BPAS Peterborough, which was above the national average.

Data provided demonstrated that BPAS Peterborough was achieving the target that patients are offered an appointment within five working days of referral or self-referral, as per RSOP 11, in the majority of cases. Achieving between 81% and 91% in each quarter of 2015/16. The percentage of patients receiving a termination procedure within five working days of the decision to proceed was between 73% and 85% in each quarter of 2015/16.

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Midwives and nurses undertaking assessments had a range of information that they could give to patients as required. Translation services were available for patients who did not have English as a first language.

There was a complaints procedure in place, and posters were displayed in the clinic to inform and encourage people to raise concerns where necessary. There had been no complaints reported between January and December 2015.

Staff were aware of the vision and strategy at BPAS Peterborough, which was to deliver high quality care, promote good outcomes for patients and encompass key elements such as involvement, kindness, a non-judgemental approach and choice for patients. The culture was viewed as supportive and corporately led.

Processes were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms.

Patient and staff engagement was good, with positive comments of a friendly environment where patients and staff were valued and respected.

However, evidence of risk management and accountability for the treatment unit in Cambridge was not provided in relation to checking of the emergency equipment, ensuring a risk assessment or service level agreement was in place for appropriate care of a deteriorating patient and consideration of a risk assessment in relation to lone working safety requirements. Staff at a local level had not received any training on dealing with violence and aggression.

Not all references to national guidance and standards listed in the Medicines Management Policy 2015 were the most up to date version, despite a recent review. Subsequent data provided following the inspection stated that the Medicines Management Policy 2015 policy had been under review by the clinical governance committee (CGC) at the time of inspection. However no material changes were made to the reference documents or the BPAS policy as a result of this review.

We were informed that there were plans to improve capacity and flow. A business case was being developed to increase the number of days the Peterborough centre was open and increase the number of surgery days per month with the aim to reduce waiting times.

Governance took place at regional and national levels, however data provided did not include evidence of governance meetings at a local level. Risk processes were not effective at location level. The centre manager was not trained in risk management and there was a lack of risk assessments to show a proactive approach to risk management at location level.

There was no risk register to enable risks to be identified, managed and reduced in a timely manner.

There was a lack of ownership or responsibility for processes and risk management at the Cambridge treatment unit.

Staff we spoke with stated that team meetings were utilised to discuss incidents, outcomes, complaints and ensure learning. However, team meetings were not minuted, so there was no official record of agenda items discussed or actioned at the meetings.

Termination of pregnancy

Are termination of pregnancy services safe?

Our key findings for safety were:

- Staff we spoke with were confident to report serious incidents, whistleblow or challenge if they suspected poor practice.
- Incidents, near misses and serious incidents were standard agenda items at BPAS Regional Quality, Assessment and Improvement Forums (RQuAIF).
- Staff adhered to “bare below the elbows” and were observed to undertake appropriate hand decontamination to reduce the risk of infection.
- Recommendations identified in recent infection prevention and control audits (BPAS hazardous waste inspection and the May IPC audit) had been actioned.
- All the equipment reviewed during the inspection had been serviced by an appropriate contracted company and maintenance dates were visible on the equipment.
- There were systems in place for medicine management that included obtaining, recording, handling, storing and security of medicines.
- All eight staff had undertaken BPAS training for safeguarding vulnerable groups - level three.
- Staff were knowledgeable about safeguarding concerns and documented evidence demonstrated that safeguarding assessments had been completed and appropriate safeguarding referrals had been made for patients.

However

- There was no evidence at BPAS Peterborough to identify accountability for managing and checking the emergency equipment at the treatment unit in Cambridge and no records were provided to demonstrate that this was undertaken.
- Not all references to national guidance and standards listed in the Medicines Management Policy 2015 were the most up to date version, despite a recent review.
- There was no evidence that either a risk assessment or service level agreement was in place for appropriate care of a deteriorating patient in the treatment unit.
- A risk assessment had not been considered at the treatment unit in respect of lone working safety requirements from both a staff and patient perspective.

- Staff at a local level had not received any training on dealing with violence and aggression.

Incidents

- Eleven incidents had been reported between January and December 2015. There had been no serious incidents or never events reported during this period.
- Staff we spoke with stated they were confident to report serious incidents, whistleblow or challenge if they suspected poor practice. They explained that there was a two-tier system in place for reporting incidents. Staff reported incidents to the registered manager who then raised an incident form via the reporting system.
- Data provided prior to inspection stated that incidents were monitored and reviewed at a corporate level at the BPAS Regional Quality, Assessment and Improvement Forums (RQuAIF) and national clinical governance committee (CGC) meetings. We reviewed the minutes of the RQuAIF and CGC meetings and noted that incidents, near misses and serious incidents were standard agenda items. Clinical incidents and near misses was reported in the CGC minutes as a total for the regions and therefore did not provide evidence of what oversight measures were in place to ensure incidents were monitored and reviewed to identify themes and trends.
- Serious incidents were also a standing agenda at the regional management meetings, which meant that regional managers had the opportunity to share and review incidents and learnings across the locations.
- Staff stated that incidents and learnings were discussed at team meetings to heighten awareness and prevent reoccurrence. However, these meetings were not minuted or recorded.
- Staff provided an example of a recent incident that related to a medication administration error and described the actions that had been taken to mitigate future risks. A contributing factor arising from the investigation had been that the medication had similar packaging to another medication. An alert was sent out to all BPAS centres to identify the risk and share learning from the incident and feedback was provided to the member of staff that had reported the incident.
- 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

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other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Senior staff we spoke to were aware of the requirement for duty of candour.

Cleanliness, infection control and hygiene

- BPAS Peterborough employ a cleaner to undertake cleaning three days per week.
- Clinical areas at BPAS Peterborough were visibly clean. Cleaning schedules and checklists were in place and staff we spoke with were familiar with the daily, weekly and monthly checks required.
- The training log provided prior to inspection demonstrated that compliance with infection control training was 62.5%. Two of the three clinical staff had completed an infection control update within the last 12 months, the third member of staff was on maternity leave. One member of staff was appointed as lead for infection control.
- There was an infection control policy in place that included an infection control annual plan 2015. The plan included regular monthly audits to ensure monitoring of infection control practices (IPC). The monthly audit was comprehensive and included topics for environment, hand decontamination, use of personal protective equipment (PPE), sharps management, disposal of linen, care of equipment, medicine management, theatre area, procedure room, and waste management.
- Data was provided for the IPC audit in April and May 2016 and an overall score of 97% was achieved in both months. The majority of areas scored 100%. In the May audit, equipment management and sharps management scored 95%, waste management scored 93% and the lowest score was for medicines management at 92%, however the issues raised were not directly related to IPC. Actions were highlighted to improve practice, such as a reminder on managing sharps and the appropriate use of clinical waste bags. No other data was provided to enable a comparison of wider data to determine if this was a consistent result.
- Data provided following the inspection included dashboard submission data which included infection prevention. Between June and December 2015 it had been recorded that the infection prevention standard had been achieved. The BPAS policy for "Unit Dashboard / Early warning Scorecard" outlines that five observations of practice each month with an overall score of 90% is the required standard.

- There was adequate access to handwashing facilities and adequate supply of personal protective equipment (PPE) such as disposable gloves and aprons. Staff working in a clinical role were observed to be compliant with bare below elbows policy. One member of staff was seen to remove their wristwatch prior to handwashing and all staff undertook handwashing between the care of patients to help reduce the spread of infection. Hand decontamination and the use of PPE both scored 100% in the May IPC audit.
- Disposable curtains with an antibacterial covering were used in the treatment areas. These were clearly labelled with the date when they were last changed.
- Single use equipment was utilised throughout and was disposed of after use. This meant that the service did not need to decontaminate equipment.
- There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps in a clinical environment. Spillage kits for the safe disposal of body fluids were available and staff we spoke with were aware of how to use these.
- A BPAS hazardous waste inspection and audit was carried out on 18 March 2015. The majority of measures were compliant. However, a minor non-conformance was recorded against clinical waste bags not being tied with a swan neck method and labelled to enable traceability. Action was taken and a poster displayed of the swan neck method. No concerns regarding clinical waste were identified on site during the inspection.

Environment and equipment

- The centre had a planned preventative maintenance programme in place which the registered manager monitored. All the equipment reviewed during the inspection had been serviced by an appropriate contracted company and maintenance dates were visible on the equipment.
- Staff we spoke with stated that the contracted company were able to respond to the needs of the clinic should a piece of equipment require repair. Scanners for the treatment unit in Cambridge were part of the equipment log and serviced on site.
- There was access to emergency resuscitation equipment on site at Peterborough. Records demonstrated that this equipment was checked on a daily basis, when the Peterborough clinic was open, to ensure that the equipment was ready for use.

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- However, there was no evidence at BPAS Peterborough to show who was accountable for managing and checking the emergency equipment at the treatment unit in Cambridge and no records were provided to demonstrate that this was undertaken.
- A risk assessment had not been considered at the treatment unit in respect of lone working safety requirements from both a staff and patient perspective. Two members of BPAS staff work at the treatment unit however the staff are separated on different floors. Consultation is on one floor and scanning is undertaken upstairs. Staff we spoke with stated that sometimes they can be the only one on that floor and were not aware of any panic button on site.

Medicines

- Staff involved in the supply and administration of medicines were required to comply with the BPAS Medicines Management Policy, 2015, which sets out medication management systems and staff responsibilities. However, not all references to national guidance and standards listed in the policy were the most up to date version, despite a recent review.
- BPAS had a centrally managed contract for the purchasing of medicines. Medicines were supplied by an approved pharmacy supplier. Orders for medicines were placed electronically and checked by an authorised person. Supplies were sent directly to BPAS Peterborough. There were no controlled drugs (CDs) (medicines subject to additional security measure) stored or administered at this location.
- Medicine management had scored 92% in the infection control audit in May 2016. The audit included 12 checks covering medicine management from aspects such as ensuring the medicine fridge is only used for the sole purpose of storage of medications, security of medication, cleanliness of the drug cupboard and fridge, temperature checks and staff awareness of actions to take when temperatures occur out with acceptable parameters. Comments in the May audit were that "the drug fridge was unlocked" and "the drug cupboard keys were in a drawer." Actions taken to prevent reoccurrence included communicating to nursing staff that the drug fridge was to be kept locked at all times and that both nurses on duty should each have a set of drug keys and keep them on their person at all times.
- During inspection medicines were stored in a locked cupboard, or, where they needed to be stored below a certain temperature, in a designated refrigerator for this purpose. The minimum and maximum temperature of the refrigerator used to store medicines was monitored and recorded to ensure medicines were kept at the required temperature. The refrigerator used for this purpose was locked, clean and tidy.
- There were systems in place to check for expired medicines and to rotate medicines with a shorter expiry date so they were used first. All the medicines seen during inspection were in date and correctly stored in line with manufacturers' instructions.
- Oxygen cylinders were stored securely, and the room had a sign on the door to indicate oxygen was being stored in there.
- Staff we spoke with said that all patients were asked about allergies on admission and identified allergies were recorded on the patient's care records. Medication administration records formed part of the patient care records. We reviewed six sets of patient care records, all of which were found to be clear, concise, and fully completed, including a documented record of whether or not the patient had any allergies.
- Post-procedure antibiotics were prescribed to all patients to reduce the risk of infection. Doctors used a secure electronic prescribing system to prescribe medicines remotely, or they were supplied and administered under Patient Group Directions (PGDs). PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor.
- At BPAS each PGD is signed off by the BPAS Medical Director (a registered medical practitioner). The nurse or midwife then administers or supplies the medicine according to the PGD, if the patient meets the specific criteria included within the PGD.
- There were examples where a medicine had been supplied and administered under a PGD on four occasions between 24 March 2016 and 28 April 2016. These were for a medicine called Misoprostol. The purpose for which a Misoprostol PGD can be used is limited, as it cannot, in law, be used for the purpose of inducing an abortion. Information provided demonstrated that BPAS has three misoprostol PGDs in place, two for the management of retained products of

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conception following termination (one for administration and one for supply), and one for the purpose of cervical preparation prior to surgical abortion. Both of these indications are unlicensed and must be fully explained to patients and consent agreed before they take them. We saw that this was explained to patients as part of the consent process, and was documented in each patient's treatment records.

- The system in place was that medicines used to initiate a medical termination of pregnancy were prescribed for patients only after a face-to-face consultation with a member of the nursing team had taken place, written consent and completion of the HSA1 form (the legal document to allow an abortion to be carried out) signed by two registered medical practitioners.

Records

- Patient care records were paper based. In line with the Data Protection Act, care records were stored securely in a locked cupboard and kept on site for six months then archived at the BPAS corporate head office.
- Patient care records were prepared for each patient and specific care pathways were incorporated. We reviewed six sets of patient records and found all of them to be written legibly with all assessments completed.
- Comprehensive pre-operative assessments were undertaken for patients undergoing surgical termination of pregnancy.
- Record keeping and documentation audits were carried out on a monthly basis. Case note audits information was provided for the Peterborough centre. However, this was for the period January to March 2015. This data showed compliance at 99% in January and 100% in February and March.

Safeguarding

- Safeguarding policies and procedures were in place using the relevant guidance and legislation to underpin the duty. This included Home Office (2015) Mandatory Reporting of Female Genital Mutilation – procedural information and Lampard K and Marsden E (February 2015) Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile. Independent report for the Secretary of State for Health. The policy set out how health professionals working within BPAS were to work together to safeguard and promote the welfare of vulnerable people and those at risk, and protect them from abuse and neglect.
- There were two national designated adult and children's safeguarding leads within BPAS, and staff we spoke with were aware of who the safeguarding leads were, and how they would escalate safeguarding concerns to relevant people within the service. Staff said that the corporate safeguarding adviser was responsive when advice was needed.
- The Intercollegiate Document for Healthcare Staff (2014) advises that "all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of children and young people and parenting capacity where there are safeguarding/child protection concerns" should be trained to level three.
- Training data provided did not distinguish between adult and children safeguarding training. All eight staff had undertaken, and remained in date, for safeguarding vulnerable groups (level three) training. Information provided showed this was to be renewed every two years.
- Staff we spoke with understood their responsibilities and had received training relevant to their role, which included female genital mutilation reporting (FGM Act of 2003).
- We observed that efforts were made by staff 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.
- Documentation evidenced that staff routinely took the opportunity to ask patients about domestic abuse in line with NICE guidelines [PH50] Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. [This guidance is for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse]. All patients had a one to one consultation with a nurse. All six patient care records we looked at showed that questions were asked to confirm the patient's safety at home. Patients had access to information about local organisations to support them in case of domestic abuse.
- All patients under the age of 18 had a safeguarding assessment at initial consultation. Initial assessments included questions around consent and coercion to sexual activity and lifestyle to identify coercion,

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suspicion of sexual exploitation or grooming, sexual abuse and power imbalances. When there was any suspicion of abuse, safeguarding referrals were made to the local safeguarding team.

- Staff stated they discussed the assessment of patients under the age of 14 with the safeguarding lead. Any patients aged 13 or under were referred to the local safeguarding authority. We reviewed the records of three patients who were under the age of 16 years and saw that a safeguarding assessment had been completed and appropriate safeguarding referrals had been made.

Mandatory training

- Mandatory training was completed either by E-learning or via face-to-face sessions. Topics for mandatory training included basic life support, immediate life support, health and safety, Control of Substances Hazardous to Health (COSHH), fire safety, manual handling, information governance, infection control and safeguarding vulnerable groups (level three).
- The organisational target for completing mandatory training was 100%. All staff we spoke with stated that they had completed all their mandatory training and the training log supported this.
- In addition to the training topics outlined above, the training log also demonstrated that additional training was available. These included patient support skills, counselling skills, welcoming diversity, and ultrasound scanning.
- Clinical staff we spoke with stated they had received training in line with the management of the deteriorating patient, although this was not specifically separated from basic and immediate life support on the training log. Staff said that simulation exercises were being planned for June 2016.

Assessing and responding to patient risk

- There was a process in place to determine the level of patient risk and appropriateness for patients to receive treatment at BPAS centres. Data provided stated that the BPAS Suitability for Treatment Guideline is used to outline which medical conditions would exclude patients from accessing treatment, and which medical

conditions require careful risk assessment by a doctor. BPAS has a specialist placement team that source NHS appointments for patients who are not suitable for treatment at BPAS on medical grounds.

- Records reviewed confirmed that before treatment, all patients were assessed for their general fitness to proceed with treatment. The assessment included obtaining a medical and obstetric history, measurement of vital signs, including blood pressure, pulse and temperature. An ultrasound scan confirming pregnancy dates, viability and gestation was undertaken in all cases.
- There were two registered nursing staff at BPAS Peterborough that were trained to undertake ultrasound scanning. The BPAS two-day scanning course is accredited by the Royal College of Radiographers. Staff are trained to confirm gestation and recognise a normal pregnancy and physical presentation. The role is not to diagnose; should an abnormality be seen, patients are referred to a GP.
- Prior to undergoing a termination of pregnancy, patients should have a blood test to identify their blood group. Patients who have a rhesus negative blood group should be given an injection of anti-D Immunoglobulin. This treatment protects against complications in the event of further pregnancies. The six records we reviewed indicated that all patients received a blood test prior to them undergoing a termination of pregnancy procedure.
- There was a process in place that all patients undergoing a termination of pregnancy were assessed for their risk of developing blood clots. This would be documented in the patient's records and where necessary, actions would be taken to mitigate any identified risks. Data provided prior to the inspection stated that, between January and December 2015, 100% of patients that had a surgical termination of pregnancy had been risk assessed for venous thromboembolism (VTE). [VTE assessments are undertaken to determine a person's level of risk of developing a blood clot in their legs or their lungs].
- Seven of the eight staff were in date for basic life support training, with the exception being the administration assistant. Three of the eight staff had undertaken intermediate life support training. Staff said they would telephone for an ambulance if a patient started to deteriorate whilst undergoing treatment.

Termination of pregnancy

- BPAS Peterborough had an emergency patient transfer agreement with the local NHS hospital which covered requirements to ensure a timely response when needed. However, there was no risk assessment or service level agreement available to show how an emergency resuscitation would be managed in the treatment unit.
- Staff utilised the 'BPAS Safer Surgery checklist' which was an adapted version on the World Health Organisation (WHO) Five Steps to Safer Surgery checklist. The checklist was designed to prevent avoidable mistakes during surgical procedures.
- We were informed that compliance with the 'BPAS Surgical Safety Checklist' was audited regularly within surgical units (peer audit) and by the clinical audit and effectiveness manager (from head office) on a regular cycle. In March 2015, all relevant registered managers were required to audit effective use of the 'BPAS Surgical Safety Checklist' within their own units and report their findings centrally. BPAS Peterborough scored 100% in this audit.
- Staff were receiving training regarding the National Early Warning Scores (NEWS) which was being introduced across the organisation. The launch of the NEWS chart had taken place at the clinical forum on 25 April 2016. The NEWS chart had clear escalation steps dependent on the patient's observations and would mean that closer observation would be in place during the surgical intervention. This had not been implemented at BPAS Peterborough at the time of inspection.
- There were two registered nurses and one registered midwife employed at BPAS Peterborough. The training matrix provided showed that one was the nominated lead nurse, one a nurse practitioner and one a midwife practitioner.
- BPAS Peterborough had not used agency staff in the three months prior to inspection but were using a regional nurse to cover for the lead nurse during a period of sickness.
- Staff at the treatment unit were working alone at times. There was no risk assessment in place to consider any additional steps to ensure staff safety such as panic alarms and buddy systems. Staff can be physically isolated with vulnerable patients and their partners. Staff at a local level had not received any training on violence and aggression which should be in place to safeguard them.

Medical staffing

- Medical staffing was provided by doctors working remotely and within the centre. The remote doctors were employed by BPAS; their role was to review patients' case notes and medical histories prior to signing the HSA1 forms and prescribing medications.
- Surgical terminations of pregnancy were performed, under local anaesthetic, at BPAS Peterborough once a month and this list was supported by one doctor working under practising privileges. 'Practising privileges' is a term that is used in legislation and defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as: 'the grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital'.

Major incident awareness and training

- There was a contingency business plan in place in the event of an emergency. The centre had a backup plan for power failure and was classed as a priority for restoring failure with the power company should the need arise. There was a policy for this observed during the inspection.

Nursing staffing

- Staff we spoke with were confident that the manager made every effort to ensure that the right staffing levels and skill-mix across all clinical and non-clinical functions and disciplines were sustained at all times of day and week to support safe, effective patient care and levels of staff wellbeing.
- Data provided stated that minimum nurse staffing levels were agreed and outlined within BPAS Perioperative Care, and Minimum Clinical Staffing Levels Policies and Procedures. At least one registered nurse was on duty for the assessment and treatment of medical termination of pregnancy with additional support from a healthcare assistant and a patient care coordinator. According to BPAS policy, for surgical termination of pregnancy there should be one registered member of staff on duty. This could be a nurse, midwife or operating department practitioner.

Are termination of pregnancy services effective?

Our key findings for effective were:

Termination of pregnancy

- Policies were accessible for staff and there was a system in place for auditing and review via regional and provider level clinical governance.
- There was a system for patient clinical outcomes to be reviewed at regional and provider level. Staff we spoke with stated that outcomes were discussed at local team meetings. However, this was not minuted.
- All staff were appropriately qualified and had received training in accordance with their role. One-hundred per cent of registered nurses had undergone an annual appraisal and 80% of administration staff.
- Training data provided demonstrated that both registered nurses and the registered midwife at BPAS Peterborough had received consent workshop training in line with the provider policy.

Evidence-based care and treatment

- Policies were accessible for staff and we were informed that compliance was monitored through regular audits, and reported through BPAS' regional and national clinical governance structures. This was contained within the BPAS Auditing and Monitoring Quality of Treatment and Care Policy and Procedure. This stated that the clinical audit and effectiveness manager (CAEM) will develop a clinical audit plan outlining who and what is to be audited every quarter. In addition monthly infection control and records audits should be undertaken and an annual audit of ultrasound scanning practitioners skills.
- BPAS Peterborough treated patients for early medical abortion (EMA) where pregnancy was confirmed by abdominal or transvaginal scan to be under nine weeks gestation. Patients who underwent EMA were offered different options based on gestation; the option of "same time" simultaneous administration of medicines for EMA was introduced at the Peterborough centre in 2015. The minutes of the clinical governance committee March 2015 highlighted the pilot phase which involved 2000 patients to determine the outcomes and acceptability prior to full implementation.
- Staff we spoke with were fully aware of these practice changes and whilst BPAS recognised this practice sits outside of the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines 2011, this treatment option is acceptable provided the treatment is evidence based, the service monitors and audits outcomes and patients understand the comparative risks. BPAS had done this; the clinical guideline and patient information

was updated to reflect this additional option. In the 'My BPAS Guide' there was a section on significant, unavoidable or frequently recurring risks. This had been updated to state the risk of retained products of conception "5 in 100 if the medicines are taken at the same time, 3 in 100 if taken 24-72 hours apart".

- There was information of further monitoring and discussion on patient outcomes following EMA in the minutes of the clinical governance committee meeting in November 2015. The minutes indicated that there had been an increase in complications relating to EMA and there was a need to continue to closely monitor this. Specific details of what data was captured and if this was at a location or regional level was not included within these minutes.

Pain relief

- Pain relief was prescribed on medication records. Best practice was followed as non-steroidal anti-inflammatory drugs (NSAIDs) were prescribed. These were recognised as being effective for the pain experienced during the termination of pregnancy.
- Patients undergoing a manual vacuum aspiration (MVA) were instructed to take pain relief on the morning of their procedure. Pain, and what to expect was discussed with patients at their initial assessment and patients were prescribed pain relief to take home following their procedure.
- PGDs also covered pain-controlling medication and clinical staff had received appropriate training.

Patient outcomes

- The Cambridge and Peterborough Clinical Commissioning Group (CCG) set BPAS Peterborough targets. Key performance indicators included the take-up of long acting reversible contraception (LARC) and screening or risk assessment for sexually transmitted infection testing (STIs). The summary report for 2015/16 demonstrated that the centre performed well, achieving 73% for STI testing, which was a slight decrease from 2014/15 result of 75%. LARC uptake was 34.6% for 2015/16, which had also decreased from the 2014/15 result of 44%.
- The Regional Quality, Assessment and Improvement Forums (RQuAIF) and national clinical governance committee (CGC) monitored and reviewed treatment

Termination of pregnancy

complication rates to ensure they were at or below accepted, published rates. The RQuAIF minutes from February 2015 indicate a standing agenda item of complications by unit.

- The registered manager and staff stated that there were regular team discussions and meetings to ensure patients' care and treatment was coordinated and the expected outcomes achieved. However, there were no minutes provided of team meetings that could evidence that regular discussion to monitor and improve patient outcomes took place.
- Data provided ahead of inspection stated that there had been no incidents of emergency transfers to an NHS provider between January and December 2015. Staff on site stated that there had been one transfer three months before inspection (February 2016) due to the patient having an allergic reaction to the local anaesthetic.

Competent staff

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The training log provided showed that clinical and non-clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, the unit manager had undergone first line management training and both registered nurses and the registered midwife had undertaken training including consent and PGD training.
- Regional staff carried competency passports with them to show they were qualified to work in the centre safely, which was good practice.
- Staff we spoke with confirmed that they had received an appraisal within the last 12 months or were due one. One-hundred per cent of registered nurses had undergone an annual appraisal and 80% of administration staff. Clinical supervision was being introduced into the centre at the time of inspection. Post inspection a process for cross cover was arranged to ensure clinical supervision would continue during any extended periods of absence of the clinical leads responsible
- All staff were supported through a detailed induction process and competence based training relevant to their role. One nurse had just gone through this process and

had received a 12 week training programme in which essential training had been undertaken, such as scanning, Patient Group Directives and consent practices.

- Quality dashboard data, between April and November 2015, showed that BPAS Peterborough were not compliant with clinical supervision. The BPAS policy for "Unit Dashboard / Early warning Scorecard" identified that for the standard to be achieved a clinical supervision session would have taken place for clinical staff within the last 4 months. Staff had been identified as not receiving the appropriate training for clinical supervision, this was actioned and identified as achieved on the December 2015 dashboard.
- The training log demonstrated that both registered nurses and the registered midwife had completed training in ultrasound scanning. One in January 2014, one in September 2014 and one in December 2015. Evidence was not provided for any yearly competence check in line with the provider's own operational clinical policy no.3 Auditing & Monitoring Quality of Treatment & Care.
- Required Standard Operating Procedure (RSOP) 14 states that all staff involved in pre assessment counselling should be trained to diploma level in counselling. Staff who were involved in counselling, including midwives, nurses and patient care coordinators had undertaken the BPAS patient support skills and counselling and self-awareness course. However, this was not to diploma level. If therapeutic counselling is required, BPAS will refer patients on to external services with appropriately trained pregnancy counsellors.
- There was a formal process to ensure that suitable checks were carried out to enable medical 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. The registered manager had an authorised letter stating the practising privileges of medical staff were up to date.
- Nursing staff and doctors attended a clinical forum in April 2016 regarding their practice to support the revalidation process.

Multidisciplinary working (related to this core service)

Termination of pregnancy

- Staff stated that there was good team to support an integrated care pathway for patients. They said medical input was good and liaison with GPs was satisfactory. Care pathways were in place to ensure that following a termination patients were only discharged once any necessary requirements for ongoing post procedural care were in place such as counselling, follow up appointments and future contraception.
- Staff gave examples of collaborative working with external agencies such as the police, and staff at the local NHS hospital to support emergency transfers and referrals for safeguarding vulnerable children. Staff were aware of the need to work collaboratively with social services to safeguard vulnerable patients who were at risk of domestic abuse or sexual exploitation.

Seven-day services

- BPAS Peterborough did not operate seven days per week; The Required Standard Operating Procedures (RSOP) three states that patients should have access to a 24-hour advice line which specialises in post termination of pregnancy support and care. A BPAS aftercare line was available 24 hours per day, seven days a week. Callers to the BPAS aftercare line could speak to a registered nurse or midwife who gave support and guidance. We were informed that there was a dedicated team of nurses and midwives providing this service and that they had received training for the role from BPAS.

Access to information

- RCOG guidance sets out in recommendation 8.2 that “On discharge, all patients should be given a letter providing sufficient information about the procedure to allow another practitioner elsewhere to manage any complications.” Patients were asked if they wanted their GP to be informed about the care and treatment they received. Patients’ decisions were recorded and their wishes were respected. The patients GP is only informed with client consent or if safeguarding deems necessary without consent. In all the records we reviewed the GPs had been informed about the care and treatment each patient had received.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All six of the care records we reviewed contained signed consent from patients. Possible side effects and complications were recorded and the records showed

that these had been fully explained. Two patients said they were well informed regarding the options and associated risks and 100% of patients surveyed in 2015 said they were involved in the decision making process.

- There were consent forms in place for contraception options and the supply of chosen method and testing for sexually transmitted infections including HIV.
- Staff we spoke with said that if females under the age of 16 years attended, they were encouraged to involve a parent or guardian and that staff applied the Fraser guidelines for checking rationale and understanding when obtaining consent from girls under the age of 16. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment. Staff stated that under these circumstances the young person must be accompanied by a person over the age of 18 when they were having their treatment.
- BPAS Consent to Examination and Treatment Policy April 2013 states “the task of seeking consent may be delegated to another person, as long as they are suitably trained and qualified”. The policy outlines this may be registered medical practitioners, registered nurses and midwives and operating department practitioners and that training is provided via BPAS training (Consent Workshop). Training data provided demonstrated that both registered nurses and the registered midwife at BPAS Peterborough had received this training. One in March 2013, one in September 2014 and one in February 2016. No detail was provided of any updates to ensure staff knowledge remained current.
- The consent policy, dated April 2013, was due for renewal in April 2016 but this had not taken place at the time of inspection in May 2016.

Are termination of pregnancy services caring?

Our key findings for caring were

- Staff offered a good service and were helpful, caring and treated patients with dignity and respect. Views from patients were positive and described staff as caring.
- We observed that staff adopted a non-directive, non-judgemental and supportive approach to patients receiving treatment for termination.

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- 'Confidence and trust in staff' and 'treated with dignity and respect' both scored 100% in the patient survey for 2015.
- Staff were clear on the range of emotional responses that patients and those close to them may experience during and following a termination.
- Workers were recruited in accordance with the BPAS Recruitment and Selection Policy and Procedure, which explored that candidates were pro-choice.

Compassionate care

- Confidence and trust in staff was scored at 100% in the patient survey for 2015. Conversations with patients during the inspection and comments provided supported this finding.
- Interactions between staff and patients undergoing medical termination of pregnancy were observed throughout the inspection. All staff displayed a non-judgemental, compassionate and caring manner. They recognised that it was a difficult decision for patients to seek and undergo a termination of pregnancy.
- Patients' preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care. Younger patients were encouraged to involve their parents or family members and their wishes were respected.
- We observed that staff were polite and helpful to patients both in person, attending at the reception desk, and on the telephone. Patients and their partners were treated with dignity and respect.
- The December 2015 patient satisfaction report scored 100% satisfaction with the way people were treated with dignity and privacy.

Understanding and involvement of patients and those close to them

- One-hundred per cent of patients surveyed in 2015 would recommend BPAS to others.
- Patients said that staff offered a good service and were helpful and caring. One patient told us they were impressed with the knowledge of staff and felt safe in their hands.

- Relatives, partners or friends were able to accompany patients during some consultations and treatments. However, they were unable to accompany during the surgical procedure to protect others' privacy and dignity.
- Each patient pathway concluded within the centre with a discharge process. One-hundred per cent of patients surveyed in 2015 said they received enough information regarding their aftercare. Two patients we spoke with confirmed they had received the booklet 'My BPAS Guide' which was given to every BPAS patient and provided written information about their post treatment care. The guide had a section dedicated to recovery, which detailed what would normally be expected following treatment. Abnormal symptoms following treatment were also listed, with information on what patients should do if they experienced these, including details of the BPAS aftercare line which was accessible for 24 hours, seven days a week.
- Prior to being discharged, patients were given appropriate advice regarding signs of infection and haemorrhage and contact numbers were provided for 24 hour advice and further counselling if required.
- Staff were recruited in accordance with the BPAS Recruitment and Selection Policy and Procedure, which explored that candidates were pro-choice. BPAS stated they did not employ or subcontract individuals with a conscientious objection to abortion, or those who do not embrace the organisational beliefs.

Emotional support

- Staff were clear on the range of emotional responses that may be experienced during and following an abortion.
- RSOP standard three requires that there are protocols in place to support patients following a termination, including access to counselling and support services. We were informed that all patients requesting a termination would be offered the opportunity to discuss their options and choices with, and receive therapeutic support from, a trained pregnancy counsellor and this offer would be repeated at every stage of the care pathway. This was undertaken by a nurse who had completed the BPAS patient support skills and counselling and self-awareness courses.

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Are termination of pregnancy services responsive?

Our key findings for responsive were:

- Services were planned and delivered in a way that met the needs of the population.
- The service reflected the importance of flexibility and choice for patients.
- Commissioners and stakeholders were involved in service planning.
- There were plans to increase the number of days the Peterborough centre was open and to increase the number of surgery days per month to improve capacity, choice and flow.
- Data provided between January and December 2015 demonstrated that 77% of patients received treatment below 10 weeks gestation at BPAS Peterborough, which was above the national average.
- Data provided demonstrated that BPAS Peterborough was achieving the target that patients are offered an appointment within five working days of referral or self-referral, as per RSOP 11, in the majority of cases. Achieving between 81% and 91% in each quarter of 2015/16.
- Data provided demonstrated that between January and December 2015 the percentage of patients receiving a termination procedure within five working days of the decision to proceed was between 73% and 85% in each quarter of 2015/16.
- Midwives and nurses undertaking assessments had a range of information that they could give to patients as required.
- Translation services were available for patients who did not have English as a first language.
- There was a complaints procedure in place, and posters were displayed in the clinic to inform and encourage people to raise concerns where necessary. There had been no complaints reported between January and December 2015.

Service planning and delivery to meet the needs of local people

- Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services provided.

- BPAS Peterborough was contracted by Cambridgeshire and Peterborough CCG to provide a termination of pregnancy (TOP) service for the patients of Cambridgeshire. BPAS Peterborough is located in a suite of rooms, within a multi-occupied building, which were leased and solely occupied by BPAS. This was in a city centre location that was well served by public transport. The unit is open from Tuesday to Thursday from 9am to 5pm. The treatment unit at Cambridge is open on Tuesday only between 9:30am and 5pm.
- BPAS development managers were responsible for overseeing capacity management and unit managers amended their appointment templates, adding additional appointments when necessary. The quarterly monitoring report provided BPAS and NHS commissioners with a detailed breakdown of the average number of days patients had waited from contact to consultation, from consultation to treatment and the whole pathway from decision to proceed to treatment.
- The majority of patients were funded by the clinical commissioning group (CCG). Commissioners and stakeholders were involved in service planning. To improve capacity, choice and flow the centre and commissioners, at the time of inspection, were looking to develop services by opening four days a week by moving the Tuesday clinic to Monday. There was also a business plan to increase the number of surgery days per month to reduce waiting times which were sometimes over 10 days from first appointment to termination of pregnancy.

Access and flow

- Appointments for BPAS Peterborough were booked via the BPAS Contact Centre, which provided a telephone booking and information service 24 hours a day, seven days per week. Patients could self-refer into the services, as well as through traditional referral routes such as their GP.
- The Required Standard Operating Procedure (RSOP) standard 11 states that good practice should be that patients are offered an appointment within five working days of referral or self-referral and offered the termination procedure within five working days of the decision to proceed. The total time from access to procedure should not exceed 10 working days.
- The data reported by BPAS, related to seven calendar days. Data provided between January and December

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2015 demonstrated that the number of patients that received an appointment within seven calendar days was 86.5% in Q1, 91.6% in Q2, 86.5% in Q3 and 81.4% for Q4. This meant that BPAS was achieving the target as per RSOP 11 in the majority of cases.

- This data was broken down further to demonstrate that patients were able to choose their preferred treatment option and location, subject to their gestation and medical assessment. The BPAS record system was able to analyse waiting times and evidence patient choice by comparing when appointments were available against when they actually took place.
- For example, the proportion of patients, who could have had their consultation within seven days, as appointments were available, was actually 93% in Q1, 95.8% in Q2, 93.3% in Q3 and 85.6% in Q4. Therefore a percentage of patients had chosen either to be treated at a different unit or needed extra time in which to make a decision about whether to proceed to abortion or continue the pregnancy.
- Data provided for the time between decision to proceed and time of treatment demonstrated a similar picture. Between January and December 2015 results showed that 85.3% of patients received a termination within seven calendar days of the decision to proceed in Q1, 75% in Q2, 85.3% in Q3 and 73.6% in Q4. Whilst these results are slightly lower the % of appointments available was 92.3% in Q1-3 and 90.7% in Q4 which indicated patient choice was reflected in the results.
- The percentage of patients treated at less than 10 weeks gestation is a widely accepted measure of how accessible abortion services are. Data provided between January and December 2015 demonstrated that 77% of patients received treatment below 10 weeks gestation at BPAS Peterborough, which was above the national average.

Meeting people's individual needs

- BPAS Peterborough was provided in a building which provided access for people with a disability. However, authorisation to access the building was by an intercom system. This meant that people who had a hearing impairment may find it difficult to access the building. The unit was fully accessible to people who used a wheelchair and disabled toilet facilities were available.

- The treatment unit at BPAS Cambridge is in a GP surgery in the centre of Cambridge, close to the University Colleges. Data provided on the service's website states that the surgery is a wheelchair accessible unit and has lift access to all floors.
- Written information was available for patients and partners explaining what to expect during and after the abortion, including potential side effects, complications and any clinical implications.
- As part of their assessment, all patients received a private consultation without anyone else present. This gave patients the opportunity to disclose any personal or private information they may not wish their friend or partner to hear and to disclose any information about possible abuse or coercion.
- Midwives and nurses undertaking assessments had a range of information that they could give to patients as required. This included advice on contraception, sexually transmitted infections, miscarriage and services to support patients who were victims of domestic abuse and how to access sexual health clinics.
- Translation services were available for patients who did not speak English. Notices were displayed in the reception areas informing patients this service was available and information in other languages was available at reception.
- There was a young person's resource board in the waiting area. This contained a wide range of information and signposting information to local young people's services including drop in services, counselling, genito-urinary medical services, contraceptive clinics, drug and alcohol services and other support services about abuse, sexuality and bullying.
- The centre was equipped with a quiet room where young people and vulnerable adults could be taken, ensuring a discreet service.
- Patients were given the opportunity to make informed choices about the disposal of pregnancy remains and were given the option of arranging a funeral if this was their wish. This was detailed within the provider policy "Women's wishes regarding the fetus and the disposal of pregnancy remains v06 Dec 2015.
- In accordance with BPAS Management of Clinical Waste Policy, March 2016, where patients do not have specific wishes with regard to disposal, pregnancy remains were

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collected by an authorised carrier and stored separately from other clinical waste before being sent for incineration. It was reported that a full audit trail was maintained at the unit.

Learning from complaints and concerns

- The poster 'Making a complaint or giving us feedback' was clearly displayed at BPAS Peterborough as were 'BPAS Complaints and Feedback Policy' leaflets, which patients could take away to process and further information was available from the BPAS website.
- A copy of 'Your Opinion Counts' feedback forms and the 'My BPAS Guide' were given to all patients. Staff we spoke with were aware of the complaints procedure and how to manage and resolve concerns that may arise at the unit and how to escalate these.
- The centre had received no complaints between January and December 2015. Two patients we spoke with were happy about the level of service provided and had seen the complaints poster in the waiting room. They both said they would raise concerns if needed.
- Issues could be raised via the patient feedback questionnaires. Staff said that positive and negative feedback was communicated at team meetings and the feedback reports received quarterly were shared with the team. However, we were not provided any minutes to corroborate this. The only negative score in the last two quarters of 2015 were around the actual waiting times at the clinic and there were strategies in place to improve this.

Are termination of pregnancy services well-led?

Our key findings for well-led were:

- Governance took place at regional and national levels however data provided did not demonstrate this at a local level.
- Risk processes were not effective at location level. The centre manager was not trained in risk management and there was a lack of risk assessments to show a proactive approach to risk management at location level.
- There was no local risk register to enable risks to be identified, managed and reduced in a timely manner.

- There was a lack of ownership or responsibility for processes and risk management at the Cambridge treatment unit.
- Staff we spoke with stated that team meetings were utilised to discuss incidents, outcomes, complaints and ensure learning. However, team meetings were not minuted, so there was no official record of agenda items discussed or actioned at the meetings.

However:

- Staff were aware of the vision and strategy at BPAS Peterborough, which was to deliver high quality care, promote good outcomes for patients and encompass key elements such as involvement, kindness, a non-judgemental approach and choice for patients.
- Processes were in place to make sure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms.
- The culture was viewed as supportive and corporately led.
- Patient and staff engagement was good, with positive comments of a friendly environment where patients and staff were valued and respected.

Vision and strategy for this core service

- The vision and strategy at BPAS Peterborough was to deliver high quality care, promote good outcomes for patients and encompass key elements such as involvement, kindness, a non-judgemental approach and choice for patients.
- Staff we spoke with were aware of the vision and strategy in place for the centre. The values and objectives had been shared with staff and they had a general understanding of the overall strategy in place. It was recognised that increasing the surgical lists monthly and opening days weekly for medical abortions would improve choices and waiting times for patients. Staff we spoke with were clear about these future plans and their responsibilities in relation to this.

Governance, risk management and quality measurement for this core service

- Governance took place at regional and national levels. BPAS Regional Quality, Assessment and Improvement

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Forums (RQuAIF) and clinical governance meetings were held quarterly. Standing agenda items at RQuAIF included complications by unit and CGC meetings included a summary of regional reports.

- Data provided did not include evidence of governance meetings at a local level. Staff stated that reports were shared with the BPAS Peterborough centre to support risk management and quality measurement practices.
- Risk processes were not effective at location level. The centre manager was not trained in risk management, there was a lack of risk assessments to demonstrate a proactive approach to risk management at location level. There was no local risk register to enable risks to be identified, managed and reduced in a timely manner.
- There was a lack of ownership or responsibility for processes and risk management at the Cambridge treatment unit. These included equipment maintenance, arrangements for appropriate care and transfer of a deteriorating patient in the treatment unit and considerations of lone working safety requirements from both a staff and patient perspective.
- Quality dashboards with 10 key performance indicators to improve quality measurements had been introduced corporately in 2015. The objectives of the clinical dashboard were to provide a real-time, or near real-time, measure of quality and safety. The 10 measures were medicines management, clinical supervision, infection prevention, consultation case notes audit, safeguarding, serious incidents requiring investigation (SIRI), complaints, lab sampling / labelling errors and sickness absence. Data provided demonstrated that between April and December 2015, Peterborough BPAS were fully compliant with nine out of ten standards.
- The Abortion Act 1967 clearly outlines that a termination can take place only if two registered medical practitioners are of the opinion, formed in good faith, that at least one and the same grounds for a termination is met, within the terms of the Act. The following notifications are a legal requirement under the Abortion Act: HSA1: two doctors are required to sign the HSA1 form, which is the certificate of opinion before a termination is performed. HSA2: to be completed by the doctor within 24 hours of an emergency termination and HSA4: notification to the Department of Health, either manually or electronically, within 14 days of the termination taking place.

- The Required Standard Operating Procedure (RSOP) standard one requires the provider to ensure that the completion of legal paperwork (HSA1 and HSA4 forms) is undertaken in a timely manner. Processes were in place at BPAS Peterborough to ensure that the certificate(s) of opinion HSA1 were signed by two medical practitioners in line with the requirements of the Abortion Act 1967 and Abortion Regulations 1991 and the subsequent arrangements for submission of HSA4 forms.
- BPAS units completed monthly HSA1 audits to ensure and evidence compliance with accurate completion. BPAS Peterborough December audit 2015 demonstrated 100% compliance with accurate completion.
- An individual return was made to the Department of Health for each termination of pregnancy conducted (HSA4).

Leadership / culture of service

- Staff we spoke with stated that the unit manager was visible and approachable. Staff felt valued and listened to by their manager and the culture was viewed as supportive and corporately led. Staff were complimentary about the current management being open to new ideas and changes, such as printed guides available in other languages at reception, consultation packs and separate administration trays for clinical and non-clinical information to improve efficiency.
- Senior staff stated that good communication was key and identified this was an area that could be improved. Staff at location level did not have email accounts however information provided following the inspection confirmed that this was put in place and staff had access to emails both at locations and remotely.
- Staff had clearly defined roles and responsibilities and those we spoke with stated there was a sufficient skill mix of staff across all the roles to deliver the care needs of the patients. All of the staff talked about their commitment to ensuring patients were cared for in a safe and caring manner. Patients commented that the staff were professional and knowledgeable.
- There was a quarterly team brief to provide staff with operational updates from head office and regular team meetings to discuss practice changes and service developments. However, team meetings were not minuted, so there was no official record of agenda items discussed or actioned at the meetings.

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- The service displayed the certificate of approval (issued by the Department of Health) in a prominent position within the clinic.

Public and staff engagement

- All patients were given a questionnaire during their stay and quarterly reports were produced by head office. September 2015 to December 2015 showed Peterborough BPAS scored 9.8 out of 10 for overall satisfaction with service. One-hundred per cent of patients indicated they felt listened to. Waiting times on site were recognised as the main concern for patients and work was ongoing to improve flow to reduce waiting times.
- Staff surveys were actioned annually and one staff member was on the staff forum and provided feedback

to the team on challenges and changes which could affect staff. Examples were provided of the planned introduction of conscious sedation by January 2017 and proposed single visit appointments to improve efficiency and costs.

Innovation, improvement and sustainability

- Staff we spoke with said that there was a focus on continuous learning and development within the centre. Staff recognised the challenges for the future such as increasing patient demand and a more flexible approach required for early medical abortion practices. The plan was for continuous improvement through ongoing managerial support and staff development to manage increasing demands for the services going forward.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- Ensure that senior staff at a local level receive training and development with regard to risk management.
- Ensure clear guidelines are provided to evidence who is accountable for managing and checking emergency equipment at the treatment unit.
- Review local risk management practices, such as local risk registers and risk assessments for the treatment unit staff regarding safety, management of deteriorating patient, equipment and environment.
- Ensure that staff at a local level have access to violence and aggression training.
- Ensure team meetings are minuted to demonstrate good communication and engagement of all staff at all times.