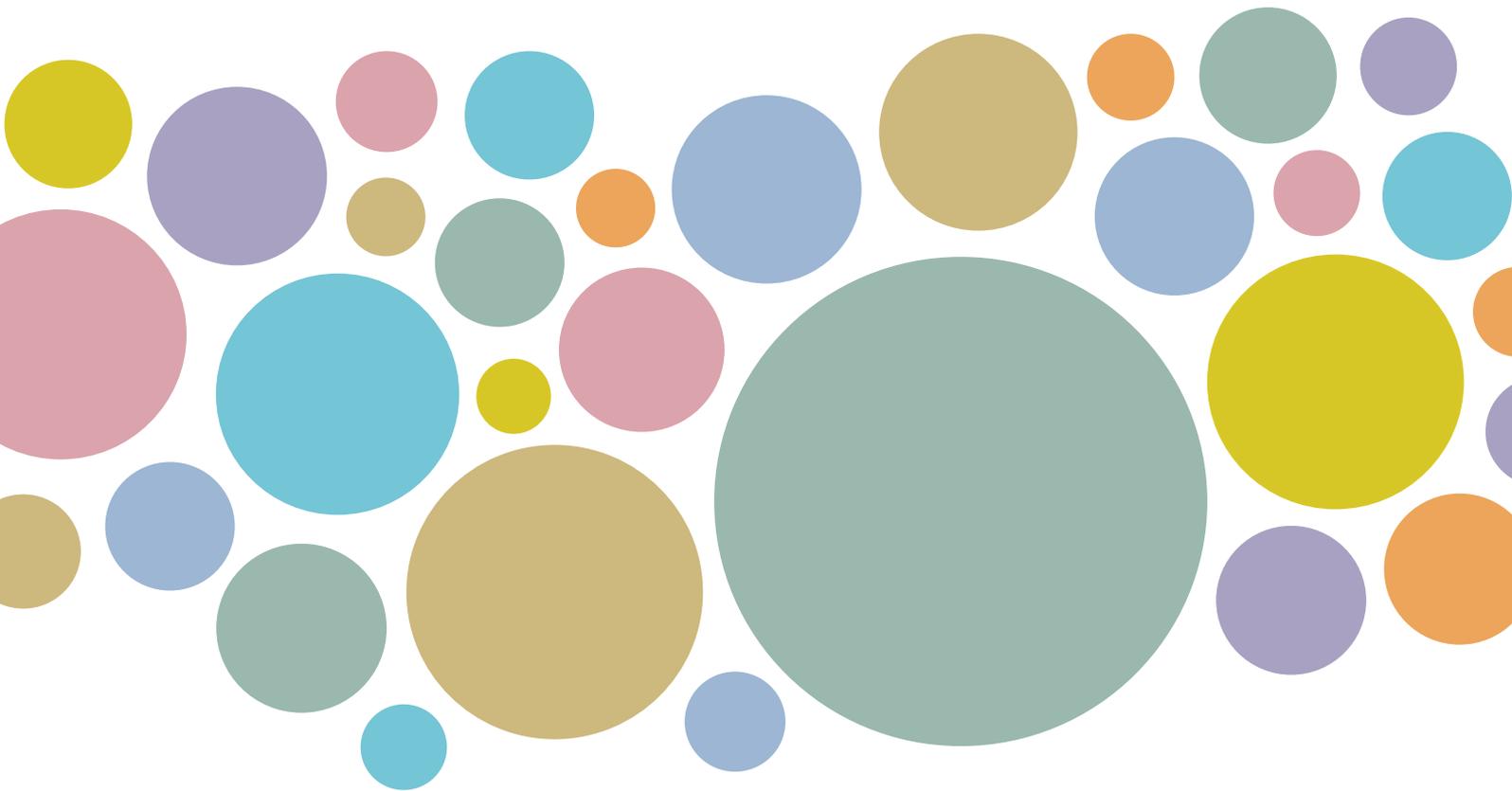


QUALITY REPORT 2017/18



Introduction to BPAS

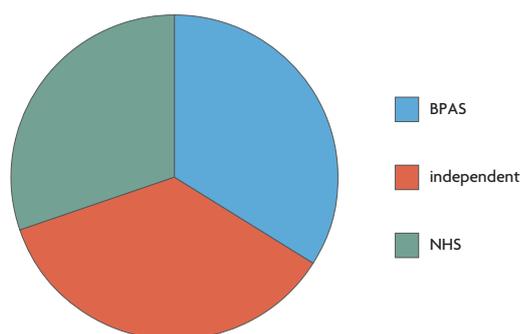
This year, we celebrate our 50th anniversary. Over the last 50 years it has been a privilege to help hundreds of thousands of women confronting an unplanned pregnancy, or a pregnancy they cannot carry to term, and we are immensely proud of the service and care we have provided to women at what can be an extremely challenging time in their lives. One in three women will have an abortion in her lifetime. Abortion is the most common gynaecological procedure in this country, yet for that individual woman it may well be the first time she has needed to make that decision. Our job is to be there for her all the way, to provide all the support she needs as she makes the choice that is right for her.

We are committed to providing women with the safest, highest quality clinical care and support from 67 centres across England, Wales and Scotland. As well as non-directive and impartial counselling for unplanned pregnancy and abortion care we provide free pregnancy testing, miscarriage management, STI testing, the full range of contraception options and vasectomy services. We also advocate for the policy and legal frameworks which women need to exercise reproductive choice, and believe passionately that women should have the right to make these decisions for themselves, with access to high quality healthcare services. While the landscape in which we provide our services may change in the times ahead, we look forward to another 50 years of providing women with high quality care and individualised support.

BPAS – here when you need us.

During 2017/18 we have helped over 79,000 patients of all ages. A small number of patients fund their own treatment, but more than 97% of the women that come to BPAS don't have to pay for their abortion treatment as it is funded through over 186 contracts that BPAS holds with the NHS for the provision of services. BPAS provides over one third of all abortion treatment in the UK.

Procedures by provider



(Abortion numbers 2017, UK residents: 189,859)

What is the purpose of this report?

This Quality Report shows how we seek to achieve quality in delivery of our services and how we measure quality in terms of; patient feedback, improvements in the services we deliver, patient safety and the effectiveness of treatments that patients receive.

The 6 Cs

The 6Cs are the core of Compassion in Practice, which was drawn up by NHS England, launched in December 2012 and remain at the heart of our services, not just within the nursing staff, but across all of our staff and services. BPAS applies the 6Cs in the following way:

Care

Care is our core business and defines us and our work. People receiving care expect it to be right for them. The service delivered at BPAS complies with the Care Quality Commission (CQC) standards, but goes beyond this and it is a regular feature of feedback from our patients that they appreciate and value the care we provide to them.

Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity; it can also be described as intelligent kindness and is central to how people perceive their care. This is a particularly important aspect of service delivery in this sensitive area of healthcare.

Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence. The clinical competence of the organisation has been overseen by the Clinical Governance Committee and changes are implemented by the clinical team with support from the three Regional Quality Assessment and Improvement Fora – RQuAIF. Their purpose is to critically review regional service provision, discuss decisions taken by or outputs of the Clinical Governance Committee or Clinical Advisory Group, and to identify regional areas of risk, need, and gaps in service provision. Clinical changes are evidence based and supported by our own research team that is overseen by an expert Research and Ethics Committee.

Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for “no decision about me without me”. Communication is the key to a good workplace with benefits for staff and patients alike and this is strongly encouraged and supported at BPAS.

Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working. This applies not just to the way in which we deliver our services, but also in the way in which we advocate for women's reproductive healthcare rights and are prepared to challenge the status quo in order to ensure women receive the best care possible.

Commitment

A commitment to our patients and populations is a cornerstone of what we do. We are committed to improving the care and experience of our patients and where required, we take action to make this vision and strategy a reality.

At BPAS, a seventh C has been added; **Creativity**. This was added to encourage new ways of thinking and innovation to the client's benefit in all medical situations. It is reflected in the way in which services are regularly reviewed and improved, drawing on our professional competence and experience to drive innovation in healthcare delivery and creating an environment within the organisation that encourages implementation of innovative ideas.

Feedback received from patients overwhelmingly states how competent, caring, non-judgemental and experienced our staff are in this very specialised aspect of healthcare.

Further information about BPAS and our services can be found at www.bpas.org



What do patients think of us?

Patient satisfaction is already very high with an average score of 9.6/10, but despite this, BPAS constantly strives for improvement in the delivery of its reproductive healthcare services and has a number of innovations planned that will benefit patients, particularly where access to services is difficult.

BPAS receives many compliments about the service provided and some of these comments from BPAS patients can be found at: www.bpas.org/about-our-charity/performance/client-feedback-women

“
Lovely staff.
They made me feel completely safe. My consultation nurse was amazing, they worked to give me the best options and kept me well informed.
”

Via NHS Choices – posted January 2017 – Birmingham Central

“
I feel much more at ease today than I expected to and thank all of the staff for their kindness and professionalism.
”

Kings Cross - Islington CCG
– 24/3/17

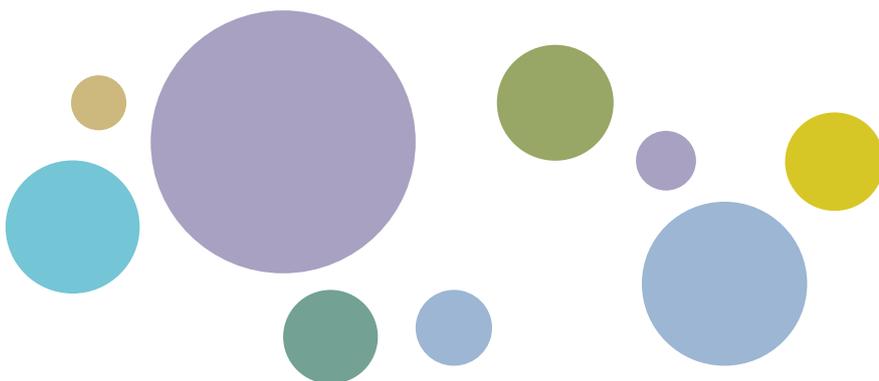
“
I had been dreading the appointment as I hate medical environments and procedures and felt very anxious about what was going to happen. The minute I walked in the receptionist greeted me in a warm and friendly manner. The nurses/midwives again were very kind, understanding and professional throughout. Everything was explained carefully and they ensured I understood and was comfortable throughout. Thank you
”

Via NHS Choices – posted May 2017
– Swindon.

Where do we provide services?

BPAS operates throughout Britain and currently provides services at the locations shown below. However, we are regularly opening new centres, based on demand for improving local access. The most up-to-date location list can be obtained by visiting our website www.bpas.org:

North East	North West	South West	South East
Cambridge	Birmingham Central	Amersham	Bedford Central
Coventry - (Telephone Pre-Assessment Service)	Birmingham South	Andover	Bognor Regis
Dewsbury	Brierley Hill	Aylesbury	Brighton
Doncaster	Cannock	Basingstoke	Crawley
Glasgow	Chester	Bath	Eastbourne
Kings Lynn	Manchester East	Bournemouth	Enfield
Leeds	Merseyside	Cardiff	Finsbury park
Leicester	Powys	Dorchester	Hastings
Mansfield	Solihull	Milton Keynes	Hatfield
Middlesbrough	St Helens	Northampton	London East
Newark	Stafford	Oxford	Luton
Newcastle	Tamworth	Plymouth	Richmond
Norwich	Warrington	Portsmouth	Southwark
Nottingham West	Wigan	Reading	Streatham
Peterborough		Slough	Tottenham
South Shields		Southampton	Willesden
Thetford		Swindon	
York		Taunton	
		Weston Super Mare	



What are we doing well and what can we improve?

During 2017/18, over 40% of patients (26,750) completed a feedback form and these patients expressed high levels of satisfaction with their treatment (an overall score of 9.6 (2017/18 9.6)).

The three areas patients were most satisfied with were:

1. They had confidence and trust in the staff (99.82%)
2. Being seen in a clean and safe environment (99.89)
3. They were treated with dignity at all times (99.7%)

99.51% of clients surveyed would recommend BPAS to someone they know who needed similar care.

99% of surveyed clients reported satisfaction in the following areas.

The clients felt that staff had:

- listened to the clients
- given a clear explanation about their treatment
- involved the clients in decisions about their treatment
- instilled confidence and trust in the care they were providing
- given the clients enough privacy when needed
- treated the clients with dignity at all times
- ensured the clients were seen in a clean and safe environment
- given the clients enough information about their aftercare

Regarding Information Governance:

- 94% of surveyed clients reported that they had received information about how their personal information would be used by BPAS
- 99% of surveyed clients reported that they felt their personal information was treated confidentially

Two main areas were identified as needing improvement, these were:

1. Waiting times – this means being seen within 30 minutes of appointment time on the day and reducing waiting times from first contacting BPAS to their initial appointment
2. Escort involvement

Waiting times

Waiting times were highlighted in the last Quality Report as an issue for improvement during 2017/18 and the following action has been taken:

- Expansion of the dedicated telephone consultation service to facilitate access to treatment, reducing unnecessary travel in addition to improving access
- Improved management, monitoring and reporting of appointment availability via the creation of the post of Capacity Manager, dedicated to the review of unit efficiency and waiting times
- Increased same day consultation and treatment appointments, reducing the number of visits clients need to make

The benefit of these actions is still work in progress and much of the improvement has been counteracted by increased caseload. Clients are also opting to wait for a 'consultation and same day treatment appointment', which has meant that wait to consultation has not improved but the overall waiting time from first point of contact to treatment has reduced to significantly within the guidelines defined as best practice. However, 82.5% of those expressed the view about waiting times, still felt that time to consultation was acceptable and 83% felt the waiting time to treatment was acceptable.

During 2018/19, reducing waiting times will be will be high priority with a view to improving this important aspect of the patient pathway, particularly from first contact to consultation.

Escort involvement

Our unique area of healthcare means we are required to spend a short amount of time with the client on her own so safeguarding can take place.

Another area which was previously highlighted as a concern was, escort or partner involvement. We have made improvements within the year and as a result, there has been a reduction in dissatisfaction felt by clients around how much their escorts were involved in the care pathway. In 2016/17 3.35% of respondents were dissatisfied whereas the figure has reduced to 2.95% this year.

This as a result of:

- improving communication with clients and their partners, ensuring they understand why it is important that we initially speak to clients on their own
- changes were made in our service guide to reflect how partners may be more involved and what they can expect
- units have been encouraged to consider how partners may be more involved where it is possible and the patient agrees
- additionally, the increase in procedures carried out under local anaesthetic and conscious sedation, unlike general anaesthetic, has provided more opportunity for partner/escort involvement and support

Partner involvement is a complex issue and even though 94% of patients were now happy with this aspect of the service they received, BPAS is committed to improving this area of service delivery further.

Use of information

Patients are made aware how their personal information will be used on the website, at first contact, in their patient information packs and there is also a leaflet available in our units to all that require it. We have also run a poster campaign within units advising patients to ask if they want further information. Overall over 99.8% of patients were happy with this aspect of the service they received, demonstrating an improvement on last year (97%).

Improvements that were planned for 2017/18

The following improvements planned for 2017/18 have been implemented:

- The development of clinical services: notably substantial investment in the development of a comprehensive conscious sedation service and further improvements to Early Medical Abortion (EMA) services – rolling out simultaneous administration and extending the gestational limit to 10 weeks. Conscious sedation and simultaneous EMA treatment now represents standard care at BPAS, with procedures under GA being the exception
- BPAS has developed Patient Safety Champions with the aim of creating an increased awareness and understanding of risks to patient safety, through the early identification and the appropriate management of risk
- BPAS is investing in its 'Leaders' through a Leadership Programme resulting in a Diploma in Leadership and Management. Leadership development expands the capacity of individuals to perform in leadership roles within organisations, building alignments with organisational values, winning mindshare and growing the capability of others
- We have undertaken high profile advocacy on abortion law (the We Trust Women campaign) resulting in a parliamentary Bill that achieved a majority vote: access (the Back Off campaign), which garnered parliamentary and local authority support, engaging staff and the public); promotion of post-coital contraception (the Just Say 'Non' initiative), which halved the price of the product in pharmacies nationwide
- BPAS continues to expand arrangements for referral to specialist centres in cases of late termination and clinically complex medical histories within the NHS and now works with over 30 hospitals around the country to ensure that women can access safe funded abortion
- The development of Clinical Administration System (CAS) enables BPAS to provide Consultation and Same Day Treatment. Client information, including the reason for requesting a termination and ultrasound scan results, are uploaded onto the CAS which enables BPAS Doctors to review client notes and ultrasound scan reports prior to signing the HSA1 remotely
- We have grown our Telephone Consultation Service which provides increased flexibility for clients. It is provided by Nurse/Midwife Practitioners who also work in the units seeing clients face to face
- We have campaigned for the needs of women in Northern Ireland, which has contributed to transformed access by winning Government funding for women from NI to travel and receive treatment in England
- We have increased our fundraising campaigns by implementing a full media mix resulting in an increase in the number and frequency of individual donations
- Although not planned, the external recognition of our work has increased exponentially as demonstrated by our surprise win in the Charity of the Year awards, which acknowledged the quality of our service delivery, our effort to increase capacity to respond to meet the MSI-deficit, and our advocacy. This was followed by receiving third place in the British Journal of Midwifery Awards

Key areas targeted for improvement in the quality of services

When considering priorities for improvement in the quality of services, the Care Quality Commission (CQC) 5 key questions have been taken into account, to ensure that the service is safe, effective, caring, and responsive to patient needs and well led.

Priorities for improvement in 2018/19 are:

1. Gain a better understanding of what our clients and staff perceive to be marks of quality and implement findings

Monitored by: Clinical and Organisational Development Departments

Measured by: Client and Staff survey results

Reported to: BPAS' Clinical Governance Committee (CGC) and Board

2. Utilise existing resources to provide greater capacity

Monitored by: Operations Department

Measured by: Waiting times

Reported to: CGC and Board

3. Operate the best possible external affairs unit within the designated budget to safeguard BPAS reputation, promote the value of reproductive choice globally, but with particular attention to the island of Ireland

Monitored by: External Affairs

Measured by: Political and legal change

Reported to: Board

4. Review, and where necessary, modernise internal processes (finance, HR, IT) to increase efficiency

Monitored by: Executive Leadership Team

Measured by: Increased cost savings

Reported to: Finance and General Purposes Committee and Board

5. Creation of a new Operational structure which will deliver against 3 key areas:

5.1 Delivering efficient services from units working to capacity and within budget

5.2 Delivering safe and effective services, according to clinical guidelines, policies and procedures

5.3 Delivering services which meet the legislative and regulatory requirements

Monitored by: Operations Department

Measured by: Successful implementation of the structure delivering against key areas

Reported to: Executive Leadership Team and Board

6. Celebrate our heritage and our staff in our 50th anniversary year

Monitored by: Executive Leadership Team

Measured by: Staff retention and engagement

Reported to: Board

Friends and families test

The question was introduced into the client feedback form in 2015 to establish the number of surveyed clients that would recommend BPAS to someone they know who needed similar care. This showed that in 2017 **99%** (2016; 99.5%) of clients agreed that they would recommend BPAS. This compares favourably with the NHS average for outpatient care of 94%.

What does the CQC say?

There were no new CQC inspections reports published during 2017/18. Published reports on the following BPAS units are available:

Name	Report publication date	URL of report (click to follow link)
Organisation Inspection & Overview		
British Pregnancy Advisory Service	07/12/2016	Visit CQC website and search BPAS unit name
Clinic Inspection		
BPAS - Basingstoke	20/08/2015	Visit CQC website and search BPAS unit name
BPAS - Doncaster	18/04/2016	
BPAS - Luton	14/06/2016	
BPAS - Leeds	28/09/2016	
BPAS - Southampton	29/09/2016	
BPAS - Milton Keynes	03/10/2016	
BPAS - Bournemouth	20/10/2016	
BPAS - Andover	20/10/2016	
BPAS - Amersham	20/10/2016	
BPAS - Reading	25/10/2016	
BPAS - Finsbury Park	02/11/2016	
BPAS - Tottenham	02/11/2016	
BPAS - Portsmouth Central	16/11/2016	
BPAS - Portsmouth	22/11/2016	
BPAS - Swindon	06/12/2016	
BPAS - Plymouth	06/12/2016	
BPAS - Middlesbrough	12/12/2016	
BPAS - Streatham	23/12/2016	
BPAS - Slough	06/01/2017	

Name	Report publication date	URL of report (click to follow link)
BPAS - Tamworth	10/01/2017	Visit CQC website and search BPAS unit name
BPAS - Cannock	10/01/2017	
BPAS - Peterborough	13/01/2017	
BPAS - Nottingham West	17/01/2017	
BPAS - Merseyside	26/01/2017	
BPAS - Chester	03/03/2017	
BPAS - London East	06/03/2017	
BPAS - Birmingham Central	26/06/2017	

Any observations raised on these reports are addressed as a priority within BPAS.

How do we ensure our clinical services remain high quality?

BPAS undertakes research and draws on international best practice to ensure it is able to provide clinically robust, evidence-based services. In addition to their usual induction, specialised training programmes are provided for all doctors and nurses at BPAS and this education is maintained through Continuing Professional Development.

BPAS monitors clinical incidents, near misses, complications, never events and 'not at BPAS' events through the incident and complication reporting system. BPAS has a Client Safety Incidents Policy and Procedure in place describing the monitoring and reporting process. Rates of incidents and complications are presented at the Regional Quality and Improvement Forum (RQUAIF) and to our Clinical Governance Committee. The latest complications and incidents results are shown on page 21.

Serious incidents requiring investigation have a root cause analysis investigation undertaken, with the findings and recommendations shared and embedded throughout the organisation at all levels.

There is a comprehensive and robust programme of audit, with timely feedback.

An overview of BPAS clinical governance arrangements is available here:

<https://www.bpas.org/about-our-charity/governance/clinical-governance/>

Ensuring that policies and procedures are up-to-date and represent best practice in healthcare provision

BPAS maintains comprehensive policies and procedures that are available to all staff through our intranet. These are subject to regular scrutiny to ensure compliance with best practice and they are regularly reviewed by the relevant sub committees of the Board. During the year 34 policies and procedures were updated, representing 50% of all clinical and operational policies and procedures.

Duty of Candour

The Duty of Candour is a statutory requirement for independent healthcare providers registered with the Care Quality Commission (CQC). This was introduced following the Francis Inquiry, which included recommendations for openness and transparency when incidents occur throughout the healthcare system.

Duty of Candour aims to help patients receive accurate, truthful information from health providers and involves informing and apologising to clients if there have been mistakes in their care that have led to significant harm.

Implementation of the Duty of Candour pathway occurs when a 'notifiable incident' occurs. For BPAS, notifiable incidents are:

- major complications
- extreme (red) and high risk (amber) rated clinical incidents
- serious incidents requiring investigation (SIRIs), including 'Never Events' and 'not at BPAS' events (NABEs)
- any other exceptional incident or complication that the Medical Director, Director of Nursing and Director of Operations determines should fall within the BPAS definition of a notifiable incident

The Duty of Candour policy has been implemented at BPAS. BPAS staff are responsible for highlighting to managers incidents which they believe may be 'notifiable.' During the year 93 clients were notified under this policy.

Clinical audit

All treatment pathways are audited monthly and infection control audits and record keeping audits are also undertaken monthly. Audit findings are monitored by the 3 RQUAIFs which are area sub-committees of the clinical governance committee. BPAS employs a Clinical Audit and Effectiveness Manager who coordinates clinical audits at BPAS and undertakes treatment and infection control audits for internal assurance purposes. For infection control audits, all units audited during the year scored above 90% (none or minimal action required).

In 2016/17 an electronic Incident Reporting system was implemented to improve recording, investigation and analysis of causes for all incidents at BPAS.

How do we ensure patient safety and look after the young and vulnerable?

BPAS operates robust Governance arrangements for safeguarding, supported by a full range of policies and procedures that have been communicated to all relevant staff and supported by appropriate training.

These Policies and Procedures cover:

- Safeguarding and Management of Clients Aged Under 18
- Safeguarding Adults
- Safeguarding Clients and Staff from Non-Contracted Visitors to BPAS
- Protection of Vulnerable Adults and Children from Practitioner Abuse
- Consent to Examination and Treatment
- Domestic Abuse – including FGM , ‘Honour Based Violence’, and Forced Marriage

BPAS updated their policies in 2015 in order to respond to policy and legislative measures and new legislation. The Care Act of 2014 flagged four areas of particular relevance to BPAS:

Forced Marriage

Honour Based Violence

Female Genital Mutilation

Prevent

We now incorporate all four of these areas into our Safeguarding training and also adapted our risk assessment forms to ask relevant questions in relation to the above.

We are confident we have extremely robust risk assessment processes in BPAS to enable us to identify both young people and vulnerable adults at risk of harm and this has been reflected in recent CQC inspection comments.

In particular we noted research telling us that children and young people rarely self disclose any form of Sexual Abuse unless directly asked and so our current processes are designed to facilitate these discussions and provide fuller more evidence based referrals for the statutory services to act upon.

We have also incorporated the new (Feb 17) definition of Child Sexual Exploitation into our training and will be responding to any further government guidance when Working Together to Safeguard Children 2018 is published.

In 2017 BPAS appointed a full time Designated Safeguarding Lead Nurse with a 25 year background working in Safeguarding. During this time she has worked as a “Named Nurse” both in acute hospitals and in Community Health and in four Clinical Commissioning Groups as a Designated Nurse. In addition she has provided training and consultancy for a wide range of organisations including NSPCC, Brook and Parentline.

In addition she will undertake audits in relation to safeguarding cases, continue to deliver safeguarding training and will produce the required annual reports.

All BPAS' Safeguarding Leads complete the Designated Safeguarding Children's Officer Course. All client-facing staff receive regular Level 3 safeguarding training. This is a bespoke package designed and delivered by BPAS Designated Safeguarding Nurse and includes : an overview of legislation, risk factors and identifying risk, types of abuse, sexual exploitation, consent, gang activity, the Mental Capacity Act, managing a disclosure, information sharing, making a referral, record keeping and case studies. Staff are also trained in child sexual exploitation, gang culture, honour-based violence, forced marriage, female genital mutilation, radicalisation (PREVENT) and domestic abuse. Regular supervision sessions are held where safeguarding issues are discussed, sharing best practice and case experience. In addition all Clinic Managers have undertaken WRAP (Workshop to Raise Awareness about PREVENT) training.

97% of all current BPAS staff had received this training during this reporting year and the remainder will receive training in 2018/19.

We audit safeguarding through:

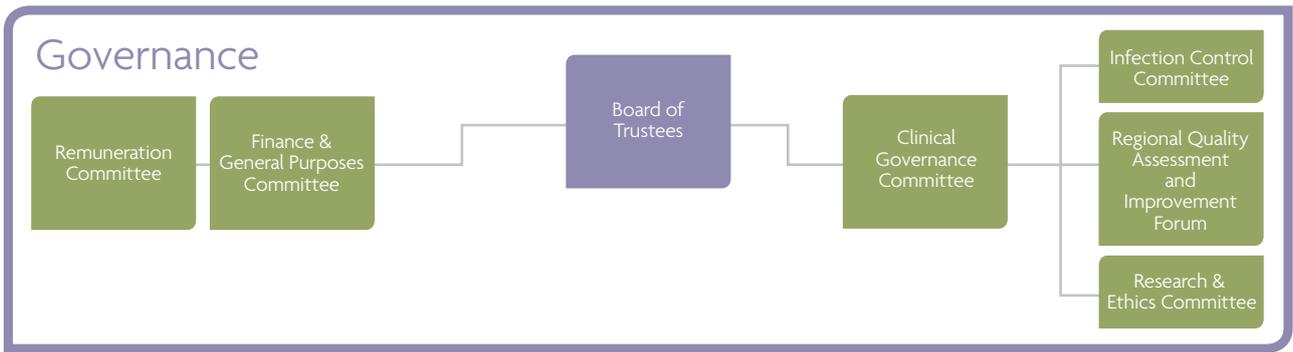
- Annual safeguarding audit (Section 11 Audit Tool)
- Number of under 14s (mandatory) escalated to a Designated Safeguarding Lead
- Regular peer audit locally, and during the annual audit cycle undertaken by a member of the BPAS Quality Team
- Audit of safeguarding training with a specific tool that has been rated as excellent by commissioning CCGs)
- Annual audit of staff knowledge through an online audit tool

Any client with a condition or disability which might affect their capacity to consent to treatment is carefully assessed by a trained member of staff. Within BPAS we train doctors and nurses to consent clients for abortion procedures, the training addresses the legislative and professional contexts of consent, descriptions of procedures together with associated risks and complications, and effective communication. The Mental Capacity Act 2005 is also examined in detail. Where a client lacks capacity to consent to treatment we have a specific consent form which is based on the Department of Health's model.

BPAS undertakes an annual audit of arrangements for safeguarding and promoting the welfare of children and vulnerable adults. During 2017/18 Section 11 assessment, the 47 criteria tested were all assessed as meeting the standards fully with all processes in place and up-to-date. Within the year we sort further advice on 647 clients where safeguarding concerns were identified with 36% being referred to another service.

Our centres are recognised as 'You're Welcome' and are compliant with the new 'Young People Friendly' standard. The average satisfaction score for BPAS services provided to under 18s was 9.53 (2016; 9.5). Areas stated as being particularly good were the welcome they received, the advice provided, the friendly supportive nursing care and how well we respected their privacy.

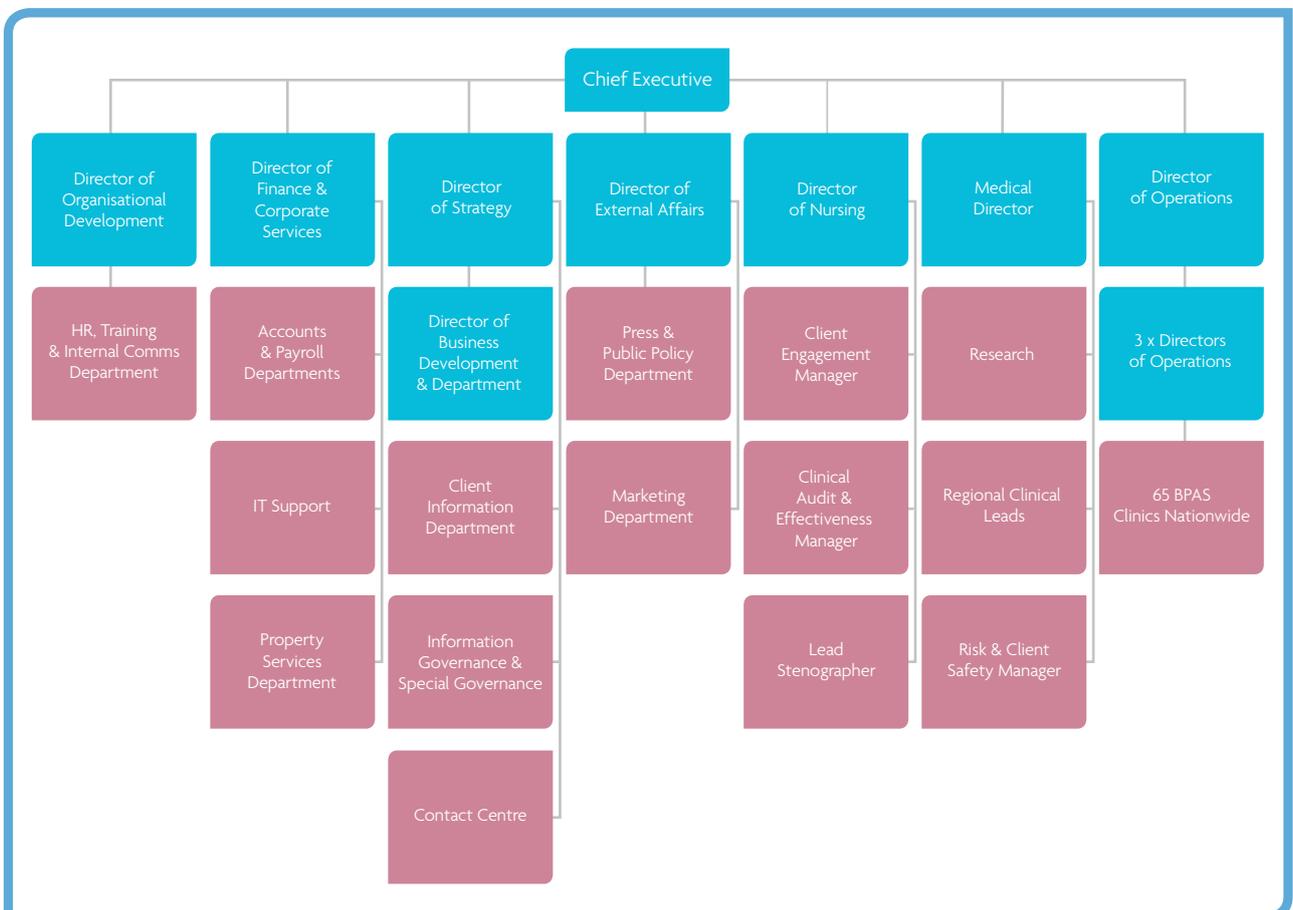
Who is in charge?



BPAS governance chart

BPAS governance is overseen by 12 Trustees that have been selected for their particular skills and receive induction on appointment. This Board of Trustees forms four sub Committees; 'Clinical Governance,' 'Finance and General Purposes,' 'Research and Ethics' and 'Remuneration'. There is also an Information Governance Committee. The Clinical Governance Committee is advised by a Clinical Advisory Group made of national and international experts in the field of abortion care to support evidence based clinical practice. This practice has been commended by the CQC.

Day-to-day management of the organisation is undertaken by the Executive Leadership Team (ELT), headed by our Chief Executive Ann Furedi. This is an experienced and stable team that is well versed with improving quality and managing change within the organisation.



BPAS organisational chart

How good are our staff?

We have 654 contracted staff (445.3 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. BPAS also runs a programme of training for NHS doctors and medical students in this specialised area of healthcare.

Staff turnover and sickness absence are below national averages and the workforce is well motivated and has good morale. Voluntary staff turnover is 12.4%. The average number of days of sickness absence per employee is 8.2, which compares to 10.6 in the health sector.

The latest staff survey showed that 92% of staff members would recommend BPAS to friends and family if they needed care or treatment and 83% recommend it as a good place to work and the percentage of staff that believe that their manager provides support when it is needed is 76%. BPAS monitors Personal Development Reviews to ensure that they are regularly undertaken for all staff and 65% of staff believe that their performance has improved as a result of skills they have developed over the past year. 78% of staff feel that they are part of an effective team and 92% of staff believe that they help to promote high quality client care.

How do we look after public money and who checks our services?

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 Monitor and for abortion services from the Department of Health. No serious concerns have been raised by any auditors or regulators.

How do we make sure we are providing useful and up-to-date patient information?

BPAS produces comprehensive patient information, delivered through a client focused set of communication channels. Patient information content is published on the website. In order to support clients' varied communication needs, we have included 'talking head' style videos to inform patients of all our service information. We feature British Sign Language videos for the hearing impaired. Patient guide and consent forms have been translated into the main foreign languages for the benefit of patients who present at our clinics for treatment. If necessary we supplement this foreign language literature with translators from the Big Word.

All BPAS patient information is reviewed and updated on a regular basis in conjunction with our internal clinical policies and procedures. The Clinical Department regularly updates policies and procedures to take account of any developments in best practice and these changes are mirrored in our patient information.

Regular social marketing campaigns are undertaken through a variety of media, including email and radio, to signpost abortion treatment access or inform on other related healthcare issues; such as how to access emergency contraception, the most effective forms of contraception and how to access STI tests.

Privacy is important to our patients and the digital channel affords the most privacy when accessed from a patient's personal smart phone. 79% of our patients visit www.bpas.org from a mobile device (way more than the 52% global average, percentage of pages served to mobile devices). Consequently our website is designed to be "mobile first" and receives over 1.62 million visits per year. Most patients receive their appointment confirmation letter via email which allows us to link to the appropriate website pages from email. Very few patients opt to receive their appointment confirmation by letter but we can do this too, if that is their preference.

We have improved the process for making an online request for a call back and intend to identify further improvements to enable patients to engage with us through their communication channel of choice:

- We are working on some contraceptive animations for the website
- We will improve the web chat facility and increase the capacity so that enquiries are directed to all call advisors
- We have begun a project to test and evaluate online booking of telephone consultation appointments for abortion patients

How do we look after information?

BPAS has completed the NHS IGSOE Toolkit to level 14.1 with a score of 76%. There is an Information Governance Committee (IGC) that meets regularly and is chaired by the Senior Information Risk Officer (SIRO). A risk register is maintained and all incidents are now reported using the Datix reporting system. This has increased the ease of use for staff and has seen an increase in the reporting of low level incidents. These are reviewed by the IGC and ELT to ensure appropriate action has been taken. Sensitive electronic data is stored in a Category 4 facility and penetration of BPAS systems is undertaken to ensure protection of this information. All staff receive IG and GDPR training as a part of their induction and then receive regular updates on relevant topics.

Patients are advised how their information will be stored and used both at initial contact and at the time that care is provided. All patients have access to information about their rights with regard to the information we hold on them. All patients are required to provide informed consent in line with current legislation.

Complaints

Patients are encouraged to complain if they are not satisfied with any aspect of the service. All complaints are thoroughly investigated and acted upon. During the year 92 "formal" complaints were received (0.12%). The main area of complaint resulted from Clinical issues (32), with learning opportunities for improvement identified in 21 cases. Other areas of complaint were; clinical incidents (5) 3 resulting in a learning need; staff attitude, information errors, IG incidents, and waiting times that resulted in Feedback / Training / Coaching and additional monitoring being arranged in five cases, with five cases being escalated to HR.

NHS Quality Indicators

The NHS has outlined some mandatory reporting requirements for the services that BPAS provides. The following NHS indicators are relevant to the provision of services at BPAS:

Ensuring that people have a positive experience of care

Responsiveness to the personal needs of patients during the reporting period – Client Satisfaction Score 8, 9 or 10 out of 10.

2015/16	2016/17	2017/18	
95.9%	95.5%	95.8%	Overall Client Satisfaction

Responsiveness to the personal needs of patients during the reporting period – Client Complaints.

2015/16	2016/17	2017/18	
<0.1%	<0.1%	<0.12%	Complaint rate
75	50	92	Complaints

In addition to the above formal complaints, there were 24 “informal” complaints (resolved within 5 working days) and 256 “local” (resolved locally). Informal complaints referred mainly to staff attitude and waiting times and local complaints were centred on information provided, clinic waiting times and staff attitude.

All patients are encouraged to complete a feedback form and over 40% take the opportunity to let us know how we have done across a range of areas relating to their care. This information is independently audited. It is reviewed by the Executive Leadership Team, Finance & General Purposes Committee, Clinical Governance Committee and the Board to consider potential areas for improvement in the service.

The percentage of patients that would recommend BPAS to someone they know who needed similar care

2015/16	2016/17	2017/18	
99%	99.4%	99.51%	% that would recommend BPAS

This figure is taken from a survey of patients at BPAS units and is based on over 26,000 responses from patients that are independently audited.

Treating and caring for people in a safe environment and protecting them from avoidable harm - The percentage of surgical patients who were risk assessed for venous thromboembolism (VTE) during the reporting period

2015/16	2016/17	2017/18	
100%	100%	100%	% risk assessed

It is mandatory that all clients undergoing treatment at BPAS have a VTE risk assessment completed. This is audited in the annual programme of treatment audits.

The rate per 100,000 bed days of cases of C.difficile infection reported within our service amongst patients aged two or over during the reporting period

2015/16	2016/17	2017/18	
NIL	NIL	NIL	Per 100,000

C.difficile reports are monitored monthly by the BPAS Director of Infection prevention and Control. Rates of C.difficile at BPAS are reported through the voluntary reporting system at Public Health England on a monthly basis. This has remained at zero for the last four years.

Number of incidences of grade 2 and above avoidable pressure ulcers acquired by in-patients in the care of the organisation

2015/16	2016/17	2017/18	
NIL	NIL	NIL	Pressure ulcers

This indicator reports the number of incidences of grade 2 and above pressure ulcers acquired by in patients in the care of the organisation in the Year. The target is Nil. Monitoring this will encourage best practice in prevention and management for all patients at risk of developing pressure ulcers.

The number and, where available, rate of complications and patient safety incidents reported within the organisation during the reporting period, and the number and percentage of patient safety incidents that resulted in severe harm or death

Complications:

2015/16		2016/17		2017/18		
No	%	No	%	No	%	
1,221	2.04%	1,260	2.02%	1,604	2.43%	Total overall
	3.6%		4.0%		3.3%	Medical
	0.77%		0.46%		0.75%	Surgical

Complication: In medicine, a complication is an unanticipated problem that arises following, and is a result of, a procedure or treatment. Some complications are not preventable, such as continuing pregnancy, or retained products of conception, following EMA.

The most common complications reported at BPAS are minor and are continuing pregnancy or retained products of conception (RPC) following EMA, and RPC following surgical abortion. The former is in-line with comparative data and the clinical pathway anticipates this. Robust follow up is provided after EMA and further treatment is offered where necessary. The overall rate of complications during 2017 remained very low, despite the implementation and extended roll out of the new regimen of simultaneous use of mifepristone and misoprostol for EMA.

The overall proportion of major and minor complications for vacuum aspiration or dilatation and evacuation (D&E) surgical abortion remained the same in 2017 in comparison with 2016 and the average for complications of vacuum aspiration across all anaesthetic choices is less than 5 per 1,000. Of these over 49% were for RPC. The incidence of complications with surgical abortion at BPAS remains consistent with or below those rates published in large case series and national statistics.

Clinical incidents:

A clinical incident is an event or circumstance that was unexpected or unusual and which may result in harm such as physical or mental injury to a client. BPAS staff are required to report all incidents, so that risks to patient safety are recognised and action is taken to prevent recurrence.

2015/16		2016/17		2017/18		
No	%	No	%	No	%	
544	0.9%	662	1.0%	835	1.2%	Reported (number of incidents, may exceed number of clients impacted)
30	0.05%	27	0.04%	23	0.034%	Serious Incident (Sis)
NIL		NIL		NIL		Deaths

The overall proportion and number of clinical incidents – which includes serious incidents - was higher in 2017 than in 2016. There has been a continued positive increase in the reporting rate of near miss incident during the year, with 26% of all incidents reported in 2017 being near miss or non-harm incidents. While the number and proportion of incidents remains very low at BPAS, possible reasons for the observed increasing trend are:

- A genuine increase in errors
- A greater focus on incident reporting and monitoring since the appointment of a Risk Management and Client Safety Lead in 2015
- Revision and re-launch of the Client Safety Incident Policy, which describes what to report and how to report, in March 2017
- The implementation of Datix in 2017 which made reporting easier and was associated with repeated and multi-channel communication to staff about incident reporting and training reporting
- The introduction of risk registers into each unit, focusing the attention of managers on incidents and trends

Incidents were analysed for their future risk, meaning the likelihood of recurrence and the impact at that likelihood. There were no extreme future risks incidents reported during 2017. High risk incidents accounted for 20.2% of clinical incidents (n=169), 63.4% (n=530) were classed as moderate, and 16.4% (n=136) as low risk.

BPAS treatment units have transfer agreements with NHS hospitals in case of clinical emergencies and there were 74 of these unplanned transfers in 2017 (2016; 56).

All of these incidents were investigated and reported to the Clinical Governance Committee for consideration. Clear action plans were produced and implemented.

There were no reported patient safety incidents that resulted in death in any of the reporting years.

Statement from the Board

The Board of Trustees of BPAS has reviewed this Report, which covers the key elements of a Quality Account that are relevant to our services and should provide a helpful overview of the quality of our services to a potential patient.

We are accountable for ensuring the accuracy of the information contained within this Report and to the best of our knowledge, this information is accurate and a fair representation of the quality of healthcare services provided by BPAS. We consider that this data is as described and has been checked for accuracy, validity, reliability, timeliness, relevance and completeness. The information provided with regard to service quality has been scrutinised by the Clinical Governance Committee, the Regional Quality Assessment and Improvement Forums and the Infection Control Committee.

During 2018/19 we will continue to work with our key stakeholders to further develop this report and ensure that it continues to meet their needs.

We continue to be proud of our staff and the quality of the services that they provide.

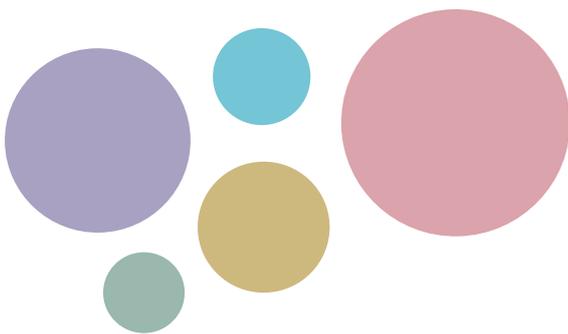
Cathy Warwick

Chair of the Board of Trustees

Ann Furedi

Chief Executive Officer

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BPAS is registered and regulated by the Care Quality Commission

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