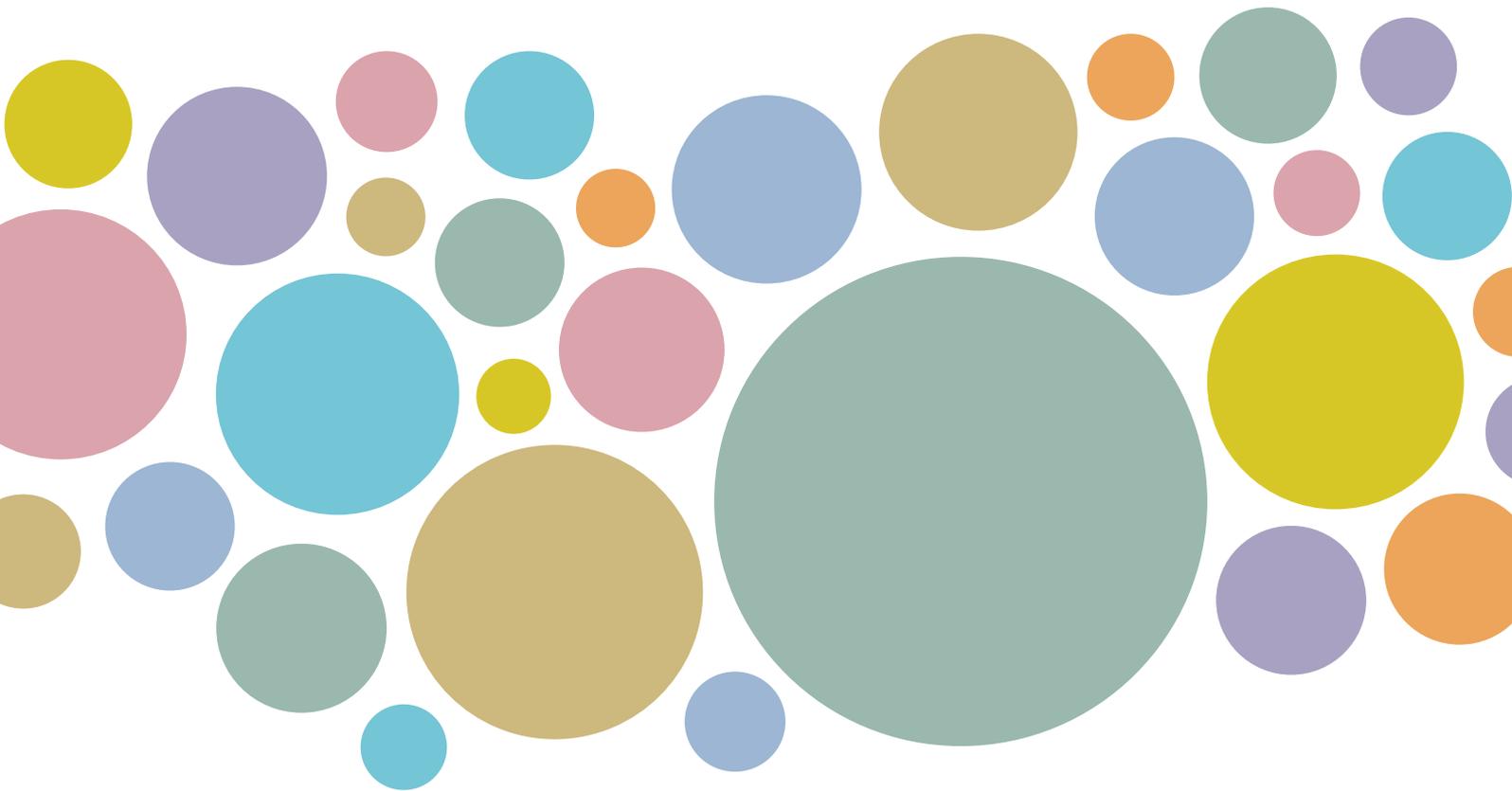


QUALITY REPORT 2018/19



Introduction to BPAS

The financial year 2018/19 has been an extremely busy one for BPAS. This year has been full of developments that have meant great improvements for the way in which we deliver care to our service users.

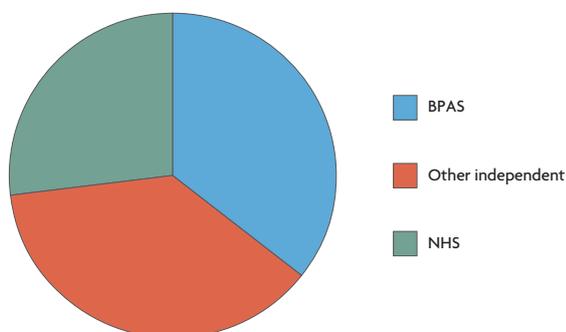
The most significant change is that, after more than 15 years campaigning by BPAS, the Secretary of State for Health finally issued approval for patients using early medical abortion (EMA) to take the second medication, Misoprostol, home with them. This change has a huge impact for women accessing abortion care. We have advocated for this change for decades, based on patient safety concerns, and in fact took a High Court action against the Department of Health in 2010. Previous interpretation of the Abortion Act '67 required that women take the second medication on approved licensed premises. This meant, in a vast number of cases, women started experiencing abortion symptoms whilst travelling home, risking their health and wellbeing. To enable women to benefit from the approval as soon as possible, we were able to implement the change to clinical and operational procedures in a matter of weeks following the notification of the change. This change in procedure has improved the safety and experience of tens of thousands of women already.

Looking to the future, there is still much work to be done. In past weeks there has been much condemnation of the situation in the US, where we are seeing systematic attempts to completely rollback women's reproductive rights. If we are to make a stand we simply must address the situation that exists within our own borders, and the criminalisation of women and healthcare professionals in the UK today. BPAS supports the decriminalisation of abortion across the UK: abortion is a key part of women's reproductive healthcare, essential if women are to be able to make their own decisions about their own bodies, lives and families, and it should be regulated in the same way as all other healthcare procedures.

BPAS – here if you need us.

During 2018/19 we have helped more than 86,800 patients of all ages. More than 98% of the women who come to BPAS have their abortion treatment funded through the 237 arrangements that we hold with NHS Commissioning organisations. BPAS provides over one third of all abortion treatment in the UK.

Volume of Procedures by Provider, Calendar year 2018



(Abortion numbers 2018, funded residents in England & Wales: 196, 935)

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 6Cs

The 6Cs are the core of Compassion in Practice, which was drawn up by NHS England, launched in December 2012 and remains 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 Quality and Risk Committee and the Operational Activity Committee. Their purpose is to critically review 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 clients' 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 very high and retains an average score of 9.6/10. 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

“

I can always look back and think how well I was treated the morning I spent at BPAS. I am grateful for you treating me with dignity and respect.

BPAS Bournemouth 2018

”

“

I am truly humbled by the facilities & service you provide to those in need. You all should be very proud of yourselves and what you do.

Thank you card received
by BPAS

”

“

You were so kind, understanding and warm. You all do an amazing job and help to liberate so many women, thank you.

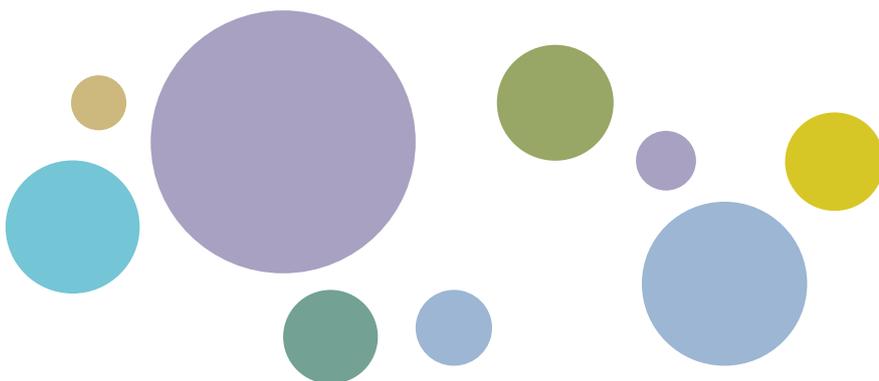
April 2018 Birmingham Central

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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	Bognor Regis
Coventry - (Telephone Pre-Assessment Service)	Birmingham South	Andover	Brighton
Dewsbury	Cannock	Aylesbury	Crawley
Doncaster	Chester	Basingstoke	Eastbourne
Glasgow	Dudley	Bath	Finsbury Park
King's Lynn	Manchester East	Bournemouth	Hastings
Leeds	Manchester West	Cardiff	Hatfield
Leicester	Merseyside	Dorchester	London East
Mansfield	Powys	Milton Keynes	Luton
Middlesbrough	Shrewsbury	Northampton	Richmond
Newark	Solihull	Oxford	Southwark
Newcastle	St Helens	Plymouth	Streatham
Norwich	Stafford	Portsmouth	Willesden
Nottingham West	Tamworth	Reading	
Nottingham City	Telford	Slough	
Peterborough	Warrington	Southampton	
South Shields	Wigan	Swindon	
Thetford		Taunton	
York		Weston-Super-Mare	



What are we doing well and what can we improve?

During 2018/19, more than 38% of patients (36,376) completed a feedback form and these patients expressed high levels of satisfaction with their treatment (an overall score of 9.62/10 remained the same as the previous year).

The areas patients were most satisfied with scoring 100% were:

- they had confidence and trust in the staff
- being seen in a clean and safe environment
- they were treated with dignity at all times

Clients felt that:

During booking call:

- the advisor was understanding
- all of my questions were answered

During the appointment:

- I was given enough privacy when I needed it
- the staff listened to me
- treatment was explained in a way I could understand
- I felt involved in decisions about my treatment
- I was given enough information about my aftercare

99% of clients surveyed would recommend BPAS to someone they know who needed similar care.

Regarding Information Governance:

- 95% 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 again 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. Companion involvement

Waiting times

Waiting times were highlighted in the last Quality Report as an issue for improvement during 2017/18 and actions taken have resulted in some improvement.

Dissatisfaction with waiting between the initial contact and treatment had reduced to 15% in 2018/19 compared to 18% in 2017. The percentage of clients reporting that they were not seen within 30 minutes of their appointment time remained consistent with prior years at 17%.

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, 74.6% of those who expressed a view about waiting times, felt that time to consultation was still acceptable and 85.4% felt the waiting time to treatment was acceptable.

During 2019/20, reducing waiting times will continue to be a high priority with a view to improving this important aspect of the patient pathway.

Companion 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, companion 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 companions were involved in the care pathway. In 2017/18 2.95% of respondents were dissatisfied whereas the figure has reduced to 2.47% this year.

This is 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, procedures carried out under local anaesthetic and conscious sedation, unlike general anaesthetic, provide more opportunity for partner/companion involvement and support.

Partner involvement is a complex issue and even though 95% of patients were now happy with this aspect of the service, BPAS is committed to improving this area of service delivery further.

Use of information

BPAS' Privacy Notice is visible on the website www.bpas.org and explains what personal information we record and in what circumstances we share it. This message is repeated when clients call the Booking and Information Centre, and in our client leaflet 'How BPAS uses your data'. In 2018/19 99% of clients completing a survey reported that they felt their personal information was treated confidentially.

Improvements that were planned for 2018/19

The following improvements planned for 2018/19 have been implemented:

- **Gain a better understanding of what our clients and staff perceive to be marks of quality and implement findings.** Areas for improvement were identified from our latest staff survey, these included communication within the organisation and staff wellbeing. As a result, we have introduced more regular bulletins to staff including a 'Feel Good Friday' newsletter, unit visits from Directors and regular Q&A sessions hosted by members of the Executive Leadership Team. We have also launched a package of improvements around mental health and wellbeing including training for Line Managers, and Mental Health First Aiders. Our research team are engaging with clients post TOP to learn through electronic questionnaires, what could be changed or done better or differently with regards to clients' care pathway, this also includes a review of service material.
- **Utilise existing resource to provide greater capacity.** Active capacity management, for treatment appointments as well as consultation, and for the placement of complex clients, has allowed better utilisation of appointment slots. It has also engineered a greater sense of co-operation between units. We have also embedded services that allow us to 'switch' telephone consultation to target areas which are experiencing particular demand, thus reducing waiting times.
- **Operate the best possible External Affairs unit.** The influence of BPAS (particularly the We Trust Women campaign for decriminalisation), has been instrumental in national policy development. While the initiatives have been expertly led by the External Affairs Team, its power lies in the contribution and expertise of BPAS clinical, nursing and operational functions and to project that experience outside of BPAS.
- **We continue to review and improve internal processes.** During the coming year we will embark on a major investment programme to modernise our IT infrastructure, introduce electronic patient records and upgrade key systems to improve management efficiency, team collaboration and enable the more effective and timely monitoring of key activity such as staff training. All IT developments will be 'secure by design' to ensure the confidentiality and integrity of the sensitive information they hold.
- **Creation of a new operational structure which will deliver safe and efficient services according to clinical guidelines, policies and procedures while meeting legislative and regulatory requirements.** Following the review, we have introduced additional operational provision with seven Area Managers providing support, audit, reporting and scrutiny. We implemented at speed, home-use of misoprostol in early medical abortion across the service, resulting in an improved experience for clients.
- **Celebrate our heritage and our staff in our 50th anniversary year.** Our official celebration took place in Birmingham in September and was attended by 460 staff from across the country who rated the event a great success.

Key areas targeted for improvements in the quality of services

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

Priorities for improvement in 2019/20 are:

1. Consider how to create greater patient-centricity in all aspects of the care pathway, and determine an implementation plan.

Monitored by: Executive Leadership Team

Measured by: Client survey results

Reported to: BPAS Board

2. Develop and expand our capacity for clinical and non-clinical research with the intention of publishing a wider scope of outcomes. Create a structure to enable us to conduct non-clinical 'advocacy' research alongside our existing risk communication and legal projects.

Monitored by: Executive Leadership Team

Measured by: Sponsorship and Publications

Reported to: BPAS Board

3. Expand the BPAS Telephone Consultation Service and ensure its environment and equipment is fit for purpose.

Monitored by: Operations Department

Measured by: Increased capacity and staff retention

Reported to: Executive Leadership Team and Board

4. Gather and use data from the Aftercare line to improve client access and experience, for example Web based Q&As.

Monitored by: Operations Department

Measured by: Reduction in number of calls and Client Feedback

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

5. Upgrade IT systems and connectivity to improve efficiency and reduce duplication.

Monitored by: Executive Leadership Team

Measured by: Cost savings and reduction in transcription errors

Reported to: BPAS Board

6. Creation of a unified data tool for quality monitoring that aligns internal audit and reporting with external reporting and inspection.

Monitored by: Clinical Department

Measured by: Successful implementation of process delivering against requirements

Reported to: BPAS CGC

Friends and families test

In 2018, 99% (2017; 99%) 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?

The following BPAS clinics were inspected by the CQC during 2018/19.

Name	Report publication date	URL of report
Clinic Inspection		
BPAS Brighton	06/08/2018	Visit CQC website and search BPAS unit name
BPAS Cannock	28/03/2019	
BPAS Leicester City	28/09/2018	
BPAS Northampton Central	13/07/2018	
BPAS Hastings	Waiting publication	

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 Quality and Risk committee, the purpose of which is to critically review regional service provision. In addition the committee discuss decisions taken by or outputs of the Clinical Governance Committee (CGC) or Clinical Advisory Group, and identify regional areas of risk, need, and gaps in service provision, reporting these to the CGC as appropriate.

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

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, 36 policies and procedures were updated, representing 53% 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 73 clients were notified under this policy.

Clinical audit

The National Nursing Manager has responsibility for clinical audit. An annual audit timetable is published as part of the Clinical Annual Plan. Consultations, EMA, and surgical treatment pathways are audited on a fixed schedule against a set of standards based on BPAS guidelines, policies and procedures. Any areas of non-compliance identified by the audit are reviewed by BPAS Quality and Risk Committee. During 2018 all units achieved >90%; the acceptable standard. For infection control audits, all units audited during the year scored above 90% (none or minimal action required).

In 2018 Patient Safety Champions also conduct audits at their local unit. The audits are to assess implementation of safety related recommendations. They also provided 'independent' audits at surrounding units.

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

Safeguarding adults and children remains a priority for BPAS. A full-time specialist Lead Nurse for Safeguarding has been in post since October 2017 with a remit to provide training, policy support and advice to senior managers and safeguarding supervision to Area and Unit Managers. The specialist Lead Nurse for Safeguarding is supported by the Director of Nursing.

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. The BPAS safeguarding policy framework sets out the operational safeguarding requirements for all managers and staff. They are kept under regular review to ensure continuing alignment with legislation and good practice. The policies were last updated in December 2018 to reflect the changes set out in 'Working Together to Safeguard Children' (DoE, July 2018).

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

We risk assess all clients under 18 using the guidance laid out in 'Spotting the Signs' in order to both be compliant with the Children and Young people's legislation of 1989 and 2004 and with the Sexual Offences Act of 2003.

We have 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 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 addition, we undertake audits in relation to safeguarding cases and continue to deliver safeguarding training. We produce 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 Unit Mangers have undertaken WRAP training.

86% of all current BPAS staff had received this training during this reporting year against a requirement that it is undertaken every two years.

We audit safeguarding through:

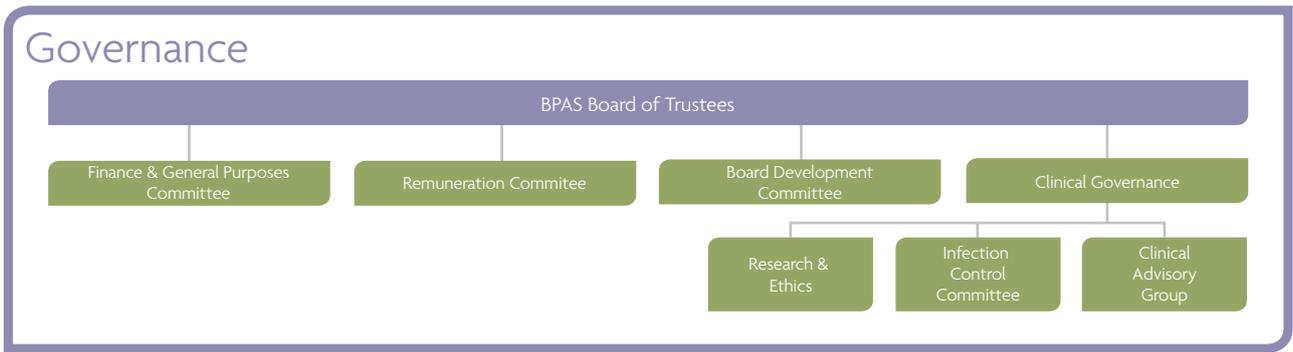
- Annual safeguarding audit (Section 11 Audit Tool)
- Number of under 14s (mandatory) escalated to a Designated Safeguarding Lead
- Regular peer audit locally, in addition to the annual audit cycle, undertaken by a member of the BPAS Quality Team
- Audit of safeguarding training with a specific tool 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 2018/19 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 153 of the 4,779 under 18s seen by BPAS were referred to other agencies.

A new vulnerable adults risk assessment was introduced in December 2018 for staff to use if considered necessary (e.g. clients with learning disabilities, clients living in coercive or violent relationships, clients with drug or alcohol dependencies, clients with ongoing mental health conditions).

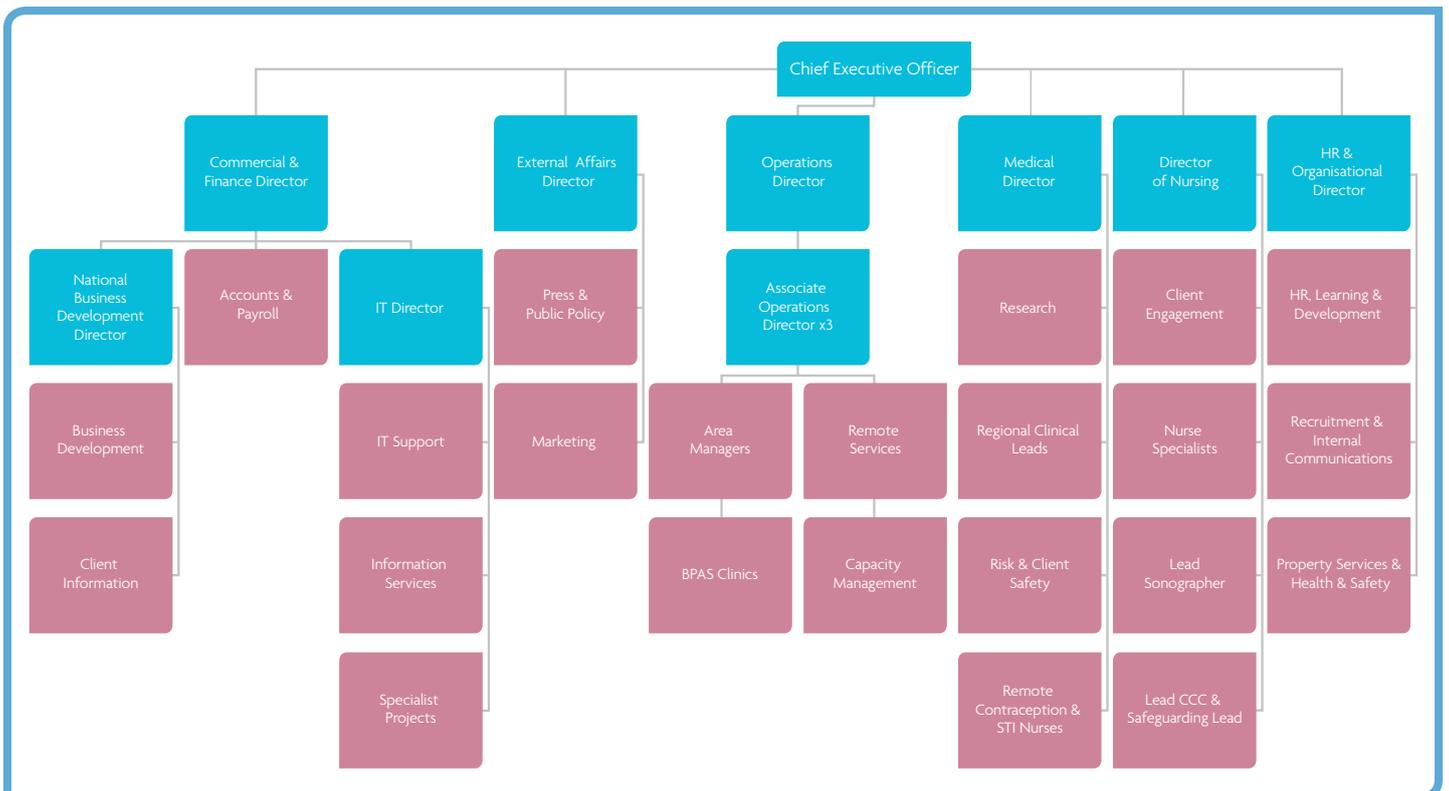
Who is in charge?



BPAS governance chart

BPAS governance is overseen by 9 Trustees that have been selected for their particular skills and receive induction on appointment. This Board of Trustees forms several sub Committees; ‘Clinical Governance,’ with further sub committees, Infection Control, Research & Ethics and a dotted line report from the Quality & Risk Committee that formally reports into the Executive Leadership Team (ELT) In addition to the ‘Finance and General Purposes,’ ‘Infection Control’ and ‘Remuneration’ committees. The ‘Information Governance Board’ also reports to the ELT. 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 ELT, headed by our Chief Executive Officer, 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 705 contracted staff (399 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 the national average and the workforce is well motivated and has good morale. Total staff turnover for the 12-month period as a whole is an annualised 17.65%, which is a decrease compared to the previous 12 months (19.87%). The average number of days of sickness absences per employee is 8.5. Which compares favourably to 9.8 in the health sector.

The latest staff survey showed that 93% of staff members would recommend BPAS to friends and family if they needed care or treatment and 78% recommend it as a good place to work. 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 64% of staff believe that their performance has improved as a result of skills they have developed over the past year. 77% of staff feel that they are part of an effective team and 89% 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?

During this year we commenced a wholesale review of our client communications. A steering committee has been convened of stakeholders from around our organisation. The objective of the steering group was to set out the terms of the project. The first stage of the review has been to undertake user research which has been divided into staff focus groups and client email surveys. The outcome of the research will form part of the client service communication strategy during 2019/20.

We aim to provide as much of our service materials in a variety of media and communication channels and have started the process of migrating a large volume of our materials into a digital format. Developing communication through a variety of media such as video for instance, and ensuring it is accessible via a mobile device is crucial, as more and more of our service users access our care through different operational channels. This change of focus to digital communication has enabled our remote services operations, such as Telephone Consultation, to use with them with the client during their episode of care.

We continue to ensure our service communications are accessible for all clients using our services by providing formats such as Braille and large print and ensuring our website is DDA compatible.

How do we look after information?

BPAS published its self assessment for the IG Toolkit Assessment 2019 and have received confirmation that we meet the necessary standards. 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 testing 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.

BPAS Privacy Policy is displayed on our website and 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 82 formal complaints were received (0.1%). The main area of complaint resulted from clinical issues (60), with learning opportunities for improvements identified in 37 cases. Other areas of complaint were: clinical incidents (4) all 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 four cases, with two 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.

2016/17	2017/18	2018/19	
95.5%	95.8%	97.2%	Overall Client Satisfaction

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

2016/17	2017/18	2018/19	
<0.1%	<0.12%	0.1%	Complaint rate
50	92	82	Complaints

In addition to the above formal complaints, there were 6 'informal' complaints (resolved within 5 working days) and 157 'local' (resolved locally). Informal complaints referred mainly to information errors 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 38% 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

2016/17	2017/18	2018/19	
99.4%	99.51%	99.6%	% that would recommend BPAS

This figure is taken from a survey of patients at BPAS units and is based on over 28,958 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

2016/17	2017/18	2018/19	
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

2016/17	2017/18	2018/19	
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

2016/17	2017/18	2018/19	
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:

2016/17		2017/18		2018/19		
No	%	No	%	No	%	
1,260	2.02%	1,604	2.43%	1,735	2.3%	Total overall
	4.0%		3.3%		2.9%	Medical
	0.46%		0.75%		0.86%	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 2017/18 remained very low, despite the implementation and extended roll out of the new regimen of simultaneous use of mifepristone and misoprostol for EMA.

The rate of major complications with vacuum aspiration was the same in 2018/19 and in 2017 (0.02%) while the rate of minor complications decreased slightly in 2018/19 (0.63% vs. 0.77%, respectively). Rates of major complications with surgical abortion by dilatation and evacuation (D&E), while still low, saw an increase in 2018/19 compared to 2017 (0.74% vs. 0.36%, respectively) as did the rates of minor complications (0.91% vs. 0.41%, respectively).

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.

2016/17		2017/18		2018/19		
No	%	No	%	No	%	
662	1.0%	835	1.2%	1,673	1.8%	Reported (number of incidents, may exceed number of clients impacted)
27	0.04%	23	0.034%	38	0.04%	Serious Incident (Sis)
NIL		NIL		NIL		Deaths

Following a Clinical Incident the number of actions recommended increased from 66 in 2017 (12-month period) to 196 in 2018/19 (15 months). This is because each step in an action goal is now recorded whereas previously overarching action goals were recorded. BPAS also follows 'SMART' principle actions to ensure the full change management process is auditable, rather than just the delivery of the final goal.

The most common action type in 2018/19 was to conduct a form of audit in order to obtain assurance of required corrective action. These may have included using an existing audit tool or undertaking spot checks of evidence that actions were completed. In addition, greater emphasis has been placed on organisation-wide communication with staff.

Statement from the Board

The Board of Trustees and the Senior Management Team are proud of what BPAS achieved in 2018/19. As this report documents, it has been a year in which BPAS has both grown and improved the quality of its service.

We rely on a hard-working, empathetic complement of staff who never forget that BPAS exists to deliver, and advocate for, the reproductive choice that our clients need and who take pride in their part in abortion care.

As Chairman and Chief Executive Officer, we feel that it is an honour and a privilege to lead this service.

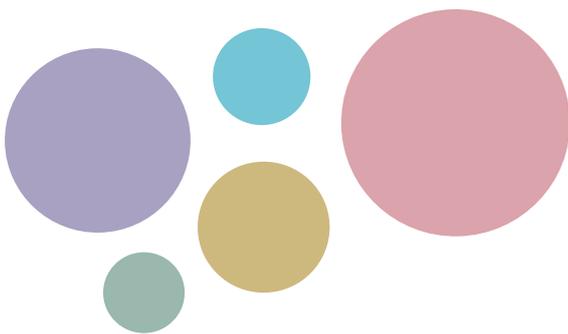
Cathy Warwick

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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