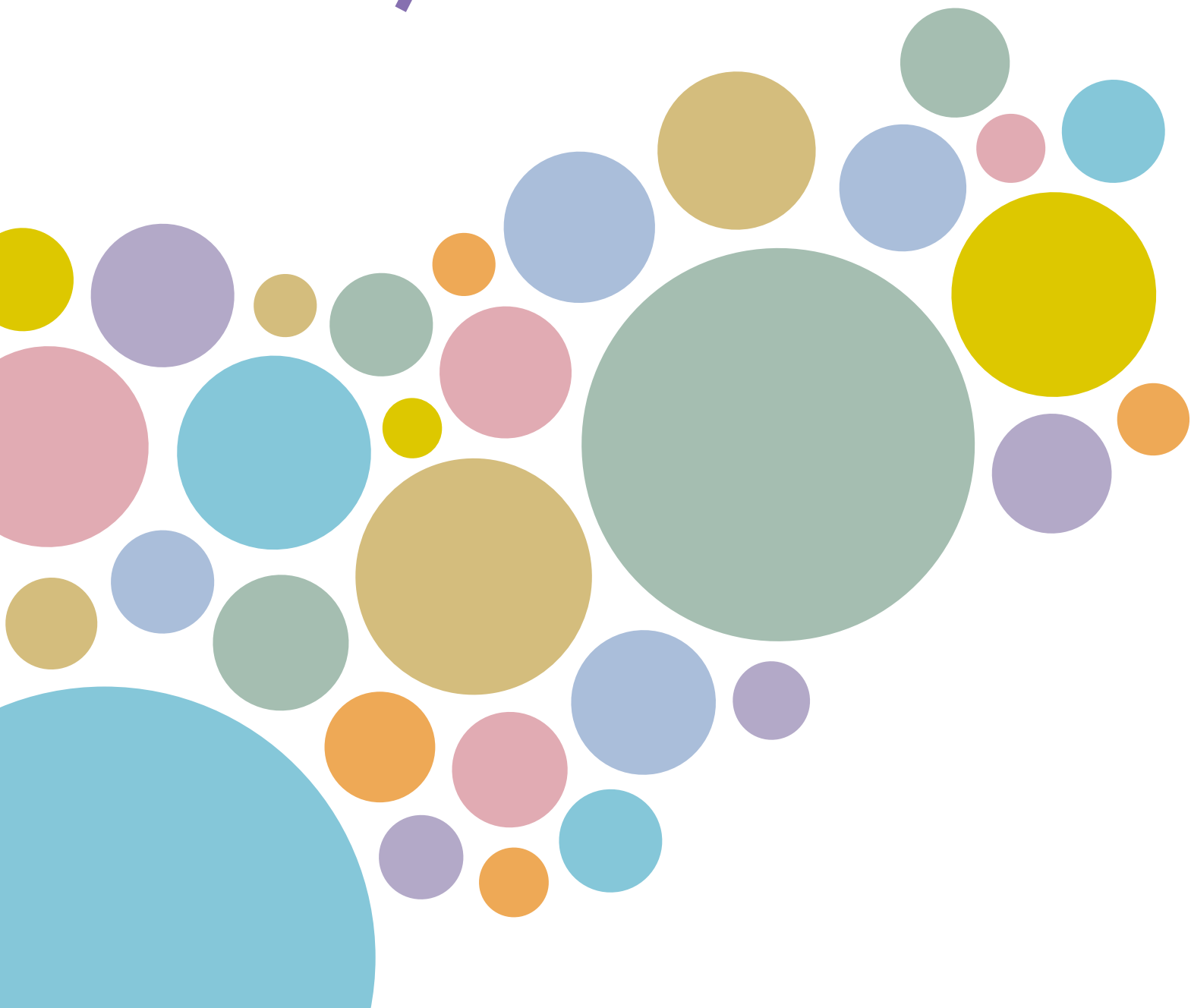


ANNUAL QUALITY REPORT 2019/20



“

We trust women to make decisions about their lives, and they can trust us to provide them with the highest quality care and to fight for the legal and policy changes needed to deliver reproductive choice.

”

Ann Furedi, BPAS CEO



Introduction to BPAS

What is BPAS?

Our ambition:

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:

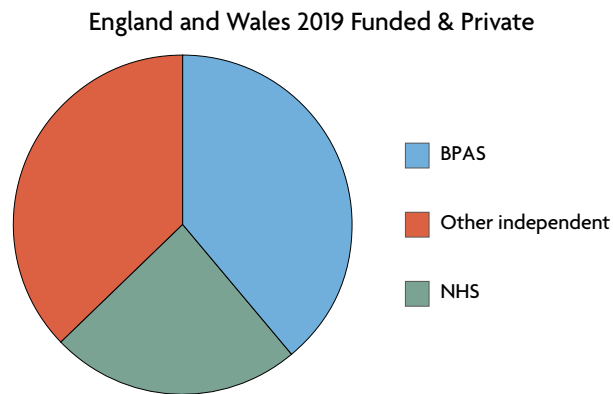
- providing support and information
- holding her hand while she has her treatment
- delivering evidenced based clinical care
- talking to National Health Commissioners about best practice in reproductive healthcare
- talking to politicians about why women's reproductive lives are not for political or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

During the year 2019-20 we took care of more women than ever before, we achieved far reaching legal and political changes impacting the lives of 100s of thousands of existing and future clients. We undertook more research in our field than ever and we invested in our people and our systems.

BPAS - Supporting pregnancy choices. Trusting women to decide.

During 2019/20 we have helped over **103,618** patients of all ages. More than 98% of the women who come to BPAS have their abortion treatment funded through one of the 271 arrangements we hold with NHS commissioner organisations. BPAS now provides 39% of all abortion treatment in the UK.

Volume of Procedures by provider Calendar Year 2019



(Abortion number 2019 funded residents in England & Wales 207,384)

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 women need do not exist, we create them. Where barriers prevent women accessing reproductive healthcare, 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 in order 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. During this year we were commissioned by 271 organisations across the UK, including the UK Government to provide care for women travelling from Northern Ireland to England and Wales for treatment.

Statement from Ann Furedi, Chief Executive and Cathy Warwick, Chair of the Board of Trustees

For the first time, we supported more than 100,000 clients facing an unplanned pregnancy or a pregnancy they could not continue, through a network of 80+ centres across Britain. At the end of this financial year the world began to understand the devastating impact of the global pandemic, COVID-19. This annual review covers the services and activities we delivered throughout the year including the challenges we faced as the pandemic struck the UK and how we rose to them.

Throughout this period, BPAS also continued to advocate and campaign on the behalf of women who use and may need to use our services in the future. Much of our campaigning focused on securing support for the decriminalisation of abortion across the UK. While safe and publicly-funded abortion care has been accessible for many years in Britain, it still remains the only healthcare procedure to require legal authorisation from 2 doctors and the 1967 Abortion Act places a number of restrictions on the way in which we can provide care. In Northern Ireland, termination of pregnancy has long been unlawful, however BPAS played a key role in securing the decriminalisation of abortion for women in the country in October 2019.

We continue to campaign for full decriminalisation across the UK as only this affords women the right to make their own reproductive healthcare decisions and enables healthcare professionals to deliver the highest quality care and support. The decriminalisation of abortion in Northern Ireland enabled us to launch our ground-breaking, telemedical abortion service, Pills by Post, to women in NI. Establishing this service was also instrumental in our response to the COVID-19 pandemic, enabling women to receive their treatment in the safety of their own home, which we will detail later in this review.

There is still much work for us to do in improving existing services, delivering care in innovative ways, reducing waiting times and preparing for a decriminalised framework which will enable us to create woman-led services using different pathways. But we also need to explore other areas of reproductive healthcare where women are poorly served. BPAS was established in 1968 to deliver a not-for-profit abortion service which the NHS either could not or would not provide, meaning women either could not access the care they needed or were forced to pay high prices to do so. In 2020, we believe women needing fertility services and support would also benefit from BPAS' approach to woman-centred and evidence-based care; we have worked this year to establish affordable IVF services that can be funded by the NHS or directly by clients, and are preparing to launch this service in 2021.

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

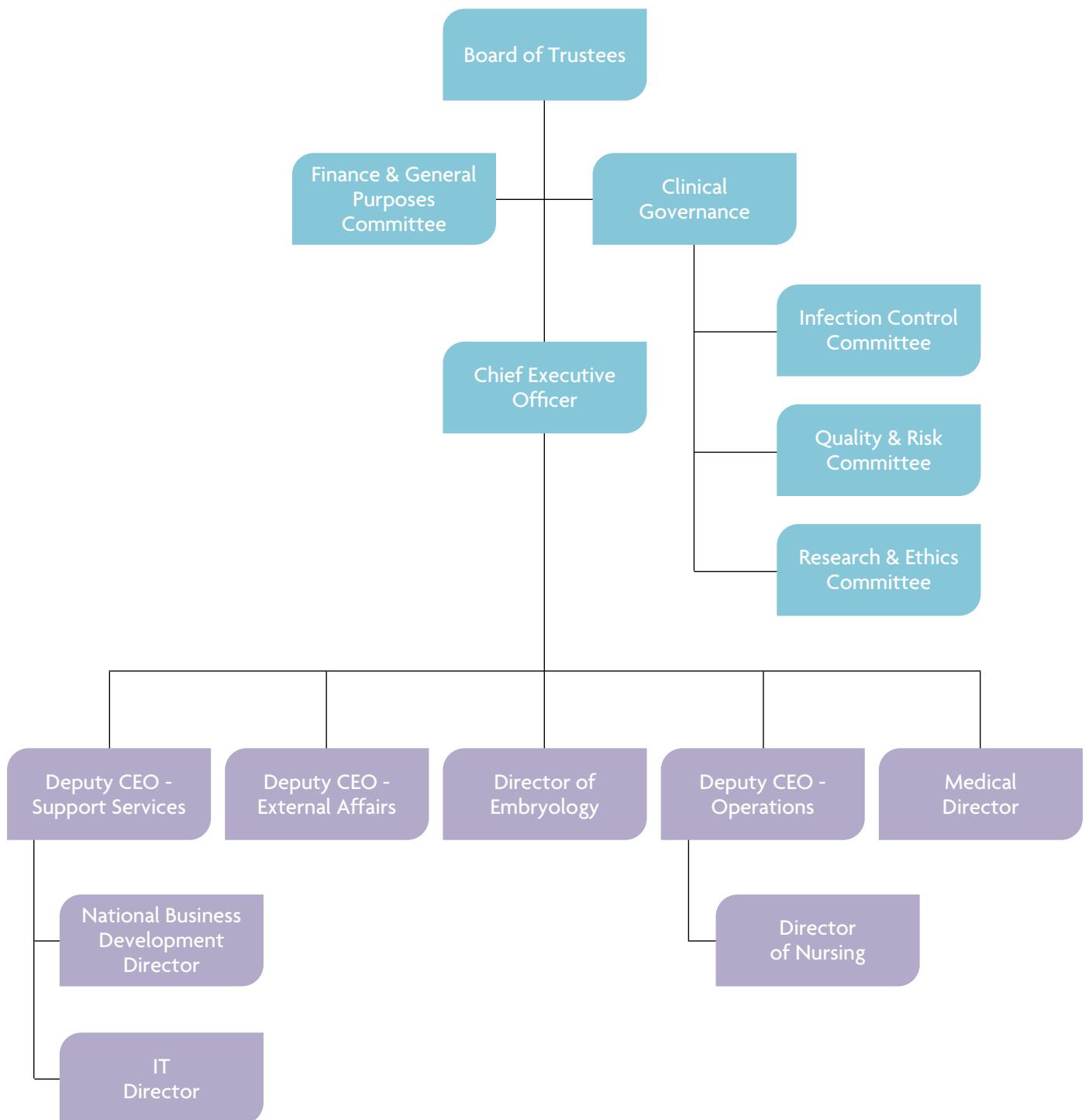
We act with integrity. Everything we do is evidence-based and ethical, informed by our knowledge and understanding, and the needs of the women we serve.

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 745 workers. We are governed and managed by a robust structure of Trustees, Governance Committees and Senior Team.

Our Governance & Management Structure



Executive Leadership Team Member

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 6 years. Cathy is a midwife and was Chief Executive of the Royal College of Midwives for 9 years until 2017.

Chair Dame Professor Cathy Warwick (Chair)

Amanda Callaghan

John Collier

Dr David Dickson

Professor Calliope Farsides (resigned 5 July 2019)

Professor Anna Glasier

Dr Sheelagh McGuinness (appointed 30 November 2019)

Dr Lucy Moore

Professor Lesley Regan (appointed 30 November 2019)

Sanjay Shah

Anne Shevas

Our Leadership Team

Chief Executive

Ann Furedi

Senior Officers

Clare Murphy (Deputy CEO - External Affairs)

Mandy Myers (Deputy CEO - Operations)

Charles Scott (Deputy CEO - Support Services)

Dr Patricia Lohr (Medical Director)

Rosemary Cutmore (National Business Development Director)

Michael Nevill (Director of Nursing)

Jill Craig (Director of IT) - (appointed 1 November 2019)

Marta Jansa-Perez (Director of Embryology)

Our employees provide us with crucial feedback as their experience matters.

- We listen to employees by encouraging feedback through a variety of programmes and channels. Human Resources have a formal responsibility for Staff Engagement and work in partnership with Internal Communications to keep our staff informed and engaged. We distribute employee surveys, and we have an employee representative group that meets with our Leadership Team four times per annum.
- We trust women and we trust our employees and staff understand how they each contribute to our clients and our organisation – through our feedback, governance and communication mechanisms, our people tell us when improvements or changes are needed for the best outcomes for our clients and for their own well-being.
- Our leadership team briefs our whole organisation formally 3 times annually on organisational progress through a variety of different communication channels. This year we built a new intranet to serve as a live channel to communicate progress, news and gather input from our employees who are based throughout the UK.
- Our Learning & Development department built & delivered a Leadership Programme to almost 100 leaders around our organisation. The objective of this programme, which consisted of 5, 2-day training courses followed by work in the business, was that this team would learn/refresh leadership skills and techniques, being then empowered to bring those skills back into the organisation. This course had an optional opportunity for employees to work towards a Diploma in Leadership from the Institute of Leadership & Management.

How good are our staff?

We have 745 contracted staff (530 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 88% of staff undertook 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 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 21% (for all leavers) and 15% for voluntary leavers. The average number of days of sickness absences per employee is 9 days, which compares favourably to 9.8 in the health sector.

The latest staff survey showed that 88% of staff were proud to work at BPAS, 76% felt part of a team, and 80% felt supported by their manager.

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.

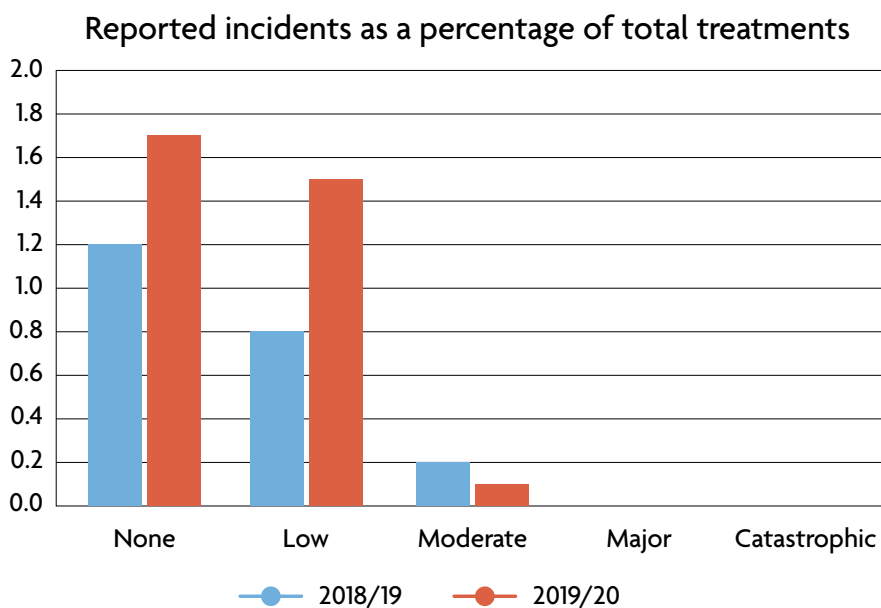
Is BPAS safe?

Client Safety and Risk

The rate of clinical incidents at BPAS remains low, but a steady increase in the proportion and number of incidents reported has risen since 2016. In 2019/20 the clinical incident rate was 3.3% (n=2,890) compared to 2.5% (n=1,913) in 2018/19. During the last year, the increase in reporting is attributed to:

- revision to the Datix system to ensure the system is quick and simple to use
- monthly reporting of incidents to the whole organisation that demonstrates the positive impact of reporting and implementing learning from incidents
- improved reporting of support service issues affecting operational delivery (n=385)

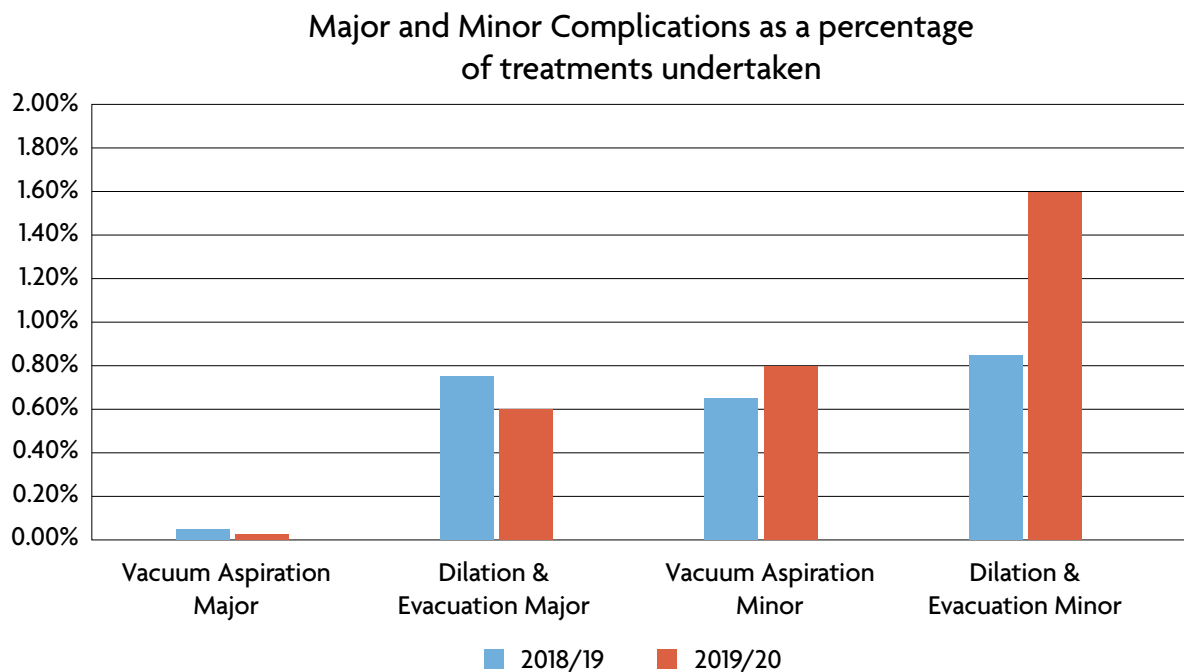
The level of the harm caused has been analysed to identify if the increase in reporting represents greater risk. As can be seen in the graph below, there has been a shift away from moderate and major harm incidents to those causing no or low harm.



Complications

Surgical abortion

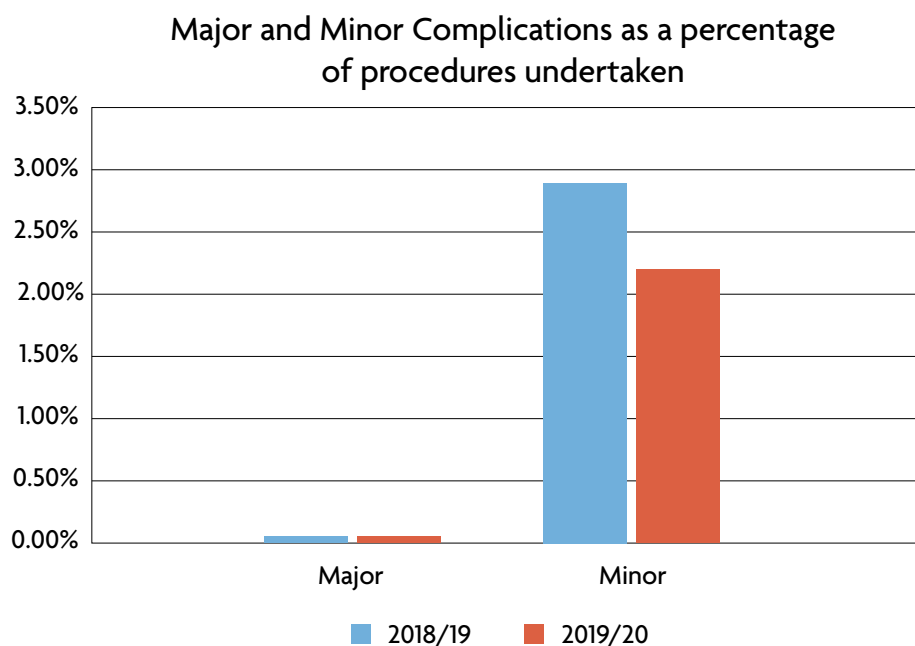
Surgical abortion volume increased at BPAS in 2019/20 compared to 2018/19 (23,563 vs. 22,766 respectively, difference 797).



All complication rates remain low and within expected levels.

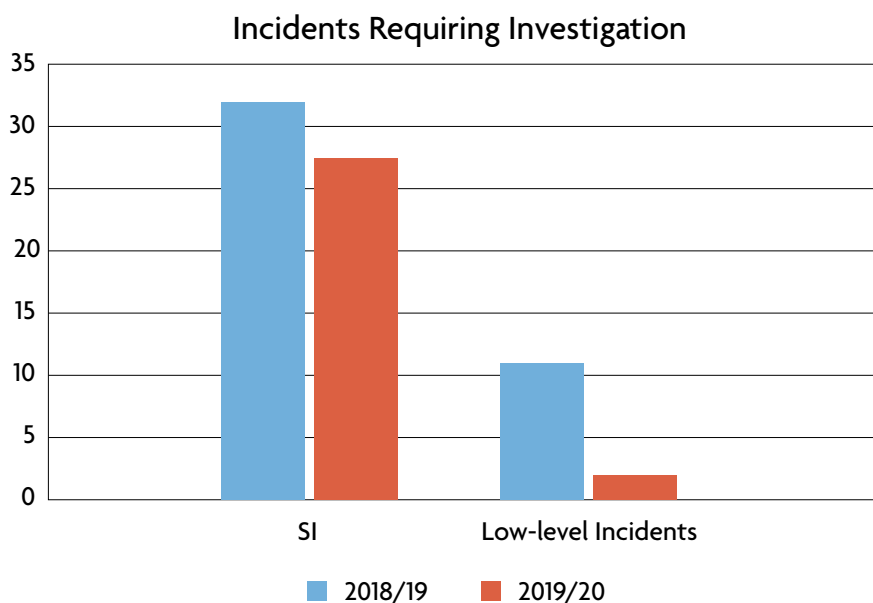
Medical abortion

In 2019/20, medical abortion volume increased at BPAS by 10,412 compared to 2018/19 (61,750 vs. 51,338 respectively).



Incidents Requiring Investigation

Significantly fewer incident investigations were required in 2019/20 than in 2018/19 (0.03% versus 0.06%, respectively, $p=0.02$). Serious incidents (SI) requiring investigation reduced from 32 in 2018/19 to 28 in 2019/20 and low-level incidents from 11 to 2 respectively.



Risk Registers

Risk registers are in use at unit and regional area levels. Key risks and the associated management plans are escalated to the Quality and Risk Committee to ensure they are suitable and delivered in a timely manner.

Infection Control

Infection prevention remains high on the agenda at BPAS. The Health and Social Care Act 2008 and the 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 3 times per year.

Policies

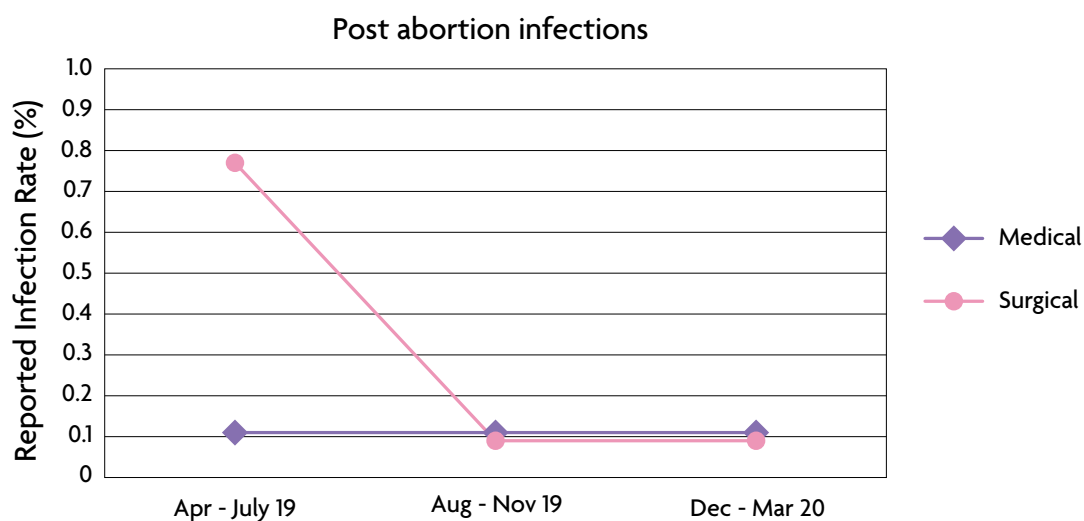
BPAS has an Infection Control Manual that consists of 22 separate sections each relating to a specific infection prevention subject. The whole manual was updated and ratified by the ICC in March 2019 and is currently being prepared for the clinical guidelines website to allow easier and more efficient access to the policies by BPAS staff.

Training

All clinical staff are required to attend infection prevention training every 2 years. During the reporting period infection control education has been provided using an educational video or online learning. Over the last 2 years, 95% of clinical staff completed this training.

Surveillance

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



Safeguarding

Overview

Safeguarding of adults and children remains a priority for BPAS. A full-time specialist Lead Nurse for Safeguarding has been in post since October 2017, and a newly appointed Safeguarding Midwife Advisor has been in post since February 2020, with a remit to provide training, policy support and advice to senior managers, safeguarding supervision to Area and Unit Managers, and support to the Business Development Team. The Specialist Lead Nurse for Safeguarding and the Safeguarding Midwife Advisor are supported by the Director of Nursing. The Safeguarding team provide safeguarding support to all staff 7 days a week, with Area Managers who have completed Level 4 Safeguarding training supporting at weekends. All employees are aware to contact a member of the Safeguarding team with any concerns.

The number of clients seen at BPAS increased from just under 7,300 per month in 2018/19 to an average of just under 8,500 per month in 2019/20. The number of young people seen in the service has reduced (as shown in the table below) The overall proportion of clients under the age of 18 was 3.9% in 2019/20 compared to 4.4% in 2018/19.

Client age (years)	Number seen	
	2018/19	2019/20
12	9	2
13	33	32
14	233	179
15	636	510
16	1,342	1,094
17	2,526	2,154
Total of all < 18s	4,779	3,971
Proportion of clients	4.4%	3.9%

Figures show that in 2019/20, 126 new referrals were made to external agencies for the 3,971 under 18-year-old client seen at BPAS. From the 126 referrals, 79 referrals were made to social services, 12 to Police and 35 to other agencies (as shown in the table below). A number of young people we see are already known to social services so a new referral is not required. Where this is the case, BPAS always makes contact with them prior to treatment.

Client age (years)	Number referred			
	Social Services	Police	Other	Total
12	2	0	0	2
13	10	0	1	11
14	6	1	5	12
15	22	1	7	30
16	20	3	10	33
17	19	7	12	38
Total	79	12	35	126

The number of adults who have been included on the safeguarding log and therefore deemed at risk was 2,636 (2.7% of all adults) in 2019/20. Of these clients, 2,400 (91%) required a Safeguarding Risk Assessment to be completed during their care episode. In 2019/20, there were 354 referrals to social services for either adult or unborn, and 191 referrals to other external agencies.

Policies

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 updated in December 2018 to reflect the changes set out in 'Working Together to Safeguard Children' (DoE, July 2018) are: Safeguarding Adults; Safeguarding and Management of Clients Aged Under 18s; Domestic Abuse; Protection of Vulnerable Adults and Children from Practitioner Abuse; Safeguarding Clients and Staff from Non-Contracted Visitors to BPAS (this policy is currently the responsibility of HR). We plan to complete an update of all policies in 2020/21.

Training

To ensure all BPAS staff understand legislative safeguarding requirements, and the operational requirements set out in the BPAS' safeguarding policy framework, all client-facing staff undertake a full day of level 3 safeguarding training every two years. 88% of those requiring training completed it in 2019/20.

The safeguarding team produced a safeguarding awareness video for all employees in the booking and information centre (BIC) and the Aftercare team to highlight the importance of safeguarding within their role.

Audit

Section 11 audit: BPAS undertakes a self-assessment audit to measure its compliance with Section 11 of the Children Act (2004). The self-assessment in 2019/20 demonstrated 100% compliance against the Act.

Safeguarding consultation audit: BPAS undertakes a consultation audit every 3 months within the units whereby the client journey is observed through the consultation process to ensure employees are meeting the standards. This includes elements of safeguarding, including if risk assessments are completed on clients under 18 years of age and if clients over 18 are appropriately managed and referrals to external agencies are made if necessary.

We reviewed 5 clinics' annual audits to assess compliance. The results showed 100% compliance with the standards. If there was not a suitable client to be observed, staff were questioned regarding the policies and procedures – all staff asked were fully conversant.

Feedback

All clients are asked to complete satisfaction surveys once treatment has been completed. 100% of clients felt they were listened to and over 99% said they were given a clear explanation of their treatment, were involved in decisions about their treatment, had confidence in staff, were given enough privacy when needed, were treated with dignity at all times, and were seen in a safe and clean environment.

Among our clients aged under 18, the overall satisfaction score was 9.6 out of 10 with 99.6% of respondents stating they would recommend BPAS to someone they know who needed similar care.

Comments from clients included:

“
Staff were brilliant, so understanding and helpful, honestly would 100% recommend as it was so nerve [wracking], but they settled my nerves.
”

“
Everyone made my time here very welcoming and I felt safe at all times.
”

“
Very friendly staff, made me feel comfortable and open to talk.
”

“
All the ladies here were amazing. I felt very welcomed and not at all judged because of my age. When I was having [treatment] I cried and was very nervous. They wiped my face and made me feel much better.
”

Is BPAS effective?

During 2019/20 all departments have worked to make BPAS more effective. This included how we deliver services to clients, how we make the most of our public profile and how we manage the administrative functions of the organisation. The plan included:

1. Continuous service improvement

BPAS has grown and we need to ensure we have the organisational governance to match – while stepping up our offer to women. We will reduce waiting times, as no woman should need to wait longer than necessary to end a pregnancy she knows she cannot continue. We will also develop a new BPAS aftercare service to better meet the needs of our clients once they have left us.

2. Advocacy, policy campaigning

Advocacy and campaigning are at the heart of BPAS and we will continue our fight for the decriminalisation of abortion across the UK so women can access the services they need in the most clinically appropriate way. We will strive for the policy frameworks to ensure women can exercise reproductive choice in all areas – from contraception to infant feeding. We'll also create a research centre for reproductive health so we can explore and advocate for women's health needs across their reproductive lives.

3. Making BPAS a centre for reproductive healthcare

We have ensured women can access high-quality, not-for-profit abortion services. It is the right time for us, particularly with decriminalisation approaching, to explore other areas of care which women may struggle to access. We plan to develop and implement options to expand the range of services offered by BPAS, including fertility services, building on our reputation as a centre of clinical excellence. We will also be taking our existing services to new clients as a stand-alone care, including counselling.

4. Modernising and transforming our business and technology infrastructure to support step-change

BPAS relies on effective Property, HR and IT support services to support critical front-line service delivery. We will invest in a developing and delivering a digital strategy to support the business needs of our charity. We will also develop a recruitment and training strategy to support service delivery and enhance BPAS' reputation as a good employer.

Service delivery

In 2019/20, the overarching clinical governance priority was to ensure that staff are suitably skilled and trained to manage complex situations. This was achieved through work undertaken across 7 workstreams overseen by the Medical Director, Director of Nursing, and Head of Client Safety and Risk. Overall, aims were achieved leading to risk reduction in key areas, greater staff skills, and assurances about staff competency and ability to adhere to policy, training, and reporting on incidents.

Workstream	Completed	Impact	Further Action
Reduce serious errors in the perioperative care pathway	<ul style="list-style-type: none"> • Produced/disseminated perioperative care documentation with examples • Plan Do Study Act (PDSA) cycle on documentation • 'Work done' vs. 'work reported' workshops • Perioperative care policy revised with stakeholder group 	Fewer perioperative care errors in 2019/20 (n=5) compared to 2018/19 (n=8) and the calendar year 2017 (n=18)	Policy launch with 'how to' videos
Increase staff awareness and skills in recognising and appropriately managing the deteriorating patient	<ul style="list-style-type: none"> • Created/quality assured/implemented 6 'skills and drills': internal and external haemorrhage, vasovagal reaction, sepsis, over-sedation, anaphylaxis • Trained medical/nursing leads to conduct/assess participants 	<ul style="list-style-type: none"> • Greater staff confidence in managing emergencies • Staff engaged in development of further drills 	None
Successfully implement Datix for incident and complaints reporting and tracking	<ul style="list-style-type: none"> • User-feedback survey leading to system changes • 12-month review written/reviewed within Clinical Department 	<ul style="list-style-type: none"> • Improved reporting/quality • Assurance that system meets staff needs and business plan 	<ul style="list-style-type: none"> • Develop Datix e-learning • Submit review to executive team
Improve doctor training auditing	<ul style="list-style-type: none"> • Trainers quality assured • Feedback tool developed 	Confidence in trainer skills and abilities	Implement feedback tool
Review current internal quality monitoring	<ul style="list-style-type: none"> • Reviewed reporting including to Treatment Unit Manager/Area Manager and Quality and Risk Committee (QRC) • Recommended changes to incident, complication, and serious incident reporting 	<ul style="list-style-type: none"> • Greater clarity on role of area meetings and QRC and required reporting 	<ul style="list-style-type: none"> • Present revised reporting to Clinical Governance Committee • Review clinical audit / reporting
Reduce missed or delayed diagnosis of ectopic pregnancy	<ul style="list-style-type: none"> • Updated ectopic policy and care algorithms • Case based training and PDSA cycle on algorithms • Audit schedule updated • Local EPAU engagement 	Reduction in missed or delayed referrals for potential ectopic pregnancies in 2019/20 (n=10) vs. 2018/19 (n=22)	None
Ensure placental location skills	Competency-based training delivered	Assured skilled staff throughout BPAS	None

In 2020/21, our priorities will be to:

1. Ensure that a high level of importance is placed on safety beliefs, values, and attitudes throughout BPAS
2. Ensure clinical policies, training and quality monitoring reflect and support newly established models of care (e.g. 'scan as indicated', telemedicine)

Activities will include:

1. Completing a safety culture review
2. Developing short and long-term safety strategies
3. Improving monitoring/completion of action plans from incident investigations
4. Implementing a new clinical and quality audit/monitoring programme, including a clinical competency framework
5. Integrating policy and care pathway changes into standard care as appropriate and based on evaluations of clinical effectiveness
6. Ensuring clinical training is fit for purpose and can be implemented

Advocacy, Policy & Campaigning

BPAS has played an instrumental role in fostering pro-choice support in this country, leading a coalition of women's health and advocacy organisations advocating for change and supporting parliamentary champions of progressive reform. We also campaign for women's reproductive choices across the spectrum – from ensuring access to all forms of contraception to supporting women's decisions around birth. For us, pro-choice means supporting women's choice to have and continue pregnancies as well as to end them, and we work to ensure women are able to fulfil their reproductive goals.

2019-20 Activities

Securing long awaited legal changes

We lead the We Trust Women campaign to secure the decriminalisation of abortion across the UK. In June 2019 we advocated for a parliamentary bill to remove abortion from the criminal law in Northern Ireland, briefing MPs and ensuring our supporters made their voices heard. Abortion was decriminalised in Northern Ireland in October 2019, and we established a temporary Pills by Post service to support women while services were not yet available at home.

Pills by Post for the UK

The establishment of the NI service meant we were well placed to extend this framework to the rest of the UK when COVID-19 struck in March. We successfully advocated for the Secretary of State for Health and Social Care to approve the use of the first medication for early abortion, mifepristone, at home, to eliminate the need to access a clinic during a public health emergency. We drew on our extensive network of stakeholders and allies to campaign alongside us to secure this essential framework that we knew would protect women's health during the pandemic. We then played a key role with colleagues from the RCOG in developing the clinical guidance to support implementation.

Supporting women's access to evidence-based care

We were part of the NICE abortion guideline group on evidence-based care and also made headway with our campaign to introduce buffer zones around clinics, with a zone introduced outside one of our largest centres. We successfully campaigned for the removal of a non-scientific 'fertility drip' from sales across the UK and for a Clinical Commissioning Group to drop its refusal to provide funded care to single women on the non-evidence-based assertion that their parenting would be poorer. We also secured a commitment from the Department of Health and Social Care to investigate issues accessing effective pain relief during childbirth, with widespread media coverage. We continued to press for the fortification of flour with folic acid to reduce the incidence of neural tube defects, for the reclassification of Emergency Hormonal Contraception so it can be sold directly from the shelf, and to protect women from further screening and regulation of their choices by non-evidence based policies to reduce the incidence of Fetal Alcohol Spectrum Disorder (FASD).

Creating a research centre

We established the Centre for Reproductive Research and Communication (CRRC), a collaboration uniting our clinical and social sciences work to bring a woman-centred perspective to issues across the reproductive life course. Our Wellcome Trust funded WRISK project aimed at improving women's experience of risk communication reached thousands of women, and our findings have started informing discussion and practice.

Through our research collaboration and student supervision, we have strengthened relationships with academic partners including Imperial College London; LSHTM; Lancaster University; Cardiff University, University of Chicago, Illinois; University of California, Irvine; and the University of Kent. We are co-hosting a PhD student from the University of Kent for the duration of their studies. Our research underpins both our advocacy and our service delivery, and aims to drive improvements in abortion and related care in the wider context.

Research and Ethics committee

BPAS develops and implements internal studies and evaluations, facilitates clinical and other research by external investigators, and participates in collaborative projects. The BPAS Research and Ethics Committee (REC) meets twice a year to discuss ongoing studies and to review and approve new applications. The committee has a Terms of Reference and the organisation has a policy on research; these documents are reviewed every 3 years and are up to date. At the close of 2019/20, 7 projects had been carried over from 2018/19, one new project was approved and 4 were closed.

Research covers such areas as: Women's perspective on the quality of abortion in Britain; Rights in Practice? – A Case Study of the Experiences of Healthcare Professionals Working in Abortion Care in Britain; Possibilities and Pitfalls of Digitisation in Abortion Services: Evidence from Great Britain.

Innovation and Technology

Clinical Policies & Procedures website

Access to evidence based, clear policies, procedures and guidelines is imperative to providing a safe, effective service. A project to revise all documents and ensure they are accessible to all staff comes to fruition in November 2020.

Project aim

To build a new website which will consolidate 70+ clinical guidelines, policies and procedures used on a daily basis by clinicians, BPAS staff and named partners who do not have a BPAS desktop account.

The website will allow intuitive organisation and navigation of the content and be accessible from both mobile and desktop devices.

The website will be launched at a conference in November 2020.

Project objectives/outcomes

The key objectives of this project were:

- improve access to guidelines and policies online, by providing search functionality and content management tools allowing updates in real time
- ensure security of information: the website will only be accessible via secure log in, either by SSO for BPAS employees or by invitation to register for users without a BPAS email address. The Admin content management website will be further locked down and only accessible by limited admin users on the BPAS network
- decrease the redundancies currently seen between the various documents (the new version will be integrated, including all current clinical policies in a sensible, step-wise format following the typical treatment pathway)

BPAS.org

We have redesigned the website to make it easier to navigate, as part of the redesign we incorporated Google Translate into the functionality of our site so all information is accessible to clients for whom English is not their first language. The new website includes new videos and animations describing the service and offering more support to clients throughout their treatment.

We have trialled an online appointment booking system enabling simple and convenient access for clients. This proved very popular and will be expanded for all clients in 2020/21.

Electronic Patient Records: Work has continued the Electronic Client Record which will go live later in 2020 and Human Resources have been supported by a new eRostering system.

Wi-Fi for clients: All BPAS clinics now have free Wi-Fi available to clients and their escorts to use in public areas.

Roll out of eTeleconsultations: At the end of the year, in March 2020, with the advent of COVID-19 we accelerated the development of an eTelecons system and delivery of Pills by Post through our partner pharmacy, meaning that staff could work remotely using an electronic client record and prescriptions being sent via the system to the pharmacy for dispatch.

This new way of working enabled us to reduce the waiting time for consultations appointments to one or two days, with over 70% of clients having their medication sent by post within 3 days.

Measuring effectiveness

We measure the effectiveness of the service through area or department audit and a review of client feedback.

Annual Quality Assurance Audits

A team of seven Area Nursing and Midwifery employees undertake annual external quality assurance audits. Audited areas of care in 2019/20 were consultation, early medical abortion, surgical abortion (local anaesthesia, conscious sedation and general anaesthesia). The National Nursing Manager (NNM) has responsibility for ensuring these audits are undertaken, and for collating the results.

The timescale for completion of the audits was extended, due to operational priorities and pre-COVID-19 planning to the end of March 2020. At that point 64% of audits had been completed. In all cases of completed audit, units scored 90% or higher. In the audit reports it was documented that most issues found were addressed at the time of the audit including any acute training needs. Unit Managers also must complete an action plan within a month of the audit to ensure corrective actions recommended are taken.

In addition, each Treatment Unit Manager is responsible for auditing 1% (or a minimum of 2) of all types of treatment provided within their cluster each month. The overall score achieved must be 90% or above. Audits must be rotated through each unit in each cluster. The results are colour coded achieved (green), not achieved (red) and units not submitting or scoring red are asked to develop an action plan which is followed up by Area Managers.

Complaints

In 2019/20, BPAS received 61 formal complaints, the details of which are listed in the table below.

Number of formal complaints by primary concern	Learning Need			Risk Assessment		
		Yes	No	High	Medium	Low
Clinical issues	39	33	6	0	8	31
Information	9	9				9
Attitude	6	6				6
Waiting times	3	3				3
Information governance	4	2	2		4	
Total	61	53	8		12	49

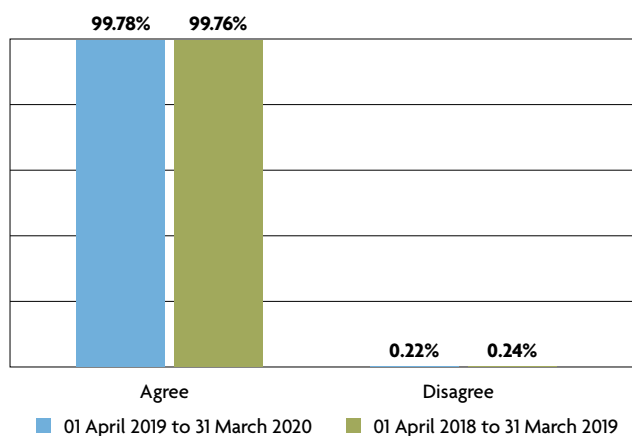
Is BPAS caring?

Client satisfaction

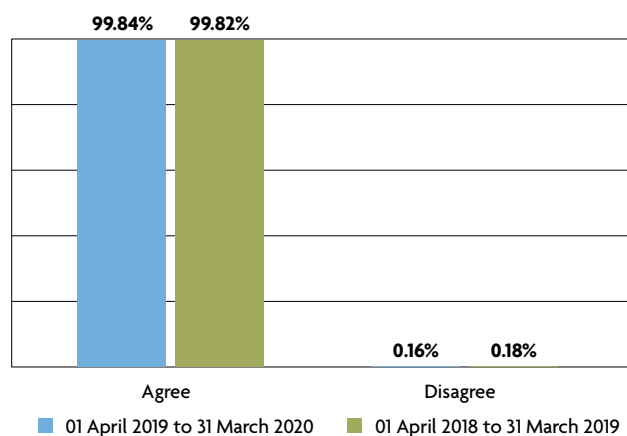
A total of 31,004 clients completed a satisfaction survey between in 2019/20 for a response rate of 36%. The response rate in 2018/19 was 38%. The overall satisfaction score was 9.7 out of 10 which is consistent with the results from 2018/19. 99% of surveyed clients would recommend BPAS to someone they know who needed similar care.

Clients felt that they:

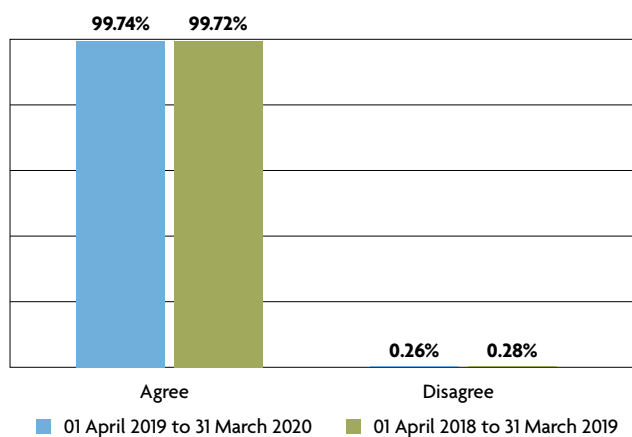
Were treated with dignity at all times



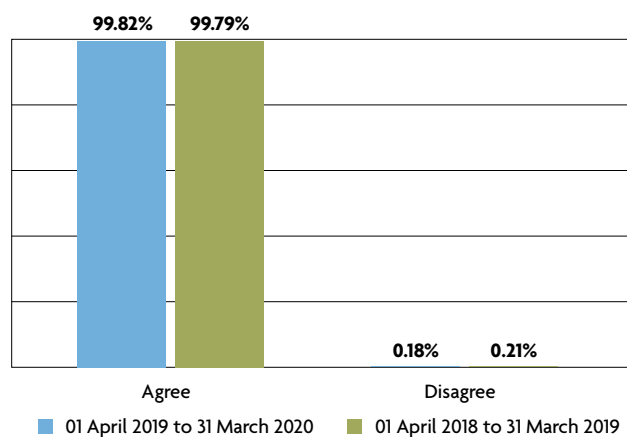
Were listened to



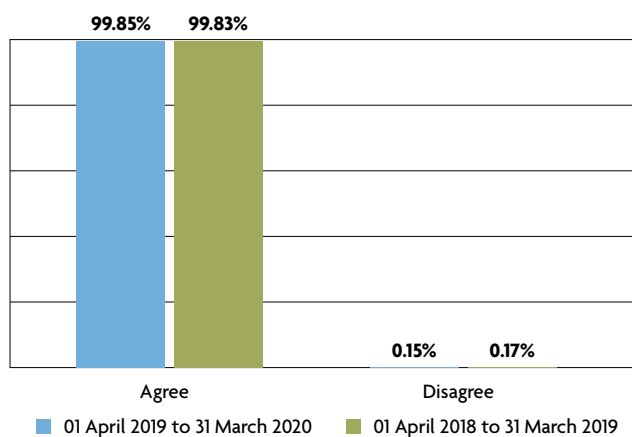
Were involved in decisions about their treatment



Were given a clear explanation about their treatment



Had confidence and trust in the staff who cared for them



99% of surveyed clients again reported satisfaction in the following areas in this reporting period. 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

Key areas of dissatisfaction focused on waiting times and escort involvement. Dissatisfaction with the waiting time between the initial contact and treatment was 11% in 2019/20 compared to 14% in 2018/19. The percentage of clients reporting that they were not seen within 30 minutes of their appointment time was 15% in 2019/20 which is the same as 2018/19. The overall dissatisfaction felt by clients around how much their escorts were involved in the care pathway was 2% in 2019/20 which is the same as 2018/19.

Duty of Candour

A duty of candour (DoC) process is to be followed for all incidents requiring investigation, major impact incidents, and major complications. As shown in the table below, in 2019/20 completion of the DoC process improved compared to 2018/19.

	2018/19	2019/20
Number incidents requiring DoC	84	115

Compliance with this requirement is monitored and managed by Operational and Quality Managers with reporting on completion to the Quality and Risk Committee.

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. No complaint responses were disputed.

Primary concern	Actions taken		
Aftercare	Review/amendment to the existing process (3)	Feedback reiterating the existing processes (4)	
Also, the aftercare helpline process was improved, in that the clinicians can now access appointments to arrange assessments, which will avoid delays to clients obtaining support.			
Suitability	Feedback reiterating the existing process /guidelines (2)	Review/amendment to the existing process (3)	
Contraception	Feedback reiterating the existing processes relating to the documentation of the fitting of contraception (1) and full documentation within the contraception consent forms (1)		
Pain during procedure	Feedback around providing clear information (5)	Feedback regarding continuous communication with the client during the procedure (2)	
Ultrasound scanning	Feedback reiterating the existing processes (1)	Feedback regarding communicating the ultrasound findings to clients (3)	Programme organised to observe staff members practices and performance (2)
Also, nationally, the need for post-op check scanning training to be reinstated was recognised and has been organised and locally, a meeting was held with an NHS EPAU team to clarify the BPAS referral procedure for clarification, to ensure clients receive continuous care without contradiction.			
Clinical information	Feedback around providing up to date information (1)		
Clinical support during pathway	Feedback around proving a detailed explanation of what to expect on the day and recognising the need for counselling (2)		
Miscarriage prior to procedure commencing	Feedback around proving a detailed explanation of what to expect on the day and recognising the need for counselling (2)		
EMA cancelled (ran out of medications)	Amendment to the existing process, to ensure that adequate levels of medications are maintained (1)		
Consent not confirmed	Feedback reiterating importance of existing process / Programme organised to observe staff members practice and performance (1)		
Information issues	Review of the existing process (2)	Feedback reiterating importance of providing clear and accurate information (3)	Additional monitoring/ training/ coaching for specific staff members (4)
Waiting times	Unit review of daily surgical appointments (1)	Monitoring of the Accelerated Bookings process (1)	Unit review of their existing absence reporting process (1)
Attitude	Feedback (x4)		Additional monitoring/ training/ coaching for specific staff members (6)
Information governance	Feedback reiterating importance of existing process / Programme organised to observe staff members practice and performance (2)		

Care Quality Commission (CQC) Registered Activities and Locations

BPAS treats clients from across the country and whilst COVID-19 has reduced the need for over 65% of clients to attend a unit, as of 31st March 2020 BPAS had 36 registered locations and 32 satellites locations registered with the CQC to carry out the following activities:

- termination of pregnancies
- family planning services (defined as intra-uterine device insertion)
- treatment of disease, disorder, or injury
- surgical procedures
- 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>

Health Inspectorate Wales (HIW) Registered Locations

BPAS has 3 units in Wales: 2 under HIW registration (Cardiff and Powys) and 1 under an NHS umbrella (Llandudno).

Provider Information Requests and Inspections

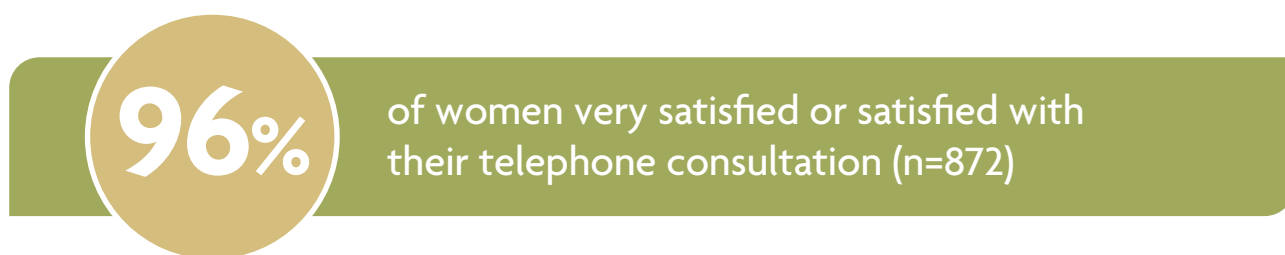
The table below lists the 9 registered locations that underwent inspections in the reporting period. 2 were subject to Provider Information Requests (PIR) but have yet to be inspected. CQC published inspection ratings and actions arising were provided to the CGC meetings and inspection ratings are available on the BPAS Intranet/Regional Documents/Care Quality Commission as a direct link to the CQC website:

CQC Inspections and PIR requests	HIW Annual Report & Inspections
Peterborough	None
Merseyside	
Birmingham Central	
Nottingham West	
Birmingham South	
Southampton	
Doncaster	
Streatham	
Finsbury Park	
Leicester City (PIR submitted)	
Richmond (2 x PIRs submitted)	

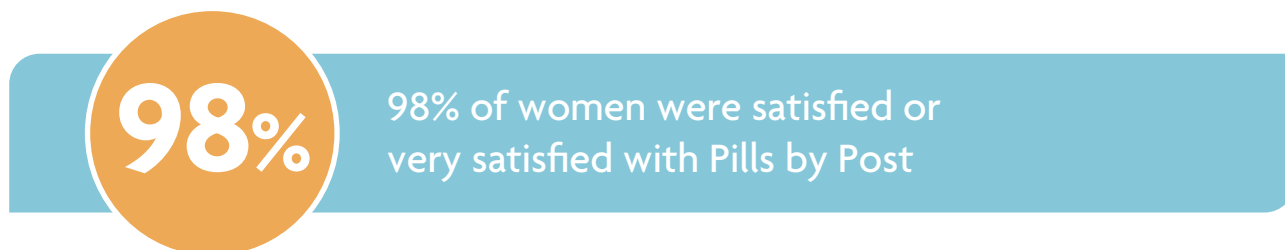
Client feedback since COVID-19

In March 2020 BPAS was quick to respond to the needs of our clients during a period of lockdown and travel restrictions. We had been developing a means to offer remote consultations, a Pills by Post service delivery system for clients from Northern Ireland and had already been planning to introduce a 'scan as needed' protocol. The change in the law allowing medication to be delivered to a client's home address brought these projects forward. We undertook an initial client survey in April 2020, and although outside the timeframe of this report, the results are shared below for interest.

Consultation satisfaction



EMA Pills by Post satisfaction



Future research

BPAS continues to gather client, commissioner and staff feedback from the new service model and will consider this as we continue to improve and develop service delivery into 2020/21.

Commissioner comments

Statement from Birmingham and Solihull CCG December 2020

- 1.1 Birmingham and Solihull Clinical Commissioning Group (CCG), as coordinating commissioner for the British Pregnancy Advisory Service (BPAS), welcomes the opportunity to provide this statement for inclusion in the organisations 2019/20 Quality Account.
- 1.2 A copy of the Quality Account was received by the CCG on 24th November 2020 and the review has been undertaken in accordance with the Department of Health and Social Care Guidance. This statement of assurance has been developed from the information provided in the account.
- 1.3 The information provided within this account presents a balanced report of the healthcare services that BPAS provides. The report identifies progress made by BPAS over the past year against both key quality measures and as an advocate for improving women's healthcare.
- 1.4 At the onset of the pandemic, we note that BPAS successfully advocated for the Secretary of State for Health and Social Care to approve the use of the first medication for early abortion, mifepristone, at home, (known as Pills by Post) to eliminate the need to access a clinic during a public health emergency and protecting women's health during the pandemic.
- 1.5 It was positive to see that the implementation of a number of key actions had a positive impact on clinical incident reporting and learning from incidents. We further note that the rate of clinical incidents remains low with a shift from those rated as moderate and major harm to low.
- 1.6 It was encouraging to see that patient satisfaction remained high with 100% of clients reporting they were listened to. Over 99% of clients also reported positively regarding explanations and decisions about their treatment, had confidence in staff, and that privacy and dignity was maintained in a safe clean environment.
- 1.7 We note the results of the Safeguarding consultation audit. This returned 100% compliance with standards which is re-assuring.
- 1.8 It was encouraging to see that the overarching clinical governance priority was to ensure that staff are suitably skilled and trained to manage complex situations. We note this was achieved through work undertaken across 7 workstreams overseen by the Medical Director, Director of Nursing, and Head of Client Safety and Risk. Overall, aims were achieved leading to risk reduction in key areas, greater staff skills, and assurances about staff competency and ability to adhere to policy, training, and reporting on incidents.
- 1.9 BPAS received 61 formal complaints in 2019/20 and the majority identified a learning need. It would have been helpful to have included details of learning and how this had improved services.

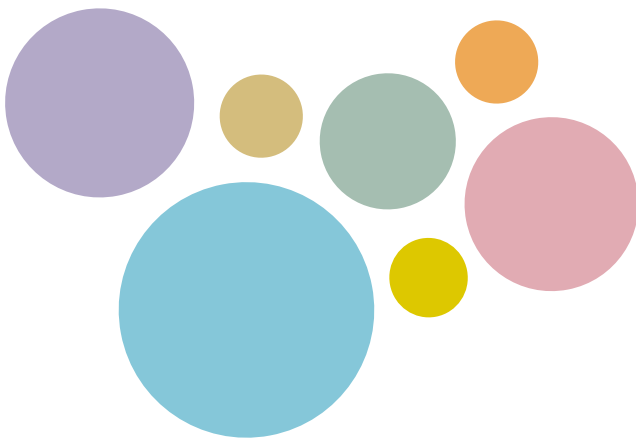
- 1.10 The results of the latest staff survey were positive and of note was that 88% of staff reported they were proud to work at BPAS.
- 1.11 As commissioners, we plan to work closely with BPAS over the coming year and are committed to engaging with the service in an inclusive and innovative manner. We hope to continue to build close working relationships as we move forward into 2020/21.

A handwritten signature in dark ink, appearing to read 'Paul Jennings'.

Paul Jennings

CEO

Birmingham and Solihull CCG



www.bpas.org

Head Office: 20 Timothys Bridge Road, Stratford Enterprise Park,
Stratford-upon-Avon CV37 9BF.

T: 0345 365 50 50 or +44 (0)1789 508 211

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

PRI-DEC-150

December 2020