

BPAS Northampton Central

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

Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Northampton Central is operated by British Pregnancy Advisory Service (BPAS). BPAS is a not-for-profit organisation with 73 treatment units across the UK. Services are commissioned to provide termination of pregnancy services, support, information, treatment and aftercare for patients seeking help with regulating their fertility and associated sexual health needs.

BPAS Northampton Central has contracts with two clinical commissioning groups to provide a range of services by doctors and nurses to patients living in Northamptonshire. This includes:

- Pregnancy testing.
- Unplanned pregnancy counselling.
- Early medical abortion (EMA).
- Surgical abortion under local anaesthetic with or without conscious sedation.
- Abortion aftercare.
- Sexually transmitted infection testing and treatment.
- Contraceptive advice.
- Contraception supply.

Most patients are funded by the NHS, whilst some patients choose to pay for services themselves.

We inspected this service using our comprehensive inspection methodology and undertook an announced visit at BPAS Northampton Central on 1 May 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate termination of pregnancy services but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from avoidable harm and abuse. This included use of the five safer steps to surgery checks designed to prevent avoidable mistakes.
- Emergency equipment was easily located, accessible, and ready for use. Staff were trained to use it.
- Staff were trained and competent to monitor and act upon any deterioration in the patient's condition and used an early warning score to aid the process.
- There was a business continuity plan in the event of emergencies. Staff understood their individual responsibilities in managing this.
- All department of health documentation was completed and monitored in accordance with the required standard operating procedures.
- Policies were regularly reviewed to ensure they reflected the most up-to-date national guidance.
- Learning and development was completed by staff to develop and maintain their knowledge, skills and competencies.

Summary of findings

- The service offered face-to-face and telephone counselling to patients before and after their termination of pregnancy.
- There was good collaborative working with external agencies, such as the NHS and the local safeguarding team.
- Staff gained informed consent in line with department of health guidelines through each part of a patient's treatment pathway.
- Staff cared for patients with compassion, kindness, dignity and respect.. Patients told us that staff provided them with information at each visit, and that they felt included and involved in all aspects of their treatment and care.
- All consultations were carried out in private rooms with no interruptions from other patients or staff.
- The service worked within the recommended department of health time frames from decision to proceed to termination of pregnancy.
- Consultations were undertaken either face to face or by telephone with flexibility to re-arrange appointments at very short notice to meet the needs of patients.
- There was a clearly defined referral process for patients who required specialist services.
- A telephone advice line was provided 24 hours a day and seven days a week.
- Patients' needs were assessed and assistance for patients with a learning disability or complex needs was available. The premises were accessible to wheelchair users or people with limited mobility.
- There was an active review of complaints in accordance with BPAS policies and required time frames.
- The service had risk management and governance systems in place to ensure it complied with the statutory requirements of the Abortion Act.
- There was a clear leadership structure. Managers were accessible and visible and held a regular presence at the treatment unit.
- The local leadership team was knowledgeable about the service's performance, priorities, and the challenges it faced. The team was taking some action to address them.

However we also found the following areas where the provider needed to improve:

- There was no training provided for life support for patients under the age of 18. However, staff were able to describe their specific responsibilities in managing an emergency involving a patient under the age of 18.
- Female genital mutilation (FGM) was not routinely risk assessed or discussed with patients over 18.
- Medicines were not always securely stored.
- Patient group directions (PGDs) were used to supply and administer medicines for cervical preparation in surgical abortion. PGDs should ensure that it contains all relevant information to administer this medication.
- Privacy was limited in the recovery area due to the close proximity of recliner chairs.
- Staff did not make women aware about how information from the HSA4 form was used to inform the department of health when an abortion had been performed was used for statistical purposes.

Heidi Smoult

Deputy Chief Inspector of Hospitals (Central Region), on behalf of the Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Termination of pregnancy

Rating

Summary of each main service

We regulate this service but we do not currently have a legal duty to rate when it is provided as a independent healthcare single speciality service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

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Summary of this inspection

Background to BPAS Northampton Central

BPAS Northampton Central is part of the provider group British Pregnancy Advisory Service (BPAS). BPAS is an independent healthcare charity which has provided treatment for patients and couples who decide to end a pregnancy for over 50 years, taking care of more than 65,000 patients a year in 73 treatment units nationwide.

BPAS Northampton Central was registered with the Care Quality Commission (CQC) in 2016. The location has had a registered manager in post since 2016.

The service holds a licence from the Department of Health to undertake termination of pregnancy services in accordance with the Abortion Act 1967. Termination of pregnancy (TOP) refers to abortion by surgical or medical methods. We saw this licence was in date and displayed in the main reception area of the clinic.

BPAS Northampton is registered for the following services:

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

The service is commissioned by two clinical commissioning groups to provide termination of pregnancy services, support information, treatment and aftercare to patients living in Northamptonshire. Most patients are funded via the NHS, whilst some patients choose to pay for services themselves.

The service had not been previously inspected by the CQC.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in gynaecological nursing and midwifery. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about BPAS Northampton Central

BPAS Northampton Central is centrally located in the town of Northampton and is easily accessible by public transport and by car. Diagnostic and screening procedures, family planning services, treatment of disease, disorder or injury, termination of pregnancy, and surgical procedures. are provided in a suite of three screening rooms, three consulting rooms and one treatment room within a multi-occupied building leased by BPAS. The external and internal doors to the treatment centre are locked and entry is authorised via an intercom system.

The unit is open from 9.30am to 5.30pm Monday to Friday. If patients need to access termination of pregnancy services on other days they are referred to alternative BPAS treatment centres or other services in

the region. The service provides early medical abortions (EMA) up to 10 weeks' gestation, and surgical termination of pregnancy up to 13 weeks and six days gestation. Surgical treatments can be performed under local anaesthetic or conscious sedation.

From March 2017 to March 2018, BPAS Northampton Central carried out 1,497 early medical abortions (EMAs) and 462 surgical abortions.

There were seven young women aged between 13 and 15 years old treated in the last 12 months. No young women below the age of 13 years were treated at this unit.

Summary of this inspection

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service had not been previously inspected by the CQC.

Track record on safety for 2017:

- No never events.
- No clinical incidents graded as moderate harm of above.
- There were two formal complaints.
- No major medical or surgical complications.

During our inspection, we spoke with 12 staff including BPAS directors, managers, medical staff, registered nurses and midwives, administrators, and health care support workers. We observed staff interactions with patients and those close to them, reviewed the environment and equipment and spoke with three patients.

We reviewed 15 patient records, including records of patients who decided not to proceed to termination of pregnancy following their consultation, patients who were referred for specialist treatment by another provider and one patient who was under the age of 16.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found the following areas of good practice :

- Nursing and medical staffing levels and skill mix were sufficient and appropriate to meet the needs of patients in their care.
- The five safer steps to surgery checklist designed to prevent avoidable mistakes was completed appropriately during our visit, and in all patient records we reviewed.
- There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from avoidable harm and abuse. Emergency equipment was easily located and accessible, and staff were trained in its use. Required checks on emergency equipment were complete, meaning that it was ready for use.
- Staff were trained and competent to monitor and act upon any deterioration in the patient's condition and used an early warning score to aid the process.
- There were arrangements in place to transfer patients to an acute health service in the event of a medical emergency.
- Staff complied with infection prevention and control policies.
- The treatment unit had a business continuity plan in the event of emergencies. Staff understood their individual responsibilities in managing this.
- Patient records were legible and were maintained and audited appropriately.
- All department of health documentation was completed and monitored in accordance with the required standard operating procedures.

However we also found the following areas where the provider needed to improve:

- Training was not provided to support staff in their role in an emergency with children and young people under the age of 18. This meant that we could not be assured that patients who required emergency treatment would receive emergency care appropriate to their needs.
- Female genital mutilation (FGM) was not routinely risk assessed or discussed with patients over 18.

Summary of this inspection

- Medicines to be administered by injection were prepared in advance were not clearly labelled in accordance with the BPAS medicines management policy
- The ambient room temperature of medicines storage areas throughout the treatment unit was not monitored.
- Patient group directions (PGDs) were used to supply and administer medicines for cervical preparation in surgical abortion. PGDs should ensure that it contains all relevant information to administer this medication.

Are 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.

We found the following areas of good practice :

- Staff had intranet access to BPAS agreed policies and standards that referred to evidence-based practice and against which performance was audited and reported upon.
- Policies were regularly reviewed to ensure they reflected the most up-to-date national guidance. The service referenced Royal College of Obstetricians and Gynaecology guidelines and the required standard operating procedures.
- Learning and development was completed by staff to develop and maintain their knowledge, skills and competencies.
- The service offered face-to-face and telephone counselling to patients before and after their termination of pregnancy.
- There was good collaborative working with external agencies, such as the NHS and the local safeguarding team.
- Staff gained informed consent in line with department of health guidelines through each part of a patient's treatment pathway.

However we also found the following areas where the provider needed to improve:

- There were not systems in place for staff to be assessed on their competency to care for patients under the age of 18 years.

Are services caring?

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

We found the following areas of good practice :

- Staff cared for patients with compassion, kindness, dignity and respect. Feedback from patients confirmed this. Feedback from

Summary of this inspection

patients also confirmed staff were regarded by patients to be non-judgmental. Patients told us that staff provided them with information at each visit, and that they felt included and involved in all aspects of their treatment and care.

- All consultations were carried out in private rooms with no interruptions from other patients or staff. The client care coordinator met with patients on their own to establish that they had not been pressurised to make a decision against their will.
- Patient who were undecided were given time to make a decision. There were processes in place to refer patients who had changed their minds to other agencies.

However we also found the following areas where the provider needed to improve :

- Privacy was limited in the recovery area due to the close proximity of recliner chairs.
- Staff were required to make women aware that the contents of the HSA4 form (part of the legal process for terminations) was used to inform the Chief Medical Officer of termination of pregnancy and is used for statistical purposes by the Department of Health. We did not see this as part of consultations.

Are services responsive?

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

We found the following areas of good practice:

- The service worked within the recommended department of health time frames from decision to proceed to termination of pregnancy.
- Consultations were undertaken either face to face or by telephone with flexibility to re-arrange appointments at very short notice to meet the needs of patients.
- There was a clearly defined referral process for patients who required specialist services.
- A telephone advice line was provided 24 hours a day and seven days a week. Callers spoke to registered nurses or midwives who assessed the patient through a triage system so that they could prioritise treatment and refer them to counsellors as required.
- Women's needs were assessed and assistance for patients with a learning disability or complex needs was available. The premises were accessible to wheelchair users or people with limited mobility.

Summary of this inspection

- There was an active review of complaints in accordance with BPAS policies and required time frames. All patients and staff we spoke with understood the processes they should follow.

Are services well-led?

By well led we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care.

We found the following areas of good practice:

- The BPAS organisation had a clear vision and values driven by quality and safety.
- The service had effective risk management and governance systems in place to ensure it complied with the statutory requirements of the Abortion Act.
- There was a clear leadership structure. Managers were accessible and visible and held a regular presence at the treatment centre.
- The local leadership team was knowledgeable about the service's performance, priorities, and the challenges it faced. The team was taking some action to address them.
- Audits and checklists were in place to monitor and act upon compliance with standard operating procedures, clinical and professional guidance and professional opinion. including the use of audit tools and checklist.

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are termination of pregnancy services safe?

Incidents and safety monitoring

- The service used an electronic online system for reporting incidents, which was accessible by staff that had completed training in its use. All staff at the treatment unit were required to complete the training, and we saw this had happened
- There was a dashboard in place, the objective of this dashboard was to provide a real-time, or near real-time measure of quality and safety.
- Incidents were reviewed by the organisation's risk lead and the regional manager and presented quarterly at the regional quality assessment and improvement forums (RQuAIF) and the organisation's clinical governance committee. Serious incidents requiring investigation had a root cause analysis investigation completed by staff with training for this role. The findings and recommendations were shared with staff at all levels throughout the organisation by email and staff bulletins. Incidents were rated according to harm.
- There were 90 reported incidents at BPAS Northampton Central from March 2017 to February 2018, all of which were categorised as low or moderate harm. Incidents were reviewed for trends or reoccurring themes, and outcomes shared with staff, local services and the BPAS clinical governance committee, where required.
- We reviewed minutes of the four most recent RQuAIF meetings. BPAS Northampton Central had not had any serious incidents; however the minutes confirmed that all serious incidents across the organisation and their investigations were discussed, along with action plans, and learning and safety improvements.
- Staff knew the principles and managers had an understanding of the principles of Duty of Candour. Duty of Candour is a regulatory duty that relates to openness

and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Managers confirmed that there had been no occasions when the Duty of Candour needed to be applied at BPAS Northampton Central within the 12 months prior to our inspection.

Mandatory training

- Mandatory training was provided for staff in a range of topics. Topics included health and safety, safeguarding vulnerable adults (adults at risk) and children, basic life support, intermediate life support, information governance, and manual handling. There were reminder systems for staff to prompt them when they were overdue for their mandatory training. Staff completed some of their mandatory training through face-to-face sessions and the rest through online learning. Staff told us they were given protected time to ensure this happened.
- All staff we spoke with told us they were up to date with their mandatory training. The service had a live training matrix, which confirmed all staff were up to date with mandatory training, with the exception of two staff. These two staff members had not completed their manual handling training within the required time frame.

Safeguarding

- Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the risk of abuse and mitigate the risk of it happening. BPAS Northampton Central complied with the Department of Health

Termination of pregnancy

Required Standard Operating Procedure 7, 2014 which states that services must have policies and systems in place to promote the safety of people using the service, including patients under 18 years of age.

- We reviewed 15 sets of patient records and found that staff had completed a safeguarding risk assessment in all the appropriate patient records, and the information was recorded.
- Safeguarding assessments were recorded appropriately on a safeguarding proforma. We observed staff completing the risk assessments during consultations.
- All staff had completed the BPAS 'Safeguarding Vulnerable Groups' training every two years, and an introduction to safeguarding in their induction training. National guidance (Intercollegiate Document, 2014) recommends staff should be trained to one of five levels of competency, depending upon role and interaction with young people. Staff training records showed all nurses and the medical doctor had completed level three safeguarding training within the last two years. Staff also had access to level five trained staff.
- The registered manager was the designated member of staff responsible for acting upon adult or child safeguarding concerns locally. We saw they co-ordinated safeguarding actions within the unit, reported to the corporate lead for safeguarding, and liaised with external agencies such as the local authority safeguarding boards, as necessary.
- The registered manager was also responsible for the regular review of local adult and child protection practice policies in line with BPAS policies and procedures: 'Safeguarding and Management of Clients aged under 18, Protection of Vulnerable Adults, Domestic Abuse', and additional guidance from the Local Safeguarding Children Board.
- All staff we spoke with had a clear understanding of what types of issues might alert them to make a safeguarding referral and the processes to follow. Safeguarding prompt questions were part of each patient's clinical assessment.
- From March 2017 to February 2018, seven children aged between 13 and 15 years were treated at BPAS Northampton Central. No children aged under 13 years old were treated at this service. Children under the age of 13 would always be referred to the safeguarding board and the NHS. Children aged 13 years or less were not eligible to use the service and would be immediately referred to the local authority.
- Nurses told us they encouraged and supported patients aged 16 years and younger to discuss issues with their parents or legal guardians. Each child or younger person's after care was considered and checked to ensure there was a responsible adult available to provide support.
- Staff understood the law with regards to female genital mutilation (FGM) and mandatory responsibilities to report to the police if identified in clients aged below 18 years. FGM questions had been incorporated into risk assessments for young people; however they were not routinely included in assessment of women over the age of 18.
- 'PREVENT' was a topic included in the safeguarding training, as recommended by the Working Together to Safeguard Children, 2015 and the Intercollegiate Document 2014. Although all the staff at BPAS Northampton Central had completed their safeguarding training, staff told us they had not completed PREVENT training. PREVENT training is to support staff to identify patients or relatives at risk of becoming drawn into terrorism. We were told after our inspection that all area managers and directors employed by BPAS had completed PREVENT training, therefore any issues or concerns could be escalated by staff to a PREVENT-trained individual.
- The National Institute for Health and Care Excellence (NICE) guidance 'Domestic violence and abuse: how services can respond effectively: PH50' (2014) and quality standard 'Domestic violence and abuse: QS116' (2016), is provided for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. The guidance states that providers should ensure that health and social care practitioners provide facilities which enable people to speak about their experiences in a private discussion. The BPAS policy stated that patients should be seen alone at some point before treatment and would routinely be asked 'Do you feel safe at home?' The records we reviewed as part of our inspection confirmed that staff were routinely screening women for domestic violence.

Cleanliness, infection control and hygiene

- All areas we visited appeared visibly clean and uncluttered. There were systems and processes in place to ensure that standards of cleanliness and hygiene were maintained. These included up to date policies,

Termination of pregnancy

cleaning schedules and checklists, and infection prevention and control training and audits. We reviewed a sample of the cleaning checklists and found they had all been completed appropriately.

- NICE QS61 statement 3: recommends that people receive care from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. During our inspection, we observed staff adhered to this quality statement at all times. Hand sanitiser gels and liquid soap were available within the treatment and consulting rooms, along with a non-touch sink for handwashing.
- The service had an infection prevention and control link nurse, who completed monthly hand hygiene audits. From March 2017 to February 2018, compliance with this hand hygiene audit was consistently within the required standards. Where gaps in the handwashing or 'arms bare below the elbow' process were identified they would be fed back to staff directly and by email.
- Clinical waste management practices were appropriate. There was a colour-coded system for disposal of waste, medicines, and sharp objects, and we saw this was being followed. Rooms were labelled as clean or dirty utility areas.
- All medical devices, used within the treatment room, were single use. This meant that there was assurance that they were clean.
- We saw adequate supplies of personal protective equipment (PPE) such as disposable gloves, aprons and masks. All staff were observed to adhere to the uniform policy and wore the appropriate protective clothing depending on the task they were undertaking.
- Laboratory spillage kits were available and were stored correctly and in date. Staff we spoke with knew how to access and use them.

Environment and equipment

- The BPAS Northampton Central premises were secure, purpose built, and fit for purpose.
- Access to the service was by a digital key pad and an intercom system. Patients and other visitors could not enter the treatment unit without authorisation from reception staff. The reception area faced the entrance door, which was staffed when the treatment centre was open. The building was secured and alarmed out of hours, and had CCTV. Systems were in place to alert the on call member of staff should there be any security issues.

- The premises had key pad access to all patient areas and lockable storage available for equipment and medicines.
- The required standard operating procedure (RSOP) 22 'Maintenance of equipment' (Department of Health) states that all providers should minimise risks and emergencies through a programme of regular checking and servicing of equipment. During our inspection, we reviewed equipment servicing records and saw that clinical equipment, owned by the service, had been serviced and safety checked in line with the provider's policy.
- We asked for evidence that fire safety checks were carried out. Managers told us that BPAS policy required fire checks to be conducted yearly and that evacuations should be practised at least twice a year. Staff we spoke with told us that the required weekly fire checks were the responsibility of the lease holder and we saw the fire alarm tested during our visit.
- Staff had access to resuscitation equipment, including an automated external defibrillator (AED). An AED is a portable electronic device used to diagnose life threatening cardiac conditions and enable treatment controlled electric shocks to re-establish a normal heart rhythm.
- Managers and staff we spoke with showed us 'red top' safety alerts they had received in relation to medical equipment and medicines, and provided recent examples of where these had been communicated to all staff by email.
- Ultrasound scanning equipment was serviced following the manufacturer's guidelines and labelled when completed. Scanning equipment was replaced as part of a rolling programme across the whole organisation. This complied with 'Standards for the provision of an ultrasound service' issued by the Royal College of Radiologists, 2014, which states equipment should be reviewed between every four and six years.
- Policies and procedures were in place and understood by staff with regards to clinical waste management. The disposal of pregnancy remains was managed in line with the Royal College of Obstetricians and Gynaecologists (RCOG) recommendations.
- All surgical equipment was single use and then disposed of. We saw stocks of surgical equipment were in date and stored appropriately.

Termination of pregnancy

- Staff disposed safely of sharps in designated sharps boxes. These were not over filled and closed between use.

Medicines Management

- The BPAS medicines' management policy, 2017, set out arrangements and staff responsibilities to enable patient safety in line with national standards and guidance. This included the management of medicines used to terminate pregnancy, pain relief, contraceptives and antibiotics, and arrangements for controlled drugs. Controlled drugs are medicines that require additional security and checks.
- An audit trail of all medicines ordered, supplied, administered and disposed of was maintained. All medicines stock we looked at was stored in its original packaging, and was within the expiry date.
- Staff we spoke with correctly described the policy and their specific responsibilities, and we observed these were generally being followed correctly. However, we saw that staff had drawn up five syringes of medicines in advance of their use. Staff told us the medicines in the syringes were used for conscious sedation.
- We reviewed the medicines' management policy and saw that preparing local anaesthetic and conscious sedation medicines in advance (limited to five clients) was approved by the BPAS clinical governance committee. The policy also stated that any pre-drawn up syringes should be clearly labelled. However, none of the five syringes we saw were clearly labelled. We brought this to the attention of the lead midwife, who took corrective action.
- Medicines including contraceptives were supplied and administered against a doctors' prescription, or by a patient group direction (PGD). A PGD legally authorises registered healthcare professionals to administer or supply a medicine without a patient specific prescription to a group of patients that meet strict inclusion criteria laid down within the PGD.
- We saw a range of PGDs approved by the service's clinical governance committee. They included PGDs for medicines used for cervical preparation for surgical abortion. PGDs should ensure that it contains all relevant information to administer this medication. There were security procedures in place to ensure only approved staff could obtain medicines, for example access to keys to the medicine storage areas was restricted to nurses using a digital key pad system. We saw orders for medicines were placed electronically at least monthly by the lead midwife, who was recognised as an authorised signatory in the purchasing department at BPAS head office. All orders were countersigned by the registered manager.
- Medicines were generally stored securely; however we found one fridge used to store medicines was unlocked. We brought this to the attention of the lead midwife who took immediate corrective action.
- BPAS policy required that the minimum and maximum temperatures of refrigerators and other medicines storage areas were monitored daily to ensure that medicines that had temperature requirements were stored correctly.
- We saw temperature logs for the medicines refrigerator were maintained and were consistently within the required temperature range. However, we saw no evidence of temperature monitoring for any of the medicines cupboards or rooms where medicines were stored. Staff told us this did not happen.
- As part of the medicines' administration process we saw the nurse checked each patient's identity and any known allergies, which were acted upon. We also saw the nurse clearly explained to each patient the purpose and instructions for each of the medicines.
- Records we reviewed demonstrated that the controlled drugs were ordered and managed in accordance with national and local guidance, and the stock levels, administration and destruction of controlled drugs was recorded in the controlled drug register. Stock levels of controlled drugs were monitored and recorded at least daily.
- NICE QS 61 recommends that people are prescribed antibiotics in accordance with local antibiotic formularies. Records we looked at confirmed that there were local protocols and formularies in place that were correctly followed by prescribing doctors. We saw nursing staff administered prescribed antibiotics to reduce the risk of infection during and after the termination of pregnancy procedure. Records we looked at showed that antibiotics had been given to all patients undergoing medical or surgical abortion.
- Staff had recorded allergies clearly in patient records we reviewed, and took relevant action to ensure known allergies were acted upon.
- We saw a completed register to record the stock of medicines used to cause an abortion. Where such medicines were administered the nurse or midwife

Termination of pregnancy

would sign the register and reconciliation of medicines stock. There was a monthly audit carried out centrally to check medicine supply against patient throughput to identify any discrepancies.

- Medicines used in an emergency were stored on the resuscitation trolley in tamper proof packaging and were all in date. There was a separate box for medicines used if patients suffered a severe allergic reaction. Staff highlighted the expiry date on medicines that were due to expire within six months to ensure these were checked and replaced as required.

Records

- A combination of paper and electronic patient records was in place. Arrangements for the management of patient records were set out in BPAS policies. Compliance with the policies was audited on a monthly basis using a random sample of five patient records. Following the audit, staff were reminded of their responsibilities with any arising actions. The audit outcomes were recorded on the clinical dashboard. We saw that from March 2017 to February 2018, the service was consistently scoring a green rating of over 90%.
- BPAS policies stated that all records which include patient-identifiable information must be stored securely to ensure patient confidentiality is maintained. During our inspection, we saw that all patient records were stored in line with the policies.
- There were systems in place to ensure all legal requirements relating to a termination of pregnancy were documented in records. We reviewed 15 patient records and saw each had been appropriately documented. Each stage of the care pathway for termination of pregnancy was linked to a specific BPAS information technology system, which flagged up an alert if the record was incomplete. This included alerts for the signature of two registered medical practitioners who were required to sign the HSA1 form. The form had to be fully completed following a patient consultation and before the termination could proceed.
- Managers and staff told us that paper held records transferred to and from other BPAS locations would be taken by courier to ensure their safe and secure delivery. We did not see any records transferred in or out of the treatment unit during our visit.
- Staff we spoke with told us, and we observed, that prior to termination of pregnancy all patients had an ultrasound scan to confirm the gestational date, which

is the term used to describe how many weeks pregnant the woman was. In all of the patient records we looked at we saw a record of the ultrasound scan and the reported gestational date, and that an image of the scan was correctly stored and maintained.

Assessing and responding to patient risk

- Nursing staff caring for patients under 18 years must have the knowledge and experience to provide care in the event of an emergency. Staff confirmed no training was provided in this age group; however they were able to describe their specific responsibilities in managing an emergency involving a patient under the age of 18.
- In all of the patient records we reviewed, we saw that staff asked patients about their medical history at their initial consultation to assess their suitability for treatment. This included assessment of potential risk factors and allergies. If a patient was unsuitable for treatment at BPAS Northampton Central, for example due to an existing health condition, or foetal abnormality, they would be referred to another provider. We saw examples of this in three of the patient records we looked at.
- Processes were followed by all staff to maintain the safety of surgical patients. A surgeon was employed at BPAS Northampton Central one day a week to carry out surgical termination of pregnancy with local anaesthetic or with conscious sedation, which was administered intravenously. Nurses were also involved in the delivery of conscious sedation if they had completed specialist training and had been assessed as competent.
- In 2010, the National Patient Safety Agency recommended that the World Health Organisation (WHO) 'Five steps to safer surgery' checklist should be used for every patient undergoing a surgical procedure. A policy had been issued across BPAS to enable the use of a BPAS surgical safety checklist. The policy also stated that the use of the checklist should be monitored.
- Compliance with the BPAS surgical safety checklist was audited regularly as part of a BPAS internal peer review process. The audits showed consistent compliance with the process.
- When patients were admitted to the treatment room for surgery we saw staff introduced themselves and their role to the patient, confirmed the patient's name and date of birth, which was also checked against the patient's wristband. Consent, rhesus and allergy status were verbally re-confirmed, and whether the procedure

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was to be carried out under local anaesthesia or conscious sedation. Staff also confirmed if contraception was to be fitted during the surgical procedure.

- Where surgical procedures were undertaken, staff completed a treatment room briefing, called a 'safety huddle'. The safety huddle discussed each case individually and highlighted any risks or areas for enhanced observation. This followed the guidance recommended in the WHO checklist.
- During our inspection, we observed the safety huddle. All staff involved in the surgical service took part; each member of staff introduced themselves and stated their role. The lead midwife led the discussion, which included how many patients were on the operating list, any possible complications, patients with increased risk due to high body mass index, patients under the age of 18 years, safeguarding concerns and additional information the team needed to be aware of.
- During the surgical procedures we observed, staff did not read the "sign out" stage of the checklist aloud. This is not best practice. However, checks were made to ensure all swabs, sharps and instruments were accounted for and confirmation of this was signed off by the surgeon.
- Records we looked at included clear directions and pathways for the deteriorating patient including management of sepsis, to monitor and act upon any clinical deterioration.
- RSOP 18 'Staffing and emergency medical cover', 2014, requires that every nurse or midwife should have the appropriate knowledge, training and confidence to initiate immediate action in the event of an emergency before medical help arrives. Records we reviewed confirmed that all nurses and midwives had attended an annual training update of intermediate life support. All administrative staff had completed basic life support training so would provide support to nurses in an emergency. All staff we spoke with correctly described their responsibilities in initiating emergency treatment and could demonstrate where the emergency equipment was located and how it was used.
- There were processes to ensure patients who became acutely unwell during surgical procedures, would be transferred to a nearby NHS hospital. There was a white board in the operating theatre with clearly designated roles for staff member in the event of a medical emergency. There was a flow chart for staff to follow if a patient suffered significant bleeding, which required an urgent transfer to an NHS hospital. Staff were aware of their role and who would call an ambulance.
- The centre was on the first floor of the premises with lift access. Staff told us if patients required emergency transfer they would use a wheelchair. However, patients who are bleeding heavily should be kept in a horizontal position to stabilise blood loss. There was no evacuation chair provided and the lift was not large enough to accommodate a stretcher. This had not been included on the risk register. However, to mitigate the risks the service had completed a risk assessment on 1 December 2017. This was carried out in response to an emergency transfer of a patient in November 2017. As part of the risk assessment the procedure for transfer was reviewed and found to be effective by the treatment unit manager and provided assurance that there were effective procedures in place to evacuate women in the event of an emergency.
- Data provided to us before the inspection showed that 462 (100%) of patients who underwent surgical abortion were assessed for venous thromboembolism (VTE) risk from March 2017 to March 2018. All of the patient records we reviewed contained completed venous thromboembolism risk assessments, which staff had completed prior to the patient's treatment. The risk assessments informed staff if preventive treatments were required.
- Prior to a termination of pregnancy (TOP) 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 them against complications in future pregnancies. All records we reviewed demonstrated that patients underwent this blood test prior to their TOP. Women identified as having a rhesus negative blood group received an anti-D injection.
- All patients had an ultrasound scan to confirm their gestational date. We saw evidence of the scan and gestational date in all of the patient records we reviewed. Trained staff also completed a scan during each surgical procedure to reduce the risk of retained products of conception. In addition, the surgeon visually

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checked pregnancy remains following each early gestation procedure confirm all products had been removed. If there was any doubt the surgeon would rescan the patient and take appropriate action.

- Patients receiving conscious sedation were given medicines to help them relax and pain relieving medicines, and remained awake during the procedure. Staff spoke with the patients throughout the procedure to monitor the level of sedation the patient received. Staff undertook regular observations of the patient's vital signs, such as blood pressure, heart rate, respiratory rate and oxygen saturation. This was in line with guidance from the Royal College of Anaesthetists: 'Guidance on the provision of sedation services', (2016).
- Simulation training took place to prepare for emergency situations. Resuscitation and anaphylactic reaction scenarios were rehearsed by staff annually as part of their mandatory training. Scenarios were discussed and plans put in place should those events occur.
- There were no established links between the local acute trust and BPAS Northampton Central meaning that BPAS were not always able to gather rates of complication. However patients were given a discharge summary requesting that any other healthcare provider the patient accessed with post-treatment complications inform BPAS Northampton Central. This was to enable the provider to complete their records and monitor the effectiveness of their practice.

Staffing

- The department of health required standard operating procedure (RSOP) 18: 'Staffing and emergency medical cover' requires that providers of TOP services should ensure there is a sufficient number of staff with the right competencies, knowledge, qualifications, skills and experience to safeguard the health, safety and welfare of all who use the service and meet their routine and non-routine needs. RSOP 18 also requires that there should be a registered nurse or midwife on duty in the clinic at all times when there are patients who need their care.
- Minimum staffing levels were clearly set out in local policies. We looked at the last three months of staff rotas and we saw these were consistently met. Staff we spoke with told us they felt staffing levels were safe and could not recall any recent occasions when consultations or treatment had to be cancelled due to staff shortages.

- At the time of our inspection, there were seven registered nurses (4.56 whole time equivalent) employed to work across BPAS Northampton Central and BPAS Milton Keynes. There was one nursing vacancy equivalent to 22 hours whole time equivalent. In addition six administrative staff (3.56 whole time equivalents) worked across both locations.
- The treatment unit manager and lead midwife were responsible for managing the staffing rotas, and allocated the nursing staff to work at BPAS Milton Keynes and BPAS Northampton Central on a day-to-day basis.
- Medical staffing cover was provided by doctors who worked both remotely and at the treatment unit. All doctors were either employed by BPAS or engaged under practising privileges. Practising privileges is a well-established process within independent healthcare whereby a registered practitioner is granted permission to work in an independent hospital or clinic, in independent private practice or within the provision of community services. There were no vacancies for medical staff at the time of our inspection.
- A surgeon was employed to work one day a week at BPAS Northampton Central. The remote doctors were based at other BPAS premises with a department of health licence. Their role was to review patient case notes and medical histories prior to signing the HSA1 forms and prescribing medicines. The HSA1 form is the certificate of opinion that has to be completed by two doctors before a termination of pregnancy is performed under the Abortion Act 1967.
- No agency staff were required to cover shifts from March 2017 to February 2018. Staff from other BPAS treatment units would cover periods of absence.

Major Incident awareness and training

- We saw an up to date major incident and business continuity plan for emergency contingency in the event of failure of essential services. The plan stated that managers were the first point of contact. It also contained information about what staff needed to do in the event of a major incident, such as a bomb threat, widespread fire or flood, prolonged loss of power, heating, communications or water failure. The staff we spoke with was aware of the plans. However, they told us they could not recall any specific training or simulated scenarios, or when they had to apply them in practice.

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Are termination of pregnancy services effective?

Evidence-based treatment

- All places holding a valid TOP licence issued by the department of health are required to follow required standard operating procedures (RSOPs). The Department of Health RSOP 10: 'professional guidelines', states that providers should have regard to authoritative clinical and professional guidance and professional opinion such as that provided by relevant Royal Colleges. We saw a range of evidence based documents to guide practice in use and accessed through the staff intranet.
- RSOP 16: 'Performance standards and audit', recommends that all providers should have in place clearly locally agreed standards against which performance can be audited, and that are guided by appropriate national standards. We saw evidence based corporate, regional and local policies had been updated in the previous year. We also saw updates of policy changes and reviews were communicated via managers to staff via conference call launches and meetings.
- A national clinical audit plan was in place. Audits included medical and surgical treatments, implementation of new guidelines and completion of HSA1 and HSA4 forms. The HSA1 form is the certificate of opinion signed by two registered medical practitioners who are of the opinion in good faith that the patient meets one of the grounds stipulated in The Abortion Act 1967. The HSA4 form is the abortion notification form.
- Surgical abortion was provided for patients with a gestational date of up to 13 weeks and 6 days. For patients who were up to 10 weeks' gestation, medical abortion provided an alternative to surgical intervention. Patients were offered two options for early medical abortion based on gestational date. These were explained in the 'My BPAS Guide', which was given to all patients to help them make a choice. One option was simultaneous administration, where the medicines were taken on the same day. The second option was where there was a 24 to 48 hour period between

administration of the two medicines. The risks, failure rates, and side effects for each option were understood by staff, and were set out in the guide. We also observed staff explaining these to patients.

- The use of simultaneous administration of medicines used for early medical abortion (EMA) is outside of current Royal College of Obstetrician and Gynaecologist (RCOG) guidance. However; we saw that a structured governance system including risk assessment was in place and had been followed to introduce this treatment option.
- Patients were given the option of surgical abortion by local anaesthesia or conscious sedation. General anaesthesia was not available.
- Processes were in place and understood by staff about the recognition and management of sepsis. This included the BPAS modified early warning score tool and the sepsis screening and action tool. This tool contained a series of indicators, which when calculated provided staff with a measure of risk and actions to take.

Nutrition and hydration

- Patients were given information about when to stop eating and drinking prior to surgery. The patients we spoke with understood the reasons for this
- Staff told us that patients were offered a light snack prior to their discharge home. We saw patients being given a drink of their choice and biscuits.
- When patients required intravenous fluids during their treatment, staff completed a record of their fluid input and output.

Pain relief

- Patients were routinely offered pain relieving medicines such as non-steroidal anti-inflammatory drugs (NSAIDs) during surgical and medical abortion.
- During our visit, we saw pain relief scores were completed using a 0-10 pain relief rating. In the case of one patient whose first language was not English, a pictorial scale of pain intensity was used with good effect.
- All discussion about pain and the outcomes of pain relief were documented in each individual patient record.

Patient outcomes

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- From March 2017 to February 2018, there were 1,497 early medical abortions and 462 surgical abortions undertaken at BPAS Northampton Central.
- Any patient who had undergone a medical termination of pregnancy was given a pregnancy test after the procedure, with instructions to perform the test two weeks after they had passed the pregnancy remains. The instructions also included what to do if the test remained positive.
- Data on failed and incomplete surgical and medical abortions was collected and reviewed centrally at BPAS. We saw that any positive pregnancy test results were reported as an incident. From March 2017 to February 2018, there was a 3.75% failure rate following EMA; that is pregnancies that continued. This was below national failure rates. There were no reported failed surgical abortions for the same period.
- BPAS Northampton Central had a planned programme of audit and monitoring, following the recommendations of the Royal College of Obstetricians and Gynaecologists (RCOG). We saw that audit outcomes and service reviews were reported to BPAS governance committees such as the infection control committee, the regional quality assessment and improvement forums (RQuAIF) and the organisation's clinical governance committee. The registered manager was required to complete action plans for areas of non-compliance, which were reviewed by BPAS clinical department centrally, and RQuAIF.
- From March 2017 to February 2018, 1,806 patients (73%) received chlamydia testing. All patients were routinely offered chlamydia screening and made an informed choice, which staff then documented in their patient record.
- Managers told us that audits were conducted by designated staff to assess the quality of care, compliance with policy and procedures and monitor standards. Examples of the audits conducted included: a clinical procedural audit, an infection control audit, essential steps and monthly environmental audits, a record keeping audit, the BPAS surgical safety checklist audit, a safeguarding audit, a clinical supervision and appraisal audit, and an audit on the outcomes for the two different regimens of the EMA treatment.
- All audits were reported each month as part of the treatment unit quality dashboard, and an annual summary was produced. We reviewed the dashboard which showed some gaps in record keeping relating to

conscious sedation, clinical supervision (one month), and appraisal (five months). However, from March 2017 to February 2018, we saw audits were consistently scoring over 90%, which was an improvement.

Competent staff

- RSOP 18: Staffing and Emergency Medical Cover-routine needs. There were arrangements in place to ensure this happened, including recruitment strategies, job descriptions, ongoing learning and development programmes, and the use of competency frameworks.
- The training needs for doctors to perform surgical termination of pregnancy or prescribe medicines for medical abortion was included as part of their annual appraisal and monitored by the BPAS medical director. This included an annual appraisal, which ensured every registered medical practitioner had appropriate knowledge, skills and experience, and had achieved appropriate clinical outcomes for patients. During our inspection, we spoke with two doctors and the medical director who confirmed this had happened as part of their GMC revalidation process.
- We saw competency frameworks for nurses and client care co-ordinators had been completed in a range of topics such as admissions, consultations, counselling, conscious sedation, scanning and post treatment checks.
- We did not see any competency frameworks for nurses who were caring for patients under the age 18 who accessed the service. This meant that we could not be assured that these patients would receive care appropriate to their needs.
- Royal College of Obstetricians and Gynaecologists RCOG (RSOP) 14, defines a pregnancy counsellor as someone trained to diploma level. Staff confirmed that the BPAS training did not meet diploma level.
- Clinical and administrative staff received internal BPAS training in order to provide impartial, non-judgemental support and advice to patients. Staff received the training once; follow-up or refresher training was not provided. Client care co-ordinators attended a forum to discuss any issues, and undergo group supervision but confirmed that no update training was provided.
- Staff told us that any nurse or midwife who performed ultrasound scans to determine gestational date would be required to complete an in-house training programme and successful assessment of a

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competency framework. We reviewed the training records, which showed all eligible staff were up to date with ultrasound scanning training and assessment of competence.

- Any staff member who was trained in scanning resubmitted a selection of completed scans and readings every two years, which were reviewed by the lead sonographer for BPAS. The lead sonographer provided feedback to each staff member regarding their accuracy. If required, additional training would be provided.
- At BPAS, healthcare professionals other than anaesthetists may deliver conscious sedation with intravenous medicines, and would be supported by a nurse assigned to patient monitoring and assistance of the procedure. The BPAS conscious sedation programme was completed by all staff involved in the delivery of conscious sedation and was designed to ensure that women receiving conscious sedation are cared for by appropriately trained and competent doctors and nurses.
- Nurses and midwives in a practitioner role completed practitioner training which included training on contraception, safeguarding, consent and ultrasound scanning.
- The treatment doctor and registered nurses and midwives had all completed immediate life support training. Health care support workers, client care co-ordinators and administrative staff had completed basic life support training. For doctors, registered nurses and midwives, life support training also included the management of anaphylaxis (an extreme sensitivity and/or reaction to a substance or medicine).
- Pregnancy counsellors were recruited specifically for their interest in sexual and reproductive health and were not all trained to diploma level as RSOP14 states they should be. However to mitigate any risk of staff being unable to adequately counsel and support patients, clinical and administrative staff received internal BPAS training. This enabled them to provide impartial, non-judgemental support and advice to patients. This training took between one and four days to complete. Nursing staff attended one day of this course. Staff who attended for the four days also completed a range of competency based assessments and were then referred to as 'Client Care Coordinators'. The training was provided once and no follow-up or refresher training was provided. Client Care

Coordinators attended a forum to discuss any issues but confirmed that no ongoing training was provided. We saw data confirming 100% of medical, nursing and administrative staff had completed an appraisal of their work in the previous year.

- All nursing staff had completed their revalidation when it was due. Revalidation is the process that all nurses and
- RCOG guidelines 'Care of women requesting induced abortion', guideline 6, recommends a regular audit of the
- Staff we spoke with told us they had the opportunity to attend team meetings. This allowed staff to share and exchange information, receive feedback and offer support to one another.

Multidisciplinary working

- Patient care was led by the doctor and a named nurse or midwife with support from other nursing or midwifery staff, health care support workers, administrative staff and client care co-ordinators. We saw examples of collaborative teamwork throughout our inspection.
- Staff gave examples of working with other agencies and services such as early pregnancy units at local NHS hospitals and safeguarding boards.
- We saw that communication with the patient's GP only happened with the relevant consent.

Access to information

- Each patient completed a medical questionnaire to provide staff with information on any medical conditions to ensure they could be treated safely. Patients who were not suitable for treatment could be referred to local NHS services or an alternative, appropriate BPAS clinic.
- The Department of Health RSOPs state that it is good practice for two certifying doctors to see a patient who has requested a termination of pregnancy, although it is not a legal requirement. Two doctors working at other BPAS licensed premises carried out an online review of the patient's history, ultrasound scan and the reasons why the client was seeking an abortion. The information was provided to the two doctors electronically before they made their decision. A copy of the HSA1 form (a certificate of opinion from each of the doctors) was printed and filed into the patient's medical record. All the medical records we reviewed contained two printed and signed copies of the HSA1 form.

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- Systems were in place to enable information to be shared appropriately and promptly. Discharge information was provided with sufficient information to allow another provider or practitioner to manage any complications.
- Where women did not have specific wishes with regard to disposal of pregnancy remains, fetal tissue was collected by an authorised carrier and stored separately from other clinical waste before being sent for incineration. We saw a full audit trail was maintained at the unit.
- Staff worked with other services to deliver effective care. It was agreed with each client if a letter could be sent to the patient's GP. The letter included the treatment procedure undertaken and any contraception provided. The patient was able to decline. Regardless of their decision, the patient was given a letter, which included the same information should it be needed in the future.

Equality and human rights

- Staff we spoke with gave examples of seeing a diverse client base and how they adapted their approach to individual consultations, taking the lead from the patient. We saw this reflected in practice and in the patient records we reviewed.
- Staff were supported to make decisions about patient care in accordance with patient's individual choice. Staff completed a workshop in welcoming diversity at induction and the themes of the workshop were reinforced at ongoing training to ensure they recognised and adapted to different cultural needs and beliefs. The training was designed to equip staff with the knowledge and skills to support clients in making individual choices, while acknowledging and respecting their individual needs.
- The client care co-ordinator was available to provide additional support to clients who needed or requested it.

Consent, Mental Capacity Act and Deprivation of Liberty

- The royal college of obstetricians and gynaecologists (RCOG) guidelines (2011) and the Department of Health standard operating procedure (RSOP) state that providers should have protocols in place for obtaining

consent and pathways to support women who lack capacity to consent. Staff we spoke with understood and applied the principles of consent in accordance with national guidance.

- National guidance was available for staff to refer to and staff received mental capacity training. In cases where a patient was identified as lacking capacity to make decisions about treatment and care they would be referred to another service. Staff told us this had never been needed at BPAS Northampton Central. The Deprivation of Liberty Safeguards would be considered when needed to be in the person's best interest. However, this also had never been needed.
- The BPAS consent policy was followed by staff to ensure informed client consent was given through each part of the treatment pathway. Patient consent was only completed by either a registered nurse or doctor prior to treatment and verbal consent was confirmed again with each client prior to the start of surgical treatments.
- Consent for termination was also obtained during the consultation for early medical terminations. Nurses received training in how to obtain consent. During their discussions with patients, they explained all the risks and allowed time for patients to ask them questions.
- Consent for surgical terminations was also obtained at the time of the initial consultation and again at the treatment appointment. This ensured the patient had sufficient time to make an informed decision, which is in line with guidance from the Royal College of Surgeons.
- During our inspection, we observed staff clearly stating the procedure the patient had consented to on the day of their surgery. Staff also confirmed that the patient still wanted to go ahead with the planned surgical termination of pregnancy.
- The risks and benefits of treatments were explained to ensure the patient understood what they were agreeing to. We observed three patients during surgical treatment and saw they were all asked if they understood the information and signed the consent forms to confirm this. Consent was seen to be fully documented in all patient records we reviewed.
- Patients were encouraged to take time to consider and reflect on their decisions and were offered counselling sessions. We saw records when clients went away to think about their options. In one case the patient had decided not to proceed with the termination.
- In the records we looked at, we saw that the correct legal processes were followed regarding the consent of

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young patients (below 16 years old). This included Gillick competency (assessment of under 16s to give informed consent) and Fraser Guidelines, used specifically to decide if a young person can consent to contraceptive or sexual health advice and treatment. Staff we spoke with confirmed their understanding of these principles.

Are termination of pregnancy services caring?

Compassionate care

- Managers and staff we spoke with told us that the BPAS ethos was to treat all clients with dignity and respect, and to provide a confidential and non-judgmental service. We observed staff working within this ethos. Staff were motivated to provide a service to meet each individual's needs. Staff were recruited within a process that explored that candidates were pro-choice. BPAS did not employ individuals with a conscientious objection to abortion, or who did not embrace the BPAS organisational values.
- All patients were given a patient satisfaction survey entitled 'Your opinion counts' to complete anonymously. The patient satisfaction survey reports were produced by the BPAS client engagement manager and collated by the unit and CCG. The patient satisfaction survey results were published annually.
- We saw a copy of the BPAS patient satisfaction report from January 2017 to December 2017. The report demonstrated consistent positive feedback at BPAS Northampton Central, with an overall score reported from 9.56 to 9.58 out of 10.
- Patient feedback was encouraged and was used by BPAS to improve the service. For example, concerns were raised that patient and staff conversations could be overheard in the reception area. The service addressed the concern by providing a radio to help mask the conversations.
- We looked at the ten most recent 'your opinion counts' forms and saw consistently positive comments. Comments from patients included: 'I felt very comfortable here', 'Staff were very kind and supportive throughout the whole process', 'Everyone was very friendly and non-judgmental. I was seen quickly and felt looked after'.

Understanding and involvement of patients and those close to them

- BPAS policies and procedures and care we observed reflected the client's right to influence and make decisions about their care in accordance with confidentiality, dignity, privacy and individual choice
- Written and verbal information was provided by staff to support informed patient choices regarding options, treatment and care. Staff provided additional support to clients who needed or chose it. A client care co-ordinator was available to speak to any client who was unsure about their decision, or needed additional support during pre-assessment to make a fully informed choice.
- BPAS staff received training to advise clients on all aspects of treatment. Staff completed a workshop in welcoming diversity to ensure they recognised different cultural needs and beliefs. This training was designed to equip them with the knowledge and skills to support clients in making reproductive choices, whilst acknowledging and respecting their individual needs.
- Staff were required to make women aware that the contents of the HSA4 form (part of the legal process for terminations) was used to inform the Chief Medical Officer of termination of pregnancy and is used for statistical purposes by the Department of Health. We did not see this as part of consultations.

Emotional support

- The required standard operating procedure (RSOP) 12 'Information for Women' set by the department of health, states that patients should have access to a 24 hour advice line, which specialises in post-abortion support and care. A telephone advice line was provided 24 hours a day and seven days a week. Callers could speak to registered nurses or midwives who assessed the patient through a triage system. This enabled them to prioritise treatment or refer them to counsellors as required.
- The booklet 'My BPAS Guide' was given to every BPAS client and provides written information about their post treatment care and available emotional support. Clients could contact BPAS via a dedicated telephone number in order to make an appointment for post-abortion counselling. Arrangements were in place for those who may need additional counselling. Post abortion

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counselling was a free service available to all BPAS clients, and could be accessed any time after their procedure, whether this was the same day or many years later.

Are termination of pregnancy services responsive?

Meeting the needs of local people and individuals

- Admission criteria was in place to reduce the risks of treatment to clients who may be of a higher risk and not suitable to be treated at this service. The provider had developed pocket sized reference cards which staff could use to risk assess patients with pre-existing conditions to ensure that treatment would be safe. Staff could also seek advice from on call medical staff should they have specific health questions during assessment.
- Every effort was made to support clients to receive treatment in a local or convenient location, and ensure that priority was given to later gestational age to ensure treatment was provided within timescale.
- Access arrangements were in place for patients with mobility issues. A lift was available in the building, and a toilet designed to accommodate people with physical or hidden disabilities was provided in the unit
- We saw that patients who felt anxious about waiting in the main reception area could be accommodated in a smaller waiting room or consulting room, if necessary. Other use of the smaller waiting area was for young people, for example.
- People's needs were assessed, and care and treatment was planned and delivered in line with their individual care plan. Arrangements could be put in place for those with a learning disability, or complex needs.
- The recovery area was cramped which meant that privacy was not always achieved as patients could overhear other patient's conversations with staff, for example.
- We saw that records indicated areas of mental health concern where applicable. The client care coordinators did not receive training to identify and support these clients. However, nurses and midwives would make appropriate referrals and raise safeguarding concerns with the safeguarding lead, for example and we saw such concerns were included in the patient safety briefing attended by all clinical staff.

- During our visit, we saw the appropriate use of a telephone translation service for a patient who did not speak English as a first language. This ensured the patient's needs were considered and the patient received evidence-based information in a way they could understand.
- Post treatment care was discussed with each client. The booklet 'My BPAS Guide' was given to every 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 24 hours, seven days a week.
- The disposal of pregnancy remains was in line with the Human Tissue Authority guidelines. The 'My BPAS Guide', which is provided to every client, described how the pregnancy remains will be disposed of and invited patients to inform staff if they had specific wishes. BPAS facilitated, wherever possible and legal, any request made by a client concerning management of the pregnancy remains. Where a patient wished to dispose of the pregnancy remains privately, they would be provided with a specific information sheet which set out how the remains should be managed. The treatment unit had up to date information about local funeral services to assist women who wished to arrange a cremation or burial. The discussion and plan for disposal would be documented in the case notes for each patient.

Access and flow

- Appointments for BPAS Northampton Central were booked through the BPAS contact centre which was a 24 hour, seven day a week telephone booking and information service. Patients self-referred or were referred by their GP.
- We saw that where patients did not attend their appointment a telephone call was made to discuss their decision and whether or not they wished to proceed with the termination, for example.
- The BPAS booking system recorded what appointments were available within 30 miles of the patient's home address.
- Patients were able to choose their preferred treatment option and location, subject to their gestation date and

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medical condition. The percentage of women treated at less than 10 weeks gestation is an NHS target. From October 2017 to December 2017, 90% of patients treated were below 10 weeks' gestation.

- The BPAS IT system recorded what appointments were available, within a 30 mile radius of the client's address. This meant staff could analyse waiting times and evidence patient choice. Because of increased demand the delays past the 10 days for treatment was being monitored but there was no monitoring of any patients who exceeded the nine weeks for an early medical abortion.- This meant that some patients may consequently require a more invasive procedure.
- BPAS corporate capacity manager had an overview of appointment availability and worked with the treatment unit manager to ensure women received prompt treatment.
- Discharge arrangements were planned to meet each patient's individual needs. Patients were informed prior to surgical treatment of the risks and the support they would need post procedure. Young patients, aged 16 and less, were encouraged to involve their relatives early in the care pathway, as it was necessary that a responsible and competent adult was available to provide care and support to them post treatment.
- Waiting times were monitored through the BPAS booking system and by the BPAS organisation capacity manager, who had an overview of appointment availability, in conjunction with the treatment unit manager. From October to December 2017, the average wait for patients from their initial contact to consultation was four days. For the same period, the average wait from consultation to treatment was two days. There had been an increase in availability of consultation and treatment on the same day. 206 patients (11.5%) waited longer than ten days for treatment; some of whom chose to take extra time to make a decision about whether to proceed to abortion

Learning from concerns and complaints

- Information about how to give feedback was clearly displayed in patient areas with a poster 'making a complaint or giving us feedback' leaflets, on the website, through 'Your Opinion Counts' or the 'My BPAS Guide'.
- Staff and patients we spoke with demonstrated an understanding of the BPAS complaints policy and procedures to follow. The treatment unit manager was

the first point of call to resolve issues at unit level. Formal and informal complaints and concerns were recorded on a local complaints log maintained by the treatment unit manager.

- We reviewed the complaints log. We saw that, from November 2017 to May 2018, there had been an average of one informal complaint a month. From March 2017 to February 2018, the service received two formal complaints. The complaints had raised issues about staff attitude, communication, and treatment provided. Each complainant received an acknowledgment within three days. We saw that each complaint was investigated within required the time frames, and learning was shared with all staff.
- If a client patient raised concerns whilst at the treatment unit, they would have a discussion with a member of staff, or the manager. If the issue was raised at a later time, this could be discussed with the manager of the treatment unit, or the BPAS Client Engagement Manager, who was based at the central office. The BPAS Client Engagement Manager was responsible for the oversight of the management of complaints. Any case with the potential for escalation would be brought to the attention of the regional director of operations and an appropriate member of the executive leadership team.

Are termination of pregnancy services well-led?

Leadership/culture of service related to this core service

- The treatment unit manager was the registered manager at BPAS Northampton Central and BPAS Milton Keynes. There was a lead midwife who led the nursing service. There was a medical director (senior doctor) based centrally. Staff we spoke with felt well supported by the treatment unit manager and lead midwife. Staff consistently described the leadership team as approachable and accessible and responsive to any concerns. All nursing and administrative staff worked at both treatment units.
- All the staff we spoke with said they were proud to work for BPAS and most had been employed by the organisation for at least ten years. Staff described an open culture and a strong sense of team work. Staff felt focused on a service that met the needs of patients.

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- Systems were in place to support the registered manager with their role in safe and effective management of the service. Regional managers' meetings were provided to enable legal, clinical and policies updates and provide peer support.
- The registered manager had completed ongoing training in key policy areas of their role, which included legal and regulatory requirements. The training included modular management courses. The registered manager also participated in the bi-annual treatment unit managers' conference and a leadership development programme.
- Managers we spoke with told us they were encouraged to seek advice from head office central support functions, each of which was led by a director who was an expert in their field.
- An area manager was appointed in April 2018 as part of a new management structure replacing three geographical regions with seven areas. This was designed to improve local governance. Due to the recency of this appointment, we were unable to fully assess the impact during our inspection.

Vision and strategy for services

- BPAS had a clear statement of their vision and values, which were driven by quality and safety and the health and welfare of patients. The BPAS values were: "We support pregnancy choices and trust patients to decide for themselves. We treat all clients with respect and provide confidential, non-judgmental and safe services".
- Staff we spoke with were able to correctly describe the values and told us they were regularly reinforced at training sessions. We observed staff behaviour that applied the values in practice.
- BPAS had corporate objectives and aims which staff demonstrated an understanding of. These included: to provide reproductive health care services which were responsive to the needs of those who wished to use them, to provide termination services which were accessible, effective, safe and confidential and to treat all patients with respect and provide confidential, non-judgmental and safe services
- Staff and managers were familiar with the department of health required standard operating procedures (RSOP) for termination of pregnancy (2013). The RSOPs are fundamental procedures for the approval of independent sector providers for the termination of pregnancy.

Governance, risk, management and quality measures for this core service

- The service held a licence from the Department of Health to undertake termination of pregnancy procedures. The licence was publically displayed on the notice board within the reception area, in addition to the appropriate insurance and policy agreements.
- Staff we spoke with identified risks associated with the service, for example environmental and clinical risks. There was a shared local risk register with BPAS Milton Keynes. Risks listed were specific to each treatment unit which the treatment unit manager had control over. Not all risks identified during our visit had been recognised by the managers or recorded on the risk register, for example, the risks associated paediatric life support.
- At the time of our visit BPAS was in the process of applying for Home Office Drug Licences to order and handle controlled drugs for all their relevant locations. We saw written agreement from the Home Office that BPAS were authorised to continue to hold controlled drugs during the application process.
- Managers told us that governance took place at local, regional and national levels with reporting to: the BPAS board of trustees, clinical governance committee, research and ethics committee, infection control committee, information governance committee and regional quality assessment and improvement forums (RQuAIF).
- RQuAIF met three times a year to monitor practice and standards of treatment and care within its region. RQuAIF submitted reports to the BPAS clinical governance committee.
- We reviewed minutes from the four most recent RQuAIF and clinical governance committee meetings. We saw that client safety incidents were monitored and reviewed for trends or reoccurring themes and outcomes were shared. Major and minor complication rates for both surgical and medical abortion were discussed at each meeting and were within expected levels. Overall complication rates were low and were consistent with or below complication rates published in national statistics.
- Quarterly activity reports provided BPAS organisation and commissioners with detailed breakdowns of the average number of days from contact to consultation, from 'decision to proceed' to treatment and from first point of contact to treatment.

Termination of pregnancy

- An electronic register of patients who had undergone termination of pregnancy was completed in a timely manner and kept for three years, in accordance with the requirement of regulation 20 of the Care Quality Commission (Registration) Regulations 2009.
- Arrangements for disposal of pregnancy remains were set out in a BPAS policy and procedure which referenced national guidance produced by the Human Tissue Authority, Royal College of Nursing and the Scottish government.
- Where patients did not have specific requests with regard to disposal of pregnancy remains, the tissue was collected by an authorised carrier and stored separately from other clinical waste. An audit trail of the disposal was maintained at the unit.
- BPAS had a central authorisation system (CAS) where staff uploaded all the completed documentation following the initial assessment by a nurse. Two or three BPAS doctors were allocated on a daily basis to CAS on a rota. This ensured there were always two doctors available within the region to review the documentation and sign the HSA1 form in a timely manner.
- We saw that before any termination of pregnancy procedure was commenced the HSA1 form was signed by two registered medical practitioners and nursing staff checked that the two signatures were in place. Monthly audits were carried out to ensure and evidence compliance with accurate completion. There were consistent 100% scores in this area, including the most recent reported audit completed in February 2018.
- BPAS had an appointed director of infection prevention and control who produced an annual infection prevention and control report. BPAS monitored its infection prevention and control standards using the Essential Steps audit. Essential Steps was developed by the Department of Health to support infection prevention and control recommendations, with the aim of addressing infection control throughout the patient journey. Essential Steps audits provided an opportunity for all staff caring for people to be able to audit and reflect on their practices around preventing the spread of infection.
- Managers told us that when clinical guidelines, policies and procedures were created or revised, staff were trained in their application. We saw that they were easily

accessible via the BPAS intranet. Compliance was monitored through regular audits, and reported through BPAS regional and national clinical governance structures.

- The department of health requires every provider undertaking termination of pregnancy to submit details of the pregnancy and demographic data using a HSA4 form, following each termination of pregnancy. We saw that HSA 4 forms were completed on-line by the doctor who performed the surgical or medical abortion and submitted to the department of health within 14 days - however women were not advised of this.
- The registered manager monitored the submission of HSA4 forms on a daily basis and reported their completion to head office.
- Indemnity insurance was in place for practitioners not directly employed by BPAS (for example working under practising privileges).

Public and staff engagement

- BPAS Northampton Central worked collaboratively with other local stakeholders to ensure that women had support from other services, if required, for example, an NHS early pregnancy unit, acute medical services and safeguarding authorities.
- Patients were encouraged to offer feedback about their experience through a BPAS satisfaction survey 'Your opinion counts'. Each form was reviewed by the registered manager, before being sent to the BPAS organisation client engagement manager for collation, analysis and reporting. A report of all complaints and a summary of service user feedback were reviewed by the RQuAIF and clinical governance committee. We saw survey results were shared with all BPAS treatment units and discussed at regional managers meetings, with staff and commissioners.
- With the exception of managers and directors we spoke with, staff told us they were not greatly involved in consultation about changes in the service or practices. They explained they had the staff survey but otherwise had limited involvement in planning service delivery. However, they told us they were able to raise suggestions for improvement or concerns about service delivery.

Innovation, improvement and sustainability

Termination of pregnancy

- An area manager was appointed in April 2018 with the intention of improving local accountability and governance

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

We told the service that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

- The provider should review the training arrangements to support staff in their role in an emergency with children and young people.
- The provider should ensure all medicines are securely stored.
- The provider should review and improve the arrangements for ensuring privacy within the recovery area.
- The provider should routinely risk assess and discuss female genital mutilation with patients over 18.
- The provider should make women aware that the contents of the HSA4 form (part of the legal process for terminations) was used to inform the chief medical officer of termination of pregnancy and is used for statistical purposes by the department of health.