BPAS - Oxford Central

Quality Report

27-29 Rectory Road
Oxford
Oxfordshire.
Tel: 0345 730 4030
Website: www.bpas.org

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

Summary of findings

Letter from the Chief Inspector of Hospitals

British Pregnancy Advisory Service (BPAS) provides a termination of pregnancy service and vasectomy service at Oxford Central.The services are provided under contract with Buckinghamshire, Oxfordshire and Milton Keynes Clinical Commissioning Group (CCG). BPAS Oxford Central operates from a building owned by Oxford Health NHS Foundation Trust, and these premises are shared with the sexual health service run by Oxford University Healthcare NHS Foundation Trust.

BPAS Oxford Central provides a range of termination of pregnancy services. This includes pregnancy testing, unplanned pregnancy counselling, early medical abortion, abortion aftercare, miscarriage management, sexually transmitted infection testing and treatment, contraceptive advice and contraception supply. The centre also provides local anaesthetic vasectomy procedures for men.

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

The inspection team comprised two inspectors and a specialist advisor. The advisor was both a registered midwife and a senior lecturer in midwifery. The inspection took place on 8 October 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 and actions required from incidents were shared with staff and other BPAS centres.
- Patient records demonstrated that assessments were comprehensive and complete. Records were stored securely to maintain patient confidentiality.
- There were sufficient numbers of suitably trained staff available to care for patients.
- All women undergoing abortions underwent a venous thromboembolism (VTE) risk assessment in line with current national guidance.
- Staff used the 'Five Steps to Safer Surgery' checklist during vasectomy procedures. This checklist is designed to prevent avoidable mistakes. The checklists 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 .
- Medicines were appropriately managed to ensure they were safe to use.

Is the service effective?

- Care was provided based in line with national best practice guidelines.
- 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 RCOG .The Oxford Central centre demonstrated a compliance rate of 97% with these audits (February 2015) and action was taken and monitored where required.

Summary of findings

- BPAS carried out a 'vasectomy nursing and quality audit' to measure the effectiveness and quality of care provided for men undergoing vasectomy. The Oxford Central centre was 100% compliant with the outcomes of this audit (August 2015).
- Staff had an annual appraisal and received clinical supervision.
- Staff had access to specific training to ensure they were able to meet patient needs.
- The BPAS Aftercare Line, a telephone service, was accessible to women and men 24 hours a day, seven days a week.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Patients were consented appropriately and correctly. When patients expressed any doubts about the procedure, efforts were made,by the staff to carefully discuss any sensitive information.

Is the service caring?

- Staff were caring and compassionate and treated patients with dignity and respect.
- Patients were introduced to all healthcare professionals involved in their care, and were respected and reviewed throughout their care.
- Staff had a non-directive and non-judgemental approach to patients.
- During initial assessments, nursing staff explained to women all the available methods for termination of pregnancy that were appropriate and safe. The staff considered gestational age and other clinical needs while suggesting these options.
- Men undergoing vasectomy were given leaflets and a BPAS vasectomy guide that had information regarding different methods and options available for vasectomy. If men needed time to make a decision, this need was supported by the staff and the men were offered an alternative date for further consultation.
- Women considering termination of pregnancy had access to pre-termination counselling.
- The results of the Friends and Family test demonstrated that 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. This service is open 24 hours a day throughout the year and allows women to choose the location they attend.
- There was a fast track appointment system available for women with a higher gestational ages or complex needs.
- Men were given an appointment for vasectomy procedures by the BPAS head office following a GP referral. The appointment could be offered for up to six months from the date of referral if men preferred to wait or book treatment at later date due to personal circumstances.
- The service monitored its performance against the waiting time guidelines set by the Department of Health. Across Oxfordshire, 94%of women were given an appointment within the recommended time of five working days from referral to consultation. However,only 57% of women had termination between five working days from decision to proceed to termination of pregnancy. The service had completed an analysis to establish the reasons for the delays which showed that most of the delay related to the women's choice.
- A professional interpreter service was available to enable staff to communicate with patients who did not speak English as a first language.
- Support was available for women with a learning disability or other complex needs.
- Formal complaints were managed by the complaints manager and the patient engagement manager. A full investigation of each complaint was carried out and feedback was given to staff.

Is the services well led?

- There were effective governance arrangements to manage risk and quality. These arrangements included an audit programme and an established system to cascade learning.

Summary of findings

- Staff felt supported by their clinic and regional managers. Staff spoke positively about the high quality care and services they provided for patients and were proud to work for BPAS. They described BPAS as a good place to work and as having an open culture.

We saw several areas of outstanding practice including:

- The service offered a web chats for 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 that operated a seven day service. Women were referred to the most appropriate NHS provider to ensure that they received the required treatment in a timely and safe way.

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

Importantly, action the provider should take to improve

- Clearly specify the number and dosage of codeine phosphate tablets given to women to take home on the discharge summaries.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

The termination of pregnancy service and vasectomy service at BPAS Oxford Central followed procedures to provide safe care to patients. There were sufficient numbers of suitably trained staff available to care for patients. The environment and equipment was visibly clean and staff followed infection control procedures. 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. BPAS carried out a monthly audit that reviewed the safe storage of medicines. The centre had scored 100% compliance with this audit (September 2015).However, we found that the audit template was brief and did not give details on findings and actions taken.

There were appropriate procedures in place to provide effective care. Care was provided in line with Department of Health Required Standard Operating Procedures. A multidisciplinary team cared for patients while working in a coordinated way and staff had appropriate skills and competencies.

The centre adhered to the clinical guidelines for vasectomy procedures. It was 100% compliant with the outcomes of a vasectomy nursing and quality audit'(August 2015) that measured the effectiveness and quality of care provided for men undergoing vasectomy.

Patients had access to the BPAS Aftercare Line, a telephone service available 24 hours a day, seven days a week.

Patients received compassionate care and their privacy and dignity were respected. All women who considered termination of pregnancy had access to pre-termination counselling.

The centre was responsive to patients' needs. A professional interpreter service was available to enable staff to communicate with patients who did not speak English as their first language. Support was provided to patients with a learning disability and other complex needs.

The service monitored its performance against the waiting time guidelines set by the Department of Health. Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral. They should then be offered an abortion procedure within five

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working days of the decision to proceed. Across Oxfordshire 94% of women were given an appointment within the recommended time. However, only 57% of women had termination between five working days from decision to proceed to termination of pregnancy (July to September 2015).The service had completed an analysis to establish the reasons for this delay which showed that most 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. Staff considered the leadership and visibility of senior managers to be 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 patients and were proud to work for BPAS.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Termination of pregnancy		The termination of pregnancy service and vasectomy service at BPAS Oxford Central followed procedures to provide safe care to patients. There were sufficient numbers of suitably trained staff available to care for patients. The environment and equipment was visibly clean and staff followed infection control procedures. 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. BPAS carried out a monthly audit that reviewed the safe storage of medicines. The centre had scored 100% compliance with this audit (September 2015).However, we found that the audit template was brief and did not give details on findings and actions taken. There were appropriate procedures in place to provide effective care. Care was provided in line with Department of Health Required Standard Operating Procedures. A multidisciplinary team cared for patients while working in a coordinated way and staff had appropriate skills and competencies. The centre adhered to the clinical guidelines for vasectomy procedures. It was 100% compliant with the outcomes of a vasectomy nursing and quality audit'(August 2015) that measured the effectiveness and quality of care provided for men undergoing vasectomy. Patients had access to the BPAS Aftercare Line, a telephone service available 24 hours a day, seven days a week. Patients received compassionate care and their privacy and dignity were respected. All women who considered termination of pregnancy had access to pre-termination counselling. The centre was responsive to patients' needs. A professional interpreter service was available to enable staff to communicate with patients who did not speak English as their first language. Support was provided to patients with a learning disability and other complex needs. The service monitored its performance against the waiting time guidelines set by the Department of

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Summary of findings

Contents

Location name here

Services we looked at

<Delete services if not inspected> Urgent and emergency services; Medical care; Surgery; Critical care; Maternity; Services for children and young people; End of life care; Outpatients and diagnostic imaging; Termination of pregnancy; Hyperbaric Therapy Services; Dialysis Services; Diagnostic Imaging and Endoscopy Services; Refractive eye surgery; Long term conditions; Acute wards for adults of working age and psychiatric intensive care units; Forensic inpatient/secure wards; Long stay/rehabilitation mental health wards for working-age adults; Child and adolescent mental health wards; Wards for older people with mental health problems; Wards for people with learning disabilities or autism; Community-based mental health services for adults of working age; Mental health crisis services and health-based places of safety; Specialist eating disorders services; Perinatal services; Specialist community mental health services for children and young people; Community-based mental health services for older people; Community mental health services for people with learning disabilities or autism; Services for people with acquired brain injury; Services for people with psychosexual disorders; Outpatient services (for people of all ages); Substance misuse services; Substance misuse/ detoxification; ECT clinics; Psychosurgery services; Tier 3 personality disorder services; Liaison psychiatry services; Community health services for adults; Community health services for children, young people and families; Community health inpatient services; Community end of life care; Community dental services; Community health (sexual health services); Urgent care services;

Summary of this inspection

Background to BPAS - Oxford Central

British Pregnancy Advisory Service (BPAS) provides a termination of pregnancy service and vasectomy service at Oxford Central.The services are provided under contract with Buckinghamshire, Oxfordshire and Milton Keynes Clinical Commissioning Group (CCG).BPAS Oxford Central operates from a building owned by Oxford Health NHS Foundation Trust, and these premises are shared with the sexual health service run by Oxford University Healthcare NHS Foundation Trust.

The centre offers early medical abortion procedures for women with gestational ages up to 10 weeks. The centre also offers vasectomy treatments for adult men.

The centre is open six days a week from Monday to Saturday. A total of 274 termination procedures were carried out between January 2014 and December 2014.BPAS Oxford Central started carrying out vasectomy procedures from January 2015 and is contracted to carry out 360 vasectomies in a 12 month period. BPAS Oxford Central carried out 360 vasectomy procedures between January 2015 and October 2015.The registered manager for the centre was registered with the Care Quality Commission (CQC) on 28 August 2014.

We carried out this comprehensive inspection using the CQC's new methodology. We have not published a rating for this service.CQC does not currently have a legal duty to award ratings for this service.

Our inspection team

Our inspection team was led by:

Inspection Manager : Lisa Cook, Care Quality Commission

The inspection team comprised two CQC inspectors and a specialist advisor. The advisor was both a registered midwife and a senior lecturer in midwifery.

How we carried out this inspection

To get to the heart of women' 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?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. These other organisations included the CCG. Women were invited to contact CQC with their feedback.

We carried out this announced inspection visit on 8 October 2015. We spoke with a range of staff in the centre including nurses, client support workers, administrative and clerical staff, regional managers, and directors.

We observed how women were being cared for, talked with carers and/or family members and reviewed patients' treatment records. We did not speak with any men undergoing vasectomy procedures.

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

Detailed findings from this inspection

Notes

BPAS Oxford Central Key facts and figures

Activity

- 274 early medical abortions undertaken between January and December 2014.
- 360 vasectomy procedures undertaken between January and October 2015.

Safety

- No 'never events' (January 2014 to December 2014).
- No serious incidents requiring investigation (SIRIs) between January and December 2014.
- 100% of women who underwent medical abortions and men undergoing vasectomy were risk assessed for venous thromboembolism (VTE).
- All staff who were involved in the care of women aged under 18 were trained to level three in safeguarding children and young people– an advanced level of training.
- 10% vacancy rate for nursing staff as of October 2015.

Effective

- Information provided by BPAS showed that 90% of staff had completed an appraisal as of October 2015.

Caring

- 100% of Family and Friends Test respondents would be 'extremely likely' to recommend the centre (January 2015 TO March 2015)

Responsive

- Between July and September 2015, 57% of women had termination between five working days from decision to proceed 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 two doctors to agree with the reason for the termination and sign a form (HSA1 form) to indicate their agreement. BPAS Oxford Central centre's last HSA1 audit was carried out in September 2015 and the centre was given an 'amber' score. Only one outcome was found to be non-compliant.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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

The following services are provided at the Oxford Central centre:

- Pregnancy testing
- Unplanned pregnancy counselling/consultation
- Medical abortion
- Abortion aftercare
- Miscarriage management
- Sexually transmitted infection testing and treatment
- Contraceptive advice and contraception supply
- Local anaesthetic vasectomy

BPAS Oxford Central holds a licence from the Department of Health to undertake termination of pregnancy procedures. This licence was displayed in a corridor near to the treatment areas.

- The BPAS Oxford Central centre consists of:
- Two consulting rooms assigned to BPAS full time
- Two treatment rooms for medical abortion and vasectomy procedures that are 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 used the reception area and office area for administration.

We inspected the BPAS Oxford Central centre on 8 October 2015.We spoke with seven staff members including a receptionist, registered nurses, a service manager, a regional manager, an associate director of nursing and a director of operations. We observed care and treatment for women but did not observe any care or treatment for men undergoing vasectomy. We reviewed 10 patient records.

Termination of pregnancy

Summary of findings

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

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Termination of pregnancy

Are termination of pregnancy services safe?

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

Processes and procedures were followed to report incidents and monitor risks. Staff were encouraged to report incidents. Serious incidents were investigated and reviewed centrally. Learning and actions required as a result of incidents were cascaded to staff.

Equipment was maintained and checked regularly to ensure it continued to be safe to use. There were daily checks of resuscitation equipment when the centre was open and these checks were documented.

Infection control practices were followed. All nursing staff were observed to be adhering to the 'bare below the elbow' policy to enable good hand washing and reduce the risk of infection. The environment and equipment were well maintained.

There was an established system for the management of medicines to ensure they were safe to use. Medicines were managed and stored appropriately. There were no controlled drugs stored at the location. Nurses administered analgesics (pain relieving medicines) and antibiotics under Patient Group Directions.

Doctors prescribed medication for medical abortions after women had a consultation with a nurse and two medical practitioners (doctors) signed the HSA1 form.(HSA1 forms set out the legal grounds for an upcoming abortion and must be kept with a patient's notes for three years from the date of the termination).

Patient records were well maintained and completed with clear dates, times and authorship.

There were sufficient suitably trained staff available to care for patients and staff were up to date with mandatory training.Staff were aware of safeguarding procedures. All clinical staff were trained in safeguarding adults and to level three in safeguarding children and young people. Staff used the 'Five Steps to Safer Surgery' checklist during vasectomy procedures.This checklist is designed to prevent avoidable mistakes. These checklists were completed appropriately in the patient records that we reviewed.

The centre had a business continuity plan for the event of emergencies. Staff were trained in how to respond to major incidents.

Incidents

- There was a paper based system for reporting clinical and non-clinical incidents. The incident reporting book was held by the clinical nurse manager. 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.
- The BPAS organisation had a 'Client Safety Incidents Policy and Procedure' which set out the procedure for reviewing serious incidents, and involved head office staff. Staff told us they 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; we reviewed an incident relating to delivery of medicines by an external company. The delivery, which contained unsealed codeine phosphate tablets, were left in an area accessible to the public without notifying the BPAS staff. As a result of this incident the service manager at BPAS Oxford Central had developed an action plan and had advised the delivery company the necessity of obtaining a signature from BPAS staff for any future deliveries.
- Senior management staff told us that clinical governance and regional management meetings were held three times a year and were attended by a wide range of staff. We reviewed the minutes of these meetings which demonstrated that serious incidents from all BPAS locations were discussed. This included 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 sanitiser gel to their hands between treating women.
- The centre had reported no incidences of Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile in the reporting period January 2014 to December 2014. The results of MRSA audits were displayed in the waiting areas.
- Standards of cleanliness were monitored. Staff told us that infection control audits were completed by the manager. The compliance of BPAS Oxford Central centre was 100% for the infection control audits (July-September 2015).

Environment and equipment

- The environment was visibly clean and well maintained. The centre was based n the first floor along with the sexual health service which was run by Oxford University Hospitals NHS Foundation Trust. The centre was accessible to patients using mobility aids by use of a lift. Parking facilities for disabled patients were available at the centre.
- All patient care equipment we checked was clean and ready for use. This 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. 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. The organisation had carried out various inspections at the centre to assess risks associated environment and equipment. We reviewed records of BPAS waste inspection, health and safety inspection and general risks assessments (January 2015 and August 2015) which showed compliance on most of the outcomes that were inspected and assessed.

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 stock levels, stock rotation and the checking of expiry dates of medicines.
- The supply and delivery of medicines were outsourced by an external pharmaceutical company. The orders were made by the centre and sent to the BPAS head office who would obtain the medicines and send directly to the centre.
- There was a monthly audit to monitor 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. The minimum and maximum temperatures of fridges 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 a system for the safe disposal of medicines and medicines were placed in a dedicated disposal bin that could be tracked to the place of origin
- Patients were asked if they had any known allergies and it was clearly recorded on the pre-assessment forms.
- Drugs that induced abortion(abortifacient drugs) were prescribed only by a doctor for women undergoing early medical abortion. A doctor would prescribe the required medication after the woman had had a consultation with a nurse and after the HSA1 form had been signed by two medical practitioner.HSA1 forms are used to set out the legal grounds for an abortion to be carried out.
- Women were offered a choice of how to have the abortifacient drugs administered. They could either be administered over a two day period, with the women returning to the centre the following day, or both the drugs could be administered simultaneously in one visit. The latter method was recently introduced by BPAS for early medical abortion procedures up to nine weeks of gestation. The information about this new method of administrating drugs was included in 'My BPAS' guide which was given to all women before making a choice. The service was monitoring the outcomes of this new method through the clinical governance committee.
- Some medicines were administered via patient group direction (PGD).These are written instructions for the supply and/or administration of medicines to groups of patients 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 for patient group directions. All PGD's were ratified by the organisations clinical governance committee and approved by the chief executive officer (CEO). Nurses were required to complete 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. We reviewed a folder that contained the PGDs and staff signatures confirming they had received training and were able to administer the medicines. We found some missing signatures on the PGDs for a nurse for drugs such as diclofenac, codeine and doxycycline. This was brought to the attention of the senior staff at the time of our inspection.
- Prophylactic antibiotics against chlamydia trachomatis and anaerobic infections were prescribed to all women having abortions to reduce the risk of infection. Local microbiology protocols for the administration of antibiotics were used.

Records

- Patient records were paper based. Patient information and records were held securely in locked cabinets.
- Patient records were well maintained and completed with clear dates, times and designation of the person documenting. We reviewed 10 patient records. The termination of pregnancy records were written legibly and assessments were comprehensive and complete, with associated action plans and dates. Comprehensive pre-operative assessments were undertaken and recorded where patients underwent vasectomy procedures. Although the doctor's handwriting on vasectomy records was difficult to read and it was difficult to determine the procedure performed or any clinical interventions.
- The discharge summary given to the women on their discharge did not give a clear information about the codeine phosphate tablets given to them for pain relief. The discharge form only required a box to be ticked but did not inform exactly how many tablets women had been given to take home or the dosages.
- Record keeping audits and pre-operative assessment record audits were undertaken on a monthly basis. Information provided by the organisation indicated that the Oxford Central centre was compliant with these audits between July 2015 to September 2015.

Safeguarding

- The manager of BPAS Oxford Central was the designated safeguarding lead. If they had concerns about the welfare of a woman, they could escalate the case to the national clinical 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 clinical staff were trained in safeguarding adults and to level three in safeguarding children and young people.
- Young women aged under 16 years were assessed by using Gillick competence and Fraser guidelines. These helped staff to assess whether a young person has the maturity to make their own decisions about having sexual relationship and to understand the implications of those decisions.
- We observed that efforts were made to encourage young people aged under 16 years old to involve their parents or to be assisted by another adult who could provide support.
- The centre adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines for 'the care of women requesting induced abortion' for treating young women who were aged under 16 years. Between January 2014 to December 2014 the Oxford Central centre did not treat any young people who were aged under 13 years. The centre had treated two young people who were aged between 13 and 15 years in the same time period. 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 discuss the outcomes with the designated safeguarding lead if required.

- We reviewed records of two young people aged between 13 and 15 years which showed procedures were followed by the staff to maintain patient confidentiality, risk assessments were carried out and a safeguarding referral was made.
- Safeguarding risk assessments were carried out when there was a suspected case of abuse and safeguarding referrals were made to the local safeguarding team when required.
- Staff had recently received training related to Female Genital Mutilation (FGM) from the local authority. Staff were aware about the Department of Health requirement (Female Genital Mutilation Risk and Safeguarding: Guidance for professionals. DH March 2015) relating to FGM. There was information on FGM, including definitions of type, global prevalence etc. available on the BPAS Intranet. FGM was recently included within the regular BPAS Safeguarding Vulnerable Groups training. There were no FGM related cases treated or assessed at the BPAS Oxford Central centre over the last 12 months.

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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 90%of staff were up to date with mandatory training as of October 2015.There were systems to prompt staff when they were overdue for their mandatory training.
- BPAS had introduced a 12 week competency based training programme for newly employed staff which included all the mandatory training topics along with more skill based training such as training on PGDs and ultrasound scanning.

Assessing and responding to patient risk

- All the women undergoing termination of pregnancy and men undergoing vasectomy 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 woman 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.
- All the patients were asked about their medical history, including whether they had any known allergies. On the basis of this, staff assessed the suitability of patients for treatment referring to the BPAS suitability for treatment guidelines. Women not suitable for treatment at a standalone clinic such as Oxford Central were referred to the NHS. Men not suitable for vasectomy treatment were referred to a specialist consultant and GPs were kept informed about the decision.
- During vasectomy procedures, staff used the 'Five Steps to Safer Surgery' checklist, which is designed to prevent avoidable mistakes. These were completed in the patient records we reviewed. The organisation performed an annual surgical safety checklist audit. The audit performed in February 2015 showed that the compliance of the Oxford Central centre was 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 the centre was open. The nurses worked across BPAS Oxford Central and BPAS Banbury centres. There were currently five registered nurses working at the centre. The vacancy rate for registered nurses was 10% as of October 2015.
- BPAS reviewed each location 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 reception staff, a client support workers and a nurse on duty. When interventional treatments were planned there would be a doctor, two nurses and a health care assistant.
- 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 with equally competent nurses in the events of holidays or sickness absence.
- The centre did not use any agency staff.

Medical staffing

- BPAS Oxford Central used two independent medical contractors who were granted practising privileges to work with the organisation. The medical staff mainly carried out the vasectomy procedures. The working pattern of the medical staff was flexible and one worked mostly over the weekend.
- We reviewed records of the practising privileges and found that 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 all doctors were trained in advanced life support (ALS) in case of an emergency.

Major incident awareness and training

- The centre had a business continuity plan and staff we spoke with 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?

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

Care was provided in line with national and statutory guidelines. Nurses offered women appropriate pain relief, prophylactic antibiotics and post-abortion contraceptives.

The organisation performed audits recommended by The Royal College of Obstetricians and Gynaecology (RCOG) into areas such as infection control, consent to treatment, discussions about options for abortion and contraception, confirmation of gestation, and medical assessments. The centre demonstrated a compliance rate of 97% with these audits and action was taken and monitored as required.

BPAS also carried out a 'vasectomy nursing and quality audit' to measure the effectiveness and quality of care provided for men undergoing vasectomy. The centre was 100% compliant with the outcomes of this audit (August 2015).

Information provided by BPAS showed that 90% of staff had completed an appraisal as of October 2015. Staff were further supported through 'job chats' that took place three times each year. We reviewed records of the 'job chats', which included objectives relevant to the staff members' individual roles.

Medical staff, nursing staff, counsellors and other non-clinical staff worked well together as a team. Clear lines of accountability contributed to effective planning and care.

Staff referred to as 'client care coordinators' provided a pre and post abortion counselling service. These coordinators were experienced in counselling in this field. They also received counselling supervision and were supported by training provided by the organisation's competence matrix.

A telephone advice line for patients was available 24 hours a day.

Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLs).They also identified the need to act in a patient's best interest, seeking advice and making joint decisions when there were concerns about a patient's capacity to understand.

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 (RSOP) and professional guidance.
- All women underwent an ultrasound scan at the treatment centre to determine gestation of the pregnancy. This was in line with the BPAS clinical guideline for all abortions.
- 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 Oxford Central centre were tested for Chlamydia infection, 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 options 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.
- BPAS had developed clinical guidelines for vasectomy which were adapted from the Royal College of Obstetricians and Gynaecologists evidence-based clinical guideline number 4: male and female sterilisation, the American Urological Association and European Association of Urology guidelines on vasectomy, and the British Andrology Society guidelines for the assessment of post vasectomy semen samples (1-4).The BPAS Oxford Central centre adhered to these guidelines for vasectomy treatments.
- BPAS carried out a 'vasectomy nursing and quality audit' to measure effectiveness and quality of care provided for the men undergoing vasectomy. The BPAS Oxford Central centre was 100% compliant with the audit (August 2015) .This audit measured quality and standards of care during clinical admission, in the pre-treatment area and treatment room, during recovery and discharge. The outcomes measured in the audit showed that the centre was adhering to the 'Day case and short case surgery' guidelines published by British Association of Day Surgery in May 2011.

Pain relief

- Pre and post procedural pain relief was prescribed on medication records. Women choosing medical abortion and returning home were given advice on the use of painkillers at the first sign of pain and the dosage. Codeine phosphate tablets were given for pain relief at the time of the abortion and a small supply was given to the women for them to take home. The women were advised to stock paracetamol and Ibuprofen at home for in case they required additional pain relief .
- The booklet provided to women included space to record when their pain relief was next due, to ensure they knew the correct time intervals for taking pain relief.
- Pain relief was not routinely administered to the men undergoing a vasectomy procedure. However they were able to have medicine for pain relief if required and were given advise on taking pain relief medicines after going home.

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 Oxford Central centre demonstrated a compliance rate of 97% (February 2015).Action plans were developed and implemented to address the areas where improvements were identified.
- The centre reported statistics to commissioners on spend, activity levels, ages of patients and treatments by age and type. The senior manager told us that in order to monitor outcomes they relied on patients contacting BPAS by using the BPAS Aftercare Line, the centre had no other way of knowing whether patients presented at emergency departments post abortion or vasectomy treatment.
- If the centre was informed that there had been a complication a form would be completed and it would be documented in the patients' notes to ensure that the information was captured. This was monitored by the

quality leads and cascaded through meetings. There had been no reported cases of complications for both abortion and vasectomy procedures in the last 12 months.

- 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 centre if there were any concerns.
- Men who had undergone a vasectomy procedure were issued with a semen sample kit and were asked to ensure the semen sample was sent for laboratory testing no sooner than 12 weeks post procedure to ensure that the procedure had been successful.

Competent staff

- Staff told us they had regular annual appraisals. Information provided by BPAS showed that 90% of staff had completed an appraisal as of October 2015.Staff were further supported through 'job chats' which took place three times a year. We reviewed records of the 'job chats' which included objectives relevant to the staff's individual role.
- 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 patients they delivered care to. For example, nursing staff had attended training in vasectomy care prior to the centre starting to offer vasectomy treatments.Staff had also completed the competency based framework related to vasectomy procedures.
- The medical staff who performed vasectomy procedures at the centre were trained surgeons who were also the members of the 'Faculty of Sexual and Reproductive Health'. They maintained their competency levels by means annual appraisal and the revalidation process.
- Nurses had completed a two day scanning course in conjunction with Bournemouth University which helped them to determine the gestational age for women undergoing termination of pregnancy.
- 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. Staff confirmed that they were supported by training provided by the organisation's competence matrix and also received counselling supervision.
- 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 competence based training specific to the role.

Multidisciplinary working

- 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 care.
- The centre had close working relationships with the sexual health service which operated on the same premises. This had helped to improve the patient care pathway.
- The staff told us 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 Oxford Central centre had a service level agreement with the neighbouring NHS Trust which allowed them to transfer a patient to the hospital in case of medical emergency.

Seven-day services

- The centre was open six days a week and carried out procedures every day between Monday and Saturday. Vasectomy procedures were mainly carried out on Friday and Saturday. All abortion procedures and vasectomy procedures were carried out as day procedures at the Oxford Central 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. The 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. This service was also available for the men who had undergone vasectomy.

Termination of pregnancy

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.
- Discharge summaries were provided to GPs following vasectomy to inform them of their patient's medical condition and the treatment they had received.

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.
- Men undergoing vasectomy were offered clear explanations about it being a permanent mode of contraception. They were given time to think and were offered a second consultation with the surgeon if they were unsure of their decision.
- The care records we reviewed for vasectomy and medical abortion procedures contained signed consent from patients. Possible side effects and complications were recorded and the records showed that these had been explained to patients. Patients were able to retain a copy of their consent form if required, or it remained in the notes if they did not request it.
- 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 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?

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

Staff treated women with compassion, dignity and respect. Consultations were held in private rooms. All women had a chance to speak with a nurse alone to establish that they were not being pressurised to make a decision. Women could otherwise be accompanied by a friend or family member. Women's choices were respected. Their preferences for sharing information with their partners or family members were established and reviewed throughout their care.

The staff explained the different methods and options available for abortion. If women needed time to make a decision, this was supported by the staff. Sensitive support was given to women who underwent termination of pregnancy due to fetal anomaly.

Men undergoing vasectomy were given leaflets and a BPAS vasectomy guide that had information regarding different methods and options available for vasectomy. If men needed time to make a decision, this was supported by the staff and they were offered an alternative date for further consultation.

The Department of Health (DH) requires providers undertaking terminations of pregnancy to submit demographic data following every performed termination of pregnancy procedure (HSA4 form).This data contributes to a national report on the termination of pregnancy. Women were made aware of the statutory requirements and were reassured that the data published by the DH for statistical purposes is anonymised.

The results of the Friends and Family test demonstrated that 100% of women who used the service between January and March 2015 were 'extremely likely' to recommend the service to family and friends.

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 patients 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 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.
- Men undergoing vasectomy were also given leaflets and a BPAS vasectomy guide which had information regarding different methods and options available for vasectomy. If men needed time to make a decision, this was supported by the staff and they 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.
- The records we reviewed considered and recorded the post discharge support available for patients at home. Patients were given written information about accessing the 24 hour BPAS Aftercare Line, a telephone service, for support following abortion and vasectomy procedures.
- Records reviewed showed 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 client 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 woman 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.
- Staff told us that the discussions regarding the disposal arrangements for fetal tissue were not held at the centre as most of the women would pass the fetal remains in their own home following the early medical abortion. Therefore these discussion were not appropriate for women attending BPAS Oxford Central centre for abortion.
- 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.
- The centre supported young men who were aged under 30 years and those without family by offering an additional consultation with a surgeon before coming to a final decision of undergoing vasectomy.
- Vasectomies and abortions were usually carried out on different days at the BPAS Oxford Central centre. We were told that men attending for vasectomy were able

to bring their family to the appointment except on the days when abortion procedures were performed. This demonstrated empathy and provided a sensitive approach to the patients 'circumstances.

Are termination of pregnancy services responsive?

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

Women booked appointments through a central BPAS telephone booking line that was open 24 hours a day throughout the year. A fast track appointment system was available for women with higher gestation periods.

Men were given appointments for vasectomy procedures by the BPAS head office following a GP referral. These appointments could be offered for up to six months from the date of referral if men preferred to wait or book treatment at a later date due to personal circumstances.

The service monitored its performance against the waiting time guidelines set by the Department of Health. Across Oxfordshire 94% of women were given an appointment within the recommended time of five working days from referral to consultation. However, only 57% of women had termination between five working days from decision to proceed to termination of pregnancy (July to September 2015).The service had completed an analysis to establish the reasons for this which showed that some of the delay related to the women's choice.

An independent telephone interpreting service was available to enable staff to communicate with patients who did not speak English. There was a clearly defined specialist referral process for patients who had additional medical needs that made them unsuitable for treatment at the centre.

Formal complaints were managed by the complaints manager and the patient engagement manager. A full investigation of each complaint was carried out and feedback was given to staff.

Service planning and delivery to meet the needs of local people

- The regional office planned the service in discussion with clinical commissioning groups (CCGs). Local staff at the centre were not involved with the CCGs.
- Women booked their appointments through the BPAS telephone booking service, which was open 24 hours a day throughout the year.Women could specify an appointment at Oxford Central, but would also be told of possible appointments at BPAS clinics within a 30 mile radius so they could attend the most suitable appointment for their needs and as early as possible. Some women chose to book appointments at some distance from their homes to increase their chance of anonymity.
- A fast track appointment system was available for women with a higher gestation period or those with complex needs.
- BPAS offered a web chat service, via their internet page, for women who wanted to know more about the services provided.
- The vasectomy service was provided at the BPAS Oxford Central centre only for men who lived within Oxfordshire as BPAS was awarded the vasectomy contract only by Oxfordshire CCG. Men were given an appointment by the head office following a GP referral. The appointment could be offered for up to six months from the date of referral if men preferred to wait or book treatment at a later date due to personal circumstances.
- Staff told us that the centre offered vasectomy appointments and treatments on Saturdays along with other weekdays as most men preferred to attend the appointments at the weekends.

Access and flow

- Most women referred themselves but referrals were also received from a variety of sources such as GPs and school health nurses.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.
- Men requesting vasectomy needed a GP referral for the procedure to take place. The referrals were sent to the BPAS head office who contacted men with the most suitable appointment. There was no waiting list for consultation appointments and for vasectomy procedures at the BPAS Oxford Central centre.
- 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. They should then 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 Oxfordshire 94% of women were given an appointment within the recommended time of five working days from referral to consultation. However, only 57% of women had termination between five working days from decision to proceed to termination of pregnancy (July to September 2015).
- 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 Oxfordshire,92% women could have had the procedure within five working days from decision to proceed to treatment (July 2015-September 2015).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 wheelchair users.
- An independent telephone interpreting 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 they also used the interpreter service to ensure the patient understood and could weigh up the decision to continue the treatment.
- The BPAS provided a pathway for women seeking to end a pregnancy because of a fetal abnormality. These women were given an information booklet and received sensitive treatment from staff. Women could take away ultrasound pictures or footprints as a memento.
- Support was available for women with a learning disability, mental health conditions or other complex needs. Staff followed BPAS's policy on advising and treating women with a learning disability and had received training. The number of such women seen had been very small.
- Staff told us, on occasions, they would invite the patients into separate waiting rooms. This was to provide personalised and responsive care to meet their individual needs and ensure that other patients were not upset by seeing other distressed women.
- BPAS was working to make the service they provided accessible to all women. The regional managers told us that the service provided support to women who may otherwise not be able to access the required treatment. Senior staff told us they would pay travel expenses for women that were unable to fund the trip to the clinic and back. They said they paid for taxis and train fares for women on low incomes, and for young girls who came from school when parents were unaware they were attending the clinic for treatment. On one occasion, a woman was referred to an acute trust for treatment and BPAS had paid for their travel costs and accommodation. Further information was described to us of funding and treating asylum seekers, even if they had no place of residence and were not registered with a GP.
- There was a clearly defined referral process for patients who required a specialist service. BPAS treated fit and healthy men and women without an unstable medical condition. For patients 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. Patients 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.
- A similar guide called 'My guide to vasectomy' was available for men. This guide had information about different types of vasectomies, medical assessment process, preparation for treatment ,information on recovery and advise following discharge.

- 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 women were given 'My BPAS' guide which provided the relevant information about fetal remains.
- Nurses undertaking pre-abortion 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.
- Abortion protesters were outside the centre almost every week including at the time of our visit .BPAS offered necessary support for women if required. Police had been informed about the protest in order to support the women and their partners.

Learning from complaints and concerns

- Patients were encouraged to raise a concern or make a complaint and staff were positive about learning from complaints.
- Literature and posters were displayed advising patients 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 programme.
- 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- December2014, the centre did not receive any formal complaint.There were also no complaints raised to the Care Quality Commission during this period.

Are termination of pregnancy services well-led?

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

Staff recognised, reflected and followed the values of the organisation. Staff treated all patients with dignity and respect and providing confidential, non-judgmental services.

There was an effective governance structure to manage risk and quality. Staff felt supported by the registered manager. Staff said the leadership and visibility of senior management was good.

The organisation had a corporate risk register that included various areas of identified risk and associated counteractions.BPAS Oxford Central did not have a local risk register to include centre-specific risks over which local staff could have some control.

Staff were passionate about delivering quality care and excellent patient experiences. Staff spoke positively about the high quality care and services they provided for patients and were proud to work for BPAS. They described BPAS as a good place to work and as having an open culture.

There were examples of innovative approaches to the provision of care, for example the use of 'web chats'.

Patients were engaged through feedback and satisfaction surveys. The satisfaction surveys for vasectomy and termination of pregnancy showed high overall patient satisfaction rates.

Vision 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.Local abortion services at BPAS

Oxford Central were provided as part of the Oxfordshire wide contract with Oxfordshire, Buckinghamshire and Milton Keynes Clinical Commissioning Group (CCG).The services provided by BPAS across Oxfordshire were being reviewed. There were plans to reduce the number of location and relocate the surgical abortion service to the BPAS Oxford Central location to make the services more efficient and streamlined.

- The potential to expand the service at Oxford Central centre was under consideration and staff were informed about the expansion plans of the service.
- Regional management staff told us about the organisation's value to treat all women and men with dignity and respect and provide confidential, non-judgmental services. Staff reflected and followed the values of the organisation and fully recognised 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 representatives from across all disciplines and included a lead nurse, a client care manager, a doctor, a nurse, a clinical lead and an 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. We reviewed the minutes of these meetings and also spoke to staff who confirmed that the learning was shared.
- 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 staff. These were also recorded and available for the consecutive 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 BPAS was meeting the guidance or what work needed to be undertaken.
- The organisation had a corporate risk register which included various areas of risk identified and actions being taken to reduce the level of risk was maintained. BPAS Oxford Central did not hold a local risk register which would include risks that were specific to Oxford Central centre over which local staff could have some control. Staff told us that any areas that were identified as risks were either reported as incidents or discussed with the registered manager.
- 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 five patient records and found that all forms included two signatures and the reason for the termination.
- A doctor who worked at BPAS Oxford Central 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 HSA1 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. Doctors relied on the nurse's summary of the facts of the woman's case, and the grounds on which she was seeking an abortion.
- BPAS had recently introduced a 'Central Authorisation System'(CAS) by which the staff could upload all the completed documentation following the initial assessment by the nurse on the computer. The system allowed two BPAS doctors, working on that day at any BPAS locations nationally, to review the documentation and if they agreed with the procedure being undertaken they would sign the HSA1 form. Regional management staff believed that CAS was helping in avoiding any

possible delays related to signing the HSA1 forms which would further delay the treatment. This system had been implemented one week prior to the our inspection visit at BPAS Oxford central.

- BPAS centres completed monthly HSA1 audits to ensure and evidence with BPAS compliance. The compliance of the location with these audits was marked by a traffic light system. BPAS Oxford Central centre's last HSA1 audit was carried out in September 2015 and was given an 'amber' score. There was only one outcome which was not compliant in the entire audit and this was being addressed by the service manager.
- 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 reporting on the termination of pregnancy (HSA4 forms).The HSA4 forms were reported electronically to DH on the same day by the 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 / culture of service

- The staff working at the Oxford Central 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 in their centre. They also said the associate director of nursing was approachable and helpful.
- 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 men 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 service maintained an electronic register of women undergoing a termination of pregnancy, which is a requirement of regulation 20 of the Care Quality Commission (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 service maintained an electronic record of total numbers of termination of pregnancies that were undertaken at BPAS Oxford Central location.
- The certificate of approval for carrying out termination of pregnancy (issued by the Department of Health) was displayed near the treatment area.

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 (May to August 2015) had a response rate of 48%.The analysis of feedback from surveys showed an overall 97% satisfaction with care.
- A satisfaction survey was also given to all the men attending the centre for vasectomy procedure prior to their discharge. The completed survey could be placed in the 'post box' before they leave the centre, or returned in a pre-paid envelope. The vasectomy patient satisfaction survey (May to August 2015) had a response rate of 90%.The analysis of feedback from surveys showed an overall 97% satisfaction with care and 88% of men who would recommend the service.
- Staff surveys were completed to gain staff opinion of working at the centre. The staff survey results for 2014 were 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.
- BPAS had recently innovated a new methodology of administrating both the abortifacient drugs simultaneously in one visit for early medical abortion procedures up to nine weeks of gestation following a successful pilot study done on 2000 women. The service

was monitoring the outcomes of this new method which were fed back to the clinical governance committee. BPAS had plans to nationally publish this research in the near future.

Outstanding practice and areas for improvement

Outstanding practice

- The service offered a web chats for 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 that operated a seven day service. Women were referred to the most appropriate NHS provider to ensure that they received the required treatment in a timely and safe way.

Areas for improvement

Action the provider SHOULD take to improve

- Clearly specify the number and dosage of codeine phosphate tablets given to women to take home on the discharge summaries.