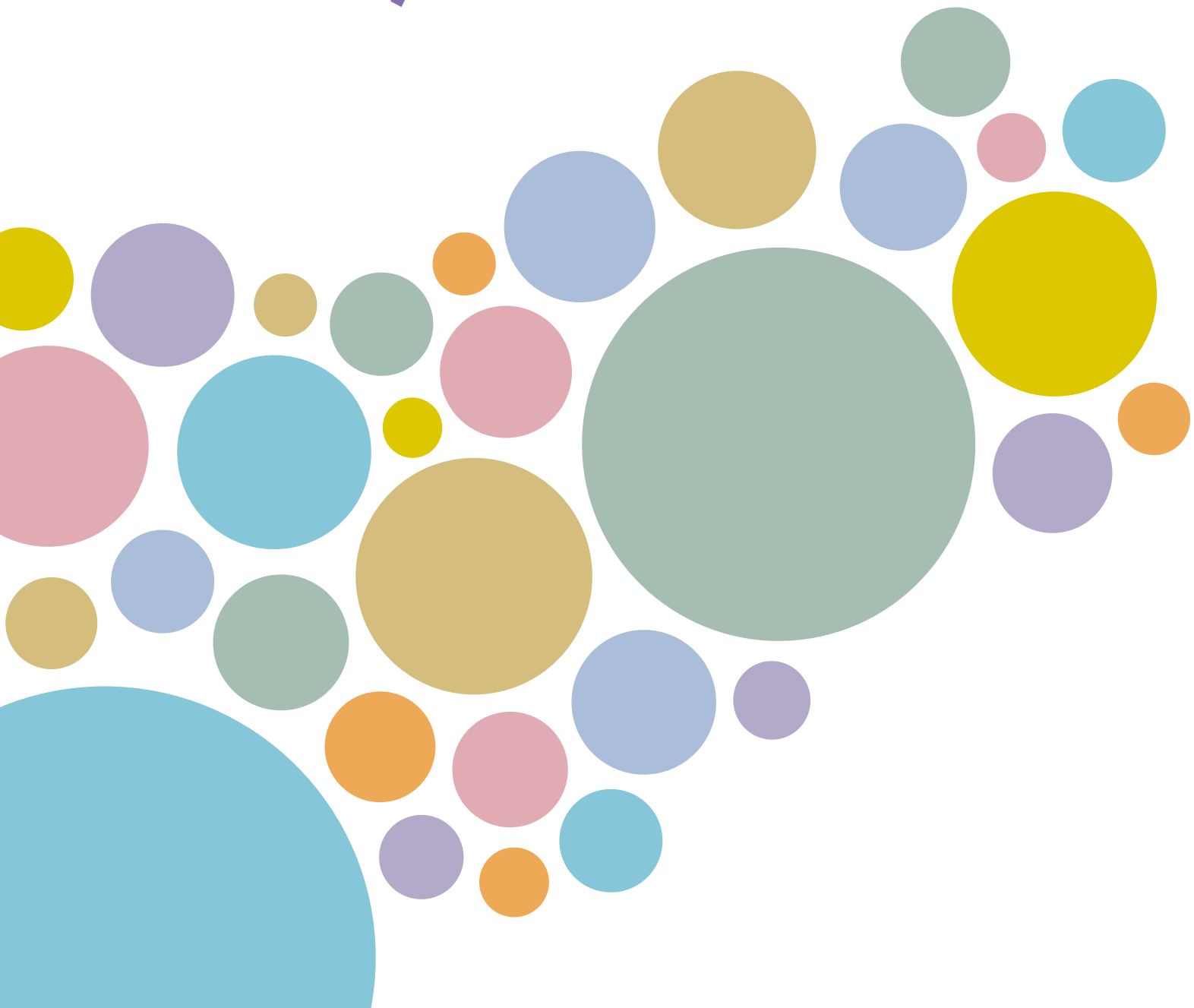
BPAS
British Pregnancy Advisory Service

ANNUAL QUALITY REPORT 2021/22



Introduction to BPAS

Our Vision:

A future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy.

Throughout this report of our work you will see what we do and how many people we support when working...

To remove all barriers to reproductive choice while advocating for and delivering high quality, woman-centred reproductive health care.

We put our clients at the centre of our organisation, whether we are:

- providing support and information
- holding her hand while she has her treatment
- delivering evidenced-based clinical care
- supporting couples to become parents
- talking to NHS Commissioners about best practice in reproductive healthcare
- talking to politicians about why women's reproductive lives are not for political or legal debate
- providing a voice to our clients with the press to break down stigma and normalise the services we provide

Just like many organisations across the UK, the story of this year has been the return to normality following the pandemic and the reinstatement of services. For BPAS it has also been about retaining and refining the service improvements necessity forced during Covid - including our award winning "Pills by Post" service, which parliament voted to keep permanently in March 2022.

This year we have worked to ensure this new model of care co-exists with - and complements - our in-clinic services, recognising that telemedical care is not suitable or desired by all women. We strive to deliver the services women want and work with all our stakeholders on achieving the shared goal of safe, high quality, woman-centred care.

British Medical Journal Awards "Women's Health Team of the Year 2021"

This was the team who accepted the award on behalf of BPAS at the virtual ceremony held on 29th September 2021.

Pat Wood, *Midwife Practitioner*
Matt Richardson*, Treatment Unit Manager - BPAS Richmond Clinic*
Patricia Lohr*, Medical Director*
Clare Murphy*, CEO*
Michael Nevill, *Nursing & Quality Director*
Rebecca Blaylock*, Research & Engagement Lead*

Sponsored by The Faculty of Sexual and Reproductive Healthcare (FSRH), we were proud to win the award that recognised innovation in the area of women's health. Our Telemedical Abortion Service "Pills by Post" won because of the measurable improvements it made for patients. We are especially proud of this award as the service was designed, scaled, and implemented during the very early days of the pandemic, which meant women were able to receive high-quality innovative abortion care whilst staying in the safety and security of their own homes during lockdown. Ongoing evaluation of the service enabled us to provide the evidence base to make telemedical abortion a permanent feature of abortion services in this country, and indeed supported the development of similar frameworks around the world.

FSRH The Faculty of Sexual & Reproductive Healthcare

We begin our Quality Account for 21/22 right at the end of the year with the wonderful news that, BPAS working in collaboration with many other women's organisations and pro-choice parliamentarians, has managed to secure the first progressive change to the 1967 Abortion Act since it was passed.

Despite the overwhelming evidence supporting the service, the Secretary of State for Health and Social Care announced in February that the telemedical provisions put in place in England in March 2020 to protect women and enable them to continue to access abortion care during the COVID pandemic, would end in August this year.

This was seen as an attack on women's access to safe, high quality care. To retain telemedical abortion, MPs amended primary legislation to permanently allow women to take both medications involved in early medical abortion (mifepristone and misoprostol) at home in early pregnancy.

This has been a hard-fought battle, premised entirely on our strong belief that women should be able to access safe, effective abortion care in a way that works for them – without undue delay, obstacles, or non evidence-based restrictions. The campaign, co-ordinated by BPAS has had support from the Royal Colleges of Obstetricians and Gynaecologists, Midwives, and General Practitioners, the British Medical Association, Women's Aid, Karma Nirvana, Rape Crisis, Mumsnet, Maternity Action, as well as the other key abortion providers and professional bodies, and indeed a large number of commissioners.

As a result, BPAS is secure in the knowledge that we can continue to provide our sector-leading Pills by Post service, while using this certainty to take time to plan for the future to ensure the best possible access to abortion and holistic care including contraception and STI testing.

BPAS worked hard throughout the pandemic to provide essential abortion care to women around the country. In order to do so, we needed to change our model and some aspects of our service were paused or reduced. This approach enabled us to use our resources most effectively to ensure every woman who needed our care could receive it as swiftly as possible, with the least risk to their health.

But over this year, we did start to see the toll of this. We faced challenges in some areas of the high-quality services we are used to providing. Last Summer, three of our clinics in the north of the country received unannounced Care Quality Commission inspections which unfortunately highlighted some issues with the quality of our service delivery in those clinics. We were determined to learn from these inspections and took an organisation-wide approach to addressing the issues raised, developing and delivering a detailed action plan.

We applied the changes systemically, reviewing our national policies, improving our documentation, reinstating clinical audits which were suspended during the pandemic, and undertaking further staff training to ensure that our service delivery always reflects best practice and policy. We know we have emerged from this difficult period stronger, with more robust and resilient processes, policies and higher standards of care.

We have continued to work closely with the CQC and CCGs to ensure that they are satisfied with our progress and the evidence-based, woman-centred care that we are committed to providing. We are dedicated to continuous improvement of our service and to providing safe, high quality, accessible abortion care to everyone who needs it.

Delivering quality improvements has meant we have changed the way we work for the better and invested in key functions. In order to ensure the most effective support to our staff and units, our Quality team led by our Chief Nurse and Midwife has been expanded. We have also developed a Risk & Governance Directorate led by a Director covering Clinical Risk Management, Internal Audit, Health & Safety, Governance & Risk Business Analysis, Counter Fraud and Business Continuity. This team proactively identifies and assesses challenges to achieving our strategic goals and supports all directorates in the action needed to mitigate those risks.

And alongside improving our existing services and frameworks, we have expanded our offer. In December 2021, we were proud to launch the UK's first not-for-profit fertility service, BPAS Fertility. The service was set up to respond to the current inequalities in access to fertility services within the UK, not dissimilar to the issues many women faced when seeking affordable abortion care in the aftermath of the 1967 Abortion Act. BPAS stepped in to help then, and is doing the same for fertility today.

BPAS' services may change and the care we able to offer today to women in their own homes has been revolutionary. Nevertheless the fundamentals need to remain the same - rigour, robust, reliable processes need to go hand in hand with that absolute commitment to giving women what they need at what can be a very difficult time in their lives. Our vow is that we will continue to improve and to innovate while remaining steadfast in those key principles.

Clare Murphy, CEO

Cathy Warwick, Chair of Trustees

We are the UK's leading reproductive independent healthcare charity

We provided support and care to more than 100k women during 2020/21

2021-22 in numbers

Calls received:
348,885

Calls answered:
266,354

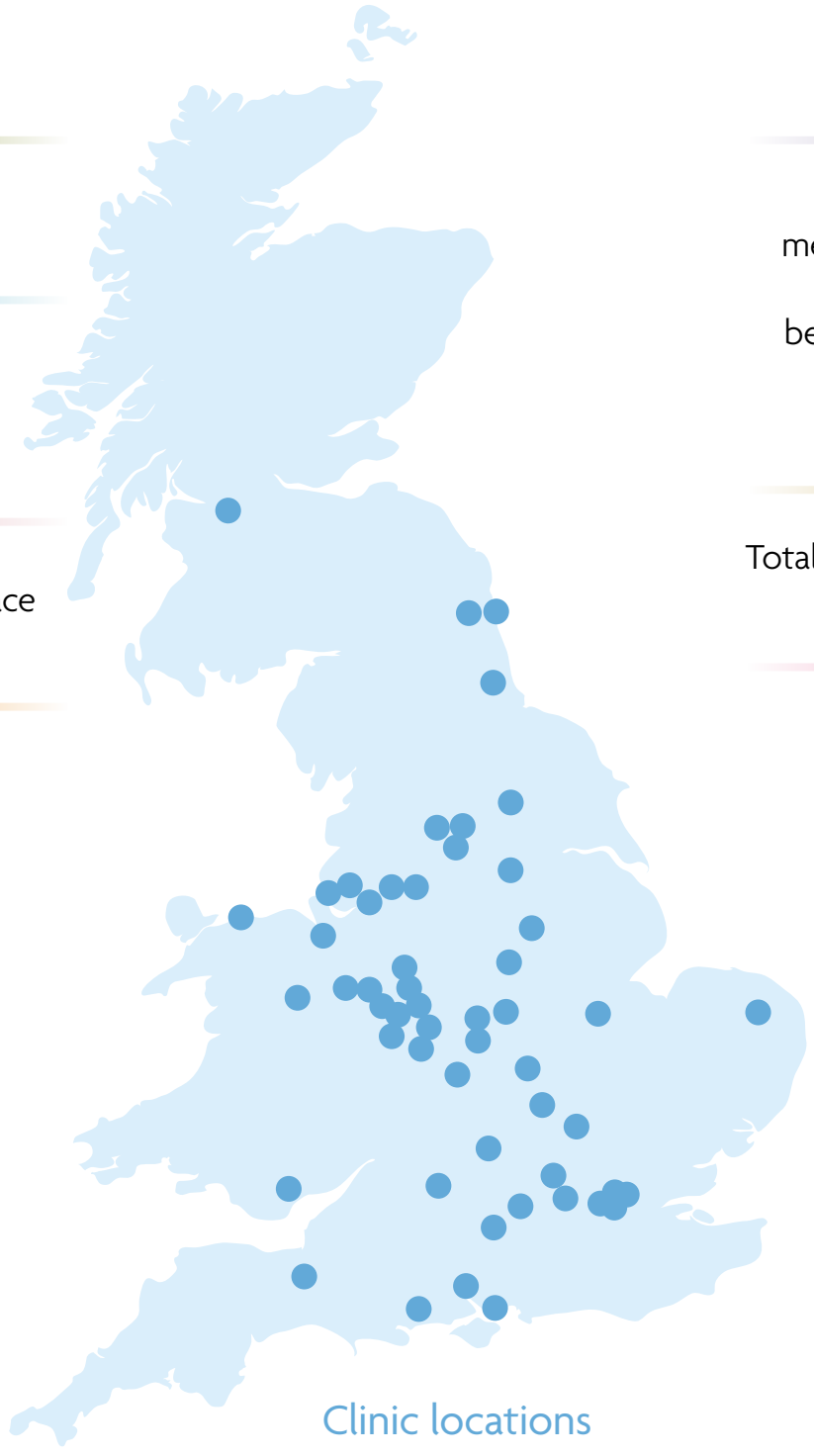
111,878
Telemedicine Consultations

5,610 face-to-face conversations

93,136
abortions

80,201 early medical abortions provided on behalf of 130 NHS commissioning organisations

Total abortions 2021:
214,256

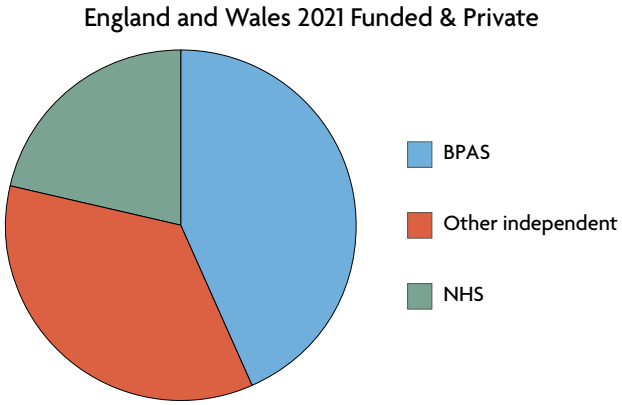


Clinic locations

BPAS - Supporting pregnancy choices. Trusting women to decide.

During 2020/21, we have helped more than 100,000 women. Nearly all of the women who come to BPAS have their abortion treatment funded through one of the 180 arrangements we hold with NHS commissioner organisations. BPAS now provides 44% of all abortion treatment in the UK.

Volume of Procedures by provider Calendar Year 2021



(Abortion number 2021 funded residents in England & Wales 214,256)

What is the purpose of this report?

This Quality Report shows how we seek to achieve quality in the delivery of our services and how we measure it. It also highlights areas of innovation and expertise that help to make BPAS the leading UK provider of abortion services. You may have also reviewed our CQC (Care Quality Commission) reports and this document reflects the five key questions the CQC ask about the service as they undertake their inspections.

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

BPAS exists to support and enable women to make their own reproductive choices. Where the services for women need do not exist, we create them. Where barriers prevent women accessing reproductive healthcare exist, we remove them.

We believe women are the ones best placed to make their own choices in pregnancy, from the contraception they use to avoid pregnancy, to how they give birth, with unbiased, evidence-based information to support those decisions and high quality services to exercise them. We advocate, campaign and educate to improve understanding of women's needs and to defend and extend reproductive healthcare services in the UK.

We've been providing woman-centred reproductive healthcare for more than 50 years, mostly on behalf of the NHS.

Is BPAS well led?

Our Values

We are:

Compassionate

We listen to women and deliver services to meet their needs. We build relationships with those we care for based on empathy, dignity and respect.

Courageous

We are the voice of the women we care for and we are never afraid to advocate on their behalf, particularly when others are silent. We are at the forefront of innovation and clinical care and campaign tirelessly for the services women need.

Credible

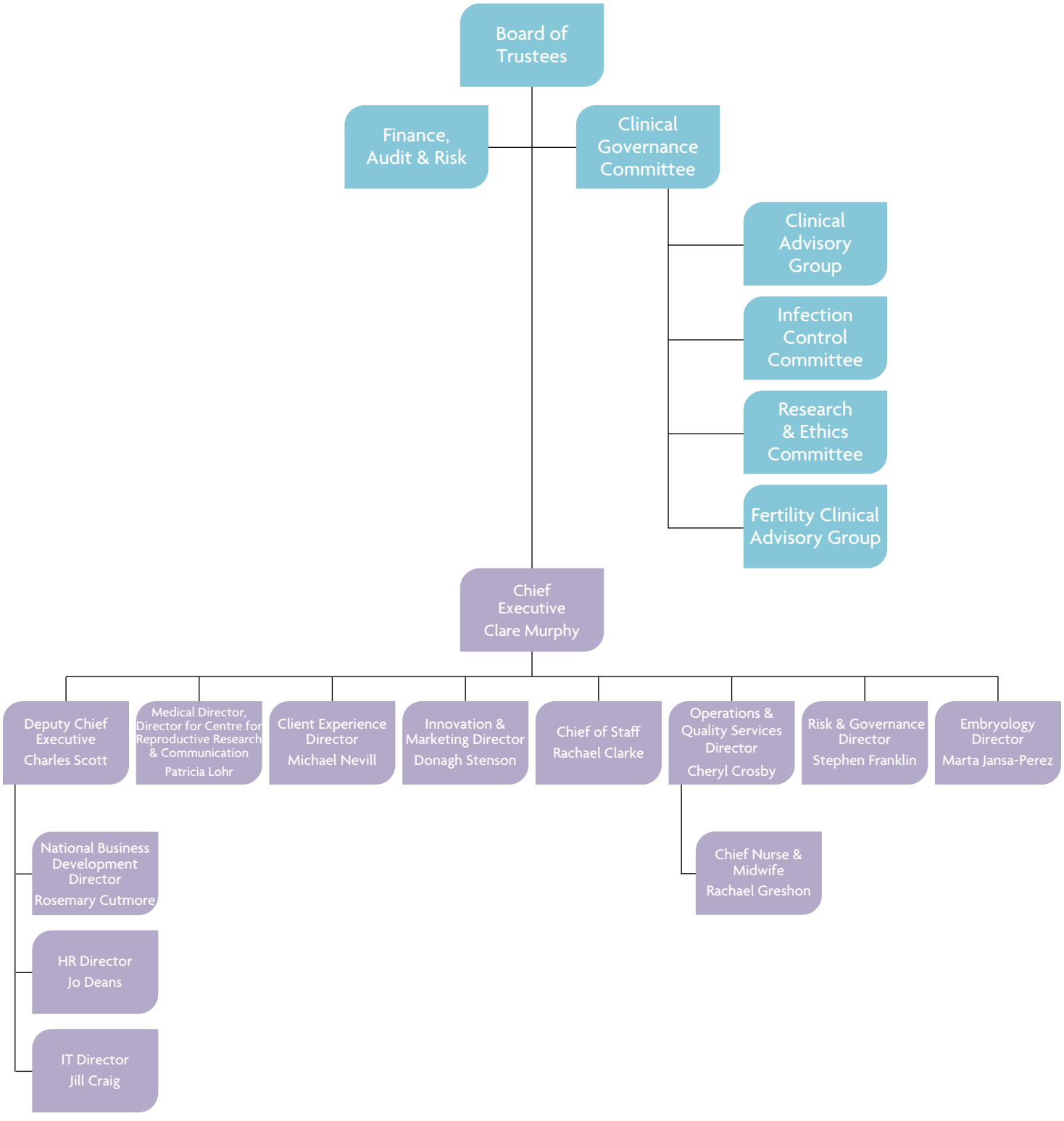
We act with integrity. Everything we do is evidence-based and ethical, informed by our knowledge and understanding, and the needs of the women we serve.

Committed to Women's Choice

We believe that women are best placed to make their own decisions in pregnancy, with access to evidence-based information to inform those choices and services they need to exercise them.

Our aim, purpose and values are at the core of every action at BPAS. Our ethos is evident in individual practice by our employees through to innovating new services. We are ethical in our behaviour. We set our standards of delivering high-quality care as a guiding light for each of our 830 workers. We are governed and managed by a robust structure of Trustees, Governance Committees and Senior Team.

Our Governance & Management Structure



Our Trustees

Our Trustees are recruited for specific skills, experience and knowledge. Our Chairperson is Dame Cathy Warwick and has been leading our board for 8 years. Cathy is a midwife and was Chief Executive of the Royal College of Midwives for 9 years until 2017.

Dame Cathy Warwick MSc RM (Chair)
Anne Shevas OBE
Sanjay Shah
Dr. Lucy Moore
Professor Lesley Regan
Dr. Sheelagh McGuiness
Iain Cameron
Graham Colbert
Natasha Walton
Dr. Jane Stewart
Sam Smethers
Siobhan Kenny

Our Leadership Team

Our senior management team are the leadership of our organisation and have the responsibility for the day-to-day running of the charity. They are appointed by the board of trustees to hold specific executive responsibility for managing our organisation, delivering the business plan and budget and developing strategy.

Chief Executive

Clare Murphy

Senior Officers

Charles Scott, Deputy Chief Executive
Patricia Lohr, Medical Director & Responsible Officer
Rosemary Cutmore, National Business Development Director
Michael Nevill, Client Experience Director
Jill Craig, IT Director
Marta Jansa-Perez, Embryology Director
Donagh Stenson, Innovation & Marketing Director
Cheryl Crosby, Operations & Quality Services Director
Jo Deans, Human Resources Director
Stephen Franklin, Director of Risk and Governance
Rachael Clarke, Chief of Staff
Rachael Greshon, Chief Nurse & Midwife

The BPAS Team

Our staff are the bedrock of what we do, and their experience and input counts.

- We listen to our staff. We gather feedback through a variety of programmes and channels. Human Resources has a formal responsibility for running our Employee Survey activity and coordination of our Employee Forum which takes place four times per year.

- The pandemic and our response to it meant that decisions needed to be made very quickly and as such we were not able to engage our workforce in service development as we would have usually done. We also know that during the pandemic our staff felt removed from senior leaders. This year we instigated a SLT Visibility Plan, including visits from Directors to each of our locations in addition to ensuring that SLT meetings also heard from the frontline. Our focus for 22-23 is ensuring we have the correct channels to hear from our staff and to ensure their voices and experiences feed into organisational wide developments.

- During 21-22 we evaluated how our Internal Communications and employee engagement needs to evolve and change to meet the needs of our workforce and organisation. We held two employee surveys especially dedicated to providing feedback on our internal communications approach and we held two workshops with a wide variety of representation of roles. The feedback received has contributed to a new Internal Communications Strategy for implementation during financial year 22-23.

- During the pandemic we moved almost overnight from a location/clinic-based organisation to a remote organisation and as such we needed to adapt the way we delivered communications. To provide employees with access to our Senior Team and CEO, we augmented our formal briefing programme with live online events called "Ask SLT". We themed one to coincide with the launch of our organisational strategy, asking for specific feedback on the draft strategy and a second event where the floor was open to any questions. Feedback from employees was overwhelmingly positive. These events will continue and form part of the core Internal Communications Plan.

- Our Learning & Development department continue to create and deliver online training to ensure that our workforce is kept up to date with current legislation and best practice. The table below summarises the status of mandatory training at the end of 2021/22.

- One of our biggest achievements during this year has been partnering with ACAS in delivering our first line management training. ACAS is an acknowledged world class standard organisation who we worked with to define and deliver management training to 136 managers across our organisation.

The Management Development Programme consists of six modules:

1. Managing Remotely
2. Difficult Conversations
3. Recruitment & Selection
4. Managing Absence
5. Dealing with Disciplinaries
6. Performance Management

Four of the modules consist of two parts; part one is delivered via Zoom by our partner ACAS, and part two is delivered by HR, also via Zoom. This is with exception of module two which is delivered solely by ACAS, and module three which is delivered solely by HR.

The plan is to further develop the programme with more subjects, once these foundation modules have been completed by all managers within BPAS.

Partnering with ACAS ensures our managers are trained in current legislation and best practices, and the delivery of training by our HR Team ensures that the manager is competent in managing in line with our policies and procedures. Courses are mandatory for all managers within BPAS.

The table below summarises the mandatory training that took place this year.

	Course title	Requiring training	Number trained	Percentage
CQC MANDATORY TRAINING	Essentials of Health & Safety	921	834	91%
	Infection Prevention & Control	697	667	96%
	GDPR	921	755	82%
	Safeguarding Level 3	728	721	99%
	Safeguarding Level 4	17	17	100%
	Patient safety Trg. (Human Factors)	921	313	34%
	Prevent	921	418	45%
	Duty of Candour	921	694	75%
	Basic Life Support	184	180	98%
	Immediate Life Support	218	192	88%

We aim to have all staff fully compliant with their training within three months of joining BPAS. When we launch new training modules it can take a matter of months before all eligible staff have completed these new courses.

PREVENT training has recently been launched as a separate module. It was previously included within Safeguarding training which is why the compliance rate appears low.

Similarly Patient Safety Training (Human Factors) and a discrete module for Duty of Candour are newly launched programmes.

Immediate Life Support requires annual refresher training which has been delayed as trainers within the NHS have had COVID-19 duties to attend to. We are now running two courses PER week to ensure all staff have received the refresher training.

How good are our staff?

We have 841 contracted staff (642 FTE). All staff receive induction training on arrival at BPAS and in addition, receive appropriate, specialist training relevant to their role, such as pregnancy options advice, abortion treatment options, scanning, contraception and sexual health. During the year, 99% of staff completed Safeguarding training which is a requirement every two years. BPAS also runs a programme of training for NHS doctors and medical students in this specialised area of healthcare.

Staff turnover and sickness absence have remained below the national average despite the impact of the pandemic and the workforce remains well motivated and morale continues to be good despite the numerous pressures. Total staff turnover for the 12-month period as a whole is an annualised 28%. This rate is influenced by involuntary leavers, related to closing of a number of clinic locations.

The average number of days of sickness absences per employee is 8.96 days, which is in keeping with the wider health sector.

How do we look after public money?

BPAS is a company limited by guarantee (No. 01803160) and a Registered Charity (No. 289145). As such, we are subject to audit by the company BDO LLP and submit audited annual financial statements to Companies House and an annual return and accounts to the Charity Commission. BPAS is also regulated by the Care Quality Commission (CQC), which regularly visits registered treatment units in England and the Healthcare Inspectorate in Wales. BPAS operates under licenses for healthcare provision from NHS England and for abortion services from the Department of Health and Social Care.

Is BPAS safe and effective?

Incident reporting

Procedural governance

At BPAS, incidents must be reported on the Datix system within 24 hours of being known. Once an incident is recorded on the system, it should be closed within 20 days. In 2021/22, BPAS aimed to improve compliance with both standards.

Performance Indicator		2020/21	2021/22	P
Days between incident known and incident reported	Mean Days (n)	2	1.9	0.4
	Standard Deviation	5.2	5.3	
Days between incident reported and incident closed	Mean Days (n)	33.1	22.9	<0.001
	Standard Deviation	41.9	32.5	

During 2022/23, these targets will continue to be monitored by the Quality and Risk Committee to ensure that incidents are reported and closed per policy. BPAS' Integrated Governance Framework is under review: an aim of this piece of work is to further improve the management of incident data at the local level, to drive organisational improvements. Reporting will be contextualised with the rate of incidents to ensure that a healthy and expeditious reporting culture is nurtured.

Incident trends

Incident reporting

In 2021/22, BPAS placed a focus on safety cultures, which includes aiming to increase the number of incidents reported, especially low or no harm/near miss incidents. As shown in the table below, the number of incidents, and the proportion of reported incidents, significantly increased in 2021/22 compared to 2020/21.

Year	Treatments (n)	Clinical Incidents n (%)	p-value
2020/21	90,792	2,966 (3.3)	
2021/22	96,330	4,952 (5.3)	<0.0001

Comparison with the NHS (incident reporting rate)

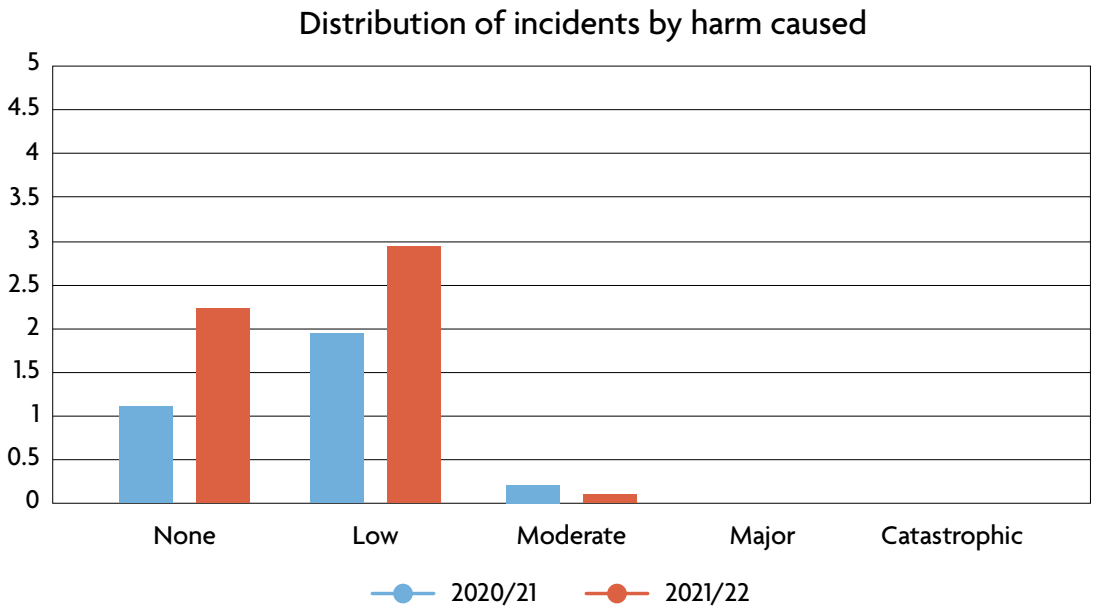
To assess where BPAS' incident reporting rate is in context, a comparison is made to the NHS. The NHS data incorporates both specialist and non-specialist providers to reduce the impact of variance in reporting cultures at the trust level. As shown in the table below, the proportion of treatments associated with an incident is significantly lower at BPAS than in the NHS, but the increased proportion observed by BPAS shows a change in the right direction.

Organisation	Treatments/ bed days	Clinical incidents	p-value
	(N)	(%)	
NHS	24,101,247	6.6%	<0.0001
BPAS	93,131	5.3%	

While high levels of reporting is a behaviour which organisations must encourage to develop robust systems and ways of working, the key areas where growth is desirable are near miss incident, no-harm incident, and low harm incidents.

Distribution of incidents by risk rating

In 2021/22, incidents resulting in no, or low harm have increased significantly when compared to 2020/21. There has also been a significant reduction in incidents reported as causing moderate harm. While there has been some reduction in the proportion of incidents resulting in major harm, this is not significantly different.



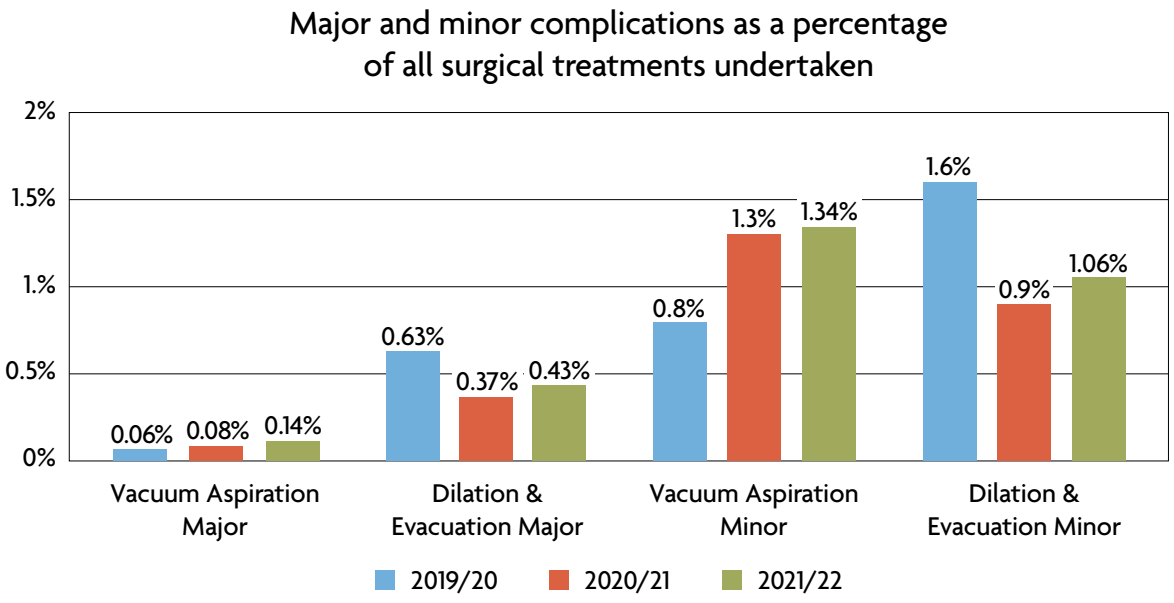
Complications

In the first 10 weeks of pregnancy, medical abortion remained the 'first line' treatment offer in 2021/22, and volumes continued to increase during this year. Surgical volumes have increased somewhat, and vasectomy services have largely resumed. In general, complication rates by method remained stable with some increases in medical abortion, as discussed further below.

Treatment		Trend 2020/21 vs. 2021/22	
	Volume	Major complication rate	Minor complication rate
Vacuum aspiration	↑	⇆	⇆
Dilatation and evacuation	↑	⇆	⇆
Medical abortion up to 10 weeks	↑	↑	↑
Medical abortion after 10 weeks	↓	↑	⇆
Miscarriage management	↓	⇆	⇆
Vasectomy	↑	⇆	⇆

Surgical abortion

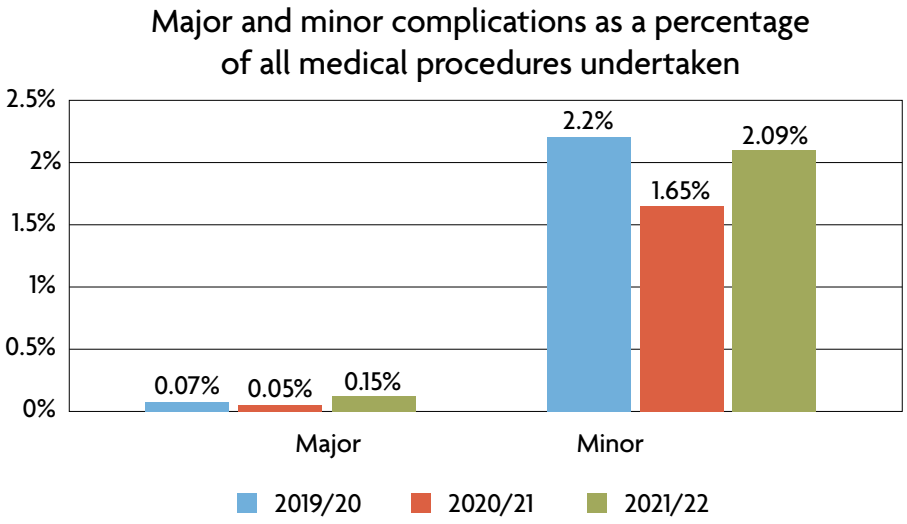
Surgical abortion volume rose from 11,230 in 2020/21 to 12,722 in 2021/22 (difference (+) 1,492)



The rate of both major and minor complications across all surgical treatments were not statistically significantly different in 2021/22 compared to 2020/21.

Medical abortion

In 2021/22, medical abortion volumes increased by 3,866 compared to 2020/21 (82,178 vs. 78,312, respectively). Medical abortion up to 10 weeks' gestation rose by 3,916 while those over 10 weeks' gestation decreased by 50. Major complications with medical abortion to 10 weeks' gestation was 0.14% in 2021/22 compared to 0.05% in 2020/21 ($p<0.001$). Minor complications with medical abortion over 10 weeks' gestation were not statistically significantly different in 2021/22 compared to 2020/21 (10.8% vs. 5.3%, $p=0.14$).



Miscarriage management

In 2021/22, BPAS managed 75 miscarriages compared to 121 in 2020/21. There were no major complications of medically or surgically managed miscarriages in either year.

Vasectomy

Vasectomy services resumed in many locations in 2021/22 resulting in an increase in procedures to 1,355 from 761 the year prior (difference (+) 594). There were no major complications with vasectomy in 2021/22 and 3 in 2020/21 (0% vs. 0.39%, $p=0.05$). Minor complications in 2021/22 were also not statistically significantly different from 2020/21 (1.1% vs. 0.53%, respectively, $p=0.23$).

Incidents Requiring Investigation

Key incident categories

Misestimation of gestation by last menstrual period

A known complication of the scan as indicated care pathway is that the client may expel a fetus which is of a greater gestational age than estimated by the client's last reported menstrual period. Since the introduction of this pathway, the criteria against which a determination is made of the need for an ultrasound has been modified three times to reduce the likelihood of this type of incident. Initial changes implemented in 2020/21 resulted in a statistically significant decline. Further changes made in 2021/22 have reduced the incidence but, as seen in the table below, did not reach statistical significance.

Year	Treatments without an ultrasound	Misestimation n (%)	p-value
2020/21	52,780	39 (0.07)	0.1
2021/22	48,148	24 (0.05)	

To continuously learn from these events, each event is formally reviewed by the Risk and Governance team to identify the potential for large level learning or serious harm, thus indicating the need for a serious incident investigation. Thematic analysis of the characteristics of the incidents and clients involved is also conducted to refine predictors of increased risk. These incidents are reported as major complications in quarterly reporting to the Clinical Governance Committee.

Management of potential ectopic pregnancies

Prompt identification of ectopic pregnancies has been a focus for BPAS since 2018/19, when specific actions were implemented that reduced the rate of missed or delayed referrals for conclusive diagnosis and management. The table below describes the proportion of clients who completed a consultation and presented with features indicating the potential for an ectopic pregnancy and need for referral to an Early Pregnancy Assessment Unit (EPAU).

Ectopic category	2020/21 n (%)	2021/22 n (%)	p-value
Number of consultations	104,303	113,986	-
Ectopic identified after treatment	57 (0.05)	70 (0.06)	0.3
Missed opportunity to escalate care to an EPAU	20 (0.02)	19 (0.02)	1
Identified and appropriately escalated	1,512 (1.45)	2,395 (2.1)	<0.0001

The rate of missed opportunities to escalate the care of a client with a potential ectopic pregnancy has remained stable this year. The proportion of clients appropriately referred to EPAU for assessment has significantly increased. Further analysis will be conducted during 2022/23 to ensure the risk management tools are set at appropriate thresholds and to compare level of harm in those cases identified after treatment who had and did not have an ultrasound.

Risk registers

The need for early identification of risk in healthcare environments has been a feature of many reports in the national press over the last year and also in some of BPAS' CQC reports and applies to the Independent and NHS sectors equally. Our commissioners and our clients expect us to be providing safe quality care which is as risk free as possible.

Infection control

Overview

Infection prevention has always been high on the agenda at BPAS. The Health and Social Care Act 2008, Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections, continues to drive the work of the Director of Infection Prevention and Control (DIPC) who, along with the Infection Control Committee (ICC), ensures BPAS' compliance with the Code. The ICC is chaired by the DIPC and meets four times per year.

Infection prevention response to Covid-19

Covid Control Group

BPAS has continued to be responsive to the Covid pandemic situation by developing polices and communications across the organisation to keep the service running and staff and clients safe. The COVID Control Group has continued to meet to ensure that the organisation fulfils its responsibilities in relation to the pandemic response as laid out by the Department of Health and Social Care (DHSC) and Health and Safety Executive. The group consisted of:

- DIPC (Chair)
- Deputy Chief Executive
- Medical Director
- Head of Human Resources
- Health and Safety Manager
- Procurement Manager
- Associate Director of Marketing

Meetings were initially held weekly, reducing in frequency to at least monthly as the year progressed, and are continuing.

Covid policy

BPAS has a COVID Infection Prevention Guideline based on DHSC guidelines and has been updated as guidelines change.

Personal Protective Equipment

BPAS has continued to procure appropriate Personal Protective Equipment (PPE) for staff since early in the pandemic. For instruction on its correct use we have supplied and updated posters so staff can easily see the PPE requirements for each area of work.

Cleaning protocols

Enhanced cleaning has continued, and our detergent wipes have been replaced with disinfectant wipes for all routine cleaning across the organisation.

Staff testing

Lateral Flow Testing of our staff continues twice weekly in line with DHSC recommendations.

Surveillance

Surveillance of COVID cases amongst staff continues with a number of small clusters of cases in some units. When this occurs take advice from Public Health who have been happy with our control mechanisms and required no further action.

Policies

All 23 Infection Control Policies remain ratified and up to date.

Training

All clinical staff are required to attend infection prevention training every two years. During the reporting period infection control education was provided using an educational video or online learning. In the last two years 84% of staff completed this training where we aim for 90%. This improvement will be a key objective for 2022/23.

Infection Prevention Link Practitioners

All BPAS units or clusters are required to have a trained Infection Control Link Practitioner. In 2020/21 six further Link Practitioners were trained.

Audit

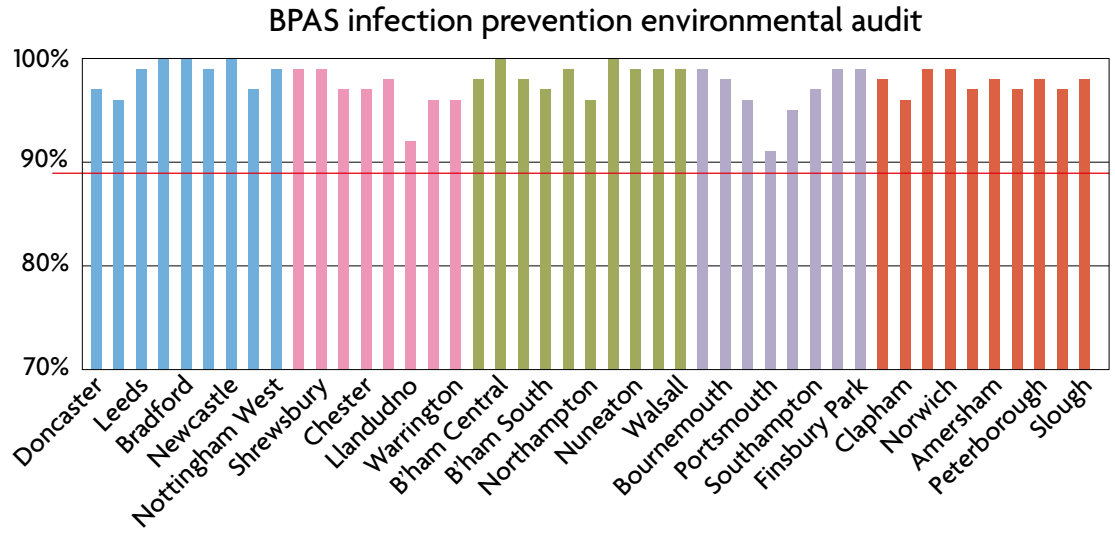
Environmental

All units complete one section each month of the BPAS infection prevention environmental audit. These results are reported organisationally via the clinical dashboard and early warning scorecard. This audit includes the following areas:

Kitchens	**Linen**	**Disinfectants**	**Use of PPE**
General environment	**Sharps**	**Hand hygiene**	**Medicines storage**
Waste disposal	**Care of equipment**	**Theatre/MSP**	**Infection prevention management**

Units are also audited by one of the Matrons annually for a quality assurance check. Units need to achieve >90%. The graph below shows the results, and all scores are >90%.

Essential steps



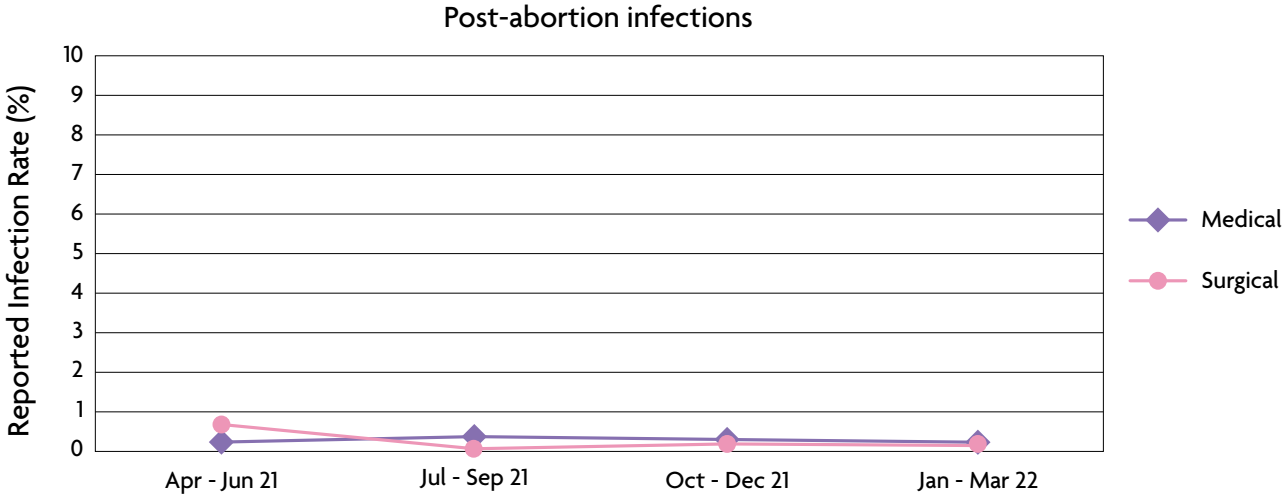
BPAS continues to monitor its infection prevention and control practice using the Essential Steps audit, developed by the DHSC with the aim of addressing infection control throughout the client journey. Essential Steps audits provide an opportunity for all staff caring for people to be able to audit and reflect on their practices around preventing the spread of infection.

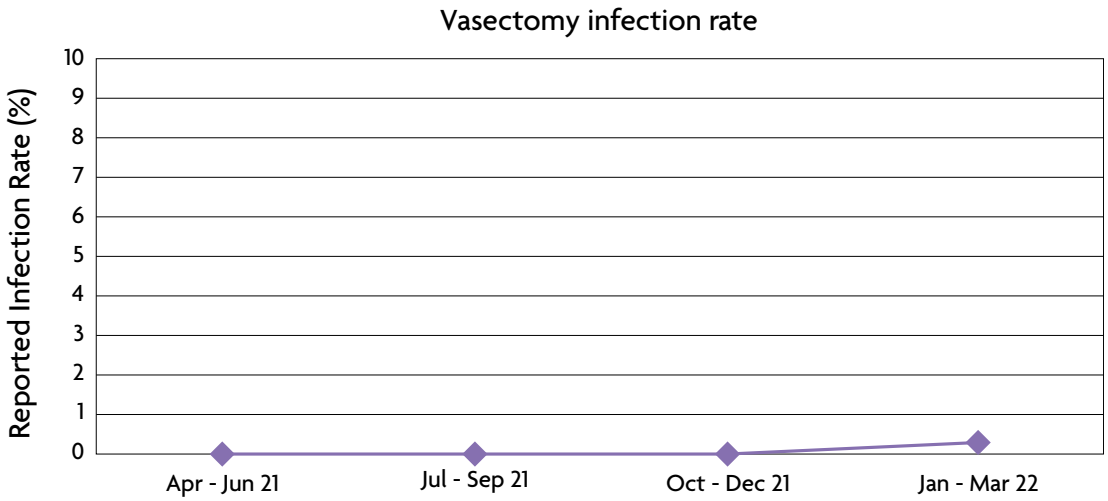
Serious incidents

No Serious Incidents related to infection prevention were reported over the past year.

Surveillance

Infection-related complications are notified to the DIPC for further investigation if required and are monitored by the ICC. Rates continue to be low as shown in the graph below.





Decontamination

BPAS contracts out all decontamination of surgical instruments. No serious incidents related to decontamination were reported during this period.

Safeguarding

The safety and welfare of children, young people and adults at risk is of paramount importance to BPAS and we recognise the statutory duty to ensure that all children, young people and adults at risk are adequately safeguarded. This includes safeguarding the wider family, not just the person in our care.

BPAS is committed to ensuring that all clients are treated with sensitivity, in a safe and secure environment. BPAS will ensure that any concerns of abuse or neglect are dealt with appropriately, where possible involving the individual and referral to external agencies to promote the safety of them, their families and the wider community. Safeguarding remains a high priority in the organisation.

The pandemic affected the provision of abortion care and has revolutionised the way in which women can access these services for years to come. The 'Telemedicine' pathway has allowed virtual services and assessments, and postal delivery of medication to those deemed clinically suitable. This allows greater access to safe abortion care to all clients, especially those who may have additional vulnerabilities.

Clients under 18 years of age

Between 1st April 2021 and 31st March 2022, BPAS has booked 105,613 clients – this has increased compared to 102,574 clients seen in 2020/21. The number of under 18 clients has increased from 3,093 (3.01% of total clients) to 3,621 (3.43% of total clients) in 2021/22.

Client age (years)	Number seen (completed consultation)	
	2020/21	2021/22
<12	0	0
12	2	3
13	23	30
14	143	193
15	430	455
16	885	1,038
17	1,610	1,902
Total of all <18s	3,093	3,621
Proportion of clients	3.01%	3.43%

Adult data

Data collected from the individual unit Safeguarding Logs show that in 2021/22, 9,893 adults were considered to be at risk and required a safeguarding risk assessment (9.4% of all adults seen at BPAS), and 2,659 (2.5%) of these cases were referred to the BPAS safeguarding team for additional support with managing the clients safeguarding needs.

Of the 9,893 vulnerable adults identified, 1,534 (16%) were referred to, or information was shared with, their General Practitioner; 232 (2%) were referred to Social Services for either adult services or children's services; social services (adults and/or children's) were involved and notified of a further 804 (8%) cases, 90 (0.9%) adults were referred to police; and 166 (2%) were referred to another third-party agency including the following:

- 81 (0.8%) adults referred to maternity services
- 14 (0.1%) adults referred to mental health services
- 11 (0.1%) directly referred to Women's Aid

Policy

BPAS policies are reviewed every three years and additionally on the publication of new guidance or legislation. All policies are currently within review dates (due November 2023).

Training

Safeguarding competencies are the set of abilities that enable staff to effectively safeguard, protect and promote the welfare of children, young people, and vulnerable adults. They are a combination of skills, knowledge, attitudes, and values that are required for safe and effective practice.

All BPAS staff who have face-to-face contact with clients in clinics and hubs are required to undertake Level 3 Safeguarding training. Named health professionals (such as a named doctor, specialist safeguarding nurses/midwives) require Level 4 training and designated doctors and nurses/midwives (such as Lead Professional for Safeguarding and Chief Nurse/Midwife) receive Level 5 training.

Audit

Section 11 audit: BPAS undertakes a self-assessment audit each year to measure in compliance with Section 11 of the Children Act (2004).

A new audit plan has been created for 2022. Audits will be undertaken to provide assurance and organisational oversight of quality and compliance with BPAS' processes, policies and procedures. Audit results are submitted by units to the Local Clinical Audit Compliance Board and provide a measure of organisational performance and facilitate identification of themes and trends.

Health, Safety & Environment

Anti-Social Behaviour

During 2021/22 there were thirty-two recorded Anti-Social Behaviour (ASB) incident reports generated from 15 BPAS units. This is a decrease of 44% on 2020/21 figures. The ASB incidents were seventeen ASB/physical/verbal abuse, 13 protests, one anti-abortion literature and one suspicious package. 15 incidents were reported to the police authority. There were also 14 reports, which were not entered onto the statistics, of protests/harassment received from BPAS units located at Bournemouth, Finsbury Park, Northampton, Merseyside, London Clapham and Taunton. Five units received anti-abortion booklets.

Policy and legislation

There are 28 Health, Safety & Environmental Policies and Procedures which are all current. The following table lists those reviewed and re-issued in 2020/21.

HS&E Policy, Procedure or Guideline	Issue Date
Smoke free	June 2020
HSE duties responsibilities & arrangements	November 2020
Visitors to a BPAS unit	January 2021
Environmental policy statement	May 2021
Medical gas cylinders & liquid nitrogen	May 2021
Drugs abuse	July 2021
Alcohol abuse	July 2021
RIDDOR	July 2021
Staff safety & security	July 2021
COSHH	July 2021
Managing occupational road risk	July 2021
Health safety policy statement	October 2021
Display screen equipment	November 2021

There were no HSE legislative changes applicable to BPAS in 2020/21.

Environmental Management System (EMS) – ISO14001.

BPAS is committed to attaining ISO 14001 by mid-2023. ISO14001 has become the international standard for designing and implementing an Environmental Management System. Achieving this standard will assist BPAS with existing/pre-qualification in the tender processes. Certain business contracts may require our organisation to demonstrate an adherence to an EMS.

Data accuracy

BPAS secured Cyber Essentials Plus for the whole organisation in July 2021.

Our 21/22 NHS Toolkit Assessment achieved 'Standards Exceeded'.

Is BPAS effective?

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

Care Quality Commission

2021-22 has been another year of both achievement and challenges. We are committed to continuous improvement, meaning we will do all we can to ensure that when areas in need of development are identified, we address them.

BPAS key deliverables during 21/22

Built upon our Telehub model, recruiting and training over 350 frontline service staff

Maintained a client satisfaction score of 9.29/10 and 98% would recommend us. These scores are real achievement when compared to satisfaction across the healthcare economy which are at a 25 year low. (Kings Fund March 2022)

Delivered care to almost 112,000 women across the country, many of whom were able to choose to receive their care in the comfort of their own homes

Expanded our Quality Team dedicated to ensuring the delivery of high standards of reproductive healthcare across the country

Won the BMJ Award for Women's Health Team for "Telemedical Abortion", highlighting our innovation and drive for improvement in patient outcomes

Led a campaign to reduce the price of Emergency Contraception from pharmacies to £10

Led a coalition to secure the permanency of home use of Early Medical Abortion within the Health and Social Care Act

Supported early medical abortion care in Northern Ireland by providing a local Central Booking Service at no charge when their provider ceased services, publicly acknowledged and thanked by the Secretary for State for Northern Ireland

Developed our Centre for Reproductive Research and Communication, enabling us to provide high quality studies to support service innovation

Responded comprehensively to a CQC Section 31 notification across 3 of our northern clinics, improving the quality of service delivery across all our clinics and locations nationwide

Grew our supporter list to 40,000, meaning we have a firm base of individuals willing to campaign for women's healthcare when needed

Continuing access to Early Medical Abortion at home

During 2021-22 we continued to build on the work we started in response to the COVID Pandemic. We evaluated and gathered feedback from staff and patients on our care model to retain and refine the service developments that had been made. With the evidence base for the safety and benefits of accessing early medical abortion at home, we were able to swiftly mobilise a coalition when the Secretary of State for Health and Social Care announced the service would not be made permanent. A free vote in parliament saw 215 MPs vote in favour of continuing the provision with 188 against. The campaign underlined the importance of BPAS' dual mission of providing care and advocating for the services women need.

Provided care to more women than ever before- award winning service provision

Our goal was to bring our waiting times to ensure 95% of women could access consultation within 4 days. To achieve this we recruited and trained 367 frontline nurse/midwife practitioners. This was a cross-organisational effort to develop systems to onboard practitioners swiftly without compromising on safety or quality. By September 2021, some 45% of women were accessing consultation within 7 days, by mid-March this had increased to 95% within 4 days. We also saw record numbers for treatment provision, with more than 93,000 accessing abortion care over the year. We are proud that our award winning telemedical services has enabled us to reach more women, more quickly, while remaining acutely aware that this service will not be for all women and that robust in-clinic services are essential for comprehensive care.

The CQC section 31 notice and response

While devastating to receive the notice, we approached this as real opportunity to identify and address the improvements needed in our service. We took a systemic approach to all the areas identified by the CQC in three of our Northern clinics, responding with a comprehensive, nationwide action plan to ensure change could be achieved across our national network of centres. By the close of the financial year, we had made significant progress against all areas of the Action Plan and were preparing for the locations involved to be re-inspected. We are looking forward to showcasing the improvements made at both a local and national level. The clinics and support teams worked exceptionally hard to achieve the actions set out in the plan and they are to be commended for their commitment.

In response to the notice, we also expanded our Quality Team and moved them into our Operations directorate to enable staff to work closely together to address the areas for improvement as effectively as possible. We created a new role of Chief Nurse and Midwife overseeing Quality Matrons across the country with specific responsibility to manage and monitor quality and work with our local frontline teams to deliver improvements in patient care.

"We were fortunate that, as a Quality Team, we were given the space and listened to by our CEO, Operations Director, and Senior Team to develop and implement the necessary changes defined within the Section 31 Action Plan. This activity enabled everyone from "Floor to Board" to be working towards the same deliverables. This means wherever our clients access their treatment in our organisation, they can be assured they will receive high-quality, safe care. I want to offer my thanks to the Quality Team for their hard work and effort",

Rachael Greshon Chief Nurse & Midwife.

Corporate governance and compliance

We have focused on increasing our understanding and management of risk at all levels of the organisation, with a primary focus on clinical risk management during 2021/22. This is closely tied to improving our governance framework to ensure that actions we take are well designed, their implementation is clearly evidenced, and we have assessed their impact to ensure the risk is suitably controlled.

Key aims and objectives have been defined in our safety strategy 2021-24 which focuses on collaborative identification and assessment of risk to drive effective and efficient controls. This will sit alongside our risk strategy 2022-25 which applies a similar approach to enterprise risk management.

Key achievements during this year have included:

- the redesign of the Business Continuity and Emergency Preparedness Policy and Procedure
- redesigning our corporate level risk registers and board assurance frameworks
- implementing internal regulatory compliance audits
- vast system redesigns, using ergonomic principals, to ensure that evidencing our actions and the decision-making processes that led to them is as easy as possible

Much of this work helped to address and monitor the actions in the CQC's Section 31 notice and has been a valuable learning experience which we have applied across the organisation. Risk registers in use at all levels of the organisation have been reviewed under the new guidance, at local, regional, department and national levels.

Key developments planned for the 2022-23 financial year include:

- a redesign of our Integrated Governance Framework, to improve the efficiency and efficacy of local meeting structures
- implementing the risk strategy and risk management framework, including the BPAS Safety Strategy, to further improve of identification and management of risk at local and national levels
- implementing an improved internal audit framework to conduct assessments of our systems and processes to drive continuous improvement.

Research and development

Overview

The Centre for Reproductive Research and Communication (CRRC) at BPAS develops and implements internal research and evaluation, facilitates research by external investigators, and participates in collaborative projects. Members also act in an advisory fashion on other studies and mentor students/trainees on projects.

The CRRC has appointed a Steering Committee to help develop and guide the research agenda of the centre. Members of the committee are specialists in abortion, contraception, maternity care and health law.

The BPAS Research and Ethics Committee (REC) meets four times a year to discuss on-going studies and to review new applications and amendments. The committee has a Terms of Reference (TOR) and the organisation has a policy on research which was reviewed and updated this year. Professor Patricia Kingori was appointed as the new REC Chair in December 2021.

BPAS is currently facilitating seven external research projects involving BPAS clients and staff. Projects developed in 2021/22 focused on safeguarding in telemedical abortion care and internal evaluations of service models (e.g., under 16s pathway and cervical preparation methods). At the close of 2021/22, 11 projects had been carried over from 2020/21, 11 new projects were approved and 7 were closed.

Conference presentations

- Lohr, P. Ultrasound scanning in abortion care. European Society of Contraception Congress. (oral presentation), 27 May 2022

Publications

Internal research/evaluation

1. Blaylock R, Makleff S, Whitehouse KC, Lohr PA. Client perspectives on choice of abortion method in England and Wales. BMJ Sexual & Reproductive Health. [Online] 2021; bmjsrh-2021-201242. Available from: doi:10.1136/bmjsrh-2021-201242
2. Hammenga C, Craig D, Lohr PA. Moderate (conscious) sedation in abortion care. BMJ Sex Reprod Health. [Online] 2021;0: 1–4. Available from: doi:10.1136/bmjsrh-2021-201380
3. Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: A cross-sectional evaluation. Contraception. [Online] 2021;104(1): 61–66. Available from: doi:10.1016/j.contraception.2021.04.027
4. Sanders J, Blaylock R. "Anxious and traumatised": Users' experiences of maternity care in the UK during the COVID-19 pandemic. Midwifery. [Online] 2021;102: 103069. Available from: doi:10.1016/j.midw.2021.103069
5. Whitehouse KC, Blaylock R, Makleff S, Lohr PA. It's a small bit of advice, but actually on the day, made such a difference...: perceptions of quality in abortion care in England and Wales. Reproductive Health 2021 18:1. [Online] BioMed Central; 2021;18(1): 1–9. Available from: doi:10.1186/S12978-021-01270-0
6. Whitehouse KC, Shochet T, Lohr PA. Efficacy of a low-sensitivity urine pregnancy test for identifying ongoing pregnancy after medication abortion at 64 to 70 days of gestation. Contraception Published Online First: March 2022. doi:10.1016/j.contraception.2022.02.005

Other publications

1. Lee E, Bristow J, Arkell R, et al. Beyond 'the choice to drink' in a UK guideline on FASD: the precautionary principle, pregnancy surveillance, and the managed woman. Health Risk Soc 2022;24:17–35. doi:10.1080/13698575.2021.1998389
2. Lohr PA. Telemedicine trailblazers pave the way to better abortion care for all. BJOG An Int J Obstet Gynaecol 2022;129:160–1. doi:10.1111/1471-0528.16905

Measuring effectiveness

Clinical effectiveness & quality assurance

Clinical audit

Most direct audits of clinical practice and quality assurance audits were suspended in 2020/21 due to the COVID-19 pandemic. Audits are an indispensable element of governance, and these have been reviewed, revised, and resumed in 2022 with continuous review and action to enhance practice and processes. The suite of audits is:

Surgical abortion	**Early Medical Abortion**	**Crash trolley**	**Safeguarding under 18s**
Safeguarding adults	**Consultation**	**Infection control**	**Essential steps**
Wellbeing	**Medicines management**		

These audits allow for continuous monitoring and assurance in Telemedical Hubs and Treatment Units. The results form a Local Clinical Audit Compliance Board (LCACB) spreadsheet. It is essential that the results are reviewed and acted upon.

This mechanism also provides a platform for quality improvement through the triangulation of RAG rated results, staff feedback, QM action plans and trend analysis within a national report. This aids in the specific identification of trends and improvement of action plans.

The implementation of clinical audits has allowed BPAS to monitor the operational processes and subsequently provide action to improve performance on a rolling basis. Audits allow a systematic review of care against local and national policies. And these reviews occur with a multi-level approach to allow various levels of feedback to provide an in-depth action plan.

Complaints

In 2021/22, BPAS received 62 formal complaints which is higher than 2020/21 (n=44) but similar to 2019/20 (n=61). The complaints by primary concern are summarised in the table below.

Number of formal complaints by primary concern		Learning needed		Risk assessment		
		Yes	No	High	Medium	Low
Clinical issues	42	34	8	1	15	26
Attitude	2	2				2
Wait	2	2			1	1
Information issues	5	4	1			5
Information Governance	11	11		8	3	
Total	**62**	**53**	**9**	**9**	**19**	**34**

The main concern being of a clinical nature (n=42) is consistent with 2020/21 (n=38). Within the clinical concerns, there was a notable rise regarding 'ultrasound' issues from two cases in 20/20/21, but consistent with six cases in 2019/20. There were 5 cases concerning 'omissions in record keeping' being the main concern, rather than a secondary concern as in previous years (2020/21 n=8). The proportion of cases categorised as a high risk during this reporting period was higher than in 2020/21 (15% vs. 5% respectively). This was due to eight of the 'Information governance' cases involving the same incident.

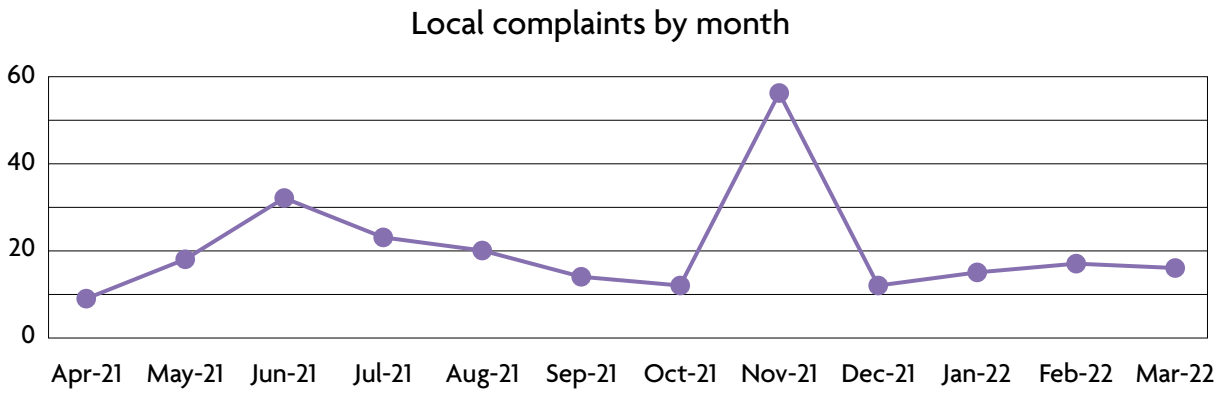
Secondary concerns were omissions in record keeping (x2), information (x3), staff attitude (x10), waiting times (x5), information governance (x1), escort issues (x1), privacy (x1), booking issue (x2), other clinical issue (x2), complaint procedure (x1) and communication issue (x3).

Three complaint responses were disputed in 2021/22 compared with none in 2020/21. One of these cases, regarding treatment options, was escalated by the client to the Parliamentary and Health Service Ombudsman. However, following receipt of the Ombudsman's enquiry and the disclosure of the complaint file, to date they have not indicated that they are taking the case on.

Local complaints

The accurate reporting of local complaints is important. Much like with near miss incidents, these present learning opportunities without the need for a formal complaint process. Local complaints help identify where both local and systemic improvements can be made to improve outcomes. Under reporting of local complaints remains evident this year as in prior years.

In 2021/22, 244 local complaints were reported across all BPAS units, compared to 185 in 2020/21. This is an increase on last year however it equates to approximately only four local complaints per unit per year. It is very important that we maximise the opportunities to learn from local complaints and as such, led by our Quality & Risk Committee, we created a specific training course to help gather feedback from locally generated information. Further actions are currently being developed.



Is BPAS caring?

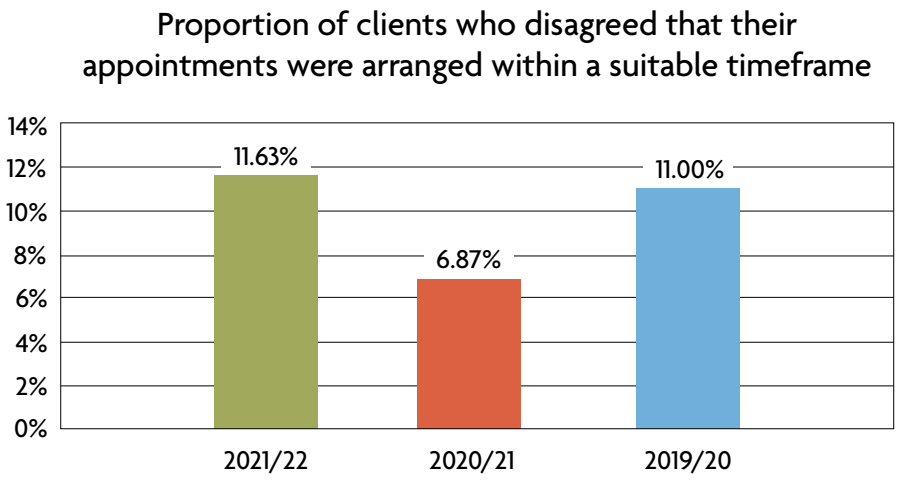
Client satisfaction

A total of 13,522 clients completed a satisfaction survey between April 2021 and March 2022, a response rate of 15%. The reduced response rate is attributed to changing from paper-based surveys administered in clinic to electronic surveys sent by email. Although lower, this percentage provides BPAS with a sufficient overall view of how clients feel about the service they have received.

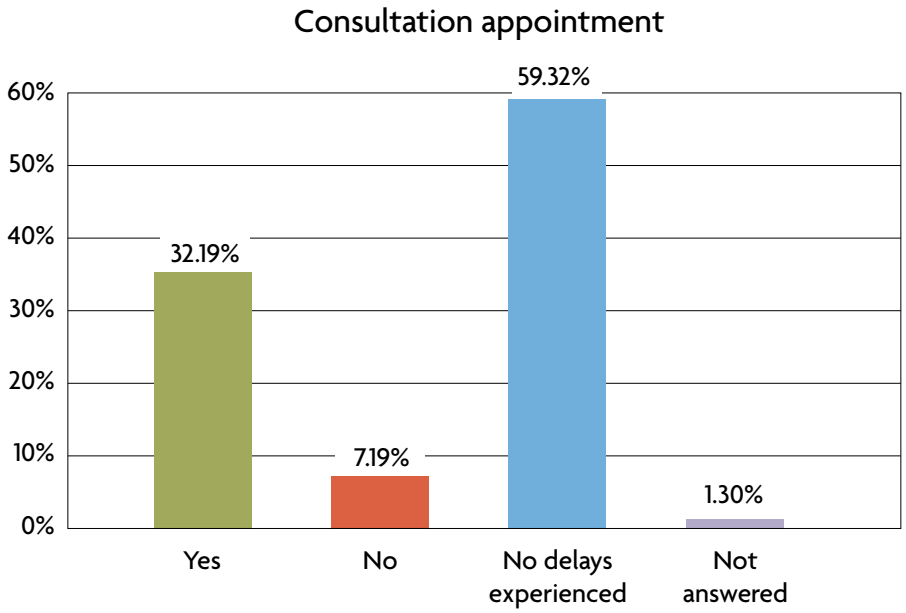
Reporting period:	1 April 2021 to 31 March 2022
Respondents:	13,522 (12,141 between Jul 20 and Mar 21)
Response rate:	15% (18% between Jul 20 and Mar 21)
Overall satisfaction score out of 10:	9.29 (9.35 between Jul 20 and Mar 21)
% of clients would recommend BPAS:	98% (98% between Jul 20 and Mar 21)

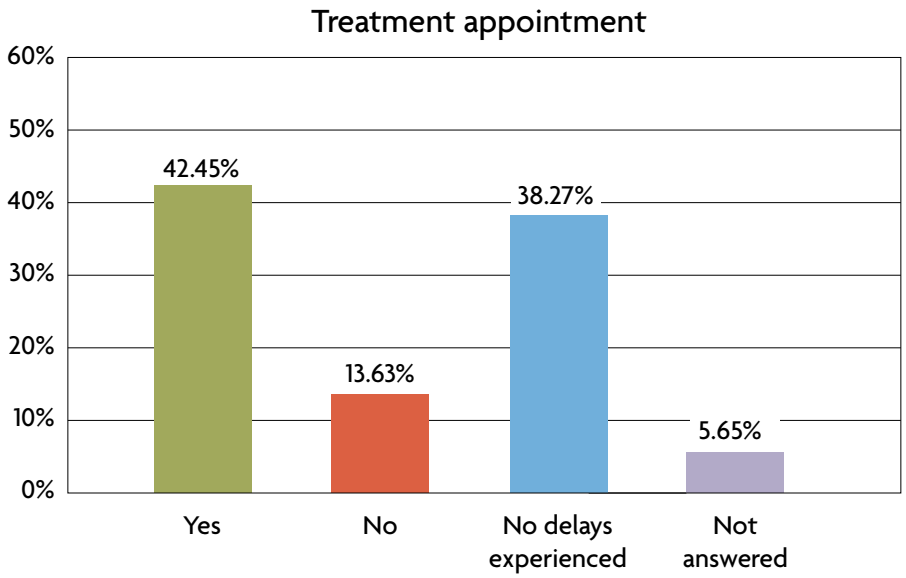
Key areas of dissatisfaction are shown in the graph below. The percentage of clients informing of long waiting times on the day is consistently high. Dissatisfaction with wait times between initial contact and treatment, escort involvement and clinic location have increased.

Waiting times



If the visit took longer than expected, did staff provide an explanation?





Client escorts

The overall dissatisfaction felt by clients around how much their escorts were involved in the care pathway was 13%, compared to 10% between Jul 20 and Mar 21 and 2% in 2019/20. This is not unexpected given the ongoing restrictions within healthcare settings put in place during the pandemic.

The percentage of clients who told us that they were not offered time/given enough time to talk to someone about their feelings, separate to the consultation, was slightly higher in those clients who attended a clinic (8%) than clients who had remote care (7%).

Over 90% of surveyed clients reported satisfaction in the following areas in this reporting period. Clients reported they were:

- given a clear explanation about their treatment
- involved the clients in decisions about their treatment
- seen in a clean and safe environment
- given enough time for questions or concerns to be addressed

Information Governance

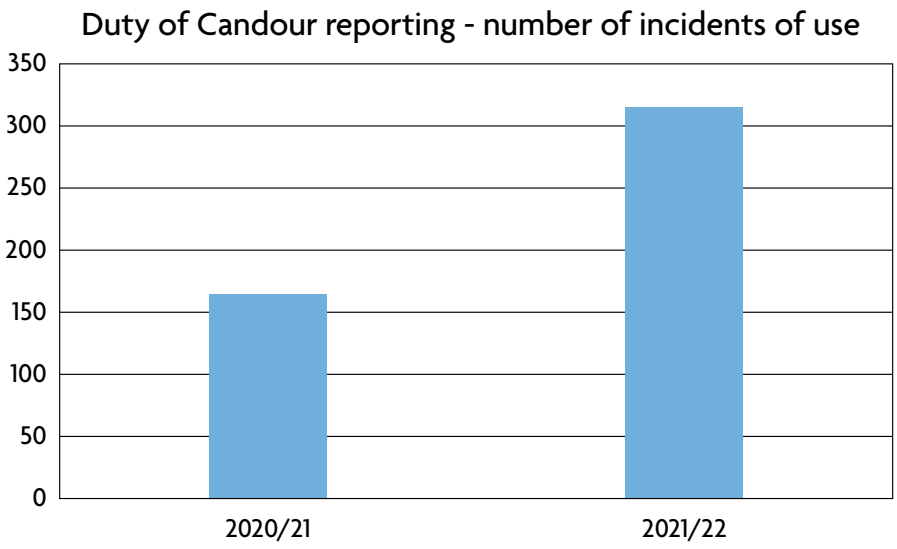
- 92% of surveyed clients reported that they felt their personal information was treated confidentially (92% between July 2020 and March 2021 and 99.5% in 2019/20).

Duty of Candour

A Duty of Candour (DoC) process is to be followed for all incidents requiring investigation, major impact incidents, and major complications and ensures that the client or their representative has a voice in the investigation.

BPAS' application of the Duty of Candour includes cases outside of the statutory definition, such as 'near miss events' as being transparent and open is a core value of the organisation. Compared to 2020/21, Duty of Candour was required more often in 2021/22 (n=163 (0.18%) vs. n=317 (0.34%), respectively, p=0.01). BPAS policy requires that 100% of incidents that meet criteria for Duty of Candour are appropriately managed and evidenced in Datix. Improvements have been made this year, but as described in the table below, further improvements are required.

In October 2021, new training material, decision making aides, action guides and letter templates were implemented. Following these interventions, the compliance rate has significantly increased. Improvements in this area remain a key focus for 2022/23.



Is BPAS responsive?

Where BPAS receives complaints from clients, their escorts or carers we undertake an investigation and ensure any learning opportunities are identified. Lessons learned and actions taken are detailed in the table below.

Primary concern	Actions taken	
Aftercare	Review/amendment to the existing process (1)	Feedback reiterating the existing processes (3)
Retained Products of Conception (POC)	Feedback to staff (2) around the language which is used to explain why ultrasound guidance is used, specifically that ultrasound guidance will minimise the risk of retained tissue rather than 'ensuring' this risk would not occur.	
	Also, it was noted that on CAS2 the 'time since treatment' was a rolling date and should be locked at the time of a POC which was highlighted to the CAS2 team. It was also highlighted to staff that the date of treatment may be different to the date that EMA medications are supplied, which could affect the POC assessment.	
Counselling	Feedback reiterating the existing processes (1)	
Suitability	Feedback reiterating the existing process /guidelines(x1)	Review/amendment to the existing process (x2)
	Case escalated to Risk Team: Cervical preparation medication was administered to our client who was subsequently deemed unsuitable for surgical treatment. The client was then passed to the specialist placement team to await placement within an NHS hospital.	
Procedure declined on day	Feedback reiterating the existing process/guidelines (x2)	
Pain during procedure	Feedback regarding continuous communication with the client prior to the procedure commencing (x1)	
Clinical information	Feedback regarding clear communication, in that providing clients with information in itself is not enough, as we need to make certain the details of ultrasound scans, suitability and the procedure are explained fully, but also that the client has fully understood (x2)	
Safeguarding	The Safeguarding policy was not adhered to and so the current process was reiterated to the staff member concerned and a period of monitoring, additional training and support was arranged. The case was also highlighted to the BPAS Head of Safeguarding to ensure that the learning will be shared across the organisation.	
Ultrasound scanning	Feedback reiterating the existing processes (1)	Monitoring and training organised (3)
	Reiteration that clients who are unsure of LMP should be advised that this will be discussed at their consultation and should not be advised to obtain a private scan (1)	
Disposal of remains	Case 1: Following an error on the foetal remains register arrangements were made for interviews to be conducted with the staff member, via Human Resources Department. The unit manager re-designed the foetal remains log and the task will be controlled by the Clinical Nurse and Deputy Ward Managers. The BPAS Risk Team agreed to review this process, with a view to collating a robust procedure.	Case 2: Staff concerned to undergo a period of additional training and monitoring as the offer of hand/foot prints was not discussed with the client and advice given that it was not possible to see the remains after the procedure (rather than it is not advisable).

Primary concern	Actions taken	
Record keeping	Feedback provided regarding a reiteration of the current process (4)	Error on discharge letter and contraception card, informing of an incorrect removal date for the implant. The issue was shared with the BPAS Risk Team to investigate if any other incidents of this nature have occurred within BPAS nationally.
Treatment options	Feedback provided regarding a reiteration of the current process policy regarding explanation of treatment options and informed choice (2)	In one case an additional audit of the staff members practice was also completed.
EMA completed - client not pregnant	Pregnancy test not completed prior to the administration of the EMA medications. Case highlighted to the BPAS Risk Team, and the BPAS Director of Nursing and Quality. The Unit Manger subsequently consulted with HR to ensure that appropriate actions were taken.	
TOPFA pathway	Feedback reiterating importance of setting client expectations and following the existing processes together with a review of the units local policy.	
Drug error	Additional training and additional audits was arranged for all discharge staff, as a client was provided with another clients discharge letter and contraception.	
Duty of Candour process	A new suite of letter templates, action flow chart and an electronic learning package, were created to support staff.	
Staff attitude	Case 1: A formal interview held, in line with policy regarding attitude and conduct. Case 2: Staff member to undergo a competency assessment, to ensure they are practicing to our expected standards.	
Waiting times	Feedback reiterating importance of setting expectations and apologising to clients who experience a lengthy wait in clinic or to book an appointment.(2)Case 2: Staff member to undergo a competency assessment, to ensure they are practicing to our expected standards.	
Information issue	Feedback reiterating importance of providing clear and accurate information (4)	
Information governance	**Case 1 to 8:** 'CC' rather than 'BCC' function was used when sending email to multiple clients. Incident voluntarily reported to the Information Commissioners Office and NHS-Digital. A different process for sending surveys commenced immediately and the staff member concerned repeated GDPR training. **Case 9:** Feedback provided reiterating the current process around entering and checking clients details prior to requests being submitted for EMA (PBP). **Case 10:** Allegation that a homeworker had discussed confidential client information in the presence of family members was escalated to HR. **Case 11:** Refresher training and monitoring organised to reiterate the importance of completing the six point confidentiality check before speaking with a client.	

Focus for improvement 2022-23

1. Quality & audit

During 22-23 the Quality Team will be focusing on four improvement workstreams

- Integrated clinical and operational workforce
  Within this workstream is a plan to implement a Nurse/Midwife Developmental programme. This programme is designed to ensure that there is a clear understanding of role and responsibilities in support of the treatment unit management. The intention is to ensure that Quality Matrons and Operational leaders are working hand in hand, covering more ground and mitigating any clinical risks.

- Clinical leadership, professional standards and accountability
  A Clinical Leadership Development Programme targeted at LNMs, CNMs and ODMs will be created to begin in May 2022. The programme consists of two leadership days which are led by the Quality Matron and Risk and Governance Teams, covering safety culture and various other topics relevant to clinical leadership and their roles in line with the NMC code and professional accountability. Participants are also required to attend six masterclasses which will provide more focus to specific topics, delivered by subject experts. Masterclass topics include Safeguarding, Client Experience and Infection Prevention and Control. They will also be required to complete Health Education England clinical leadership courses via the e-Learning for Healthcare platform, complementing some of the First Line Management courses, as well as setting personal objectives and buddying up with other units.

- Enabling a flexible workforce
  This workstream will ensure the relevant people in the organisation are supporting a culture of escalation and no blame. A Psychological Safety Training (PST) programme will be designed and delivered. Our Clinical Practice Facilitator will ensure that any additional learning gathered during the training will also be rolled out in synchronisation with the PST using Simulation based education tools looking at policies and procedures such as Business Continuity and other clinical/operational policies and procedures. The programme will run scenarios on the 'shop floor' output, which will be fed back. They are designed to develop an employee's understanding of what is expected of them.

- Quality Assurance
  Local Clinical Audit Compliance Boards (LCACB) a new monthly audit programme for BPAS Treatment Units and Telemedicine Hubs. This programme will consist of up to ten audits per Treatment Unit, dependent on the treatments provided, and four audits for Telemedicine Hubs. Each unit/hub will have its own compliance board, which is RAG rated. Any areas of concern or non-compliance will be reported monthly by exception to the regional matron and operational manager for the unit/hub. Actions in response to any areas of non-compliance must be implemented against the unit's individual action tracker, which is monitored by the matron and operational manager at monthly LCACB compliance meetings.

No one can tell us more about what we do well and what we can do differently than the staff who deliver it and the women who experience it. The significant and rapid changes that have been made to our pathways over the last 2 years have happened without the input from these voices we would usually engage, and that must be addressed.

To achieve this we plan two aligned strands of work in 2022/23.

1) An Internal Communications and Employee Engagement Strategy - the objectives of which will be to:

- Improve communication and engagement with our wider organisational team enabling BPAS to benefit from knowledge and experience of all employees and clearly demonstrate to them that BPAS values their engagement.
- Provide a channel to create and support well-informed, engaged, and motivated employees which will help BPAS achieve its organisational goals.
- Drive up employee confidence score of Senior Management to a minimum of 50% employees "strongly agree" on the annual employee opinion survey.

Internal Communications as a function is often treated as the "poor relation", with organisations paying little attention to its importance and providing no investment to improve. During the pandemic, the focus on internal communications grew as did its prominence within organisations. As a function it can be seen as a "bolt on" to departments such as Human Resources. The reality is that good communication is the responsibility of all and should not be seen as the sole responsibility of just one team.

2022/23 is going to continue to be fast paced as the previous two years. We are presented with an ever-evolving environment with serious financial constraints, and organisations like ours need to be able to respond and adapt.

To manage this change and involve our people, we need to build communication channels that can deliver instantly with impact and create engagement. If we want to achieve and continually improve our engagement and communication goals - which in turn will deliver our business goals - we need communication with the whole organisation to be front and centre, not an afterthought.

2) The Client Engagement and Experience Strategy.

When we talk about client engagement and experience, we mean taking every opportunity to hear from our clients, encouraging their active participation in codesigning and shaping the way BPAS provides its services. We will also aim to engage with communities to understand what services they need. This will be enhanced by a new Equality, Diversity and Inclusion Policy that is due to be created in the summer.

This will include involving clients in decisions about their own care, seeking feedback about their experiences, and engaging with stakeholders and communities in planning future services. In this way we will make sure our services are delivering the care that people want in the way that works best for them.

3. Employee wellbeing

The employee survey highlighted that health and wellbeing at BPAS is of great importance. BPAS has been working to refresh and re-launch our Family Friendly Policies and improve the health and wellbeing support offerings to include more services and options than ever before.

During 2022/23 BPAS will publish new policies and procedures covering: Maternity; Paternity; Adoptive Parents; Menopause and The Workplace.

We invest in our staff and they invest in BPAS, therefore, we want them to stay with the BPAS family as they create their own. By improving our benefits we hope that staff will feel they can develop both their professional and personal lives in our employment.

Day-to-day living in this unstable economy can be an additional stress for employees. BPAS will seek easy to access packages to help us all live with the stresses of modern life, in the form of apps, and free access to counselling and financial advice.

4. Align clinical services with national guidance

In September 2019 the National Institute of Health and Care Excellence (NICE) published a new guideline Abortion care - Quality Standard [QS199], shortly followed by the COVID-19 pandemic. In response to the pandemic the Department of Health and Social Care issued temporary approval of home use for both stages of early medical abortion. The Royal College of Obstetricians and Gynaecologists produced guidance for gynaecological services during the pandemic, and NICE guideline [NG140] was published on 26 January 2021 providing further guidance on delivering abortion services during a pandemic.

BPAS responded rapidly and developed its own COVID-19 policy covering all areas of the new pathways and the best way we could keep our clients and our employees safe.

A key priority for the Clinical Department in 2022/23 is to restore or extend clinical services in line with the current national guidance and best evidence, rationalise the COVID-19 policy and ensure continuing clinical practices are reflected in standard clinical policies and tools for working (e.g., CAS2 – the electronic medical record system).

This work will include a review and relaunch of contraception counselling and supply and workstreams to improve the take up of STI testing, particularly for those clients accessing telemedical services. Both these areas of care have seen a decline in use during the pandemic and we now need to re-establish them in the new landscape.

Another area for attention is a review and revision of policy for venous thromboembolism prevention, building the assessment tool into the electronic client record and establishing a new audit process to measure compliance.

Care Quality Commission (CQC) registered activities and locations

As of 31st March 2022, BPAS had 27 registered locations and 24 satellite locations registered with the CQC to carry out abortion and related care. There is an additional registered location, BPAS Fertility, which is regulated by CQC for diagnostic & screening services, however the main regulator is HFEA.

List of registered activities:

- Termination of pregnancies
- Family planning services (defined as intra-uterine device insertion – not at satellite units)
- Treatment of disease, disorder, or injury
- Surgical procedures (not at satellite units)
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely (telephone contraceptive and STI advice service - Head Office 4th Floor only)

Details can be found on the CQC website **https://www.cqc.org.uk/search/services/clinics**

There were no Provider Information Requests (PIRs) or inspections for our CQC or HIW registered locations.

From March 2021 CQC has commenced local engagement meetings under their Transitional Monitoring Approach (TMA).

Health Inspectorate Wales (HIW) Registered Locations

BPAS has three units in Wales: Cardiff, Powys, and Llandudno

Information requests and inspections

In 2021, the CQC re-commenced inspections under the new risk monitoring approach. Locations are targeted for inspection on a risk weighted basis. The inspections are unannounced and are followed-up with a request for data aligned to the CQC key lines of enquiry. There have been 6 unannounced inspections within the period. The bi-annual visits to HIW registered locations under regulation 28 were completed and submitted to HIW. There has been 1 HIW inspection within the period.

On 6th August 2021 following unannounced inspections triggered by an incident, BPAS were served with a Section 31 Notice, highlighting urgent concerns regarding the safety of clients being treated at the three BPAS sites inspected - Doncaster, Middlesborough and Merseyside.

The key findings in S31:

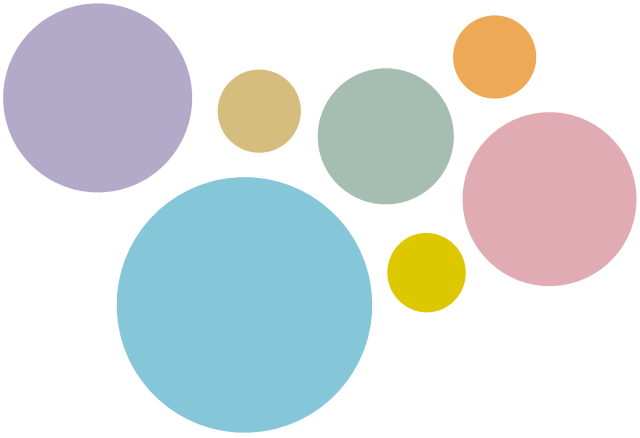
The registered provider must implement an effective system for assessing, managing and responding to service user risk at BPAS Doncaster, BPAS Merseyside and BPAS Middlesbrough which ensures:

- Complete and thorough contemporaneous records are maintained in respect of each service user, including: Risk assessments, Mental capacity assessments, Modified early warning scores, Medications, Theatre records
- Service users are given appropriate information regarding the need to travel to BPAS Doncaster, BPAS Merseyside and BPAS Middlesbrough for their chosen procedure, following their preparatory medication.
- Service users are seen at the closest and most appropriate clinic suited to their health needs and requirements and the risks of travelling long distances are assessed and mitigated.

Over the last eight months we have implemented a robust action plan, which is near completion. We have taken the opportunity to take a systemic approach and implemented the changes nationally to improve and enhance the quality across all our clinics.

All three locations will be reinspected, and we are confident that they will be rated as 'Requires Improvement' which is the best rating that can be allocated following a Section 31 notice and may not reflect the substantial work undertaken during this period. Once we have received these reports BPAS will apply to have the enforcement action removed.

BPAS
British Pregnancy Advisory Service



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Registered Charity 289145 as British Pregnancy Advisory Service
BPAS is registered and regulated by the Care Quality Commission

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