

Independent Healthcare Inspection (Announced)

British Pregnancy Advisory
Service (BPAS), The Orme Unit,
Llandudno

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2022

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Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	8
	Quality of patient experience	10
	Delivery of safe and effective care	15
	Quality of management and leadership	21
4.	What next?	24
5.	How we inspect independent services	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Improvement plan	27

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of British Pregnancy Advisory Service (BPAS), The Orme Unit, Llandudno.

Our team, for the inspection comprised of two HIW Senior Healthcare Inspectors and one clinical peer reviewer. The inspection was led by a HIW Senior Healthcare Inspectors.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found that the clinic had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Environment and facilities
- Patient Information and communication
- Policies and procedures
- Infection prevention and control
- Management overview
- Auditing and reporting
- Staff support, supervision and training

This is what we recommend the service could improve:

- Availability of information in Welsh
- Auditing of sonography¹ images
- Consistency and detail of some clinical records
- Chaperone notice

¹ Sonography, also known as ultrasound, is the use of high frequency sound-waves to assess organs and structures within the body to assist in the screening and diagnosis of a wide range of conditions.

- Examination couch

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

The British Pregnancy Advisory Service (BPAS), Llandudno is registered as an independent hospital. The service was first registered on 16 September 2020. Services are provided at The Orme Unit, Llandudno Hospital, Hospital Road, Llandudno, Conwy, LL30 1LB.

BPAS is a charity that provides support, counselling and care to women who are faced with termination of pregnancy treatment for many different reasons. Non-scalpel male sterilisation (vasectomy) is also offered. It also provides advice and support on contraception. It is the UK's leading termination of pregnancy care charity, specialising in safe, confidential treatment. They accept referrals for both private and NHS patients.

The clinic is nurse/midwife led and is open from 9.00am until 2.30pm on Monday Wednesday and Thursday each week and employs a multidisciplinary staff team which includes nurses, midwives and administrative staff. A range of services are provided which include:

- Termination of pregnancy treatment (to include consultation and assessment) for patients aged 13 (thirteen) years and over
- Vasectomy consultation, non-scalpel vasectomy and follow up (including semen analysis) for patients aged 18 (eighteen) years and over.
- Early medical abortions for pregnancies up to 10 (ten) weeks gestation
- Manual vacuum aspiration under optional conscious sedation alongside local cervical anaesthesia for pregnancies up to 14 (fourteen) weeks gestation.

The service also offers telemedicine early medical abortion², where medication is delivered by post to patients who meet the treatment criteria.

There is a central appointment booking service, as well as a range of support functions based at BPAS head office which supports the delivery of patient services.

² Telemedicine abortion combines medication abortion—which uses pills to end a pregnancy—and telemedicine—which allows health providers to supervise the use of abortion pills via videoconferencing or telephone consultations.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients provided positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect. We saw that arrangements were in place to promote and protect patients' privacy and dignity. Arrangements were also in place for patients to provide their views on the services provided at the clinic.

HIW issued both online and paper surveys to obtain patient views on the service offered at the clinic and how it could be improved. In total, we received 12 online responses. Patients were generally happy with the service provided. Comments included:

“Don't think it needs improvement staff were amazing.”

“Nothing everything was perfect.”

“Can't fault the service I have received, they have been lovely from start to finish.”

Health promotion, protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing.

Leaflets were freely available in the waiting room relating to services offered at the clinic. The service also has a comprehensive website detailing the services offered at the Llandudno clinic and those offered by the organisation at other sites.

There was also written information available relating to miscarriage, contraception, sexually transmitted diseases, counselling and domestic abuse.

Most of the information was available in English only. However, there was some COVID-19 information, in poster form, which was available in both Welsh and English.

Dignity and respect

We found that arrangements were in place to promote patients' privacy and dignity and we saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

We saw staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. Patients told us that staff were always polite and were kind when carrying out care and treatment.

All of the patients who completed the online survey said that they had been treated with dignity and respect by the staff at the clinic.

All respondents said they were listened to by staff during their appointment and that they were able to talk to staff about the procedure or treatment without being overheard by other people.

We saw that doors were closed during consultations. Disposable curtains were provided around examination couches to maintain patients' privacy and dignity during consultations or when they were receiving treatment.

All of the patients who completed the online survey told us that they were able to maintain their own privacy and dignity during their appointments.

Patient information and consent

As described earlier, there was some health promotion material available.

The registered persons had produced a statement of purpose and patients' guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment.

Patients with sensory problems or additional needs/cognitive difficulties were offered information adapted to their specific needs i.e. Braille, Large Print or pictorial. The service could also access external translation services.

Obtaining consent from patients receiving treatments is a key part of the process. We discussed this with staff and were assured by their knowledge and understanding of consent and the ethical and legal issues that relate to some of the services offered at the clinic. We concluded that their knowledge of this

subject had sufficient depth to ensure they would do their utmost to handle this process as sensitively and carefully as possible, ensuring that discussions are held with patients, at each consultation, to confirm that they continue to consent to treatment. However, these discussions were not always recorded in detail within patient care notes.

All of the patients who completed the online survey told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Comments included:

*“Staff very respectful and empathetic at the department.
Made me feel very comfortable.”*

All respondents told us that they had received enough information to understand what treatment options are available and that they had received enough information to understand the risks and benefits of their treatment options.

Seven respondents said that the cost of treatment was made clear before they received that treatment. Five said that this was not applicable.

All of the respondents told us that that they completed a medical history form or had their medical history checked before undertaking any treatment and that they had been given information on how to care for themselves following their treatment. Comments included:

“Service has been prompt and staff given me options and ensured I (understand) aftercare on offer.”

Improvement needed

The registered provider must ensure that discussions with patients about consent to treatment are recorded in detail within care notes.

Communicating effectively

As previously mentioned, the majority of information, in leaflet form and on the website, was provided in English only. Given that the clinic operates in Wales, further efforts should be made to routinely provide information in both Welsh and English.

There was a hearing loop available in reception to assist those patients who are hard of hearing (and who wear hearing aids) to communicate with staff at the clinic.

We saw suitable signs displayed to assist patients to find their way around the clinic.

Improvement needed

The registered provider should make further efforts to routinely provide information in both Welsh and English.

Care planning and provision

The arrangements for providing care and treatment were set out within the statement of purpose.

There is a central appointment booking system with most treatments being funded by the National Health Service. Patients are expected to complete a self-assessment form detailing past medical history. A treatment plan is then developed in line with the patient's wishes and in consultation with relevant clinical staff.

We found that there were adequate out of hours, follow up and counselling arrangements in place with patients being able to call the central telephone number for support.

Equality, diversity and human rights

The statement of purpose, patients' guide and information posted on the clinic's website, clearly sets out that services are provided having due regard to patients' rights.

There was disabled parking available, within the hospital car park, and good, level access to the clinic which is located on the ground floor of the hospital.

All of the patients who completed the online survey said they felt they could access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

None of the patients reported they had faced discrimination when accessing or using the service.

Citizen engagement and feedback

Patients had opportunities to comment on their experiences of visiting the clinic with questionnaires made available following consultation or treatment to provide feedback on an ongoing basis. It was evident that the comments received from patients had been considered by the staff team and action taken as a result to make improvements where appropriate.

We discussed the possibility of displaying outcomes of patient feedback in the waiting area for patients to see. This would show patients that the service gave due consideration to their views and that they would take appropriate action, where necessary, in response.

Improvement needed

The registered provider should display outcomes of patient feedback in the waiting area for patients to see.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the staff team were committed to providing patients with safe and effective care.

We found that the clinic had arrangements in place to promote the safety and wellbeing of patients, visitors and staff.

The clinic was clean and tidy and arrangements were in place to reduce cross infection.

There were generally good medication management processes in place and effective processes for checking the equipment used.

Managing risk and health and safety

The clinic environment was well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious hazards.

General risk assessments were being conducted on a regular basis by the hospital and BPAS managers.

Specific clinical risk assessments were being undertaken as part of the patient assessment process.

We found that alcohol gel was being stored on open shelving within an unlocked store room. We brought this to the attention of the registered manager who told us that steps would be taken to store the gel within a locked cupboard.

Improvement needed

The registered provider must ensure that alcohol gel is safely stored when not in use.

Infection prevention and control (IPC) and decontamination

Written policies and procedures were available to help guide staff on infection prevention and control to include the management of COVID-19. All staff had received up to date training on this subject.

We saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available. Effective hand washing is important to promote infection prevention and control. Cleaning rotas were displayed within the clinic together with infection control audit results.

All of the patients who completed the online survey told us that the clinic was very clean and that information about the management of COVID-19 was visible.

Instruments used during examinations and treatments were single patient use only. This meant that instruments did not have to be decontaminated and so promoted effective infection prevention and control. We saw that medical sharps (such as needles) had been placed in appropriate containers for safe disposal. This helps reduce the risk of injury (to staff and patients) and cross infection from used sharps.

We were informed that no human tissue waste was generated at BPAS Llandudno, due to the interval between taking the termination medication and the commencement of symptoms and, more recently, the use of telemedicine home administration of the medication. However, BPAS has an organisational policy in place on the management of clinical waste which outlines the actions to be taken in BPAS clinics where disposal of human tissue is undertaken (surgical units).

Medicines management

We found that there were robust medication management processes in place at the clinic.

We saw that medicines were stored safely and securely. Accurate records were being maintained of medicines administered to patients. These records showed that patients had been asked about known allergies to promote their safety and wellbeing prior to medication being prescribed/administered as part of their care and treatment.

We found that the medication storage fridge temperatures were being monitored on a daily basis and that these were within acceptable limits. However, staff undertaking the temperature checks were not signing the record.

Improvement needed

The registered provider must ensure that staff sign the record book/sheet after undertaking the fridge temperature checks.

Safeguarding children and safeguarding vulnerable adults

We found that there were robust safeguarding processes in place and that staff were aware of their responsibilities with regards managing safeguarding issues.

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. These included contact details for health board and local authority safeguarding teams. Staff working at the clinic had completed safeguarding training to a level appropriate to their roles. The organisation had a safeguarding committee who oversee the management of referrals.

Medical devices, equipment and diagnostic systems

A range of equipment was available at the clinic to support the provision of care and treatment to patients. We saw evidence that this equipment was being tested/calibrated on a regular basis to ensure that they were safe to use and providing accurate readings.

However, the sonography machine was old and outdated. We were told that the machine was due to be replaced in the very near future.

The examination couch in the sonography room was not suitable for larger or overweight patients and it was positioned in such a way that made it difficult for staff to position patients correctly and safely for examinations.

Equipment and drugs for use in the event of a patient emergency (collapse) were available and staff had received suitable resuscitation training.

Improvement needed

The registered provider must ensure that the examination couch in the sonography room is suitable for use by larger or overweight patients and that it is positioned in such a way that staff are able to position patients correctly and safely.

Safe and clinically effective care

There was evidence of very good multidisciplinary working between the staff.

From our discussions with staff, and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

A range of written policies and procedures were available to support the operation of the clinic. These were being reviewed and updated on a regular basis.

Policies and procedures were in place to ensure that clinical staff were practising in line with evidence based clinical guidelines.

We reviewed a sample of patient medical records and found that they were generally organised and legible. Patient records were being maintained electronically with back-up arrangements in place in the event of system or computer failure.

The records reviewed contained details of the clinician making the record together with some information about the clinical findings and the care/treatment given to each patient. However, we found that some of the records lacked detail about the options discussed at consultation and any views expressed by patients at the time. In addition, we found that staff did not accurately and consistently record detail of examination of adnexal³ area in the ultrasound report section.

We also found that image summaries were not always recorded to support sonography findings and images were not always marked to denote which side of the patient they related to i.e left or right. In addition, we found that sonographic images were not being audited to ensure quality.

We were told that patients were offered a chaperone during consultations, examinations and treatment. However, there were no posters visible within the clinic to inform patients of this. In addition, the offer of a chaperone, and the

³ The adnexa, or more formally the adnexa uteri, and also known as the uterine appendages, is a collective term for the ovaries, fallopian tubes and broad ligaments.

patient's decision to accept or refuse the offer, was not always recorded in care notes.

Improvement needed

The registered provider must ensure that:

- Staff accurately and consistently record details of the options discussed at consultation and the patient's views
- Staff must accurately and consistently record detail of examination of adnexal area in the ultrasound report section
- Staff accurately and consistently record image summaries to support sonography findings
- Sonography images are marked to denote which side of the patient they related to
- Sonography images are audited to ensure quality
- Posters are displayed within the clinic to inform patients of their right to have a chaperone
- The offer of a chaperone, and the patient's decision to accept or refuse the offer, is always recorded in care notes.

Information management and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We found that the service used a remote electronic communications system, allowing clinical staff to securely access patient information and results away from the site. This meant clinical staff were able to interpret information quickly and support staff within the service without being physically present. We were told that this has resulted in staff feeling supported on site even when senior clinical staff were not physically present. It also means that decisions which require authorisation by two medical doctors can be accessed in a timely manner

Records management

We found robust systems in place to ensure that personal information relating to patients and staff was kept securely in an electronic format.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found good management and leadership at the clinic with staff commenting positively on the support that they received from the registered manager and the wider organisation.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Staff were able to describe their individual roles and responsibilities and told us they had access to the training and guidance that they needed to undertake their duties.

Governance and accountability framework

Staff spoken with during the inspection were aware of their roles and responsibilities. We found that the support offered to staff and the availability of the registered manager, and other managers within the wider organisation was positive.

There was a robust management structure in place and clear lines of reporting were described.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. Staff we spoke with during

the inspection confirmed that they felt supported in their work by their manager and colleagues.

We saw that there were good links with managers based at other settings operated by BPAS, with regular meetings held in order to share information around any emerging issues and safety alerts etc.

We were told that members of BPAS senior management team visit the clinic regularly as part of their governance responsibilities. Monthly audit reports were presented to the clinic's management board.

Records showed that the responsible individual, or their nominated representative, visited the clinic at least every six months in accordance with the regulations. The purpose of these visits is to consider different aspects relating to the quality of the services provided.

We were satisfied with the level of oversight of the service by members of the senior management team and board.

Dealing with concerns and managing incidents

A written complaints procedure was available and that details of how patients could make a complaint were included within the statement of purpose, on the website and in leaflet form. These clearly set out the timescales for acknowledging and responding to complaints. In accordance with the regulations, the contact details of HIW were also included.

Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and well-being. Significant incidents were formally reported through the Datix⁴ system.

⁴ Datix is a web-based patient safety incident reporting and risk management software for healthcare and social care organizations.

Workforce planning, training and organisational development

At the time of our inspection, a small team comprising of the registered manager, two nurses/midwives and a receptionist/administrator were employed at the clinic.

Medical/consulting services were available if required. These were provided by healthcare professionals (with practising privileges⁵), based at neighbouring BPAS clinics in England.

Information contained within the staff files inspected demonstrated that staff had attended mandatory training and other training relevant to their roles.

We found that staff had received an appraisal of their work performance within the last 12 months

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the clinic had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

Each member of staff had a Disclosure and Barring Service (DBS) certificate available as required by the regulations.

⁵ The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B – Improvement plan

Service: BPAS, The Orme Unit, Llandudno

Date of inspection: 02 February 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered provider must ensure that discussions with patients about consent to treatment are recorded in detail within care notes.	Independent Health Care (Wales) Regulations 2011 Regulation 40. (2) 9. Patient information and consent	Full consent is taken at consultation. This is revisited when the client attends the unit, however we will be standardising what our clinicians document to evidence that consent has been revisited. This has already been implemented locally.	Treatment Unit Manager	This Action has been completed and is being implemented at the Unit.
The registered provider should make further efforts to routinely provide information in both Welsh and English.	18. Communicating effectively	BPAS are currently in the process of producing posters and information to be published in Welsh and displayed in the unit, as per the attached document. BPAS also have a Website that any client	Treatment Unit Manager Quality Matron	30/06/2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		can access which is fully translatable, including all client literature.		
The registered provider should display outcomes of patients' feedback in the waiting area for patients to see.	Standard 5. Citizen engagement and feedback	A 'You Said We Did' notice board for the waiting room has been implemented in the Unit. The organisation are currently piloting Quality Improvement and Performance boards. This is a visual tool that engages the front-line clinical community to make quality improvements in their areas. KPI's will be decided upon, and quality improvement methodologies will be taught to staff such as PDSA cycles, fishbone diagrams. This board will have a section 'You Said We did' as a way of acting on client feedback and making changes at unit level.	Treatment Unit Manager Quality Matron	30/06/2022
Delivery of safe and effective care				
The registered provider must ensure that alcohol gel is safely stored when not in use.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (1) (b)	The store cupboard used to store alcohol gel has now been fitted with a lock to ensure safe storage when not in use.	Treatment Unit Manager	This Action was completed on 21/02/2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Standard 22. Managing risk and health and safety			
The registered provider must ensure that staff sign the record book/sheet after undertaking the fridge temperature checks.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a) Standard 15. Medicines management	Record sheet used to record daily fridge temperature checks now includes a signature section.	Treatment Unit Manager Lead Midwife	This Action was completed on 07/02/2022
The registered provider must ensure that the examination couch in the sonography room is suitable for use by larger or overweight patients and that it is positioned in such a way that staff are able to position patients correctly and safely.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (2) Standard 16. Medical devices, equipment and diagnostic systems	A new couch has now been ordered and will be re-positioned as recommended.	Operational Quality Manager	09/05/2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that staff accurately and consistently record details of the options discussed at consultation and the patient's views.	Independent Health Care (Wales) Regulations 2011 Regulation 23. (1) (a) and (b) Standard 7. Safe and clinically effective care	Treatment options are discussed with every client at their consultation and recorded on our electronic client record system. New audits have been implemented, from January 2022, throughout the organisation which ensures all treatment options, relevant to clients' gestation, are recorded as discussed. These audit outcomes are regularly fed back to staff to ensure compliance.	Lead Midwife	This action has been completed and is audited monthly to ensure compliance.
The registered provider must ensure that staff accurately and consistently record detail of examination of adnexal area in the ultrasound report section.		BPAS are introducing a hybrid model consisting of two aspects. The first aspect is to outsource the vast majority of our Ultrasound scans to a third party provider (Ultrasound Direct USD) and the second aspect is to strengthen the inhouse Ultrasound service within BPAS.	Lead Sonographer	The nationwide roll out for this is being actioned as of 14.3.2022
The registered provider must ensure that staff accurately and consistently record image summaries to support sonography findings.		This new partnership with USD allows BPAS clients to access an Ultrasound		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The registered provider must ensure that sonography images are marked to denote which side of the patient they related to.</p>		<p>service in which they are scanned by practitioners whom either possess a PG Dip or a PG Cert in Medical Ultrasound. This means that for the vast majority of BPAS clients, all of the above concerns raised by the HIW inspection will be eliminated. Ultrasound images produced by USD are sent to BPAS electronically. USD audit 5% of all staff images quarterly via a well-established and robust image audit programme. In addition to this, BPAS will also perform ad hoc spot checks on USD Ultrasound images, therefore ensuring that images are being thoroughly audited for quality.</p>		
<p>The registered provider must ensure that Sonography images are audited to ensure quality.</p>		<p>Whilst USD will be performing they vast majority of Ultrasound scans for BPAS clients, some Ultrasound scanning (such as post treatment check scans) will remain in house, (performed by BPAS practitioners). To improve the BPAS in house service and ensure that clients who have their Ultrasound scan at BPAS also receive the same high quality</p>		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>Ultrasound service as those being scanned at USD, the second aspect of the hybrid model which is already underway is to strengthen the in house Ultrasound service.</p> <p>To achieve this, BPAS will be employing two more staff who possess a minimum PG Cert in Medical Ultrasound (this will provide more opportunities for one on one Ultrasound training for BPAS practitioners to alleviate any existing gaps in knowledge and ensure that all of the aspects recommended in the HIW inspection are introduced within a timely manner)- Job description for additional sonographers currently being written by M Grant, to be advertised ASAP.</p> <p>In addition to this, BPAS intend to introduce a Picture Archive Communications System (PACS) which will ensure adequate Ultrasound image storage, thus enabling regular image audit to be implemented by the lead sonographer. All of the above aspects of</p>		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		the hybrid model, not only address the recommendations, but also ensure a safer Ultrasound Service at BPAS.		
The registered provider must ensure that posters are displayed within the clinic to inform patients of their right to have a chaperone.		A poster is now on display in all client areas.	Treatment Unit Manager	This Action was completed on 28/02/2022
The registered provider must ensure that the offer of a chaperone, and the patient's decision to accept or refuse the offer, is always recorded in care notes.		<p>BPAS offers a chaperone to all clients primarily through notices displayed in key areas of clinics such as waiting areas, consultation and examination rooms.</p> <p>If there is any doubt at all about a client's understanding of the notices or their confidence to request a chaperone when they would like one (for example, English is not their first language, young age, cultural considerations) an explicit verbal offer should be made.</p> <p>Some clients may not be familiar with the term 'chaperone' and a fuller explanation may need to be given.</p> <p>BPAS do not have any chaperone training which is specifically required for</p>	Chief Nurse/Midwife	Phased introduction

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>non-clinical staff. This can be delivered and evidenced via MAX Learning.</p> <p>The BPAS Chaperone Policy will be urgently reviewed so it states that discussions relating to the offer of a chaperone must be documented and it is clear who can act as a chaperone.</p> <p>A SBAR Action will be sent to all units to ensure that posters are clearly on display within the units and consultation rooms and guidance on how they can order them if not in place.</p> <p>A request for changes to CAS2 (BPAS Electronic Patient Record) will be made to enable the documentation that we have offered a chaperone and when one is accepted.</p> <p>Chief Nurse/Midwife to request changes to the Client appointment confirmation letter to make Clients' aware that a chaperone will be available.</p> <p>BPAS Quality Matrons to add additional checks relating to the Chaperone Policy</p>		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		and procedures to their quality assurance visit templates.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): LAURA MCALLISTER

Job role: TREATMENT UNIT MANAGER

Date: 17/03/2022