BPAS - Newcastle upon Tyne

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

BPAS Newcastle upon Tyne is part of the British Pregnancy Advisory Service. The service provides termination of pregnancy and vasectomy services to the NHS and self-paying clients predominantly from the Newcastle, Sunderland, Durham and Gateshead areas. It also accepts clients from other areas of the North East, North West of England, and Scotland. The service is registered as a single specialty termination of pregnancies service and provides medical terminations for women with a pregnancy of 6 to 10 weeks' gestation.

The service has four registered nursing staff, three doctors and seven administrative staff, which include trained counsellors. The senior leadership team comprise of the treatment unit manager, who is supported by regional management. The service is supported by experts within the BPAS Group and externally from local NHS providers.

We inspected the service on 20 October 2015 and made an unannounced inspection on 4 November 2015. We inspected this service as part of our independent healthcare inspection programme.

CQC does not currently have a legal duty to award ratings for those services that provide solely or mainly termination of pregnancy services; amendment to the current Care Quality Commission (Reviews and Performance Assessment) Regulations 2014 is required to enable us to do this.

Are services safe at this service?

Managers encouraged staff to report all incidents and felt that the senior management team carried out effective management of all incidents. Staff knew how to use the paper based incident reporting system. Managers and staff ensured that they shared lessons learned across the organisation, nationally, regionally and locally. Staff completed awareness training on dealing with incidents and complaints through bespoke e-learning and workshops or meetings. Every member of staff we spoke with understood the principles of openness and transparency when dealing with incidents or complaints. Senior staff understood the term and principles of Duty of Candour and we discussed an example of duty of candour instigated in relation to a recent complaint. The treatment unit manager was the designated service lead for safeguarding adults and children. All staff completed training to level 3 in safeguarding. Staff were aware of the safeguarding policies and principles within the service and managed safeguarding procedures. The service had policies and procedures for transfer and escalation of clients to local NHS services when necessary. The service had links to a local NHS trust.

The service had agreed minimum nurse staffing levels with at least one registered nurse on duty for the medical assessment and treatment of clients. There was additional support from a healthcare assistant, client care coordinator, manager, and an administrator. A specialist registrar in gynaecology visited the service every week to review nursing assessments, complete medical assessments, and prescribe abortifacient medicines, pain relief, antibiotics, Anti D IgG for non-sensitised rhesus negative women and contraception.

Doctors were registered medical practitioners (RMPs) with the General Medical Council (GMC) to clinically assess each client and certify each procedure. BPAS also employed remote RMPs to provide a secondary assessment and they acted as the second signatory for all medical abortions carried out at the centre. All clients were admitted under the care of a named registered nurse. Staff were able to access clinical support, and guidance if needed from a BPAS Regional Clinical Lead doctor, from the BPAS Medical Director, or from an on-call specialist registrar at the local NHS trust. There was a service level agreement and contract in place to ensure this provision. A qualified, registered nurse carried out initial medical assessments for all vasectomy clients and a surgeon completed the medical assessment before carrying out the procedure.

Are services effective at this service?

Summary of findings

There were processes for implementing and monitoring the use of evidence-based guidelines and standards to meet clients' care needs. Clinical guidelines, policies and procedures were agreed and signed off via the BPAS clinical governance mechanisms, and ultimately by the BPAs Clinical Governance Committee.

In the 12 months before the inspection there were no cases of planned or unplanned transfers to another service following termination of pregnancy or vasectomy procedures. The service had clear systems, processes, and agreements if necessary.

Practising privileges arrangements and agreements for medical staff, as well as revalidation were effective. Consent to treatment was appropriately obtained. Staff completed training with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Are services caring at this service?

Senior managers and staff involved and treated clients with compassion, kindness, dignity, and respect. The results of the BPAS Client Satisfaction reports showed 98% of clients at BPAS Newcastle upon Tyne were 'extremely likely' or 'likely' to recommend the service. The organisation's own surveys showed high levels of client satisfaction. These survey results showed 90% of clients responded 'excellent' to the care and attention given by nursing staff and 82% responded 'excellent' to the client experience. Counsellors and staff gave appropriate emotional support to clients. All clients were offered the opportunity for counselling before and after termination of pregnancy, or vasectomy.

Are services responsive at this service?

Service planning monitored client activity and staff scheduled sufficient clinics to meet demand. They made sure clients had enough information and could get further advice when necessary. Nurses met with each client, before a procedure date was agreed or on the day of the procedure, where they made sure clients had enough information. Staff knew how to use the service incident reporting system. Managers encouraged staff to report all incidents and felt that the senior management team carried out effective management of all incidents. Staff shared lessons learned across the organisation, nationally, regionally and locally. The service met waiting time guidelines and clients could choose a date or alternative venue for their procedure. No vasectomy clients had their procedure cancelled. The service had a complaints procedure in place. The Service Director and Head of Clinical Services signed off all complaints. The service shared learning from complaints and staff gave examples of this during the inspection.

Are services well led at this service?

The service had an experienced and stable senior leadership team. There was strong local leadership of the service from the treatment unit manager and regional director of operations. Managers were approachable, available, and supported staff within the service. There was good staff morale and they felt supported at ward and department level. There were low rates of sickness absence within the service for all grades of staff. There were no staff vacancies at the time of the inspection. There was a clear process between the senior management team and the Medical Director to monitor, agree, and review practising privileges. There was a clear committee and meeting structure to ensure effective governance, risk and quality management. Staff held monthly meetings at service and organisational levels and minutes of those meetings confirmed monitoring of risk, quality, and governance.

Our key findings were as follows:

- Medical and nurse staffing levels met client needs.
- The service had arrangements and a dedicated team to support staff to manage and monitor the prevention and control of infection. Managers made sure staff followed policies and procedures. We found that all areas in regular use were clean.
- There was enough equipment to allow staff to carry out their duties. The service had processes for checking and maintaining equipment.

Summary of findings

- Staff understood their responsibilities to raise concerns and record client safety incidents and near misses. There was evidence of a culture of learning and service improvement.
- The service had medicine management arrangements. Staff stored medicines securely and administered medicines safely.
- There were systems for the effective management of staff which included an annual appraisal. All doctors were appropriately employed through practising privileges and provided evidence to prove their suitability for their role.Doctors responsible for early medical abortions were registered medical practitioners with the Department of Health.
- The service had completed a programme of local clinical audits depending on risk assessments. These covered a range of areas including infection prevention and control and medicines management.
- Senior and departmental leadership at the service was good. Leaders were aware of their responsibilities to promote client and staff safety and wellbeing. Leaders were supportive and the culture encouraged candour, openness, and honesty.

We saw several areas of good practice including:

- The service employed standardised procedures and client pathways for medical abortion and vasectomy procedures.
- Staff offered clients counselling, with a partner present if they wished. Part of the consultation they carried out involved only the client to protect them from possible coercion or abuse.
- Staff followed procedures when providing any part of the service to children or young people. Staff knew their own role and remit for safeguarding children and vulnerable adults.
- Medical records contained pre-printed client pathways, depending on the procedure planned together by the client and nurse assessor. Completion of records complied with prescribed practice and was consistent in all records we checked.

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

The provider should:

- Review the online policies and procedures to make sure they are all up to date and old versions are archived.
- Ensure medical abortion records show clearly why staff did not administer some prescribed medications.
- Ensure staff use the BPAS Safer Surgical Checklist consistently for all surgical vasectomy procedures.
- Ensure staff check stock levels carefully and stock rotation confirms that no out of date supplies are present in treatment rooms.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Termination of pregnancy services were safe, caring, effective, responsive and well led.

Staff followed best practice in cleanliness and infection control. Staff reported incidents and risks. The service had clear and effective systems for managing complaints and shared lessons learned throughout the service and the wider organisation. Managers made sure that they notified staff about lessons learned from incidents and complaints and any resulting actions. Staff knew about procedures to follow in the case of a major incident.

Summary of findings

Nursing and medical staffing was sufficient and appropriate to meet the needs of clients in their care. Staff were trained and assessed as competent for general nursing practice. All nursing staff completed formal training and competency assessments.

Staff ensured medicines were stored and prescribed safely. Doctors prescribed pain relief. Clients were provided with pain relief before treatment and advised about pain relief following abortion treatment. However, medical abortion records did not always show clearly why staff did not administer some prescribed medications.

Medical records were legible and assessments were completed consistently, with associated discharge plans and dates. Medical records were complete and staff obtained written consent from all clients.

The service had processes for implementing and monitoring the use of evidence-based guidelines and standards to meet clients' care needs. Staff monitored clients at all stages of their treatment.

Staff told us how they involved and treated women with compassion, kindness, dignity, and respect. We observed interactions between clients and staff in the public areas of the service. The results of the BPAS Client Satisfaction reports showed that 98% of clients at BPAS Newcastle upon Tyne were 'extremely likely' or 'likely' to recommend the service to family and friends.

All clients had checks and tests before procedures. Waiting times for appointments were consistently within the guidelines set by the Department of Health, unless clients chose appointment times outside the recommended timescale. Information and advice were available from staff, leaflets and on-line to women at all stages of their care. There were appropriate processes in place should a woman wish the clinic to dispose of the pregnancy remains sensitively. Staff offered women testing for sexually transmitted infections before any treatment. The service could provide interpreting and counselling services to women if necessary. The service was accessible for clients with disabilities

Senior managers had a clear vision and strategy for this service. There was strong local leadership of the service with quality care and client experience seen as the responsibility of all staff.

Staff felt proud of the service they gave and felt that they met the requirements of Department of Health (DH) Required Standard Operating Procedures and Royal College of Gynaecologists Clinical Guidelines. They felt supported to carry out their roles and had confidence to raise concerns with managers.

Summary of findings

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Background to BPAS - Newcastle upon Tyne

The British Pregnancy Advisory Service was established as a registered charity in 1968 to provide a safe, legal abortion service following the 1967 Abortion Act. BPAS Newcastle upon Tyne was registered with CQC in July 2011. The service was located in the city centre, Newcastle upon Tyne. It was registered as a single specialty service for termination of pregnancy services to NHS and self-funded clients predominantly from the Newcastle, Durham, and Gateshead areas but from all over the North East and North West of England and Scotland. Some clients from Ireland accessed the service independently. The service is registered as a single specialty termination of pregnancies service and provides medical terminations for women with a pregnancy of 6 to 10 weeks' gestation.

The Service's Senior Management Team comprised of the treatment unit manager and Director of Operations.. The service had not taken part in any special reviews or investigations by the CQC during 2014/15. The last inspection carried out in May 2012 showed the service was meeting all standards of quality and safety.

We inspected BPAS Newcastle upon Tyne as part of our comprehensive inspections of independent services. The inspection team inspected the termination of pregnancy service.

Our inspection team

Our inspection team was led by:

Inspection Lead: Jill Bullimore, Inspector, Care Quality Commission.

The team included CQC inspectors and nursing specialist with experience in women's services including, termination of pregnancy.

How we carried out this inspection

To get to the heart of clients' experiences of care, we always ask the following five questions of every service and provider:

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

We carried out the announced inspection of BPAS Newcastle upon Tyne on 20 October 2015 along with an unannounced visit at the service on 4 November 2015. We talked with clients and members of staff including regional operational managers, the treatment unit manager, nursing staff (qualified and unqualified), medical staff, and support staff. We observed how staff cared for clients and reviewed client's clinical records.

Prior to the announced inspection, we reviewed a range of information we had received from the service.

CQC does not currently have a legal duty to award ratings for those services that provide solely or mainly termination of pregnancy services; amendment to the current Care Quality Commission (Reviews and Performance Assessment) Regulations 2014 is required to enable us to do this.

Summary of this inspection

Information about BPAS - Newcastle upon Tyne

BPAS Newcastle upon Tyne was contracted by clinical commissioning groups in the Newcastle and Gateshead area to provide a Termination of Pregnancy service and a non-scalpel surgical vasectomy service for clients from Newcastle upon Tyne and the North East, the North West and Scotland. It was centrally situated in the city of Newcastle upon Tyne and was easily accessible by public transport or car. BPAS Newcastle upon Tyne provided services from 9am until 5pm on Tuesday, Wednesday, and Thursday each week and vasectomy services on one Friday each month. If women needed termination of pregnancy services on other days, they could be signposted to alternative BPAS clinics in the North of England. Women who chose or needed weekend services could use the BPAS clinic in Liverpool.

BPAS Newcastle upon Tyne provided support, information, treatment, and aftercare for women seeking termination of pregnancy. In the six months before our inspection BPAS Newcastle upon Tyne started to provide counselling, information and treatment for men wanting a vasectomy. The service had consulting rooms, ultrasound scanning equipment, counselling and nursing staff to support clients throughout the consultation, and a separate suite with a waiting area and treatment room for vasectomy procedures.

The Service held a licence from the Department of Health to carry out termination of pregnancy procedures. The licence was displayed in the main reception and waiting area.

Women were involved in their care and encouraged to make an informed choice on the method of abortion. Medical abortions were carried out on women of gestations of less than 10 weeks and were within the legal limits. In January to December 2014, 537 clients had a medical abortion and 11 clients had a scalpel-free vasectomy since the service started to offer treatment in July 2015.

BPAS Newcastle upon Tyne treated women of all ages, including those aged less than 18 years, The youngest client seen by this clinic to date was 12 years old. Staff referred any women requiring surgical abortion or termination of pregnancy of later gestation to alternative British Pregnancy Advisory Service (BPAS) or alternative BPAS locations'?.

All staff were dedicated to care for clients who needed termination of pregnancy and vasectomy services. We spoke with these staff including three registered nurses and a specialist registrar in gynaecology.

We looked at the care records of 13 women and 11 men. We observed social interactions and communication with clients and those close to them during our inspection.

Facts and Data about BPAS Newcastle Upon Tyne

The BPAS Newcastle upon Tyne service provided termination of pregnancy and vasectomy services to both private and NHS clients from the North East and North West of England and Scotland. Some clients accessed the service from Ireland. The service provided termination of pregnancy services to children under sixteen and had provided counselling and treatment The youngest client seen by the clinic to date was 12 years old.

From January to December 2014 the service carried out 537 medical abortions and in the last four months they had carried out 11 vasectomies.

BPAS Newcastle upon Tyne provided support, information, treatment, and aftercare for women seeking termination of pregnancy including children aged under 16. The service provided consulting and treatment rooms, ultrasound scanning equipment, and nursing staff to support clients throughout the consultation and medical abortion treatment. They also provided a dedicated recovery area with two reclining chairs for vasectomy clients. There were contracts for pathology and pharmacy services. The Service held a licence from the Department of Health to undertake termination of pregnancy procedures. Medical abortions were carried out on women of early gestations (less than ten weeks).

Staffing

The service employed:

- three doctors, who were working under the rules of practising privileges

Summary of this inspection

- four (1.5 whole time equivalent (WTE)) nurses, one was the lead nurse for the service
- seven (1.93 WTE) administrators and counsellors
- one healthcare assistant.
- the treatment unit manager was the registered manager and safeguarding lead for the service.

Detailed findings from this inspection

Termination of pregnancy

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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Termination of pregnancy

Summary of findings

Termination of pregnancy services were safe, caring, effective, responsive and well led.

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Medical records were legible and assessments were completed consistently, with associated discharge plans and dates. Medical records were complete and staff obtained written consent from all clients.

The service had processes for implementing and monitoring the use of evidence-based guidelines and standards to meet clients' care needs. Staff monitored clients at all stages of their treatment.

Staff told us how they involved and treated women with compassion, kindness, dignity, and respect. We observed interactions between clients and staff in the public areas of the service. The results of the BPAS Client Satisfaction reports showed that 98% of clients at BPAS Newcastle upon Tyne were 'extremely likely' or 'likely' to recommend the service to family and friends.

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Senior managers had a clear vision and strategy for this service. There was strong local leadership of the service with quality care and client experience seen as the responsibility of all staff.

Staff felt proud of the service they gave and felt that they met the requirements of Department of Health (DH) Required Standard Operating Procedures and Royal College of Gynaecologists Clinical Guidelines. They felt supported to carry out their roles and had confidence to raise concerns with managers.

Termination of pregnancy

Are termination of pregnancy services safe?

Termination of pregnancy services were safe.

Staff complied with best practice with regard to cleanliness and infection control. Staff reported incidents and risks and managed them correctly. Managers cascaded lessons learned from across the organisation and within the service with actions to be taken to front line staff. Staff were aware of procedures to follow in the case of a major incident. Staff could demonstrate their understanding of safeguarding adults and children. They could also describe actions to take in cases of suspected abuse.

Nursing and medical staffing was sufficient and appropriate to meet the needs of clients in their care. Service cleanliness audit results and 'early warning dashboard' results were consistently at or almost at 100%. Staff ensured medicines were stored and prescribed safely.

We reviewed 13 client records for women who received termination of pregnancy services in the previous year and 11 client records for men who had undergone vasectomy since the service began in July 2015. Records were complete and legible. Staff completed client assessments, with action plans and dates. Staff completed all Department of Health documentation according to protocols. However, medical abortion records did not always show clearly why staff had not administered some prescribed medicines.

Incidents

- There was a robust paper based system for reporting incidents. Staff were encouraged to report incidents and received feedback on the incidents they had reported. All staff we spoke with were familiar with how to report incidents.
- There had been no incidents in the previous 12 months relating to termination of pregnancy clients or vasectomy procedures.
- Clinical governance committee meetings were held monthly and all treatment unit managers attended. Electronic incident reporting information was shared and discussed and relevant risk assessments were updated. The learning and actions were cascaded to clinical staff at local team meetings and then to local staff by email, e-learning and at daily staff meetings each morning.
- Every member of staff we spoke with understood the principles of openness and transparency when dealing with incidents and senior staff understood the term and principles of Duty of Candour. The BPAS Client Safety Incidents Policy contained information and the procedure to follow regarding the Duty of Candour. Staff in the areas we inspected stated that they completed awareness training for dealing with incidents and complaints through bespoke e-learning and workshops or meetings. We observed an example of duty of candour being instigated in relation to a complaint when a client had been unable to speak with an advisor on the 24-hour helpline.

Cleanliness, infection control and hygiene

- All non-clinical areas were visibly clean and we saw staff wash their hands and use hand gel between clients. Most clinical areas were visibly clean and tidy and cleanliness checklists were up to date. However, one treatment room which was used only occasionally was dusty. We were aware that there was building work being carried out in the building at the time of our inspection. Staff told us that this room was cleaned in preparation for vasectomy lists immediately before they were due to start and we saw cleaning checklists to confirm this. It was situated on a different floor to the other clinical rooms. There was not a planned list for vasectomy patients in the near future. We found some hand wash in this area to be past its use by date and stocks held in the store room were also all out of date. The out of date items were immediately removed, disposed of and replaced during the inspection.
- Separate hand washing basins, hand wash and sanitiser was available in all other treatment rooms and client areas. Stocks and supplies were all in date.
- Staff complied with best practice with regard to infection prevention and control policies. All nursing staff adhered to the bare below the elbow policy to enable good hand washing and reduce the risk of infection. There were hand washing facilities and a supply of personal protective equipment, which included gloves and aprons. Staff washed or applied hand gel to their hands between treating clients.

- There was clear infection control information and this was displayed throughout the service.
- Standards of cleanliness were monitored and infection control audits displayed recent data figures on noticeboards for staff and clients to see. Infection control audits were completed every month and staff monitored compliance with key organisational policies such as cleaning rotas and hand hygiene. Recent audits showed an average compliance rate of 97%.
- The recovery area for vasectomy patients was found to be clean and well organised.
- BPAS Newcastle upon Tyne had an infection control annual audit plan to monitor and control infection and to maintain a clean environment. The plan included current compliance against different standards of infection control and actions taken where issues were identified. Staff training and audits were undertaken at the BPAS centre.

Safety thermometer

- The service used a BPAS early warning dashboard to measure quality and safety which was an improvement tool for measuring, checking, and analysing clinical standards to minimise harm to clients. The treatment unit manager monitored performance and communicated to the regional management team and staff at the service.
- The dashboard included results on medicines management, staffing levels, clinical supervision, infection prevention, case note audits, infection prevention, serious incidents, safeguarding, complaints, laboratory sampling and labelling and staff sickness. The most recent regional quality framework meeting minutes showed that all results were within BPAS target levels and no actions were needed at BPAS Newcastle upon Tyne.

Environment and equipment

- In treatment rooms used for termination of pregnancy procedures the emergency equipment checks were up to date and fully completed. Resuscitation equipment was provided in case of an emergency and was checked daily to ensure that the correct equipment was available and fit to use. Single-use items were sealed and in date, and emergency equipment had been serviced. However, in the vasectomy treatment room the resuscitation equipment had not been regularly checked and some items such as syringes, needles and dressings had exceeded their expiry dates. These items were removed and disposed of immediately during the inspection. Audits had been carried out to monitor completion of checklists but these items had been missed during checks.
- The service comprised of two consulting rooms and three treatment rooms with suction equipment, portable oxygen, and emergency call facilities.
- There was adequate, clean equipment to ensure safe client care and portable appliance testing (PAT) of electrical equipment had been carried out and labels were clearly evident and in date.
- The service understood the management of clinical waste policy specifically for the disposal of pregnancy remains.

Medicines

- A doctor prescribed all abortifacient medicines for women undergoing early medical abortion .
- Non-abortifacient medicines for women undergoing medical termination of pregnancy were administered using Patient Group Directions (PGDs). The PGDs were in line with national guidance. Accountable officers were clearly named and they had signed PGDs correctly. All PGDs were within review date and staff undertook training and signed the record sheet when training was complete and they felt competent to administer and or supply the prescribed medications.
- Drugs that induced abortion were prescribed only for women undergoing medical abortion following a face to face consultation with a member of the nursing team, written consent and completion of the HSA1 form (the legal document to allow an abortion to be carried out) signed by two medical signatories. Doctors reviewed all documentation about clients to inform their decisions about treatment but they did not have a face to face consultation with clients. PGDs also covered pain-controlling medication, treatment of chlamydia and prophylactic antibiotics to prevent post procedure infection.
- Local anaesthetic for men undergoing vasectomy was prescribed and administered by the doctor carrying out the procedure.
- There was an established system for the management of medicines to ensure they were safe to use. This included clear checking of stock levels, stock rotation and the expiry dates of medicines. Staff monitored the minimum and maximum temperatures of fridges daily

where medication was stored to ensure that medication was stored at the correct temperature. There were lockable storage facilities for medicines in all areas. There were no controlled drugs stored or administered.
- Medication administration records formed part of the client records and were found to be clear, concise and fully completed. However, when a medication was prescribed but not administered, nurses scored out the entry in the record but did not sign or write an explanation of why the drug was not given.
- Clients were asked if they had any known allergies and it was clearly recorded in the pre-assessment forms.
- Nurses administered all prescribed medicines for women undergoing medical termination. In the case of vaginal misoprostol, women were asked whether they would prefer to insert the tablets themselves, or have the nurse do so.
- Post-procedure antibiotics were prescribed to all clients to reduce the risk of infection.
- Medication error audits had been carried out and results showed that there had been no administration or documentation errors relating to clients undergoing medical termination of pregnancy procedures .

Records

- Client records were paper based. Client information and records were stored safely and securely in lockable cabinets in line with the Data Protection Act. Medical records were kept on site for six months then archived at the BPAS head office.
- Client records were specially prepared for medical termination and surgical vasectomy procedures and care pathways were incorporated and completed clearly in all records that we checked.
- Staff completed appropriate risk assessments for clients and procedures. These included risk assessments for venous thromboembolism (VTE) and sexual health. All records we looked at were completed accurately with pre-operative health screening questionnaires and assessment pathways.
- Record keeping and documentation audits were carried out and compliance was consistently good.
- Client records were well maintained and well completed with clear dates, times and designation of the person documenting. We reviewed 13 medical termination records and 11 vasectomy records. These records were written legibly and assessments were completed with associated action plans and dates.
- Appropriate pre-operative assessments were undertaken and recorded where men underwent non-scalpel vasectomy.
- In the medical records we checked, all gestations were 10 weeks or fewer prior to termination. All HSA1 forms had the signatures of two registered medical practitioners.
- The Department of Health (DH) required every provider undertaking termination of pregnancy to submit demographical data following every termination of pregnancy procedure performed (HSA4 form). We observed staff recorded this data in the medical records at the initial consultation.

Safeguarding

- Safeguarding policies were easily accessible for staff.
- Staff when asked were clearly able to demonstrate their understanding of the policy and could describe actions to take in cases of suspected abuse. Staff were fully aware of the safeguarding policies and principles within the service.
- The treatment unit manager for BPAS Newcastle upon Tyne was the designated safeguarding lead. Staff knew who the safeguarding lead for the service was and where to seek advice.
- All staff we spoke with had received training about safeguarding children and adults. They were clear about their responsibilities and how to report concerns.
- All staff had completed BPAS Safeguarding training which included safeguarding adults and children to Level 3.
- We observed that efforts were made to encourage young people aged less than 16 years old to involve their parent or to be assisted by another adult who could provide support.
- Evidence of staff training and competence held by the treatment unit manager showed that staff completed annual competency checks on the Safeguarding and Management of Clients Aged under 18 policy and procedure and understood it's content as well as local child protection procedures.
- In the 12 months prior to our inspection the BPAS Newcastle upon Tyne centre did not treat any young people who were aged less than 13 years. They had provided counselling for a client aged 12 years. It was organisational policy that a safeguarding referral was carried out automatically for under 13s. For those aged

12 to 16 years, a safeguarding risk assessment was completed and a decision made on the outcome of the assessment, following discussion with the designated safeguarding lead.
- We reviewed a record of a young person aged less than 15 years which showed staff had followed procedures to maintain patient confidentiality. Risk assessments were carried out and a safeguarding referral was made. This client was referred for treatment to the local NHS acute hospital.
- Safeguarding risk assessments were carried out when there was any suspicion of abuse and safeguarding referrals were made to the local safeguarding team.

Mandatory training

- Training was completed as e-learning or face to face sessions were arranged with BPAS specialists who could visit the service to provide bespoke learning opportunities for staff. Training modules included:
  - Infection prevention and control
  - Health and safety
  - Basic life support
  - Safeguarding (adults and young people)
  - Sexually transmitted infection (STI) awareness
  - Counselling support skills.
- Data showed that managers clearly supported staff to maintain mandatory training requirements.
- All staff we spoke to felt that they were encouraged with their professional development and allowed time to complete mandatory training.
- Staff told us they were up to date with their mandatory training. Training was recorded in an electronic format and showed completed and arranged sessions for all staff. The service had a 95% target for all training modules by the end of the calendar year and all staff had either completed modules or had booked sessions to complete on time.

Assessing and responding to client risk

- All nursing staff had completed appropriate life support training.
- All clients were risk assessed immediately prior to treatment clinically (including observations) and were then monitored appropriately during the treatment period.
- We found clear client pathways for termination of pregnancy care which included escalation policies for the deteriorating client. Nursing staff had good access to medical support in the event a client's condition might deteriorate. A doctor could be contacted at any time by telephone. If a client needed urgent medical attention there was a transfer agreement in place with a local NHS acute hospital should they become medically unwell while in the clinic.
- Under national guidance, prior to termination procedures all women should have a blood test to identify their Rhesus status. It was important that any client who had a rhesus negative blood group received treatment with an injection of anti-D. This treatment protected against complications should the client have future pregnancies. The records we reviewed showed that all women underwent a blood test prior to the termination procedure and those who had a rhesus negative blood group would receive an anti-D injection.
- Pregnancy was confirmed by pregnancy test or scan. All women had an ultrasound scan to determine gestation of the pregnancy .
- During surgical procedures for vasectomy, staff told us they used the 'BPAS Safer Surgery checklist' which was designed to prevent avoidable mistakes but the procedure had not been carried out consistently. All client records contained information to show that staff had made peri-operative checks but records for clients receiving the procedure in September and October 2015 did not contain a separate checklist. We asked if checklists might be stored separately but staff told us that if they had been completed they would have been secured in the notes.

Nursing staffing

- Minimum nurse staffing levels had been agreed and were maintained with at least one registered nurse on duty for the medical assessment and treatment of medical termination and surgical vasectomy clients. There was additional support from a healthcare assistant, client care coordinator, a manager, and an administrator.
- There was no use of agency staff in the centre but when a vasectomy list was planned a BPAS bank nurse with specific skills in surgical procedures was used.

Medical staffing

- The BPAS Newcastle upon Tyne clinic utilised two medical staff who worked under practising privileges. There was a formal process to ensure that suitable checks were carried out to enable staff to practice. The

range of checks undertaken by human resources included qualification, insurance, registration, Disclosure and Barring Service checks (DBS), and revalidation reports. Following these checks the medical director granted the practising privileges.

- BPAS held ongoing competency information including a copy of the annual appraisal documentation from each doctor's NHS trust.
- Doctors accepting clients for termination of pregnancy or vasectomy procedures were responsible for the full episode of their care. One Doctor attended on a Tuesday evening to review case notes and provide HSA1 signatures. On the other days when the centre was open, medical support or advice could be obtained from the BPAS Regional Clinical Lead doctor or the BPAS Medical Director. Urgent care could be accessed via the specialist registrar on duty at the local NHS trust. The staff told us us that doctors could always be contacted when they needed support.

Major incident awareness and training

- The centre's major incident and business continuity plans gave guidance on actions to be undertaken by staff in the event of a major incident or emergency and staff we spoke to were aware of the procedure for managing emergencies.

Are termination of pregnancy services effective?

Termination of pregnancy services were effective.

The service had processes for implementing and monitoring the use of evidence-based guidelines and standards to meet clients' care needs. Staff completed all necessary tests before arranging procedures and monitored clients at all stages of their treatment.

Pain relief was provided for men before beginning vasectomy procedures and for women to take at home following medical termination treatment. Staff completed all medical records. Staff always made sure clients gave their consent in writing.

Staff completed training and assessments to prove they were competent for general nursing practice and specific competencies for their roles.

Evidence-based care and treatment

- All doctors prescribing medication for medical terminations adhered to the Royal College of Obstetricians and Gynaecology (RCOG) guidelines, The Abortion Act and abortion legislation for the treatment of women for termination of pregnancy.
- Policies and procedures were provided and were followed by staff in line with Department of Health Required Standard Operating Procedures (RSOP) relating to termination of pregnancy and professional guidance. Staff practice in line with the RSOPs was monitored through a senior managers' audit programme.
- Staff followed a national work instruction for the counselling of women prior to termination of pregnancy and best practice (following RSOPs and Royal College of Gynaecologists (RCOG) clinical guidelines for medical abortions.
- The procedure for scalpel-free vasectomy was undertaken in line with Faculty of Sexual and Reproductive Health Guidelines (2014).

Pain relief

- All women were prescribed pain relief to take.
- All men undergoing vasectomy were prescribed a local analgesia for the procedure which was administered by the doctor. Nurses assessed and documented pain scores in client records and no clients complained of pain during or after the procedure. They were not prescribed post procedure pain relief but were given information on pain they might experience following the procedure and suitable pain relief.
- The most recent patient experience survey results from September 2015 showed that 98% of clients received sufficient information about their aftercare which included advice on pain relief.

Client outcomes

- The service treated clients for 'early medical abortion' where pregnancy was confirmed by abdominal or transvaginal scan to be 10 weeks' and under. Clients who underwent early medical abortion (EMA) were offered the following regimens based on gestation:
  - Simultaneous - where two medications were given within 15 minutes of each other and the clients left the clinic to pass products of conception at home. This treatment was available up to 9 weeks gestation only.

- Split - where the clients had a two day gap period between administration of medications. Again clients left the clinic to pass products of conception at home. This treatment could be given up to 10 weeks gestation and was compliant with the DOH guidelines. (RSOP11).

- We reviewed records and the most recent monthly audit showed that 100% of the HSA1 forms had been correctly completed to date.
- All clients were offered screening for Sexually Transmitted Diseases (STIs). If a positive result was returned there were processes to track partners and offer treatment. Staff prescribed prophylactic treatment to clients before they left the clinic.
- Staff gave all female clients a pregnancy test with instructions to perform a test two weeks after treatment . Instructions included what to do if the test remained positive.
- Staff gave all female clients a "My BPAS Guide" which gave information about all aspects of an abortion.
- All vasectomy clients were given information on post-vasectomy testing and were followed up at the centre where semen samples were sent for testing and outcomes were confirmed to men.

Competent staff

- Staff told us they had regular annual appraisals. BPAS Newcastle upon Tyne records showed that 100% staff had completed an appraisal in the time period April 2014 to March 2015.
- Managers supported new staff through local and corporate induction and competence based training relevant to their role. All staff had completed mandatory and extended training at the level identified for their role. Client Care Coordinators (CCC) had completed counselling training.
- All staff we spoke with informed us that training was a priority within the organisation and were fully supported in achieving their objectives.
- The services recorded 100% revalidation for doctors working under practicing privileges Doctors' substantive NHS trusts completed revalidation and the doctors supplied evidence of this to the service.

Multidisciplinary working

- Medical staff, nursing staff and other non-clinical staff worked well together as a team. There were clear lines of accountability that contributed to the effective planning and delivery of client care.
- The staff told us that they had close links with other agencies and services such as the local safeguarding team and all doctors had substantive NHS posts at the local hospitals where they shared good practice.
- BPAS Newcastle upon Tyne had service level agreements with a neighbouring NHS Trust which allowed them to transfer a client to the hospitals in case of medical or surgical emergency.

Seven-day services

- BPAS Newcastle upon Tyne provided counselling and assessment sessions to clients every week on Tuesday, Wednesday, and Thursday and once a month on Fridays.
- Terminations were carried out at the clients' convenience, we reviewed 13 client records which, showed they had been offered a choice of management.
- The required standard operating procedures set by the Department of Health set out that women should have access to a 24-hour advice line which specialised in post abortion support and care. This was available on seven days a week. Callers to the BPAS Primecare service could speak to registered nurses or midwives who would give advice.
- Vasectomy sessions were provided on one Friday each month, and at the time of inspection this service had been running for four months.

Access to information

- Staff had access to relevant guidelines, policies and procedures in relation to termination of pregnancy and vasectomy services.
- The HSA4 notifications were completed. A doctor working under practising privileges at the service completed HSA4 notifications weekly.
- Client records were stored securely on site. Each client was sent a medical questionnaire for them to complete prior to attending the clinic, however, clients were also able complete this during their time in the centre.
- To maintain confidentiality, clients were asked to provide a password for staff to use should they need to contact client in the future.

- Client records were paper based and electronic, paper records could be uploaded to the electronic record as needed. They were kept securely, and were archived at BPAS head office after six months.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All care records we reviewed contained signed consent from clients. Possible side effects and complications were recorded and the records showed that these had been fully explained.
- Staff assessed women aged less than 16 years by using Gillick competence and Fraser guidelines which helped to assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions.
- Staff were clear about their roles and responsibilities about the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLs). While there were no specific examples to support the implementation of their responsibilities under the Act staff discussed the need to ensure that clients had capacity to make an informed decision. They also identified the need to act in the person's best interest, seeking advice from national leads if needed and making joint decisions with others if there were concerns about a person's capacity to understand.
- There was access to guidance and policies for staff to refer to in regard to Mental Capacity Act (MCA).
- Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); records from June 2015 showed 100% staff compliance with this training.

Are termination of pregnancy services caring?

Termination of pregnancy services were caring.

Staff treated clients attending for consultation and procedures with compassion, dignity, and respect. They focused on the needs of each client and responded quickly to their needs. They established and respected each person's preference for sharing information with their partner or family members, and reviewed this throughout their care.

Staff explained the different methods and options for abortion and the procedure for vasectomy. If clients needed time to make a decision, staff supported this.

We could not observe how staff treated male clients because there were no vasectomy clinics at the centre when we inspected. However, we spoke with staff, reviewed client feedback and information, and records for clients who had undergone vasectomy procedures.

Clients gave very positive feedback in the BPAS Client Satisfaction reports.

The service offered counselling to all clients considering termination of pregnancy or vasectomy. They also offered post-termination counselling.

Compassionate care

- We observed staff interactions with medical termination clients and those close to them throughout our inspection and we saw how they involved and treated women with compassion, kindness, dignity and respect.
- Staff told us that women's preferences for sharing information with their partner or family members were established, respected and reviewed throughout their care. Younger women were encouraged to involve their parents or family members and their wishes were respected.
- The results of the BPAS Client Satisfaction reports showed that 100% of clients at BPAS Newcastle upon Tyne were 'extremely likely' or 'likely' to recommend the service to family and friends.

Understanding and involvement of clients and those close to them

- Women could request a chaperone to be present during consultations and examinations and there were signs clearly on display to inform women that this was available.
- Nursing staff told us that during the initial assessment with a client they explained all the available methods for termination of pregnancy that were appropriate and safe to women. The nurse would consider gestational age and other clinical needs whilst suggesting these options.
- Male clients were given written and verbal information about the surgical vasectomy procedure and counselling was undertaken in order to support their understanding and decision.

- We asked staff if there were occasions when clients changed their minds about a procedure. We were told that men and women could attend for counselling only and that they may change their minds or use another service if they wanted a different procedure for example if a woman preferred a surgical termination or if they needed a later termination.
- Staff told us that women were made aware of the statutory requirements of the HSA4 forms and were reassured that the data published by the Department of Health for statistical purposes was anonymised.

Emotional support

- All clients spoke to a counsellor prior to the treatment. This service was also available post-procedure.
- The records we reviewed recorded the post discharge support offered to clients and those close to them. Clients were given written information about accessing help from nurses during service opening hours and the 24 hour telephone service following their procedure.

Are termination of pregnancy services responsive?

The service was responsive to the needs of clients.

Staff carried out pre and post-procedure checks and tests at the centre and waiting times were consistently within the guidelines set by the Department of Health. Interpreting and counselling services were available to all clients and the centre was accessible for those with disabilities.

Information and advice were offered to clients at all stages of their care.

In the 12 months before the inspection the service had two complaints from women using the centre for termination of pregnancy. The service dealt with these according to their policies and they had effective systems for managing complaints.

Interpreting and counselling services were offered to all clients and the centre was accessible for those with disabilities. Information and advice were available to women at all stages of their care.

Staff tested women for sexually transmitted infections prior to any treatment and referred those with positive test results to local sexual health services for further screening and treatment. Women could also request that clinic staff made any contact calls on their behalf if test results were positive.

There was an appropriate process in place should a woman wish the clinic to dispose of the pregnancy remains sensitively. Staff were aware that because women usually passed any very early pregnancy remains at home, they would manage disposal of the remains themselves, following advice from the clinic.

The service provided non-scalpel vasectomy in clinics held once a month, from 10am until 4pm on a Friday. Since starting this service staff had completed three clinics, and had completed 11 procedures.

Service planning and delivery to meet the needs of local people

- BPAS Newcastle upon Tyne offered appointments on Tuesday, Wednesday and Thursday each week. If women needed to use services on other days, they could be signposted to Liverpool or other BPAS locations in the North of England. Women who wanted or needed weekend services could use the BPAS clinic at Liverpool.
- Women were able to attend the most suitable appointment for their needs and as early as possible. If treatments were in two parts, the clinic worked with the BPAS Middlesbrough clinic to provide women with more flexibility.
- During times of peak demand, the service was able to provide additional or longer clinics.
- The treatment unit manager was planning to extend the range of termination of pregnancy options offered at the Newcastle clinic to include manual vacuum aspiration.
- Since June 2015, the clinic had provided monthly clinics for non-scalpel vasectomy.
- Service level agreements were in place with local laboratories for STI and post vasectomy tests.

Access and flow

- Most clients were referred by their GP and some self-referred. Treatment was carried out under NHS contracts. The clinic undertook private procedures on request but these were very infrequent.
- Appointments for BPAS Newcastle upon Tyne were booked via the BPAS Contact Centre, a 24 hour, seven day telephone booking and information service.

Termination of pregnancy

- Women were able to choose their preferred treatment option and location, subject to their gestation and medical assessment.
- The electronic triage booking system offered clients a choice of dates, times and locations. This ensured that clients were able to attend the most suitable appointment for their needs and women could access treatment as early in their pregnancy as possible.
- All clients completed a pre-consultation questionnaire either over the phone or by email. Consultations were face to face with nursing staff who discussed medical history and treatment options. When a decision to proceed was made, an appointment was made for treatment.
- Treatment options included a one or two day treatment.
- There was an electronic system to ensure two medical practitioners assessed that the legal grounds for abortion had been met and signed the HSA1 forms giving authorisation to carry out an abortion. This included the facility for doctors to ask further questions of the nursing staff who could contact the woman if needed.
- BPAS employed doctors who used an electronic approval system to assess client details remotely in order to provide HSA1 signatures, and EMA prescriptions if required. In the case of BPAS Newcastle upon Tyne, a local specialist visited the clinic on a sessional basis to undertake the second assessment, provide the second signature and prescribe the women's treatment.
- The centre undertook all aspects of pre-assessment care including, counselling, date checking scans to confirm pregnancy and to determine gestational age, and other assessments such as STI tests.
- If women were assessed as having a gestation of over 10 weeks, they were referred to another BPAS unit, or an NHS provider if necessary to suit their needs. If there was suspicion of an ectopic pregnancy, they were referred to a local NHS acute hospital for further assessment and or treatment.
- Department of Health Required Standard Operating Procedures state that women should be offered an appointment within five working days of referral and the abortion procedure should be carried out within five working days of the decision to proceed. The service monitored its performance against the waiting time guidelines set by the Department of Health. At BPAS Newcastle upon Tyne, no women waited longer than the recommended time of five working days from referral to consultation and the average waiting time between referral to consultation was reported to be four days. Over 95% of clients were seen and treated within five working days from decision to proceed to termination of pregnancy. Reasons clients were seen outside of the guideline 5 working days were due to patient choice or because they had attended too early to confirm their pregnancy.
- The clinic monitored the average number of days women waited from initial contact to consultation, from consultation to treatment and the whole pathway from contact to treatment. Data was submitted to the BPAS corporate office and was monitored both locally and centrally.
- When demand peaked and waiting times were likely to exceed recommendations, the service could provide extra or longer clinics or signpost women to other clinics in the Northern region.
- Aftercare advice was available all day every day via a national helpline or women could call the clinic directly during opening hours.
- Clients could also contact BPAS via a dedicated telephone number in order to make an appointment for post-abortion counselling. Post-abortion counselling was a free service to all BPAS clients, and clients could access it at any time after their procedure, whether this was the same day or many years later.
- Most men who had undergone vasectomy had been referred by their GP and treatment was carried out for the NHS. The clinic had undertaken one private procedure since June 2015 when the service started.
- Consultations for men wishing to have vasectomy could be carried out face to face or over the telephone.

Meeting people's individual needs

- The centre was accessible to wheelchair users via ramps and lifts and disabled toilets were provided. Staircase handrails were marked with raised spots to indicate the first and last three steps for visually impaired clients. Information could be provided in Braille.
- All women received a 15-minute private consultation without anyone else present and there were posters on display to highlight this would happen. This gave women the opportunity to disclose any personal or private information they may not wish their friend or partner to hear and to disclose any information about possible abuse or coercion.

Termination of pregnancy

- Following the initial private consultation, women could choose whether they had their friend or partner accompany them for the remainder of their consultation and examination.
- A professional interpreter service was available to enable staff to communicate with clients for whom English was not their first language. Leaflets about consent were available in 16 different languages.
- Staff told us that very occasionally women with a learning disability or other complex needs had used their service. When this had happened, the service users had been accompanied by a friend or advocate who had helped ensure the woman fully understood the treatment being given. Depending on the wishes of the service user, the advocate could stay with the client throughout treatment and examinations.
- Staff had undergone diversity training and further information was provided for staff in the Disability Discrimination Act policy.
- Women were given a BPAS guide at the first consultation about different options available for termination of pregnancy including what to expect when undergoing a surgical or medical termination. These also included any potential risks, counselling services and sensitive disposal of pregnancy remains. The guide included information on what to expect following the procedure and the advice line number that women could ring to seek any advice if they were worried.
- Staff gave women the clinic number to ring for advice and guidance and encouraged clients to use this during opening hours.
- The BPAS Guide included information about sensitive disposal of pregnancy remains for clients wishing to use the service. Staff told us that if this situation ever arose, they would check the policy and seek advice and guidance. The service understood the management of clinical waste policy specifically for the disposal of pregnancy remains. Staff explained that due to the very low gestational limits of clients having treatment at this centre, the actual pregnancy may not be easily recognisable within the remains passed. No clients to date had requested that the unit dispose of the remains for them.
- We did not observe any consultations or discussions with women attending for termination of pregnancy, during our inspection. However, we did observe good and caring interactions between staff and clients in public areas before and after consultations.
- Nurses and medical staff undertaking pre-surgical and medical abortion assessments had a range of information to give to clients. There was also a range of leaflets and posters displaying information, easily accessible within the waiting area. This included advice on contraception, sexually transmitted infections and services to support women who were victims of domestic abuse.
- Women could request that clinic staff made anonymous contact calls on their behalf if STI test results were positive.
- There was a Young People's resource file in the waiting area, which contained a wide range of information and signposting information to local young people's services including drop in services, counselling, stop smoking, genito-urinary medical services, contraceptive clinics, drug and alcohol services and other support services about abuse, sexuality and bullying.
- Contraceptive options were discussed with women at the initial assessments and a plan was agreed for contraception after the abortion. Staff discussed contraception with men undergoing vasectomy and gave information about effective methods to be used until post-procedure tests were clear.

Learning from complaints and concerns

- There were posters and leaflets on display in the waiting area advising clients how to raise concerns and give feedback. The information clearly stated how feedback could be given and how concerns would be dealt with. This included expectations about timescales and how to escalate complaints to the Parliamentary Health Service Ombudsman if dissatisfied with their BPAS response.
- All BPAS clients were given a client survey/comment form entitled 'Your Opinion Counts'. There were boxes at the unit for clients to submit their forms. The treatment unit manager initially reviewed locally submitted forms, prior to sending to the BPAS Head Office for collation and reporting. This meant that any adverse comments could be acted on immediately.
- Staff told us that clients were given an opportunity to raise concerns with any staff member whilst at the clinic. Staff felt empowered to attempt to resolve situations if needed.
- Two women who had undergone early medical abortion at BPAS Newcastle upon Tyne had made complaints in the 12 months prior to our inspection. One complaint

had been logged, dealt with quickly and actions had been taken to improve service provision and reduce the risk of a similar issue arising again in the future. The second complaint was very recent and was still under investigation but BPAS policies and procedures had been followed and a clear audit trail of actions taken to date was evident. No common themes or trends were identified.

- The BPAS Client Engagement Manager was responsible for the oversight of the management of complaints. Any case needing escalation was brought to the attention of the Regional Director of Operations and the responsible member of the Executive Leadership Team.
- A summary of Complaints, Feedback and Client Satisfaction Survey results (both national and by unit) was reviewed by each Regional Quality Assurance and Improvement Forum and the Clinical Governance Committee. Themes or trends were identified centrally and any actions, outcomes and lessons learned were shared across the BPAS organisation and with clinical staff through a series of national and regional governance meetings and local team meetings.
- An example of an action taken from national feedback was in relation to complaint about the content of chat shows playing on the TV in waiting areas. All units had been asked to ensure that TVs were set to news channels or more neutral programmes.

Are termination of pregnancy services well-led?

Senior managers and clinicians had a clear vision and strategy for this service and staff were able to demonstrate common aims during individual interviews. There was strong local leadership of the service with quality care and client experience seen as the responsibility of all staff.

Staff felt proud of the service they provided, they felt supported to carry out their roles, and had confidence to raise concerns with managers. There was a programme of auditing determined by senior managers and clinicians to ensure staff followed procedures recommended by the Royal College of Obstetricians and Gynaecologists to provide safe care to women in line with Department of Health Required Standard Operating Procedures (RSOPs).

Staff managed clinical governance well and completed and submitted Department of Health documentation correctly. Staff, managers, and regional directors shared comments, concerns and complaints and staff displayed examples of how the organisation learned from them on noticeboards.

Vision, strategy, innovation and sustainability and strategy for this this core service

- The organisation had clearly defined corporate objectives to support its aim to deliver the highest quality care for clients. Senior managers had a clear vision and strategy for this service and staff were able to demonstrate common aims with us during individual interviews. There was strong local leadership of the service and quality care and client experience was seen as the responsibility of all staff.
- Staff believed they provided a high quality service to clients who chose to have their termination of pregnancy or vasectomy procedure at BPAS Newcastle upon Tyne.
- BPAS Newcastle upon Tyne had a Department of Health Certificate of Approval that was displayed in the reception and client waiting area.

Governance, risk management and quality measurement for this core service

- There were monthly health and safety meetings and quarterly risk committee meetings, both of which fed into the senior management meeting. At each meeting they reviewed complaints, incidents, serious incidents, audit results, complications, client satisfaction and quality assurance. We saw records that showed detailed information was shared with a focus on shared learning.
- An annual audit plan was in place and current investigations were around medical terminations, vasectomy and consultation processes. The plan incorporated compliance levels, actions to be taken and re-audit requirements.
- Medicines and Healthcare products Regulatory Agency (MHRA) Alerts and Safety Notices were processed by BPAS corporately and emailed to the BPAS Newcastle upon Tyne treatment unit manager for the attention of all clinical and nursing staff.
- The service had a risk register which included a range of risks identified such as health and safety, clinical incidents and infection control. Staff documented these

risks and a maintained a record of the action taken to reduce the level of risk. Risk registers were evident and were up to date and relevant to all aspects of the work provided by the service.

- Legislation requires that for an abortion to be legal, two doctors must agree, in good faith, that the woman meets the grounds of the Abortion Act. They must indicate their agreement by signing the HSA1 form. We looked at 13 client records and found that all forms included indication of which of the grounds of the Abortion Act was met in each woman's case, and the signatures of two doctors.
- A doctor who worked at BPAS Newcastle upon Tyne centre reviewed the completed documentation following the initial assessment by the nurse. At this point, if they agreed with the procedure being undertaken, they signed the HSA1 form. The information was reviewed electronically by a second remote doctor, who then, if in agreement, provided the second signature.
- BPAS centres completed monthly HSA1 audits to ensure and evidence BPAS compliance. BPAS Newcastle upon Tyne centre's audit carried out in 2014 and 2015 had shown 100% compliance with HSA1 forms.
- The Department of Health (DH) requires every provider undertaking termination of pregnancy to submit demographical data following every termination of pregnancy procedure performed. These contribute to the national report on the termination of pregnancy (HSA4) forms. BPAS centres completed monthly HSA4 checks to ensure and evidence BPAS compliance. The HSA4 forms were reported electronically to DH within the required timescale. The HSA4 forms were signed online within 14 days of the completion of the abortion by the doctor who terminated the pregnancy.

Leadership/culture of service

- Staff felt proud of the service they provided, felt supported to carry out their roles, and were confident to raise concerns with managers.
- The staff at BPAS Newcastle upon Tyne felt well supported by managers and told us they could raise concerns with them. Staff told us senior management were easy to contact and had a regular presence in their departments. They also said the doctors and senior managers were approachable and helpful.

Culture within the service

- Staff displayed an enthusiastic, compassionate and caring manner in the care they delivered. They recognised that it was a difficult decision for women to seek and undergo a termination of pregnancy.
- Staff spoke positively about the high quality care and services they provided for women and were proud to work for BPAS Newcastle upon Tyne. They described BPAS Newcastle upon Tyne as a good place to work and as having an open culture.
- Staff told us they were comfortable reporting incidents and raising concerns. They told us they were encouraged to learn from incidents. Staff felt they could openly approach managers if they felt the need to seek advice and support.
- We met with senior managers who travelled to the centre for the inspection. They were supportive of their staff and discussed in detail systems and procedures in place throughout the organisation that encouraged an open and supportive culture.

Public and staff engagement

- Clients attending the clinic were able to provide feedback by completing comments cards or by commenting online at BPAS or on NHS choices websites.
- The clinic staff routinely asked clients to complete feedback cards and almost always achieved a response rate of over 25%, which was the corporate target for feedback. This target had been set to ensure fair representation of client feedback. Analysis of the responses received showed that clients felt very satisfied with the care and treatment they had received. All categories measured achieved 100% positive results.
- Staff took part in an annual staff survey and were able to engage with the wider organisation through an online staff forum.
- A member of the local team also attended a national staff forum on behalf of the Newcastle team. This meeting gave staff with the opportunity to communicate directly with directors and board members.
- The BPAS doctor told us that the service was able to accommodate their needs in treating clients to the RCOG standards.

Innovation, improvement and sustainability

Termination of pregnancy

- The service had secured a contract with the local clinical commissioning Groups (CCGs) to take GP NHS referrals for non-scalpel vasectomies. Ten NHS funded procedures and one privately funded procedure had been carried out since July 2015.

Outstanding practice and areas for improvement

Outstanding practice

- The service employed standardised procedures and client pathways for medical abortion and vasectomy procedures.
- Women were routinely seen alone for part of their consultation, to allow safe disclosure of abuse or coercion, for example. At other times, a partner or escort could be present if the woman wished.
- Staff followed clear procedures when providing any part of the service to children or young people. Staff knew their own role and remit for safeguarding children and vulnerable adults.
- Medical records contained pre-printed client pathways depending on the procedure, planned together by the client and nurse assessor. Completion of records complied with prescribed practice and was consistent in all records we checked.

Areas for improvement

Action the provider SHOULD take to improve

- Review the online policies and procedures to ensure all policies are up to date and old versions are archived.
- Ensure medical abortion records show clearly why staff have not administered some prescribed medications.
- Ensure the BPAS Safer Surgical Checklist is used consistently for all surgical vasectomy procedures.
- Ensure stock levels are checked carefully and stock rotation ensures that no out of date supplies are present in treatment rooms.