

# B-PAS Birmingham 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

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

BPAS Central is operated by British Pregnancy Advisory Service (BPAS). It comprises one main location in central Birmingham and one satellite location in Dudley.

The service provides termination of pregnancy as a single speciality service; We inspected this service using our comprehensive inspection methodology. We conducted an unannounced inspection on 14 May 2019.

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? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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 rate

We rated this service as **Good** overall.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff controlled infection risk well. Staff kept equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff promoted sexual health in line with national guidance.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion and provided emotional support to patients.

# Summary of findings

- Staff involved patients' decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people and considered individual needs.
- Patients could mostly always access care and treatment in a timely way
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service systematically improved service quality and safeguarded high standards of care.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services.

However, we also saw some areas where the service could improve:

- Two out of five of the patient files we reviewed did not contain a completed VTE risk assessment.
- Staff used both paper and electronic patient records which staff said could be time-consuming.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

## **Nigel Acheson**

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Termination of pregnancy

### Rating

Good



### Summary of each main service

BPAS Central is operated by British Pregnancy Advisory Service (BPAS). It comprises one main location in central Birmingham and one satellite location in Dudley.

The service provides termination of pregnancy as a single speciality service.

# Summary of findings

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Good 

# Location name here

## Services we looked at

Termination of pregnancy;

# Summary of this inspection

## Background to B-PAS Birmingham Central

BPAS Birmingham Central is operated by British Pregnancy Advisory Service (BPAS). BPAS is a national, not for profit provider of medical and surgical termination of pregnancy services.

BPAS Birmingham Central opened originally in 1971. The service was originally consultation only and patients travelled for treatment. The service has developed over the years and at the time of our inspection was licenced to provide consultation, early medical abortion (EMA) and medical termination of pregnancy treatments up to 10 weeks gestation.

BPAS Birmingham Central provide support, information, treatment and aftercare for people seeking help with regulating their fertility and associated sexual health needs. Its main activity is termination of pregnancy. BPAS Birmingham Central has one satellite branch. This service opened on 1 May 2018.

The manager of the service is registered with the CQC and manages a service for the provider in South Birmingham and in Brierley Hill, west Midlands.

We inspected this service as part of our comprehensive Inspection programme.

BPAS Birmingham Central is registered to provide the following regulated activities:

- Diagnostic & Screening Procedures
- Family Planning
- Treatment of Disease, Disorder and/or Injury

- Termination of Pregnancy

Within the scope of these registered activities BPAS –Birmingham Central offers the following services to patients:

- Pregnancy Testing
- Unplanned Pregnancy Counselling/Consultation
- Medical Abortion
- Abortion Aftercare
- Miscarriage Management
- Sexually Transmitted Infection Testing and Treatment
- Contraceptive Advice
- Contraception Supply

BPAS Birmingham Central has been inspected on four previous occasions. The most recent inspection was conducted on 19 May 2016 with the subsequent report being published in 27 June 2017. During this inspection we found that the service was meeting all standards except for one breach of Regulation 11 of the Health and Social Care Act (2014) 'Need for consent'.

At the 2016 inspection we found the provider did not have effective protocols for obtaining consent and pathways and support in place for all patients who lack capacity to consent including those patients with learning disability.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in termination of pregnancy. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

# Summary of this inspection

## Information about B-PAS Birmingham Central

As stated above, BPAS Birmingham Central comprises of one main registered location and one satellite location in Dudley. It is contracted by Birmingham & Solihull and Dudley clinical commissioning groups to provide a termination of pregnancy service for the women of Birmingham and the surrounding area. BPAS Birmingham Central is in a standalone unit lease by BPAS. The unit is based in the centre of the city with full access to public transport.

The clinic has four screening rooms and two consulting rooms. There is no day case or overnight

beds used by this service. All patients are day case only. If complications arise which require an overnight stay; the patient is transferred to the nearest acute NHS hospital.

The clinic opening times are Monday to Saturday with time variations, including a late evening on Thursdays.

During the inspection, we visited the Birmingham Central clinic. We spoke with 16 staff including midwives, reception staff, the BPAS safeguarding lead and senior managers. We spoke with five patients and one relative. We also received one 'tell us about your care' comment card which a patient had completed following our inspection. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Activity (1 March 2018 to 28 February 2019)

- 2575 early medical abortions (EMA's)

- No children aged under 13 years old treated in the last 12 months.
- 97% of patients were treated through the NHs and 3 % were private

One treatment unit manager (also the registered manager), eight registered nurses/midwives and eight administration staff worked at the service.

Track record on safety (1 March 2018 to 28 February 2019)

- No Never events
- 46 Clinical incidents, 14 low harm, 30 moderate harm, 2 severe harm, 0 deaths
- No serious incidents
- No incidences of hospital acquired meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Clostridium difficile (C.Difficile)
- No incidences of hospital acquired E-Coli
- Seven complaints

### Services provided at the service under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Certain mandatory training modules

# 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?

We rated it as **Good** because:

- Staff received mandatory training.
- Staff worked well to protect patients from abuse and harm by conducting thorough assessments and following BPAS safeguarding policies. Staff were well versed on their safeguarding responsibilities and knew how to raise concerns.
- The environment and facilities were suitable to keep patients safe. The Birmingham central clinic was visibly clean and staff adhered to infection control and prevention standards.
- Staff were familiar with the incident reporting process and able to use this. The treatment unit manager provided feedback from incidents both locally and nationally; and learning was shared to improve practice.
- Medical risks to patients were assessed, monitored and mitigated well. Staff followed policies and best practice guidance to ensure any deteriorating patients were identified quickly.
- Patient records contained relevant information to keep patients safe. Staff appropriately shared information to other linked agencies as required. Staff completed all parts of patient records to a high standard.

However, we also found the following issues that the service provider needs to improve:

- Two out of five of the patient files we reviewed did not contain a completed VTE risk assessment.
- Staff used both paper and electronic patient records which staff said could be time-consuming.

Good



### Are services effective?

We rated it as **Good** because:

- The service followed best practice guidance for termination of pregnancy. Staff were promptly updated on new legislation and changes and were able to quickly implement this safely as a result.
- The service monitored patient outcomes and set actions to improve these.
- Staff were competent to undertake their roles and maintained their skills through continuous professional development. This was monitored through an appraisal process.

Good



# Summary of this inspection

- Most staff were up to date with their appraisals.
- Staff worked well as part of a team, including across different clinics, to support patient treatment and care.
- Patient consent was managed well. Staff ensured that patients only gave informed consent, and where barriers to giving consent were identified staff adapted their approach as required by law.

## Are services caring?

We rated it as **Good** because:

- Staff treated patients with kindness and respect. We observed that all staff displayed a non-judgemental approach and supported patients to make their own informed decisions.
- Staff strove to maintain patients' dignity.
- Staff, particularly client care co-ordinators received specific training in counselling skills to provide emotional support as part of the consultation. This service was offered through patients' appointments should patients become distressed at any time.
- Pre- and post-abortion counselling was available to all patients.
- Patients were always kept involved in their care and treatment. Staff answered questions and offered transparent information including the risks and benefits of treatment options.
- Where appropriate, patients' partners or other support were kept involved in information about treatment.

**Good**



## Are services responsive?

We rated it as **Good** because:

- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national guidance.
- The service was commissioned and delivered to meet the needs of the local communities. The service also accepted out of area referrals, including from Ireland.
- The service strove to meet individual needs.
- The service offered telephone consultations for patients who may not be able to physically come to the clinic for an initial appointment.
- Patients could access information in alternative formats and languages.
- Clinics were open six days a week including Saturdays and some evenings enabling flexibility.

**Good**



# Summary of this inspection

## Are services well-led?

We rated it as **Good** because:

- Local leadership was visible and supportive. Managers integrated with staff and shared information and updates regularly.
- BPAS followed NHS England's 'Compassion in Practice' vision. Locally all staff spoke of putting the patient at the centre of all care as a vision. We saw this in action within staff and patient interactions.
- Staff told us they were well supported and enjoyed working for BPAS. We saw a culture of transparency and compassion for patients.
- The service had robust reporting systems including a quality and safety dashboard which enabled provider level monitoring of local performance.
- The service had a local risk register which was updated with actions to reduce identified concerns.
- Information was managed safely within the service; therefore, reducing the risk of a data security incident.

**Good**



# Detailed findings from this inspection

## Mental Health Act responsibilities

Start here...

## Mental Capacity Act and Deprivation of Liberty Safeguards

Start here...

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### Notes

# Termination of pregnancy

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are termination of pregnancy services safe?

Good 

Our rating of safe was **good**.

### Mandatory training

- **The service provided mandatory training in key skills and made sure all staff completed it.**
- The provider provided mandatory training in key skills to all staff. Ten out of 11 staff members (91%) were compliant with basic life support training, all with immediate life support skills and 13 out of 16 with infection prevention control and general data protection regulation, fire regulation and health and safety training (81%).
- Managers had action plans in place to address areas of non-compliance. For example, staff members had been provided with the details of the infection prevention control and health and safety course for completion and they had committed to complete it before July 2019 in allocated work time.
- Staff were trained in the screening and application of a sepsis protocol.
- The provider closed the clinic one day every two years to afford staff protected time to complete their mandatory training.

### Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- Staff followed strong governance arrangements for safeguarding, supported by a full range of policies and procedures that had been communicated to all relevant staff and supported by appropriate training.
- These policies and procedures covered “Safeguarding and Management of Patients Aged Under 18”, “Safeguarding Adults, Safeguarding Patients and Staff from Non-Contracted Visitors to BPAS”, “Protection of Vulnerable Adults and Children from Practitioner Abuse”, “Consent to Examination and Treatment”, “Domestic Abuse – including female genital mutilation (FGM)”, “Honour Based Violence”, and “Forced Marriage”. Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. These policies were version controlled and ratified.
- All staff had received effective training in safety systems, processes and practices which ensured they could identify both young people and vulnerable adults at risk of harm.
- All patient-facing staff received and were fully compliant with regular Level 3 adult and children safeguarding training. This was a bespoke package designed and delivered by the provider's designated safeguarding nurse and included: an overview of legislation, risk

# Termination of pregnancy

factors and identifying risk, types of abuse, sexual exploitation, consent, gang activity, the Mental Capacity Act 2005, managing a disclosure, information sharing, making a referral, record keeping and case studies.

- Staff were also trained in child sexual exploitation, gang culture, honour-based violence, forced marriage, female genital mutilation, radicalisation (Prevent) and domestic abuse. Staff were provided with pocket guides to CSE and leaflets and posters on CSE and where to seek help were available to patients attending the clinic.
- The clinic managers took part in regular supervision sessions where safeguarding issues were discussed, and best practice and case experience were shared. In addition, 'Prevent' was discussed in the safeguarding training that all staff undertook. The online 'Prevent' training has been completed by two directors, two regional associate directors and seven area managers who could provide support and guidance to staff in the units.
- Staff sought advice and support about safeguarding issues from the designated safeguarding lead nurse. The lead nurse was trained to level five safeguarding (adult and children) and was the first point of contact where staff had concerns about an adult or child.
- Staff followed systems to safeguard the identity and confidentiality of patients. Receptionists did not announce full names at reception and patients were offered the option of selecting a password which staff used to identify them over the telephone.
- Patient care coordinators saw all patients on their own for the initial consultation. This gave patients the opportunity to disclose any safeguarding concerns in a protected environment.
- The provider selected staff through a robust recruitment process, requested formal references from previous employers and investigated any breaks in employment.
- For professionals such as nurses and midwives, their professional registration was confirmed with the appropriate regulatory body (Nursing and Midwifery Council). In addition, all BPAS
- Birmingham Central employees underwent a Disclosure and Barring (DBS) check.
- The provider's policy stated where children under 13 years of age presented for treatment, an automatic

referral to social services was made. Between the age of 13 to 15; an assessment was made as to whether a referral to social services was required. Where children were identified as being already under the care of social services; staff contacted the relevant social worker or family support worker to share information as appropriate.

- Staff made 11 safeguarding referrals between March April 2018 and March 2019.
- Staff completed a safeguarding assessment on every patient under the age of 18 in this same period.

## Cleanliness, infection control and hygiene

- **The service controlled infection risks well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.**
- The clinic was visibly clean and adhered to infection and prevention control best practise. For example, in treatment rooms; cleanable flooring which went partially up the wall was used. All clinical rooms had sinks with non-touch taps for handwashing.
- Infection control training was provided to clinical staff using an educational video developed by BPAS that covered all areas of infection prevention. Thirteen out of sixteen eligible staff had completed this training (81%). The lead nurse was the trained infection control link practitioner. Link staff received specialised training and attended update days to consolidate their knowledge and skills.
- Staff followed infection prevention control (IPC) techniques to prevent the spread of infection such as hand-washing, use of antibacterial hand gel and the use of personal protective equipment such as gloves and aprons.
- Staff carried out a range of audits to monitor staff compliance with infection prevention control processes and techniques to ensure they protected patients, visitors and staff from the risk of infections.
- The BPAS infection control essential steps audit results showed all staff fully complied with hand hygiene, use of personal protective equipment and sharps and aseptic techniques between February and April 2019. Areas of practice observed included pregnancy testing and anti

# Termination of pregnancy

D testing. Anti-D neutralises any blood cells from a RhD-positive baby before the mother's body has a chance to make antibodies. Thanks to anti-D, HDN is now extremely rare, affecting one in 21,000 births.

- An area specialist manager carried out full IPC audits every year. They sent the report to the treatment unit manager who provided a timely action plan to address areas of non-compliance. The overall compliance score for the most recent audit was 95%. The treatment manager produced action points to address the areas of concern identified. For example, there was non-clinical waste in a clinical waste bin. The treatment unit manager rectified this immediately and reminded staff of waste management standards.
- The clinic had a system in place to ensure all staff received updates regarding IPC information. The lead infection control link practitioner cascaded new relevant infection control concerns and information to staff.

## Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- The design, maintenance and use of the premises and equipment were suitable for purpose.
- The clinical audit and effectiveness manager and the clinical audit and effectiveness practitioner jointly undertook monthly environmental audits in the clinic. The environmental audits completed in 2019 included care of equipment, waste management, hand decontamination and medicine management. The previous three-month audit results showed 100% compliance in all areas.
- The clinic had recently been refurbished. This offered a fresh and welcoming environment where patients felt more relaxed, welcome and comfortable.
- A resuscitation trolley and defibrillators were accessible to all staff in line with Resuscitation (UK) guidance, and staff checked the equipment was safe to use on a daily basis.
- Staff followed systems for managing waste and clinical specimens. This included classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.

- The equipment and consumables we checked during the inspection were in date.
- Equipment was serviced by an external company.
- Staff ensured both patients and visitors were kept safe in the clinical and communal areas. Visitors gained access to the clinic by using an intercom and buzzer system. Security cameras were in place at the entrance to each area of the clinic.

## Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.
- Staff completed comprehensive and holistic risks assessments in line with national guidance and managed the risks appropriately. Risk assessments included gaining an understanding of the circumstances leading to the patient requesting a termination and offering options, discussion and/or counselling and a medical and physical assessment, in line with recommendations from the RCOG guidelines (RCOG, 2011), including estimation of gestational age.
- Staff followed processes to ensure patients did not receive the wrong treatments and to make sure there were no medication errors. Staff identified patients by asking them to confirm their name and date of birth prior to consultation and treatment.
- Staff were clear about the process of dealing with a patient whose condition had deteriorated. A policy set out BPAS' system for the management of patients at risk of deterioration. It provided a framework to ensure staff took a consistent approach across the whole organisation. The procedure for escalation depended on the level of the problem but varied from seeking advice from managers or facilitating immediate admission to the acute NHS provider.
- Five patients were unexpectedly transferred from the service to the NHS trust in the previous 12 months.
- Staff followed pathways to keep women with complex needs safe. Staff referred such patients to a specialist placement team who referred them to specialist centres. This helped to minimise delays in patients accessing treatment and care.

# Termination of pregnancy

- Staff completed comprehensive pre-assessments and adhered to admission criteria at the time of booking patients for their appointments. Where a patient could not be treated at BPAS, with the patient's consent, staff made telephone contact with the referrer (GP or other services) and provided an explanation. In addition, staff provided patients with a standard "back referral" and sent this to the referrer. In many cases, staff with support of the specialist placement team assisted with placing a patient for treatment within the NHS.
- All patients received an assessment of venous thromboembolism (VTE) using a national clinical risk assessment tool. All patients received a VTE assessment between April 2018 and March 2019.
- All staff were trained to resuscitate patients experiencing an adult cardiac arrest. All staff completed basic life support training. All eligible staff had completed immediate life support training.
- The government legalised/approved the home-use of misoprostol in England from 1 January 2019. Staff completed appropriate assessments with women who chose to self-administer the second stage of the medication (misoprostol) at home to ensure it was safe to do so. This option was only offered to women up to nine weeks and six days gestation. The first stage of the medication was taken at the clinic.
- Staff routinely offered follow up appointments to patients who had undergone a termination of pregnancy over nine weeks of gestation.
- Staff followed guidelines to ensure patients requesting same day treatment were kept safe. Treatment on the same day was offered on a provisional basis depending on the outcome of the consultation. Staff would delay offering treatment where they identified risks such as safeguarding issues or complex health concerns.
- Staff provided patients with clear verbal and written information about what to expect throughout their journey with BPAS. Staff provided patients with the 'MY BPAS guide'. This provided patients with information in areas such as key advice before treatment, pregnancy option discussions, sexually transmitted diseases and recovery.
- Staff made patients aware of the 24 hours aftercare line in case they had any questions or concerns following their treatment. The number was also in the 'MY BPAS' guide.
- Staff prioritised patients such as those with safeguarding issues, and those nearing the gestation limit for their chosen method of termination.
- If patients changed their mind after ingesting the first tablet staff sent them information explaining the risks of not continuing with the treatment, so they could make an informed decision. Information explaining the risks would also be sent to their GP with their consent.
- Non-clinical staff answering the phone completed a telephone advice request form with patient details and nature of call and placed them in the nurses' tray for them to respond to if they weren't available at time of call.
- Staff offered commissioned patients point of care HIV testing. This helped to increase uptake of patients who may have undiagnosed HIV.
- Staff followed an algorithm if they were unable to see anything on the scan and would refer patients to an early pregnancy unit. The ectopic guide and flow chart were always displayed by the scanner and in a prominent position for staff to refer to.
- Staff tested patients for their risk of rhesus disease. If patients were tested as Rhesus-negative staff offered an anti-D immunoglobulin injection to control the risk. Rhesus disease occurs during pregnancy when there is an incompatibility between the blood types of the mother and baby.
- Staff offered all patients under the age of 25 years a chlamydia and gonorrhoea test.
- The treatment unit manager completed audits of the consultation process. Areas audited included whether staff had discussed pregnancy and contraception options, and whether they offered point of care testing. The audit for the Dudley clinic in January 2019 showed staff fully complied in all areas.

## Nurse staffing

# Termination of pregnancy

- **The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**

- Eight registered nurses / midwives worked at the clinic. There were no vacancies in this area.
- The treatment unit manager was responsible for setting clinical staffing levels at the clinic. This was based on the providers 'Minimum Clinical Staffing Levels' policy which set out minimum clinical staffing levels at BPAS and gave guidance on the minimum staff required, for all of the types of procedures that they undertook. This ensured there was appropriate clinical staffing to delivery of safe and effective treatment and care.
- At the time of inspection, there was an appropriate number of skilled staff members for the services being provided and the gestation and method of termination of pregnancy being carried out. There were no vacancies for registered nurses.
- Managers said they never used agency staff. If they needed cover they used bank staff who had all previously worked there and were therefore familiar with their policies and procedures.
- We reviewed the minutes of the area manager meetings and saw Birmingham and Dudley clinic staffing vacancies, performance and agency costs were discussed as standing agenda points.
- The Birmingham and Dudley clinics had safe staffing levels in every month apart from one between April 2018 and February 2019.
- Sickness rates from January 2019 to April 2019 showed the cumulative average number of days per employee ranged from one to four days.
- There was no turnover of staff for the same period.

## Medical staffing

- **The service had medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- Medical staff were employed on both a substantive basis and under practising privileges. Their recruitment was managed centrally by the provider.

- Because the clinic only offered medical termination of pregnancy no doctors were based at the clinic. However, staff could easily access remote doctors. They provided medical advice; reviewed patient assessments, agreed treatments and electronically signed the HSA1 form (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967).
- A corporate team and treatment unit managers managed the rotas for the medical staff authorising HSA1 forms. The manager told us staff did not have issues with accessing doctors.

## Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- Arrangements for the storage of records were secure. All paper records were stored in locked filing cabinets inside a locked room.
- Staff used both paper and electronic patient records which staff said could be time-consuming. For example, the patient care co-ordinators completed patient's consultation notes on paper documentation and then transferred the details on to the electronic system. However, the treatment unit manager told us one of the clinics in the Birmingham cluster, Birmingham South would be first to trial the new electronic client record towards the end of the year. This would bring benefits such as timelier clinical communication.
- All relevant information was contained within the patient records to ensure the patients were kept safe. This included initial observations, scan results, medical history, medicines administered or taken elsewhere by the patient, blood group, any safeguarding information and allergies. Specifically, we saw that HSA1 forms (legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967) were present for every patient; with two signatures from doctors.
- All patient records we reviewed were clear, legible and well organised.
- We reviewed five sets of patient notes. Records accurately recorded the patient's choices; risk assessments and care plans were clear and up to date

# Termination of pregnancy

and staff signed and timed documents. However, the VTE risk assessment were not completed for two patients. We brought this to the treatment unit managers attention and they said they would investigate and address it. This meant we could not be assured VTE risk assessments were always completed by staff. However, managers audited staff completion of VTE assessments as part of the patients record audits. To date, the treatment unit manager had not found any risks of areas of concern in this area. The audits we reviewed supported what they told us. Following our inspection, the treatment unit manager had implemented an additional monthly audit of case notes in the unit which did not identify any missing VTE forms, although it did identify that the forms were not always placed next to the treatment booklet in the case notes. This was raised with the lead nurse and area manager and a recommendation was sent requesting the VTE forms to be either part of the case note treatment booklet or for the check list to be amended to include the VTE check. The plan for electronic case notes would also address this point.

- Staff communicated with the patient's consent, the treatment they received for termination of pregnancy to their GP. This ensured that in the event of the woman requiring post termination emergency care or related care in the longer term, the GP would be aware of all treatments provided and be in a better position to determine appropriate treatment.
- Audits showed staff achieved full compliance in every month with record management between April 2018 and February 2019.

## Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.**
- BPAS Birmingham Central did not hold any controlled drugs.
- The treatment unit manager was responsible for ensuring staff were compliant with the Medicines Management Policy. The policy complied with the appropriate legislation and with standards laid down by

the relevant professional bodies such as the Nursing and Midwifery Council (NMC). This policy and procedure addressed the responsibilities of staff in relation to controlled drugs.

- Staff prescribed, administered and supplied medicines to women in line with relevant legislation and current national guidance. The service used abortifacient medicines to induce medical termination. These were prescribed by one of the doctors completing the HSA1 form (a legal form which must be signed by two doctors for an abortion to take place). Nurses then administered these medicines to patients as directed.
- Staff reported no medication management incidents in the previous 12-month period.
- Staff gave specific advice to patients about their medicines in line with national guidelines to ensure they received their medicines as intended. For example, staff gave clear instructions about how and when to take the second medication (misoprostol) and expected side effects verbally and in writing.
- Staff clearly explained to patients where a medicine was being used out of licence (Misoprostol) as part of the consent process. In all cases women were advised of risks and benefits of treatment for the termination of pregnancy. This meant patients always gave their informed consent.
- Staff confirmed the patients details and recorded allergies prior to administering medications.
- Nurses prescribed non-abortifacient medicines under patient group directives (PGDs). PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor. Staff used the patient group directions in line with legislation, so that patients had safe and speedy access to the medicines they needed.
- Staff achieved full compliance with PGDs in every month from November 2018 and February 2019. Areas audited included whether staff recorded the dose of medication given and whether they gave the patients follow up advice.

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- Staff we spoke with knew what actions to take if the medication fridge temperatures were outside of the expected range. We saw evidence that the fridge temperature was checked daily and there were no out-of-date medicines.
- Staff followed guidance regarding antimicrobial use.
- Oxygen cylinders were stored safely and securely.
- Staff achieved full compliance in every month with medicine management between April 2018 and February 2019.
- The treatment unit manager would feedback areas of non-compliance to the lead nurse who identified which staff member had been responsible for overseeing those particular checks before feeding back on an individual basis.
- All medicines were delivered to the clinic fully labelled by the pharmacist. The lead nurse checked these when placing them into the stock room upon delivery and staff members were required to check them when dispensing to women. The treatment unit manager was responsible for completing stock control audits every six months and a provider wide full stock control audit was completed on a yearly basis. The treatment unit manager and staff said they did not find any issues about stock of medicines.
- Staff recorded whether medications were to take home or prescribed in the clinic on the patient's prescriptions. They also recorded this on the discharge letters which they also sent to GP's with patients consent.
- The process for reporting, investigating and learning from adverse events and near misses was covered in the Client Safety Incidents Policy.
- All staff understood their responsibilities to raise concerns, to record incidents and near misses and to report them.
- The provider reported no never events. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Effective arrangements were in place to respond to relevant external safety alerts, recalls, investigations and reviews. 'Red Top' alerts notified staff of information they needed to know immediately, such as changes in practice following an incident. For example, an alert in May 2019 related to inappropriate placement of the oximeter. PALL staff had to sign to say they had read these alerts. The treatment unit manager sent a copy of the signatures, so the provider was assured all staff had read them. All external alerts had been actioned within the agreed timescale between March 2018 and April 2019.
- Between 1 March 2018 to 28 February 2019 staff reported a total of 46 clinical incidents. Fourteen of these were classified as low harm, 30 as moderate harm and two as severe harm. There were no deaths.

## Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**
- Staff reported clinical incidents, near misses, complications and never events through an electronic reporting system. Staff could refer to the "Client Safety Incidents Policy and Procedure" in place describing the monitoring and reporting process. Rates of incidents and complications were presented at the risk quality committee and to the clinical governance committee.
- Birmingham Central clinic reported four serious incidents between April 2018 and March 2019. They reported two clinical incidents.
- The provider combined all serious incidents which had happened at all clinics nationwide with action plans and executive summaries into one document. All staff were expected to sign the evidence of dissemination log to evidence they had read the learning points and understood the actions being taken. The treatment unit manager sent a copy of the signatures, so the provider was assured all staff had read them.
- Staff conducting investigations found out what happened, got beyond 'the obvious' to the bottom of why the incident happened and identified underlying

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system and process issues that caused or contributed to the incident. We reviewed the root cause analysis for an incident which occurred in Birmingham central's satellite clinic in Dudley in the previous 12 months. This was a missed ectopic pregnancy.

- This incident was also reviewed as part of a thematic review. It was found that all the cases demonstrated similar learning points and an extensive action plan was developed. We saw the review was discussed in the clinical governance meeting in November 2018. For example, it was suggested it was important to share the thematic reviews with early pregnancy assessment units to build up a relationship. Actions included, all staff were required to familiarise themselves with the new revised policy and the provider introduced a new algorithm for staff to follow. These were placed in clinical areas. These action points were complied with at Birmingham and Dudley clinics as part of a provider wide directive.
- There were good systems and processes in place to ensure incidents were reviewed and investigated safely and duty of candour was embedded in the services patient culture. "The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person."
- The treatment unit manager shared the outcome of the Dudley investigation offered an apology verbally and in writing to a patient following an incident and offered support. There had been no incidents requiring a formal duty of candour process in the previous 12-month period.

## Safety Thermometer

- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors.
- Staff were committed to providing a care environment free of harm for their patients.
- Staff used the Safety Thermometer to record the prevalence of patient harms and to provide immediate

information and analysis for frontline teams to monitor their performance in delivering harm free care. Measurement at the frontline is intended to focus attention on patient harms and their elimination.

- Staff were required to complete a VTE assessment on all patients on admission. However, we reviewed five sets of patient notes and found they were not completed for two patients. We brought this to the treatment unit managers attention and they said they would investigate and address it. This meant we could not be assured VTE risk assessments were always completed by staff. Managers routinely audited staff completion of VTE assessments as part of the patients record audits. To date, the treatment unit manager had never found any risks of areas of concern in this area. The audits we reviewed supported what they told us.
- There were no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (c.diff) or E-Coli in the previous 12 months.
- Managers put action plans in place to address areas of non-compliance which affected patient care.

## Are termination of pregnancy services effective?

Good 

Our rating of effective was **good**:

### Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- Staff delivered care to patients in line with legislation, national standards and evidence-based guidance such as the National Institute for Health and Care Excellence (NICE). Staff followed the Royal College of Gynaecology guidance. For example, they offered information about the prevention of sexually transmitted infections and offered condoms.
- Each clinical guideline, policy and procedure that BPAS Birmingham staff followed was regularly reviewed by a

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responsible officer. The policy on specialist professional bodies used to inform BPAS clinical practice stipulated reliable and robust sources of research and guidance that formulated care and service delivery.

- When the provider introduced or revised clinical guidelines, policies and procedures, staff in the clinic were trained in their application. All staff were required to sign they had read these, and the treatment unit manager forwarded the staff signature logs to head office.
- Staff could easily access all policies to reference through the BPAS Intranet.
- BPAS policies and procedures reflected the patient's right to influence and make decisions about their care, in accordance with BPAS quality standards of confidentiality, dignity, privacy and individual choice.
- Managers monitored staff compliance with policies and procedures through regular audits and reported these through BPAS regional and national clinical governance structures. This was contained within the BPAS Auditing and Monitoring Quality of Treatment and Care Policy and Procedure.
- Staff assessed patients physical and mental health needs and social history holistically.
- Staff offered evidence-based advice and treatment in relation to sexually transmitted diseases and contraception methods in accordance with Required Standard Operating Procedures (RSOP) 12 and Royal College of Gynaecology (RCOG) guidance.
- Staff followed processes to ensure women requesting an abortion had it as early as possible after giving their informed consent.
- Staff offered contraception to all women. This was in line with the Required Standard Operating Procedures 13. As the clinic only offered early medical abortion (EMA) staff did not offer the choice of all available long acting reversible contraception (LARC) such as intrauterine coils. A staff member had recently completed implant training, however, patients had to attend an external provider if they wished to have the implant removed. Staff gave advice on where to access other types of LARC. In the year to date 20% of patients had received a LARC.
- Managers audited compliance with best practice and guidelines for offering patients simultaneous early

medical abortions. Medical termination of pregnancy can be administered simultaneously and / or at intervals of 24,48 or 72 hours (which prior to home use meant that women would have to re-attend) hence the improvement of simultaneous administration last year to enable one appointment. Staff informed women of the most up to date information about risks and benefits so that they could make an informed decision and provide informed consent). For example, there is a slightly higher risk of complications / failed abortions with simultaneous administration. Managers audit staff compliance with the reception and administration of early medical abortion treatments. Areas audited included whether the patient was given information on what will be happening following admission to the clinic and whether the patient was provided with a urine pregnancy testing kit and instructions on how to use it.

- Audit results for early medical abortions and simultaneous early medical abortions both showed full compliance in the January 2019 audit report.
- The provider had processes in place to ensure patients were protected from discrimination from staff. Staff were recruited in line with the BPAS 'Recruitment and Selection' Policy and Procedure, which ensured that candidates were pro-choice. The clinic did not employ or subcontract staff members with a conscientious objection to abortion, or those who did not embrace their organisational beliefs.

## Nutrition and hydration

- Staff gave patients enough refreshments to meet their needs.
- The service made adjustments for patients' religious, cultural and other preferences.
- Due to the type of treatments offered at the clinic women were not restricted with their food and drink intake.
- Staff offered women a selection of hot and cold drinks and biscuits. Water was available to all clients and their escorts attending the clinic. Staff would offer hot drinks and biscuits to clients if they deemed it necessary.
- The clinic was surrounded by shops, cafes and restaurants selling a wide variety of food and drinks for women to access

# Termination of pregnancy

## Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain whilst they were at the unit**
  - They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff assessed, and managed patients pain effectively and offered pain relief such as anti-inflammatory drugs. This was in line with RCOG Guidelines 'Care of Women Requesting Induced Abortion (2011).
- Staff routinely offered anti sickness drugs to patients experiencing nausea.
- The BPAS guide contained clear and concise information on how to control pain after treatment, including women self-administering the second part of their treatment at home.

## Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- Managers routinely collected and monitored information about the outcomes of patients care and treatment to ensure intended outcomes were being achieved. Audit outcomes and service reviews were reported to governance committees such as infection control (IC) and quality and risk committees (QRC). Managers attended meetings with their area managers where audit outcomes were discussed. Registered Managers completed action plans for areas of non-compliance which were reviewed by BPAS clinical department and QRC.
- Day to day observations of safe care delivery was undertaken by the registered manager and lead nurse and feedback was provided to staff to promote, develop skills, or address areas of poor practice.
- Designated staff completed audits to assess the quality of care, compliance with policy and procedure and to monitor standards. These included Clinical Procedural Audits, infection control audit, Essential Steps and Monthly Environmental Audits and Case note/Record Keeping Audits. They also completed ad hoc audits which monitored aspects of the service such as,

safeguarding audits to monitor adherence to areas including policy and documentation and outcomes of the two different routes for early medical abortion (EMA) treatment.

- The BPAS national clinical governance committee monitored and reviewed treatment complication rates to assure themselves they were at or below accepted published rates. The Birmingham and Dudley satellite clinics reported 111 complications out of 2575 early medical abortions in the previous 12 months. This equated to 4.3%. The majority of these were continuing pregnancy (43) and incomplete abortion (44). The remaining complications included retained non-viable pregnancy and haemorrhage transfused.
- The provider had systems in place to ensure as far as possible the total time from access to procedure was not more than 10 working days in line with the Department of Health standard operating procedures (RSOPs) and requirements of licence. RSOP11 requires patients should be able to access an appointment within five working days of referral and should be offered a termination within five working days of making the decision to proceed.
- Effectiveness of the treatments was measured by a pregnancy test for patients having early medical abortion (EMA). Where it was identified that the procedure had not been successful; patients could undergo further treatment or if necessary, be referred to specialist services.
- All treatment pathways were audited monthly. Audit findings were monitored by the three area sub-committees of the clinical governance committee. BPAS employed a Clinical Audit and Effectiveness Manager who coordinated clinical audits and undertook treatment and infection control audits for internal assurance purposes. A summary of dashboard submissions were split into north and south and BPAS as a whole for treatment unit managers to benchmark their compliance. If a clinic was not fully compliant with all measures, senior managers would offer them targeted support. The treatment unit manager said the Birmingham Central clinic had never needed and therefore received support for performance issues.

# Termination of pregnancy

- Birmingham and Dudley staff complied fully with treatment pathways in every month between April 2018 and February 2019.
- Managers displayed audit results and action plans in staff areas, shared them in team meetings and emailed them to all staff. Managers addressed individual concerns immediately with the staff member concerned.
- The treatment unit manager told us reporting systems were under review. At present it was possible to report on wait times and availability, but not on a client choosing to delay accessing a consultation or treatment. For example, if appointments were available within five days of first contact BPAS could not report why a client would choose an appointment 10 days later. Therefore, their reporting could sometimes appear inaccurate. The provider hoped to address this when the system is upgraded.

## Competent staff

- **The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held meetings with them to provide support and monitor the effectiveness of the service.**
- Staff kept their skills and knowledge up-to-date and which ensured they continued to work safely, legally and effectively. The organisation offered a wide range of personal and professional development opportunities to help staff manage their own learning and growth. For example, managers were offered training to expand their capacity to perform in leadership roles within BPAS, and a leadership programme resulting in a Diploma in Leadership and Management.
- The lead nurse provided clinical staff with clinical supervision every three months.
- A professional counsellor provided counselling supervision to clinical care co coordinators on an annual basis
- Between 1 March 2018 and 28 February 2019, 86% of registered nurses and 83% of administrative staff had undergone their annual appraisal. Managers and supervisors held 'job chats' with staff in between. The treatment unit manager reviewed all staff appraisals. The target was 70%.
- Managers monitored compliance with staff appraisals and had action plans in place to address areas of non-compliance. For example, one staff member was off work on a long term basis and another was due to complete theirs within the target of two months from the review date.
- The service introduced new staff to the values and objectives of the organisation, so they understood essential safety and risk management information and gave the new employee the practical information they would need to begin their new jobs. All new members of staff were integrated into their role, team and organisation. All new starters completed an induction. All new clinical staff were given a 16-week supernumerary period based on ability and assessment. During this period, they were given protected time to complete a competency framework within an eight-month period of starting their posts.
- Staff developed competencies such as scanning appropriate for services offered at all three (Birmingham Central, Birmingham South and Dudley satellite) clinics in their cluster. The clinical lead at head office signed the competencies off and the lead nurse oversaw them at clinic level. This ensured a patient seeking a termination at the clinic were consulted by staff who were competent, professional and non-judgemental and provided staff with a good working knowledge of the medical, social and legal aspects of abortion care. Some staff rotated between the clinics in the cluster, depending on the hours they worked and their skill mix. All staff were up to date with their clinical competencies and were not permitted to carry out their clinical duties independently until they were competent.
- BPAS policies were developed in line with regulatory requirements. The registered manager received training in key policy areas of their role, which included any current legal or regulatory requirements. These included modular management training courses, conference calls to discuss new or amended guidelines/policies, attendance of biennial unit managers conferences and completion of the leadership development programme.

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- All new registered nurses or midwives completed an accredited scanning course. They were supported by an experienced member of staff or scanning supervisor and the lead sonographer. They would be signed off competent by the lead sonographer on completion of a scan assessment for first and second trimester. Since October 2018 every ultrasound accredited staff member was audited on an annual basis. The results were emailed to the member of staff and the treatment unit manager within two weeks of assessment. To date all eligible staff members were fully competent
- Staff said they received communication from the human resources department advertising internal vacancies, training and CPD opportunities. For example, an administration staff member was due to attend a mindfulness course.
- The lead nurse was an experienced implant insertion practitioner. No staff in the unit had completed the training for implant removal. However, the lead nurse was being supported to complete the implant removal training and scanning supervisor training for placenta location.
- BPAS staff who provided post abortion counselling completed the “BPAS Client support Skills and Counselling & Self Awareness” courses to ensure they were fully competent with the client care co-ordinator competencies framework. Following this, they then attended the BPAS Post Abortion Counselling training. The treatment unit manager said all staff providing counselling had attended the training and were competent in this area
- All clinical staff from healthcare assistants to medical staff attended a clinical forum day every two years as part of their continuing professional development. We reviewed the 2018 itinerary. This included organisational and legislative updates, an external speaker regarding sepsis and a presentation from clinical leads on suitability for treatment at BPAS.
- All staff were competent to undertake their roles. For example, only undertaking scanning for specific purposes such as first trimester once fully trained and assessed. Where newly employed staff had not undertaken competency training for any specific tasks they were not permitted to undertake that part of the patient appointment.
- Regular team meetings were held every two to three months for staff to share updates and learning. However, the treatment unit manager was visible in the clinic and approached staff regularly. They also facilitated core briefs with staff to share information coming from the head office. All staff were required to hold a clinical passport which evidenced areas such as all skill mix, competencies and compliance with mandatory training. Birmingham clinic and the Dudley clinic reported they had a competent workforce in every month from April to August 2018.

## Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients. Nurses, midwives, doctors, administration and other healthcare professionals supported each other to provide good care.** They worked closely using each other’s skills and expertise and with other agencies to deliver effective care and treatment.
- Staff worked well with external agencies to provide patient centred care such as health and social care services. For example, staff wrote discharge letters to patients GPs and referred patients needing sexual health support to a local specialist provider with the patients informed consent.

## Seven-day services

- Whilst the clinics did not open seven days per week, provision was in place to support patients at any time of day or night.
- The location was open from Monday to Wednesday 08:15am to 4:45pm, Thursday, 08:15 to 18:45, Friday 08:15 to 17:45 and Saturday 08:15 to 13:00.
- Patients had 24-hour access to a helpline and staff clearly instructed patients to seek medical help from their local NHS trust out of hours.

## Health promotion

- Staff promoted methods to prevent future unwanted pregnancies and sexually transmitted illnesses. Staff offered patients condoms to take home.
- Staff advised patients about the methods that would prevent the transmission of sexually transmitted illnesses (STI).

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- Staff provided patients with written information about contraception and encouraged them to take up long acting contraception whilst at the clinic.
- Staff offered eligible patients the option to be tested for Chlamydia; and some other STIs dependant on local commissioning.
- Staff displayed leaflets on a wide range of health and support information in the main reception area. For example, a drop-in service for under 18's to talk to professionals about their feelings and concerns and sexual health services in the area.

## Consent and Mental Capacity Act

**Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the service policy and procedures when a patient could not give consent.

- Staff supported women to make decisions in line with relevant legislation and guidance such as Mental Capacity Act 2005. For example, they sought consent from patients before treatment and gave advice on possible side effects of the treatment chosen.
- Staff followed systems to identify women who may feel coerced or endangered, to enable them to raise their concerns in confidence. Staff saw patients for their consultation on their own.
- Staff completed a Gillick competency assessment and followed the Fraser guidelines when assessing patients under the age of 18 such as when discussing contraception. The 'Fraser guidelines' specifically relate only to contraception and sexual health.
- Staff very rarely saw patients with a learning disability. However, all staff who consented patients for procedures completed the BPAS Consent Workshop where lack of capacity was fully discussed. Staff had to demonstrate a good understanding and implementation of the consent policy and procedure before they were signed off as competent to gain patients consent. The staff had access to the safeguarding lead, senior managers and contact details for social care teams who could provide additional guidance and support including information and access to specialist support. Staff said they would delay

treatment and involve the patient's family, and other professionals such as social workers and GP's if appropriate. They could sign post to independent advocates.

- Although appropriate patients could receive treatment on the same day as their consultation patients would usually be asked to return to the clinic later in the day. The manager said this gave patients a window of opportunity to reflect further on their decision.
- Staff referred patients to independent mental capacity advocates (IMCAs). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who can represent the person.
- Staff could access translation services to obtain patient consent where the women's first language was not English.

## Are termination of pregnancy services caring?

Good 

Our rating of caring was **good**.

### Compassionate care

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- Staff treated all patients with dignity and respect. We saw staff provided a caring, confidential and non-judgemental service.
- All consultations took place in a private room and staff respected patients' privacy. We observed positive interactions between patients and staff. Staff introduced themselves and their job role to all patients at each stage of treatment.
- The patients we spoke with told us the staff treated them in a caring and supportive way throughout their treatment.

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## Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff could provide additional support to patients who needed or choose it. A client care co-ordinator was always available to speak to any patient who was unsure about her decision or needed additional support during the pre-assessment.
- Staff referred patients testing positive for HIV to the HIV unit in Birmingham for support, advice and counselling. Staff told us, the service usually saw patients within 24 hours.
- The sexual health lead contacted all patients diagnosed with sexually transmitted disease to offer advice and support.
- Staff assessed patients for mental health risks such as anxiety and depression as part of the medical questionnaire. Staff offered pre and post abortion counselling to all patients. This was in line with the Required Operating Standards (RSOP; 14) as directed by the Department of Health. Patients could self-refer using a dedicated phone line. We observed counselling being discussed with patients during our inspection.
- In cases where staff supplied women with a second medication (misoprostol) to take away and administer at home, staff verbally explained to the woman how to administer the medication, who to contact in case she changed her mind and wanted to continue the pregnancy and what to do if her circumstances significantly altered or if unexpected difficulties arose. This advice was also set out in the 'MY BPAS guide'
- Patients told us that staff had explained what was going to happen and gave them both enough verbal and written information throughout their treatment journey.

## Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Staff allowed partners to stay with patients during treatment.
- Staff completed generic and role-specific training, which included 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 patients in making reproductive choices, whilst acknowledging and respecting their individual needs. All staff had completed this.

- Between April 2018 and March 2019, 91% of surveyed patients agreed that their escort was invited to join them after their initial private discussion, 96% said their escort was involved as much as they wanted them to be and 94% said their escort was informed of their progress.
- Where women were responsible for full or partial cost of their treatments, prices were quoted on the website.

## Are termination of pregnancy services responsive?

Good 

Our rating of responsive was good:

### Service delivery to meet the needs of local people

- **The service planned and provided services in a way that met the needs of local people.**
- The clinic was set in central Birmingham and near to all transport links.
- BPAS Birmingham Central was contracted by Birmingham & Solihull and Dudley clinical care commissioning groups (CCGs) to provide a TOP service for the women of Birmingham and the surrounding area. BPAS Birmingham Central was in a stand-alone unit leased by BPAS. The location was open from Monday to Wednesday 08:15 to 16:45, Thursday 08:15 to 18:45, Friday 08:15 to 17:45 and Saturday 08:15 to 13:00.
- Appointments for BPAS Birmingham Central were booked through the BPAS Contact Centre, which was a 24/7 telephone booking and information service. Patients could self-refer into services, as well as through traditional referral routes.
- Women were able to choose their preferred treatment option and location, subject to their gestation and medical assessment.

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## Meeting people's individual needs

- **The service took account of patients' individual needs.**
- The facilities and premises were generally appropriate for the services that were planned and delivered. The services provided reflected the needs of the population served and offered patients flexibility, choice and continuity of care. However, access to the clinic was restricted for those with physical disabilities due to the structure and layout of the building. To address this staff identified patients with mobility issues at point of contact and would redirect them to a more accessible clinic.
- Staff also offered simultaneous administration of the abortive medication, to women from the Republic of Ireland. In the Republic of Ireland these patients could legally have an abortion up to 12 weeks of pregnancy, in line with the Regulation of Termination of Pregnancy Bill 2018. After 12 weeks it was possible for them to access abortion care in the Republic of Ireland if there was a risk of serious harm or a risk to the life of the pregnant person. It was also possible to access abortion care if there has been a diagnosis of fatal foetal abnormality.
- The provision of abortion in BPAS Birmingham Central, continued to operate under the Abortion Act 1967. Women from Ireland who attended the clinic had care provided under the same framework and had to pay privately.
- Staff provided patients with comprehensive patient information, delivered through a range of communication channels. Patient information was published on the website. Patients with communication needs, could access 'talking head' style videos which informed them of all service information. British Sign Language videos for the hearing impaired were also on the website. Patient guide and consent forms were translated into the main foreign languages for the benefit of patients who presented at the clinic for treatment.
- Staff could supplement foreign language literature with translators from an external provider by phone or in person if necessary.
- Staff followed the BPAS Policy and Procedure, The Women's Wishes regarding the Foetus and the Disposal

of Pregnancy Remains. This referenced guidance such as Human Tissue Authority guidance on the disposal of pregnancy remains following pregnancy loss or termination March 2015.

- The provider kept the environment as appropriate as possible to ensure patients under the age of 18 years felt safe and comfortable. For example, they provided leaflets and posters relevant to all ages and backgrounds.
- Staff completed a medical questionnaire with patients. In cases where they identified women had additional needs such as a pre-existing physical or mental health condition or learning disability they signposted women to the appropriate support service. If necessary, the staff member completing the assessment could explore these issues further with patient or may complete a safeguarding risk assessment before proceeding with treatment. This ensured vulnerable women were only offered treatment when all support mechanisms were in place.

## Access and flow

- **People could access the service when they needed it.** Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Patients were able to choose their own dates and times of appointment to suit their lifestyle. There was no waiting list and staff aimed to see patients as quickly as possible.
- The booking system offered patients a choice of dates, times and locations; ensuring that patients were able to access the most suitable appointment for their needs as early as possible.
- The provider's capacity manager maintained an overview of appointment availability in the clinic and worked with the unit manager, amending templates and adding appointments when necessary to meet patient demand.
- BPAS system recorded what appointments were available, within a 30-mile radius of the patient's address. This meant managers were able to analyse waiting times and evidence patient choice across the Birmingham and Solihull, and Dudley CCGs.

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- Quarterly activity reports provided the provider 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.
- Staff informed patients on how long they would be at the clinic depending on whether they were having the consultation and treatment on the same day and when they were scheduled to take both medications.
- Service leaders received monthly average waiting times and daily reports of wait times from consultation to treatment.
- Staff asked all patients to complete 'Patient Comments/Feedback' forms which included a section on waiting times between contact and treatment and if they were seen within 30 minutes of their appointment time.
- The clinic had recently undergone a refurbishment. The consultation and treatment areas of the clinic were now separate with separate receptions which streamlined patient access and flow appropriately.
- Staff offered a telephone consultation service which provided patients with increased flexibility.
- Staff took actions to minimise the length of time patients had to wait for their care, treatment and advice. For example, staff provided patients with consultation and same day treatment.
- Patient information, including the reason for requesting a termination and ultrasound scan results were uploaded onto the patient administration system which enabled doctors to review patient notes and ultrasound scan reports prior to signing the HSA1 remotely.
- We reviewed the area managers meeting minutes and saw capacity updates, local activity and actions to improve them were discussed as a standing agenda.
- The provider had systems in place to ensure as far as possible the total time from access to procedure was not more than 10 working days in line with the Department of Health standard operating procedures (RSOPs) and requirements of licence. RSOP11 requires patients should be able to access an appointment within five working days of referral and should be offered a termination within five working days of making the decision to proceed.
- Women could choose to delay appointments/booked procedures and this always overrid issues of timeliness.
- The Royal College of Obstetricians and Gynaecologists (RCOG) and the Department of Health state that patients should not have to wait more than two weeks between first making contact and having treatment. The mean number of days from first contact to treatment ranged from 14 to 22 days between April 2018 and March 2019.
- The previous 12 months of reported data showed the proportion of women who had their consultation within the target of seven days was 33%. The proportion of women who could have had their consultation within seven days was 65%. The Royal College guidance states that services should aiming to provide women with an initial appointment within one week of requesting one.
- The percentage of women receiving treatment within the target of seven days of 'deciding to proceed to treatment' ranged from 65% to 80%. Guidance states that women are offered the termination procedure within five working days of the decision to proceed.
- The number of clients who Did Not Attend (DNA) their treatment appointment at BPAS Birmingham Central in the previous six months was 64. Staff did not contact these women unless they had safeguarding concerns so not to make the patient feel under duress.
- The number of clients who decided not to proceed with treatment was 192.
- The percentage of women receiving pre-treatment within the target of seven days of booking ranged from 28% to 51 % between April 2018 and March 2019.
- The percentage of women treated at less than the target of 10 weeks gestation was 81%.
- In the 12-month reporting period before our inspection, 167 patients waited longer than the target of 10 days from decision to proceed up to termination of pregnancy. This equated to 4.5% of patients.
- Some women may have chosen to be treated at a different unit or needed extra time in which to decide about whether to proceed to abortion or continue the pregnancy. This accounted towards the patients waiting longer than the targets set.
- Managers identified factors which impacted the waiting time in the Birmingham cluster, including a planned

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refurbishment and the annual activity increase following the Christmas and New Year closures. To reduce waiting times an action plan was produced. The plan was to work over capacity to achieve the reduction required to meet standards and expectations.

- The treatment unit manager told us reporting systems were under review as they were unable to report against the advances in appointments BPAS could now offer. Therefore, their reporting could sometimes appear flawed. While they could investigate individual client data and the reason behind that client's wait times [choice versus availability] where a specific note had been made, they were currently unable to pull off a report which would show this for all clients at unit level. They currently could not record the reason for the delay, such as client choice. The provider hoped to address this when the system is upgraded.

## Learning from complaints and concerns

### • **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**

- People who used the services were encouraged to raise concerns and make complaints. Staff tried to resolve complaints locally and informally before proceeding to formal processes.
- The 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 Associate Director of Operations and an appropriate member of the Executive Leadership Team. The clinic's treatment unit manager was the first point of call to resolve issues raised at unit level.
- All staff were aware of the complaints procedure and how to manage and resolve concerns.
- Information about how to give feedback was available in the clinics. The poster 'Making a complaint or giving us feedback' was clearly displayed. The poster also held the 'BPAS Complaints and Feedback Policy' leaflets, which patients could take away to process. Further information was available from the BPAS website, the 'Your Opinion Counts' feedback forms and the 'My BPAS Guide', a copy of each of these is given to all patients.

- If a patient raised a concern whilst at a unit, they could have a discussion with a member of staff, or the manager. If the issue was raised later, this could be discussed with the manager of the treatment unit, or the BPAS Patient Engagement Manager.
- Every effort was made to immediately address the issue raised. Issues and outcomes were discussed with the staff involved. The clinic maintained a list of locally resolved complaints, through the incident reporting system, which recorded issues that were addressed at unit level.
- The patient was encouraged to raise concerns by completing a 'Your Opinion Counts' feedback form. The survey could be completed anonymously, or patients could leave their contact details, if they wished to discuss their feedback further.
- Staff gave all patients a patient feedback form to complete towards the end of their treatment whilst they completed the patient's documentation.
- Managers dealt with complaints thoroughly, appropriately and proportionately. They said they received very few complaints. Between April 2018 and March 2019 managers received a total of five complaints. Four of these related to clinical aspects and one to staff attitude. We reviewed three complaints received in the previous 12 months. One was a local complaint and related to staff attitude. The treatment unit manager had a long discussion with the patient and offered their apologies. As the patient wished to remain anonymous it was agreed the issue would be raised in clinical supervision and staff meetings to ensure all staff were aware of the sensitivity's patients may feel by staff actions. The second was a formal complaint concerning a reported information governance breach. The investigation found no evidence of a breach; however, the anonymised incident was reported to the Information Commissioners Office.
- Managers acknowledged all complaints within the target timescale.

**Are termination of pregnancy services well-led?**

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Good 

Our rating of well-led was good:

## Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- BPAS governance was overseen by 12 Trustees who received an induction on appointment. This Board of Trustees formed four sub committees; 'Clinical Governance,' 'Finance and General Purposes,' 'Research and Ethics' and 'Remuneration'. There was also an Information Governance Committee. The Clinical Governance Committee was advised by a Clinical Advisory Group made of national and international experts in the field of abortion care to support evidence based clinical practice.
- Day-to-day management of the organisation was undertaken by the Executive Leadership Team (ELT), headed by the Chief Executive.
- The provider had recently restructured their management team. The country was now split into seven areas, three in the north and four in the south.
- The treatment unit manager oversaw a cluster of clinics which included Birmingham Central, its satellite clinic in Dudley and Birmingham South. They reported to the area manager.
- Leaders clearly displayed the skills, knowledge, experience and integrity to lead the service.
- They understood the challenges the service faced in relation to quality and sustainability and had actions in place to address them.
- Staff at all levels said the managers were available, supportive and approachable.
- The clinics displayed the certificate of approval issued by the Department of Health by the reception area.
- The service maintained an electronic register of people undergoing a termination of pregnancy, (TOP) which was completed in respect of each person at the time the TOP was undertaken.

- Leaders saw the importance of building capability and capacity of its leaders and staff as being essential to meet the challenges facing their service. Leaders were supported to develop their managerial and leadership skills and could attend an accredited leadership programme, leading to diploma status. The treatment unit manager had completed the accredited leadership part of the programme.

## Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff.**
- Staff member's daily activities supported the providers strategy and vision. Staff followed the corporate strategy. This ensured staff were practicing in a consistent manner in line with all BPAS clinics. The 6Cs were the core of Compassion in Practice, which was drawn up by NHS England, launched in December 2012 and remained the BPAS values.
- BPAS applied the 6Cs in the following way: care, compassion, competence, communication, courage and commitment. A seventh C was added; Creativity. This was added to encourage new ways of thinking and innovation to the patient's benefit in all medical situations. We saw staff at all levels were committed to representing the BPAS vision and values.

## Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- We found a supportive and enthusiastic culture across the board. Staff were proud of the quality of service they delivered and spoke positively about the organisation. There was constructive engagement with staff; staff at all levels were encouraged to raise concerns. Staff felt well supported by their managers and they promoted a culture of openness and inclusivity amongst all levels of staff.
- We found the culture centred around the needs and experiences of the patients. Staff felt they were offered

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development opportunities such as meaningful appraisals and felt managers valued their safety and wellbeing. We found staff and teams working effectively and supporting each other.

## Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- Governance took place at national and regional levels, comprising of the Board of Trustees, Clinical Governance Committee, Research and Ethics Committee, Infection Control Committee, Information Governance Committee and Quality and the Risk Committee
- Managers had a system of governance meetings which enabled the escalation of information upwards and the cascading of information from the management team to front-line staff.
- Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. There were clear divisional governance arrangements and there were teams and accountable personnel to oversee governance. There were clear and effective processes for managing risks, issues and performance. This was seen in their evidence-based practice, competency and skills mix of staff and in their documentation and minutes from meetings such as the area manager and team meetings.
- Staff conducted team meetings in a consistent manner. Team meeting minutes across the division followed the same format and actions from the meeting were allocated to staff to be responsible for the actions.
- BPAS audited the completion of HSA1 forms. HSA1 forms are legal forms which must be signed by two doctors who agree that a patient is suitable to undergo a termination of pregnancy as per The Abortion Act, 1967).
- All HSA1 forms were kept within patient records. The process of obtaining the two signatures was to send each patients' assessment electronically to a client assessment system (CAS). Via this, BPAS medical staff at provider level reviewed the assessments including the scan and made their decision about whether they

agreed an abortion was legal as per the criteria within The Abortion Act. Staff achieved full compliance with completion of HSA1 forms in every month between March 2018 and March 2019.

- Mechanisms were in place to ensure that the registered person informed the Care Quality Commission (CQC) in writing about the death of a woman within 12 months of using the service. For example, when reporting an incident electronically, there was a trigger to remind staff to report the incident to the relevant external agencies. All external notifications were processed centrally through an administrator coordinator to ensure these forms were completed accurately and submitted in a timely fashion
- The service ensured staff followed protocols regarding delegation of duties in relation to medical abortions. Managers audited staff compliance with policies and procedures, ensured staff were compliant with training and shared updates to policies and practices in a variety of forums such as team meetings, emails and conference calls.
- The provider ensured that staff were informed about the changes to the abortion legislation that came into effect on 1 January 2019. Staff were informed through a conference call, policies were updated and the treatment unit manager discussed these with staff at the clinic.
- The service ensured that people managing the service complied with the legal requirements of the Abortion Act 1967 (as amended) and the Abortion Regulations 1991 and supported those staff by ensuring appropriate protocols and procedures were in place with respect to fulfilling legal requirements. Staff followed policies and procedures which were in line with current legal requirements and guidelines and managers audited staff followed these.

## Managing risks, issues and performance

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- Staff were involved in initiatives to make their service safer, effective, patient centred, timely, efficient and equitable. As part of a quality improvement initiative staff were asked what they could do more of and what

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they could do differently. Staff wrote these on poster notes and a photograph of these was submitted to the communications and leadership team. These were currently being reviewed and the treatment unit manager told us themes included appointment times, shift times and suggestions of more telephone consultations,

- Governance structures were in place to ensure the service was fit for purpose, safe and appropriate. The governance started with the board of Trustees who held ultimate responsibility for the organisation. Governance was then split between and.
- Information was shared and monitored with staff at all levels. For example, Treatment unit managers held staff meetings. They then provided information to area managers, the clinical governance group meetings, quality and risk committees, and an operational activity committee. From here, information could be escalated to the executive teams, and senior clinical oversight meetings.
- Areas such as patient feedback, improvements in the service delivery, patient safety and the effectiveness of treatments that patients received were agenda items in the governance meetings. These were used to measure the quality of the service delivered.
- The treatment unit manager completed a monthly dashboard which monitored quality and safety on an ongoing basis. Measures included medicines management, safer staffing, clinical supervision, infection prevention, appraisal rates, record keeping audits, patient group direction (PGD) compliance, treatment audits and HSA4 completion audits.
- Managers carried out a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. For example, they completed case note, infection prevention control and treatment pathway audits.
- Managers said they received excellent support from the human resources department. They felt the provider produce clear guidelines and policies around areas such as sickness absence, performance management. A named HR contact was allocated to the clinic and staff could contact HR staff through a central HR email address for more general queries.

- Staff at all levels could access these on the intranet providing openness and transparency.
- HSA4 forms are sent to the Department of Health no more than 14 days post termination. This was a legal requirement and must be completed by the doctor that officially undertook the termination of pregnancy; either by prescribing abortifacients or by conducting a surgical termination of pregnancy
- Managers effectively oversaw and maintained a local risk register which systematically tracked and evaluated risks, defined risk priority and potential impact, and documented mitigation strategies. For example, a risk identified was safe transportation of medication. Control measures included 'treatment unit manager helps to monitor usage of stock to ensure no requirements for urgent orders or to transport stock between clinics and 'treatment unit manager to agree use of staff to collect medication in taxi. This must only be undertaken in an emergency'. Actions to address the risk included 'Urgent orders are placed only when necessary and delivery dates are estimated to enable continuation of service' and 'Transportation of medication is only undertaken as a last resort'. The risk register reflected concerns we identified during our inspection.

## Managing information

- **The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.**
- Managers demonstrated a holistic understanding of performance which looked at people's views with information on quality, operations and finance. For example, areas such as patient feedback, improvements in the service delivery, patient safety and the effectiveness of treatments that patients received were agenda items in the governance meetings. These were used to measure the quality of the service delivered.
- Quality and sustainability both received enough coverage in relevant meetings at all levels. measurable outcomes that built patient, public and stakeholder confidence that the service were providing high quality, sustainable care were addressed and fed into the governance structure.

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- There were clear and robust service performance measures, which were reported and monitored. The treatment unit manager completed a monthly dashboard which monitored quality and safety on an ongoing basis. Measures included medicines management, safer staffing, clinical supervision, infection prevention, appraisal rates, record keeping audits, patient group direction (PGD) compliance, treatment audits and HSA4 completion audits.
- Managers said the provider was introducing new Information technology systems to monitor and improve the quality of care.
- There were effective arrangements to ensure that data or notifications were submitted to external bodies as required. An individual return was made to the Department of Health for each termination of Pregnancy conducted (HSA4). Staff used an online secure portal to submit HSA4 forms Reports were also made, as appropriate to organisations such as C Diff and MRSA rates to the Health Protection Agency (HPA) and Serious Hazards of Transfusion (SHOT) - where transfusion has occurred to the Medicines and Healthcare products Regulatory Agency (MHRA). Systems were in place to ensure that when the service supplied the second medication (misoprostol) to the woman to take away and administer at home the HSA4 form was completed appropriately to indicate that treatment was provided at home. Staff documented on the CAS system that the woman was given the first part of the treatment at the clinic and the second part was self-administered at home.
- Staff stored paper records in line with the General Data Protection Regulation will come into force throughout the EU and replaced the UK's Data Protection Act in May 2018. Files were kept in good order, in a secure location.
- Staff could access any information such as policies and procedures electronically. Managers had a framework to oversee the quality and safety of patient care. They reported a range of service performance measures and discussed quality and sustainability in all governance meetings.
- Managers monitored staff completed HSA4 forms in accordance with the Abortion Regulations 1991 and submitted them in time to the chief medical officer. Staff complied with timely admission of these forms in the previous 12 month reporting period.

## Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- All BPAS patients were given a patient survey/comment form. Staff placed boxes at the clinic for patients to submit their forms, or they could be posted directly to the BPAS Head Office. With forms submitted at the unit, each survey was initially reviewed by the Treatment Unit Manager, prior to being sent to the Head Office for collation and reporting, so that any adverse comments could be acted on immediately. Staff displayed a poster and provided leaflets about how to make a complaint or give feedback.
- Staff displayed CQC feedback forms in the clinic. One was completed at the time of our inspection. It stated 'good, easy fast service, staff all friendly and welcoming'.
- The patient satisfaction survey reports were produced by the BPAS Patient Engagement Manager and were collated by clinic and CCG contract. Complaints and Feedback (including return rates and scores) were reviewed at the regional Area Managers Meetings. Exception reporting was monitored by the Quality and Risk Committee that feeds into the national Clinical Governance Committee.
- If a patient had provided positive feedback naming a specific member of staff the manager would print a copy to add to the staff members file to contribute to their revalidation.
- Managers told us the two main areas patients fed back as areas for improvement were waiting time and escort involvement. The treatment unit manager said they had put actions in place to address these areas such as increased same day consultation and treatment appointments to reduce the number of visits patients needed to make to the clinic. In relation to escort

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involvement, staff were improving communication with patients and their partners, ensuring they understood why it was important that they initially spoke to patients on their own.

- The patient satisfaction report for January to March 2019 reported the overall satisfaction score was nine and a half out of 10 and 99% of surveyed patients said they would recommend BPAS to someone they knew who needed similar care. All patients surveyed felt they were listened to, were given clear explanations of their treatment, were involved in decisions about their treatment, had confidence and trust in the staff member caring for them, were given enough privacy and dignity, were seen in a clean and safe environment and 99.5 % felt they were given enough information about their aftercare.
- Staff felt engaged at all levels with the provider. For example, the Connect magazine was circulated four times a year and the 'Feel Good Friday' bulletin every week. Different departments sent bulletins monthly. The 'Core Brief' gave an overview of activities in the organisation and other updates such as new starters and new clinics opening. Leadership updates from the various teams such as HR were sent to the treatment unit manager for them to feedback in team meetings. The treatment unit manager fed back any questions or feedback staff had to the leadership team. All responses from the leadership team were collated and shared with staff.
- Representatives from the clinics attended the staff forum on a quarterly basis. The director attended these forums and would present subjects such as new service improvement ideas to gain feedback and opinions from staff.
- The treatment manager attended a local university with the business development team in 2019 to promote their services.
- The treatment unit manager was part of the local area sexual health network and was doing a presentation to raise awareness of their services in September 2019.
- The treatment unit manager liaised with safeguarding midwives and had been invited to give a presentation at the teenage pregnancy unit at a local NHS trust.
- The clinic regularly offered student midwife and nursing placements.
- Staff had links with the sexual health nurses at a local community trust. The treatment unit manager and sexual health nurses shared information regarding areas of high risk, such as patients at risk of sexual exploitation.
- There were various award schemes in place to show appreciation to staff. For example, managers said they took opportunities to acknowledge their staff and their hard work. For example, they recently gave a member of staff a bunch of flowers as they had completed 40 years of service. They also contacted the head office to request acknowledgement who also awarded the staff member with flowers.
- The treatment unit manager posted copies of positive patient feedback on the staff notice board.
- If a patient brought cards or gifts to say thank you to staff, the treatment unit photographed it and sent it to the patient engagement manager to acknowledge.
- The latest staff survey showed that 92% of staff members would recommend BPAS to friends and family if they needed care or treatment and 83% recommend it as a good place to work and the percentage of staff that believe that their manager provides support when it is needed is 76%.
- BPAS monitored personal development reviews to ensure that they were regularly undertaken for all staff and 65% of staff believed that their performance has improved because of skills they have developed over the past year. 78% of staff felt that they were part of an effective team and 92% of staff believe that they help to promote high quality patient care.
- The yearly quality report was made available to members of the public through their website. This included data on patient satisfaction, complication rates, harm free care results, results from complaints, and overall changes made to the care and treatment given to patients based upon all of the above. Performance data from The Birmingham Central clinic was included in these overall figures.

## Learning, continuous improvement and innovation

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- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- Staff at the clinic were taking part in a research project which assessed whether patients undergoing a

termination of pregnancy over nine weeks gestation needed to return to the clinic for a follow up appointment in line with their current policy or whether it was appropriate and safe for them to carry out a pregnancy test at home.

# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the provider SHOULD take to improve**

The provider should ensure staff complete VTE risks assessments for all patients attending the clinic.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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