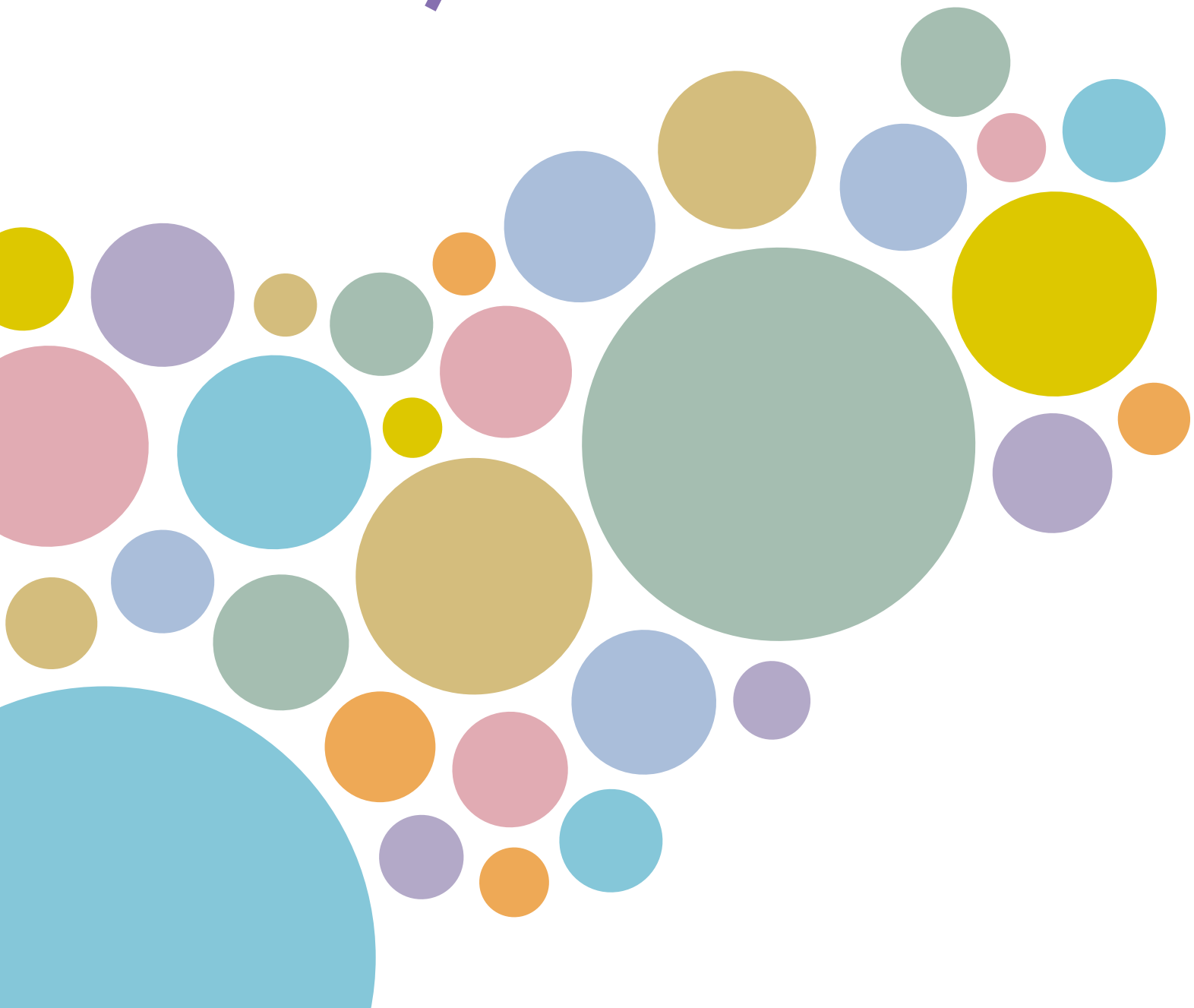
BPAS
British Pregnancy Advisory Service

ANNUAL QUALITY REPORT 2020/21



Introduction to BPAS

What is BPAS?

Our Vision:

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

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

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

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

- providing support and information
- holding her hand while she has her treatment
- delivering evidenced-based clinical care
- 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

This year has been dominated by the Covid pandemic, and we made sure we could continue to care for women throughout. BPAS had already created a telemedical abortion service for Northern Ireland after decriminalisation in late 2019, which meant we had a model ready to go when the pandemic hit in March 2020. Waiting times, and average gestation at abortion, fell as a result of the rapid implementation of this innovative, woman-centred framework. We were proud of the way our team pulled together and implemented the changes needed to ensure safe, consistent care for women during this most difficult period of time.

This year also saw changes at the top of our organisation with the appointment of a new Chief Executive, Clare Murphy, following the retirement of Ann Furedi who had led BPAS for nearly 2 decades.

We are the UK's leading reproductive independent healthcare charity

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

2020/21 in numbers

Total calls taken:
256,720

Total abortions provided:
90,789

Total pregnancy options and medical consultations:
105,058

We provided **43%** of all abortions that took place in England & Wales (based on National statistics 2019)

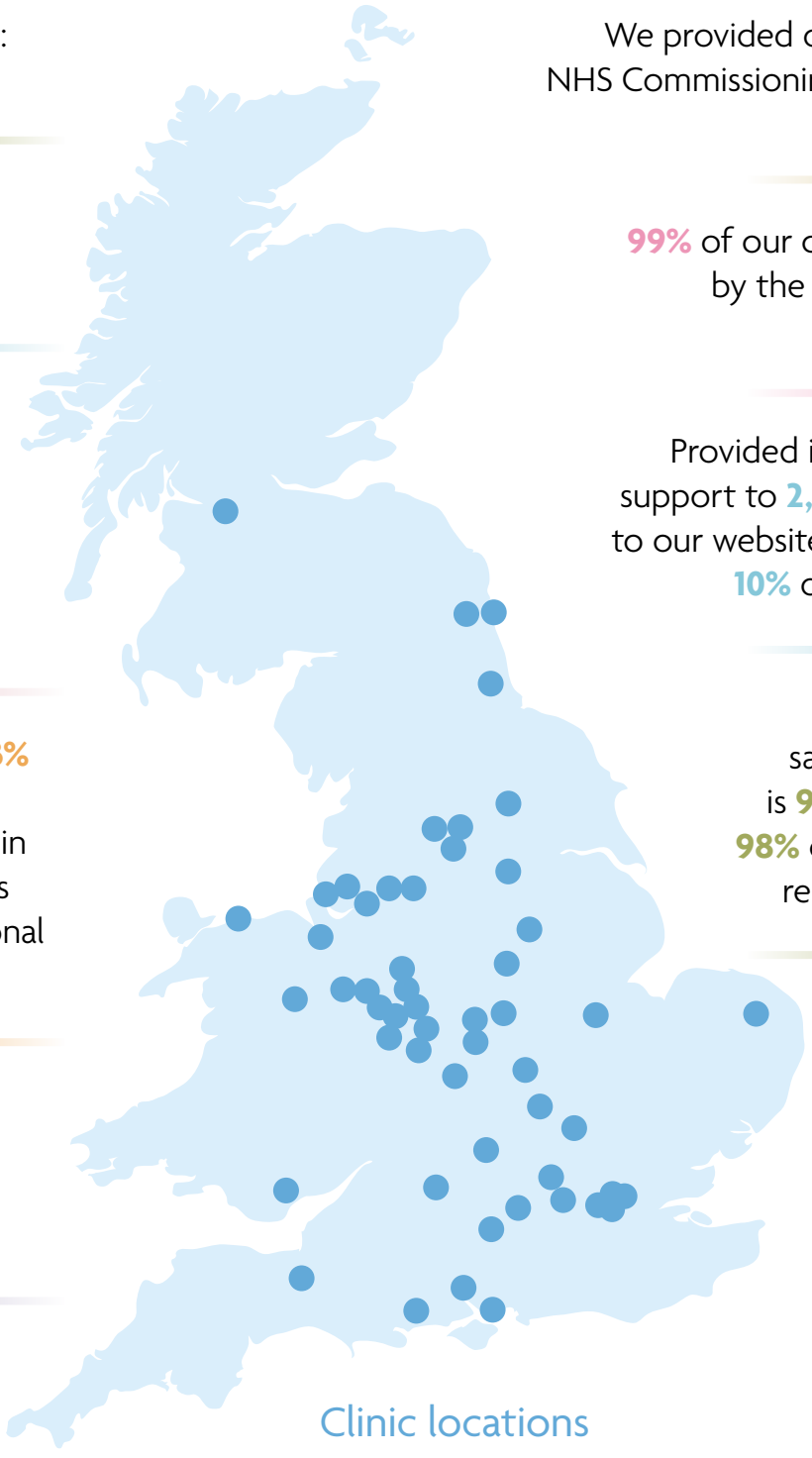
We provided **78,451** early medical abortions

We provided on behalf of **180** NHS Commissioning organisations across the UK

99% of our care was funded by the National Health Service (NHS)

Provided information and support to **2,568,073** visitors to our website, an increase of **10%** on previous year

Clients overall satisfaction score is **9.4** out of 10 and **98%** of clients would recommend BPAS

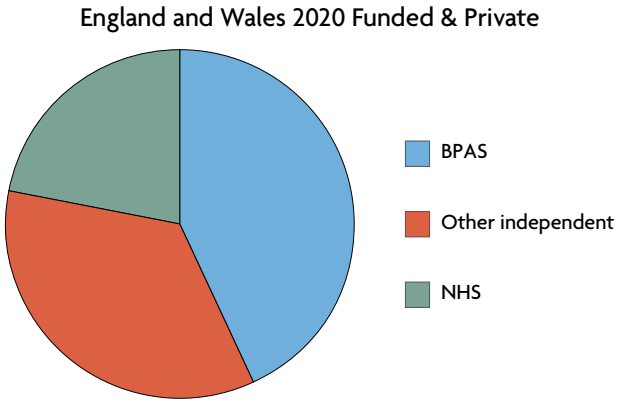


Clinic locations

BPAS - Supporting pregnancy choices. Trusting women to decide.

During 2020/21, we have helped over 105,058 patients of all ages. More than 98.9% of the women who come to BPAS have their abortion treatment funded through one of the 180 arrangements we hold with NHS commissioner organisations. BPAS now provides 44% of all abortion treatment in the UK.

Volume of Procedures by provider Calendar Year 2020



(Abortion number 2020 funded residents in England & Wales 209,917)

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.

Cathy Warwick, Chair of the Board of Trustees
A message from Cathy Warwick, DBE

It would be impossible to talk about the care BPAS has provided during 2020/21 without needing to focus heavily on our organisational response to the Covid pandemic. The necessity to completely redesign our operational model practically overnight, to ensure women were able to access reproductive healthcare, is a significant achievement in itself but continuing to do so without any degradation in service quality is something BPAS should be very proud of. This is evidenced by the work, research and events you will read more about throughout this report. At a series of Commissioner webinars we organised during the summer of 2020 about "Provision of telemedical abortion", many Commissioners told us they were going to use our model of telemedicine along with our client and clinical service evaluation in other areas of healthcare.

Our employees really do 'live' client-centric delivery of care and during the last year, we have asked for levels of adaptability and flexibility from them that is hard to imagine. Our people rose to the challenges presented by the pandemic to ensure women could continue to rely on us during this very difficult time. Our team worked tirelessly to ensure that all the necessary guidelines, equipment and communications were in place to support our frontline colleagues and that they were protected with appropriate PPE, etc., to continue to deliver essential surgical services safely. I would like to express on behalf of the Board of Trustees our thanks to our employees for their added commitment during this last year.

Inevitably the pandemic has meant we needed to delay some of the improvements and innovations we planned for this year but we have begun 2021 ensuring that BPAS is maximising the learning and the evidence from the last year, to ensure ongoing delivery of care, benefits from what we learnt during the Covid pandemic. Restoration of some of the additional services we provide are now being delivered in a different way from prior to the pandemic because telemedical abortion is a very satisfactory model for delivery of abortion care to women. It is because women have told us that they are highly satisfied with their experience, we are working with other providers and organisations to ensure the permission to receive both medicines at home remains after Covid. It would be a shame, after everything we have collectively been through, for women's services to be damaged further by making women come into a clinic when we have proven it is not necessary or satisfactory.

We have some key achievements outside the pandemic I would highlight such as, implementation of our electronic patient notes "CAS 2" implemented in the Autumn of 2020. This system enables us to provide care swiftly and consistently wherever the client touches our services and will future-proof us for service innovation for years to come. The implementation of our dedicated Aftercare service during this year, has needed to flex in its objectives to respond to the support needs of women who are having treatment completely at home now. Our investment in our Digital Strategy and the modernisation of our Support Services such as Human Resources, Finance and Procurement has kept its planned pace and delivered spectacular results in addition to supporting the operational redesign. We will spend part of 2021/22 consolidating and maximising the investments we made last year and continue to focus on providing the high-quality care we are proud to deliver.

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.

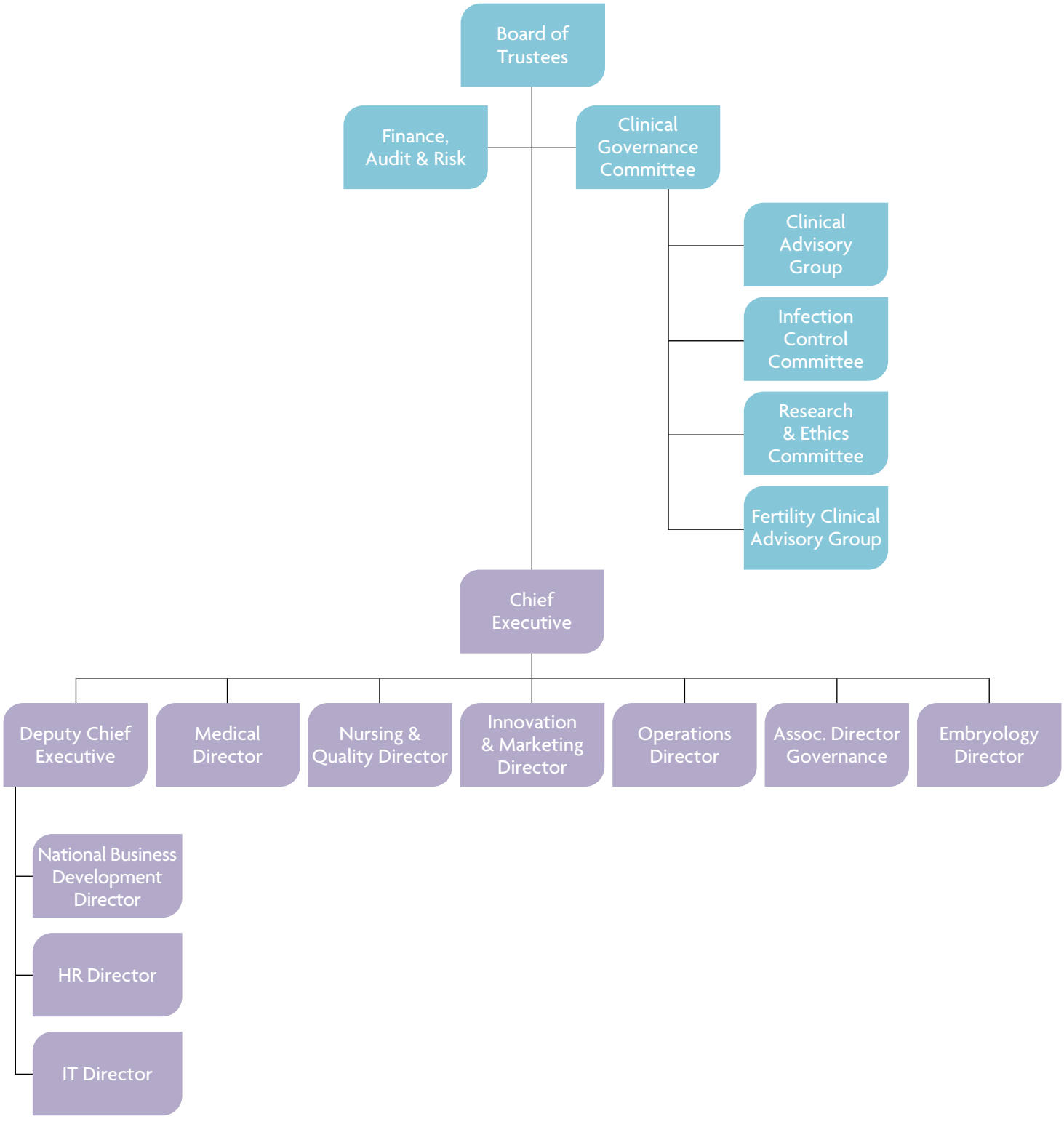
Courageous
We are the voice of the women we care for and we are never afraid to advocate on their behalf, particularly when others are silent. We are at the forefront of innovation and clinical care and campaign tirelessly for the services women need.

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

Our Governance & Management Structure



Our Trustees

Our Trustees are recruited for specific skills, experience and knowledge. Our Chairperson is Dame Cathy Warwick and has been leading our board for 7 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)

David Dickson MB BS, FRCA

Professor Iain Cameron

John Collier

Anne Shevas OBE

Sanjay Shah

Doctor Anna Glasier OBE, FFSRH, FRCOG, MD

Dr Lucy Moore

Professor Lesley Regan

Doctor Sheelagh McGuinness

Our Leadership Team

Chief Executive

Ann Furedi (retired December 2020)

Clare Murphy (appointed December 2020)

Senior Officers

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)

Marta Jansa-Perez (Director of Embryology)

Donagh Stenson (Innovation & Marketing Director, appointed February 2021)

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 has 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 wellbeing. Working groups convened across our organisation for any change are constituted to include frontline employees involved in the delivery of the service that the change impacts.

- Our leadership team briefs our whole organisation formally three 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 have developed online training materials to ensure that our workforce is kept up to date with current legislation and best practice during the pandemic. The table below summarises the status of mandatory training at the end of 2020/21.

Training course	Completion rate
Safeguarding Level 3	99%
Mandatory Training:	
Health and Safety	91%
Infection Prevention Control	97%
GDPR	97%
Basic Life Support	79%
Intermediate Life Support	73%
Equality and Diversity	75%
CSR	62%
Cyber Security	73%

How good are our staff?

We have 712 contracted staff (522 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, 91% 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 have remained below the national average despite the impact of the pandemic and the workforce remains well motivated and morale continues to be good despite the numerous pressures. Total staff turnover for the 12-month period as a whole is an annualised 23%. The average number of days of sickness absences per employee is 9 days, which compares favourably to 9.8 in the health sector.

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?

Incident reporting

The regulatory changes permitting medical abortion via telemedicine during the Covid pandemic meant BPAS could significantly change care pathways to protect access to abortion services. During April and May 2020, a significant reduction in incident reporting was observed, but this increased to usual levels during the year.

Procedural governance

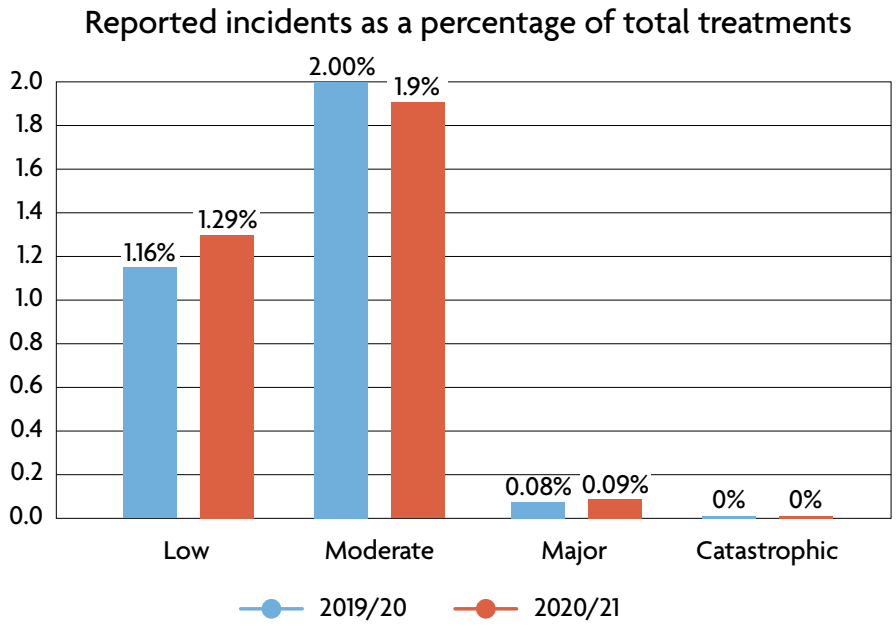
BPAS policy stipulates that incidents must be submitted onto the Datix system within 24 hours of being known. Once an incident is recorded on the system, they should be closed within 20 days. During 2021/22, these targets will be monitored by the Quality and Risk Committee to ensure that incidents are reported per policy, so that BPAS has a clear understanding of the challenges experienced with reporting, and to facilitate creation of targeted actions to improve achievement against standards. Reporting will be contextualised with the rate of incidents to ensure that a healthy and expeditious reporting culture is nurtured.

Incident trends

BPAS implemented the "scan as indicated" care pathway on 23rd of March 2020 and the fully telemedical No Test Medical Abortion (or "Pills by Post") model on 8th of April 2020. As a result, some new types of incidents were reported in 2020/21 while others occurred more frequently.

Distribution of incidents by risk rating

The table below shows that the proportion of incidents that represent a low level of risk grew significantly in 2020/21 while those rated as moderate or major were stable.

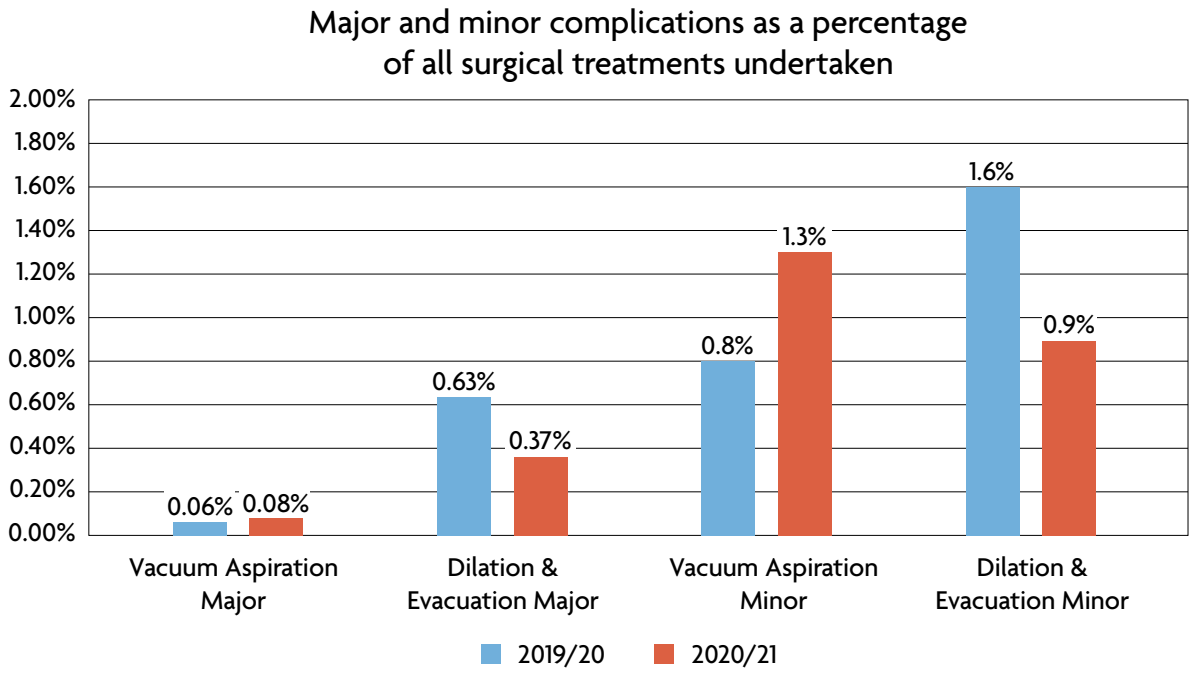


Complications

Significant changes in treatment volumes occurred during 2020/21 due to care pathway modifications made in response to the Covid-19 pandemic. In general, complication rates by method remained stable with some reducing.

Surgical abortion

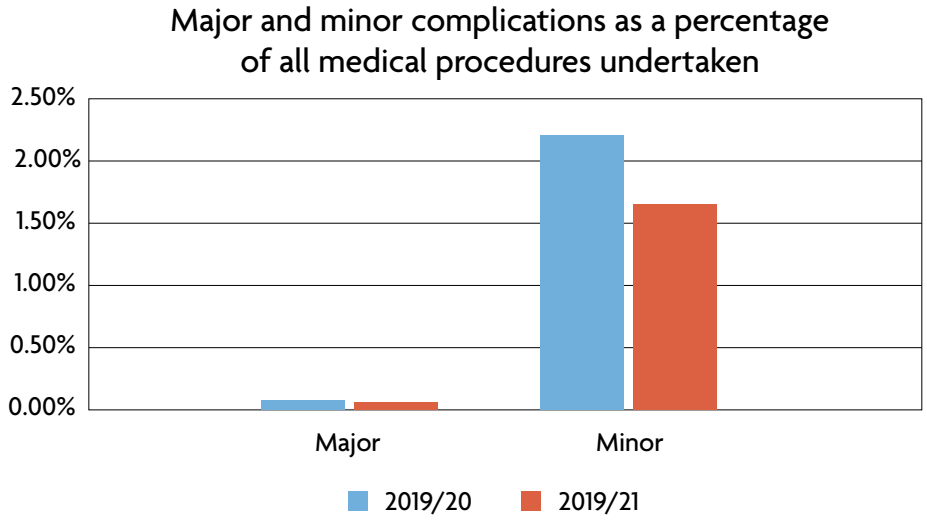
Surgical abortion volume decreased from 23,536 in 2019/20 to 11,230 in 2020/21 (difference (-) 12,333). This is attributed to the policy-related prioritisation of EMA, greater preference for EMA because of ease of access, and more clients able to be treated by EMA due to reduced waiting times.



All complication rates remain low and within expected levels.

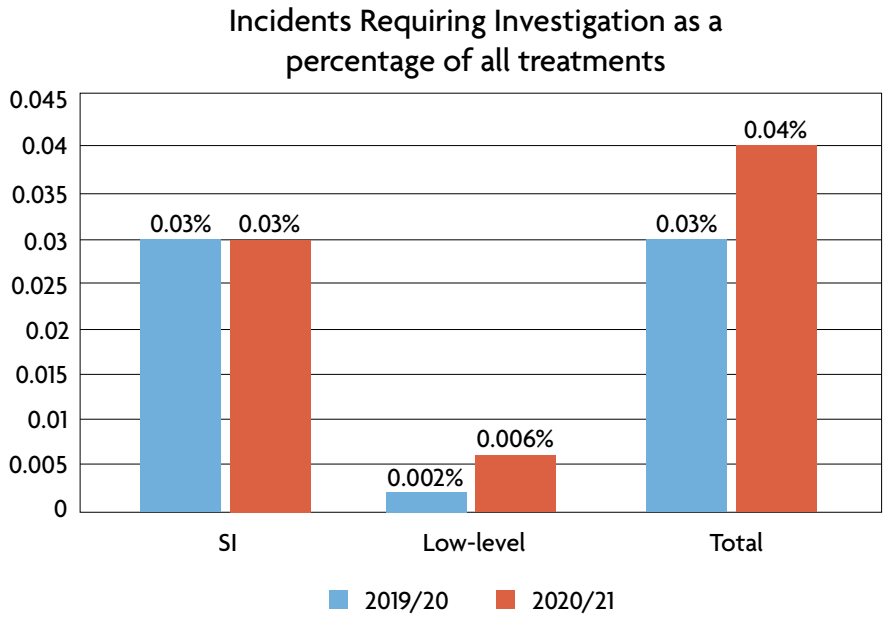
Medical abortion

In 2020/21, medical abortion volume increased by 16,562 compared to 2019/20 (78,312 vs. 61,750, respectively).



Incidents Requiring Investigation

BPAS uses the definition of a Serious Incident Requiring Investigation (SIRI) included in the NHS Improvement Serious Incident Framework 2015 [1]. A Low-Level Investigation (LLI) is initiated when BPAS identifies the potential for learning from an event, but the serious incident definition has not been met. Safety investigations use a human factors methodology in for both categories. As shown in the table below, while there has been an increase in the number of incidents investigated as an LLI or SI in 2020/21, the proportion has not significantly changed.



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. BPAS has also been maintaining an organisational Covid-19 Risk Register throughout the year.

Infection control

Overview

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

Existing outbreak and pandemic policies meant that BPAS was prepared to respond to the Covid pandemic and to support the DIPC to complete most of the work as agreed in the Infection Control Annual Plan and as directed by national initiatives. Some audits were put on hold due to pandemic precautions and staff shortages due to Covid.

[1] https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

Infection prevention response to Covid-19

Covid Control Group

At the start of the pandemic, BPAS put its pandemic policy into action. A Covid Control Group was convened to ensure that the organisation fulfilled its responsibilities in relation to the pandemic response as laid out by the Department of Health and Social Care (DHSC). The group consisted of:

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

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

Covid policy

BPAS developed a Covid Infection Prevention Guideline based on DHSC guidelines. This was launched through an online training session along with our Covid clinical policy.

Staff testing

Lateral Flow testing of our staff twice weekly was commenced in line with DHSC recommendations.

Policies

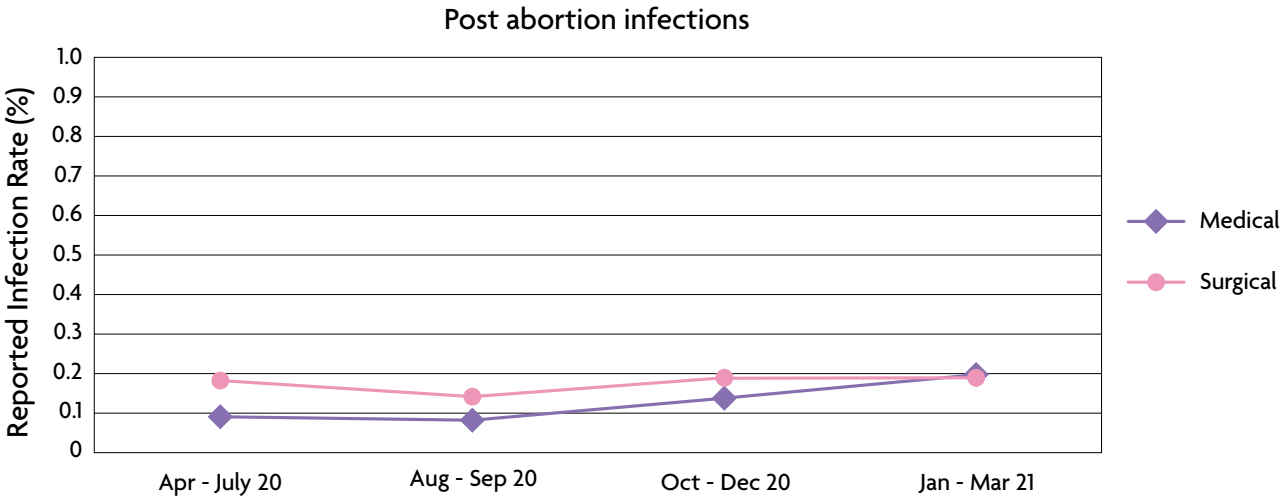
Apart from the development of the Covid Infection Prevention Guideline none of the other 22 BPAS Infection Prevention polices required an update during the last year as the whole manual was updated and ratified by the ICC in March 2019.

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 two years, 90% of clinical staff completed this training (our organisational target is 90% compliance).

Surveillance

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



Safeguarding

Overview

Safeguarding adults and children has been a priority for BPAS and has had increased focus during these unprecedented times and widespread changes to the way in which we deliver services. Safeguarding support is available to staff seven days a week, provided by the specialist Lead Nurse for Safeguarding, Safeguarding Midwife, and Operational and Quality Managers. In 2020/21, the specialist Lead Nurse for Safeguarding was also appointed as BPAS' Prevent Lead.

Referrals

The number of clients seen who were under 18 years of age decreased from 3.9% in 2019/20 to 3.1% in 2020/21.

Client age (years)	Number seen	
	2019/20	2020/21
12	2	2
13	32	23
14	179	147
15	510	442
16	1,094	913
17	2,154	1,690
Total of all < 18s	3,971	3,217
Proportion of clients	3.9%	3.1%

All clients under 18 years of age at BPAS undergo a safeguarding risk assessment. In 2020/21, 98 referrals of young people were made to external agencies (compared to 126 referrals in 2019/20). This apparent decrease is not statistically significant (p=0.76). Of these, 30 referrals were made to social services, 2 to police, and 66 to other external agencies.

Adults

Adults seen at BPAS undergo a safeguarding risk assessment if considered at risk. In 2020/21 6,309 adults had a safeguarding risk assessment (6.3% of all adults seen at BPAS). This is an increase on the 2,400 adults who had a safeguarding risk assessment in 2019/20. In 2020/21 referrals were made to social services in 314 cases either for adult or children's services, and 516 referrals were made to other external agencies such as GP, domestic abuse, drug/alcohol, and mental health services. This compares to 191 referrals in 2019/20 ($p < 0.00001$).
The increase is referrals for adults is attributed to greater awareness of mental health concerns triggering a risk assessment as well as more disclosure of domestic abuse and mental health problems related to the pandemic.

Policies

The BPAS Safeguarding Policies Framework is up to date and was extended this year to include the Prevent policy. Policies were updated in 2019/20 alongside the wholesale review of BPAS clinical policies with further amendments made to reflect changes to service delivery during the Covid, and following local incidents and Domestic Homicide Reviews.

Training

All client-facing staff undertake level 3 safeguarding training every two years. Training was made available online during the pandemic. In 2019/20 overall compliance with safeguarding training was 71%. Extensive work was undertaken this year to improve this figure. In 2020/21 this increased substantially to 91%, which is above the organisational target of 90%.

Additional refresher training for staff in the five newly established telemedical hubs was carried out from February 2021. The safeguarding team also produced a video for employees in the Booking and Information Centre (BIC) and the Aftercare team to highlight the importance of safeguarding within their roles. As at 31st March 2021, compliance with watching the video was 89%.

Audit

Section 11 audit: BPAS undertakes a self-assessment audit each year to measure its compliance with Section 11 of the Children Act (2004). The self-assessment in 2020/21 demonstrated 100% compliance against the Act.

Safeguarding consultation audit: A new audit to be introduced in 2021/22 will assess individual competency in safeguarding practice. This will apply to face-to-face consultations and those facilitated via phone/video.

Feedback

All clients are asked to complete satisfaction surveys once treatment has been completed. This is now undertaken predominantly online giving the opportunity for clients to complete an electronic survey from their own home after the treatment has been completed. Whilst the response rate is smaller BPAS believes this provides more honest and useful feedback than when it was collected in clinic. Between 1st July and 31st March 12,141 responses were received.

Comments from clients included:

> The staff were amazing and supportive, listened and were understanding. Thank you very much.

> Staff are all so welcoming positive and caring, I couldn't have come to a better place.

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

> I would definitely recommend to other patients the staff are amazing. Felt so safe in their hands. Thank you for everything. I'll never forget the support you gave me.

Is BPAS effective?

2020/21 was a challenging year for organisations involved in the delivery of healthcare. In order to continue to deliver our essential services whilst keeping our clients and employees safe especially during the "stay at home orders", our whole operating model of predominantly clinic-based services needed to be reimagined. Two key factors played heavily into our speedy response to this operational redesign.

Firstly, we had developed and implemented a fully telemedical early abortion service for delivery to clients in Northern Ireland following decriminalisation on abortion there in October 2019. We had the suppliers, clinical guidelines and employees already delivering the telemedical EMA "Pills by Post" albeit at a fraction of the caseload size in comparison to England and Wales.

The second challenge was to obtain the permission from the Secretary for State for Health for both medicines involved in delivery of EMA to be administered in the safety of the home, enabling women to stay a safe from risk of Covid while accessing our care. BPAS worked with a strong coalition of other healthcare providers, expert groups and royal colleges to lobby the Minister for Health for that permission. Once permission had been achieved BPAS was able to offer EMA Pills by Post across Britain within a matter of days.

This huge shift from in-clinic to telemedical services required a massive effort from all our employees who stayed committed to delivering high-quality abortion service throughout this pandemic without any degradation in our client satisfaction score or service quality.

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.

Telemedical abortion

We developed, tested, launched and evaluated a fully telemedical EMA service (Pills by Post). Prior to the pandemic, 18% of consultations performed at BPAS were telemedical and pills received at a clinic by client. Within 10 days of the permission from the Health Minister being granted to send the EMA pills in the post, 97% of consultations at BPAS were telemedical and all EMAs were sent in the post. This speedy change in model required significant investment in technology, issuing of laptops and mobile phones to 300+ clinical staff who moved from working in-clinic to working from home.

New aftercare model

We designed and implemented a new aftercare model with a dedicated, highly trained cohort of clinical and non-clinical employees focusing on supporting our clients during treatment at home and post-treatment. This service required significant investment in digital solutions to ensure we can provide clinical support to our clients 24 hours a day, 7 days per week.

New pre/post abortion counselling

We redesigned and consolidated our pre and post abortion counselling to allow clients to access counselling across the country, to access a timely appointment. Counselling provision was based within our physical clinic locations which sometimes meant that clients needed to travel to access counselling. We reorganised services to provide a tiered offer of appointment. We centralised management of a new national counselling team, management from our contact centre. As a result of this reorganisation, we can now offer more virtual/tele counselling appointments and a wider range of appointment times across the day and week. Face-to-face counselling is also managed from this central function meaning full site across the country and patch can be offered to clients.

Supporting NHS abortion services

During the pandemic many NHS services were unable to see clients face-to-face and as such many NHS services stopped and women were directed to us and other independent providers. In addition to supporting this increased caseload from the NHS we provided pre/post abortion counselling services for NHS services and 24/7 clinical Aftercare.

Covid management

Covid control management throughout the year has been an excellent example of both collaborative working and iterative learning. Whilst a pandemic policy and management team were already planned, the policy had not been enacted before. Our employees were eager to be educated and wanted guidance and each time new guidelines were implemented and communicated, we took the learnings from that implementation and incorporated them into the next set of guidance. The group started meeting weekly but for the first three months communications were going out almost daily as guidance from Government was changing so rapidly.

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

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.

Electronic Patient Notes System

With significant investment and following hard work from our team, implementation of CAS2, our electronic patient notes, took place in November 2020. This project and system build has been in planning and development for several years.

Implementation of this system means has improved a raft of processes and services enabling a consistent approach and secure environment for BPAS to manage clients' data through our services.

Set up of five Telemedical Hubs across the country

Implementation of homeworking – set of five Telemedical Hubs across the country setting up and supporting the transfer of 300+ clinical staff to work from home predominantly but connected to one of these hubs.

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

Finance, Human Resources, including Learning & Development and Recruitment and Procurement departments performed a wholesale review and redesign resulting in an expansion in resources. Lack of investment over previous years had resulted in a very thin support structure creating a barrier to improvement and advancing any innovation. These reviews also resulted in the scoping and building of the following systems.

- Finance incorporating online expenses and corporate card processing
- Payroll system
- HR system

New procedures and processes have been developed or updated and implemented which enable each of these functions to process and management data more effectively.

The modernisation of these departments has future-proofed our organisation enabling us to make decisions quickly and identify problems sooner.

Operational restructure

Following the successful implement of homeworking and the Telemedical Hubs as an operational model the whole of the Operational Department including client facing employees underwent a redesign. This process enabled us to transfer resources design a management structure that supports most of our clients receiving services through telemedical provision.

Service delivery

In 2020/21, the two key priorities were to ensure that 1) a high level of importance is placed on safety beliefs, values, and attitudes throughout BPAS and 2) that clinical policies, training, and quality monitoring reflect and support newly-established models of care. Some activities, identified with an asterisk, were carried over from the year prior. The delivery of these tasks was overseen by the Medical Director, Director of Nursing and Quality, and the Associate Director of Risk and Governance. Many goals were reached but some were delayed due to the Covid-19 pandemic.

Activity	Completed	Impact	Further action
Reduce serious errors in the perioperative care pathway*	Launch of updated Perioperative Policy	Fewer perioperative care errors in 2020/21 (n=4) and 2019/20 (n=5) compared to 2018/19 (n=8) and the calendar year 2017 (n=18)	None
Successfully implement Datix for incident and complaints reporting and tracking*	New e-learning package designed and implemented	Training accessible for all staff at all times with a reduction in staff hours to deliver training	None
Improve doctor training/ feedback*	• Feedback tool created. • Delayed implementation due to higher priority actions within Human Resources during pandemic and re-organisation of BPAS	Confidence in trainer skills and abilities	Implement feedback tool
Review current internal quality monitoring*	• Terms of reference and standing agenda updated for the Quality and Risk Committee (QRC) implemented • Recommendations for changes to Clinical Governance Committee (CGC) reporting have been made and accepted • Recommendations for changes to review meetings between Operational & Quality Managers and Treatment Unit Managers have been made to align to the new CGC reports	Greater clarity on role of area meetings and QRC and required reporting	Quarter 1 2021/22 pilot new reports and obtain feedback from recipients
Safety Culture Review	Delayed	A clear understanding of the organisational culture and local safety climates so that actions can be implemented where necessary	Entire workstream
Write and implement a safety strategy	The strategy has been defined and approved by the Strategic Leadership Team. A final version is being formatted for dissemination throughout BPAS	Clear statement by the organisation that safety is a top priority. Clear aims and objectives for the organisation to achieve over the next three years that focus on improvements in safety	None

Activity	Completed	Impact	Further action
Improve monitoring/ completion of action plans from incident investigations	• Monthly governance reports reinstated • Overdue actions are a standing agenda item at QRC • An assurance testing protocol has been drafted and is being piloted	60% reduction in overdue actions resulting from serious incidents	Finalise and implement assurance testing processes organisation wide
Integrate policy and care pathway changes into standard care as appropriate and based on evaluations of clinical effectiveness	Clinical polices updated to reflect Covid-related changes that will be retained: Contraception counselling and provision, ultrasound	Easier access to standards of care with information in one location	Ongoing process as newly developed services become standard/permanent (e.g., mifepristone at home for early medical abortion)
Ensure clinical training is fit for purpose and can be implemented	• Competency frameworks for nurse practitioners revised to reflect remote and face-to-face roles • Wherever possible clinical training courses revised and moved to an online/self-directed learning package or blended approach • Training package developed for dilatation and evacuation under conscious sedation	• Clear, appropriate skills matrices designed and able to be tracked • Marked increase in number of staff completing training due to ease of access • Ability to extend surgical services with fewer operating theatre resources during pandemic	Post-abortion assessment and vasectomy training courses to be revised/ relaunched

2021/22 Governance priorities

In 2021/22, our priorities will be to:

1. Enhance procedural governance and monitoring/reporting on quality.
2. Ensure that a high level of importance is placed on safety beliefs, values, and attitudes.
3. Create an improved mechanism for establishing and ongoing monitoring of medical professionals' fitness to practice and scope of activities.
4. Restore or extend clinical services in line with national guidance (e.g. National Institutes of Health and Care Excellence) and best evidence.

Activities will include:

1. Better support to aid staff adherence to policy requirements with monitoring of targets and action plans through Quality and Risk Committee.
2. Conduct of a safety culture review.
3. Creation of a Responsible Officer Advisory Group and review of onboarding, granting of privileges, and other policies and procedures for doctors.
4. Review and revision of policies for venous thromboembolism prevention, contraception counselling and provision, testing/treatment of sexually transmitted infections, and identification and management of early pregnancy complications.
5. Development and implementation of gender-inclusive care pathways.
6. Development and implementation of a Clinical Quality Framework to include education and quality indicators (monitored via audit/dashboard) with reporting to the Quality and Risk Committee.

Research and development

BPAS' Centre for Reproductive Research and Communication (CRRC) develops and implements internal clinical and social science projects and service evaluations, facilitates research by external investigators, and participates in collaborative projects. The BPAS Research and Ethics Committee meets four times a year to discuss on-going studies and to review and approve new applications and amendments. The committee has a Terms of Reference (TOR) and the organisation has a policy on research; the TOR were updated this year. At the close of 2020/21, 14 projects had been carried over from 2019/20, two new projects were approved and three were closed.

The CRRC has restarted facilitation of external research projects after a pause due to Covid-19. Internal projects and collaborative work have focussed on evaluating telemedical abortion. For 2021/2022, the centre is planning strategic partnerships to expand its research agenda.

Publications from Internal Research/Evaluation

1. Meurice ME, Whitehouse KC, Blaylock R, Chang JJ, Lohr PA. Client satisfaction and experience of telemedicine and home use of mifepristone and misoprostol for abortion up to 10 weeks' gestation at British Pregnancy Advisory Service: A cross-sectional evaluation. Contraception 2021, 104:1 https://doi.org/10.1016/j.contraception.2021.04.027

2. Marshall O, Blaylock R, Murphy C and Sanders J. Risk messages relating to fertility and pregnancy: a media content analysis [version 1; peer review: 1 approved] Wellcome Open Res 2021, 6:114 https://doi.org/10.12688/wellcomeopenres.16744.1

3. Whitehouse K, Blaylock R, Makleff S, Lohr P. "It's a small bit of advice, but actually on the day, made such a difference…": perceptions of quality in abortion care in England and Wales [Preprint] SocArXiv 2021. https://doi.org/10.31235/osf.io/h2sqn

Publications from External Research Facilitated at BPAS

1. iken, ARA, Lohr, PA, Lord, J, Ghosh, N, Starling, J. Effectiveness, safety and acceptability of no-test medical abortion (termination of pregnancy) provided via telemedicine: a national cohort study. BJOG 2021, 00: 1– 11 https://doi.org/10.1111/1471-0528.16668.

2. Hawkins JE, Glasier A, Hall S, Regan L. Early medical abortion by telemedicine in the United Kingdom: A cost-effectiveness analysis. [Preprint] medRxiv 2021. https://doi.org/10.1101/2021.02.26.21252518

Measuring effectiveness

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

Annual Quality Assurance Audits

Whilst some direct audit of clinical practice and quality assurance audits were suspended in 2020/21 due to the pandemic audits that did continue throughout the year were medicines management and other equipment checks (e.g. haemorrhage kit, fridge temperatures, local point of care testing quality assurance), infection control and cleaning audits. Medicines management, clinical supervision, and infection prevention were also monitored through monthly unit dashboards. Standards continued to be high, and most units achieved the requirement each month. Where deficiencies were identified these were raised at the Quality and Risk and Drugs and Therapeutics committees with local action plans put into place.

Quality assurance

Quality assurance audits will resume in 2021/22 with new tools for assessing the clinical environment and operating theatre/treatment room and will be carried out annually by Quality Matrons.

Competency assessment: Nurse/Midwife and healthcare assistant

A new model of clinical audit will be implemented for nurse/midwives and healthcare assistants in 2021/22. Annually, each practitioner will have their competency assessed in each area in which they work using standardised tools administered by nursing/midwifery leads who have completed a Teaching and Assessing in Clinical Practice course. Audit covers all aspects of abortion and vasectomy service delivery, including remote and face-to-face care. The assessments will form part of the annual professional development review and can contribute as evidence towards revalidation with the Nursing and Midwifery Council.

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	38	37	1			
Attitude	2	2				2
Waiting times	1	1				1
Information governance	2	2			2	
Total	**44**	**43**	**1**	1	17	25

Secondary concerns were: other clinical issues (x10), omissions in record keeping (x8), information (x3), staff attitude (x13), waiting times (x7), information governance (x2), escort issues (x2), privacy (x1), DoC process (x2), specialist placement/accelerated booking process (x2) and booking issue (x1).

No complaint responses were disputed during this reporting period and one enquiry was received from the Parliamentary and Health Service Ombudsman, regarding a case from 2019 in which the client did not complete the complaint process.

Local complaints

The accurate reporting of local complaints is important. Much like with near miss incidents, these present learning opportunities without the need for a formal complaint process. Local complaints help identify where both local and systemic improvements can be made to improve outcomes. Under-reporting of local complaints has been evident in this year and in prior years. In 2020/21, only 185 local complaints were reported for all BPAS units. This equates to approximately three local complaints per unit per year, which is unlikely to be a true reflection for a healthcare provider of BPAS' size. In 2021/22 better complaint training will be available to assist staff in understanding the importance of complaint reporting and how to report. A local report monitoring process has been established and will be scrutinised at Quality and Risk Committee.

Is BPAS caring?

Client satisfaction

A total of 12,141 clients completed a satisfaction survey between July 2020 and March 2021.

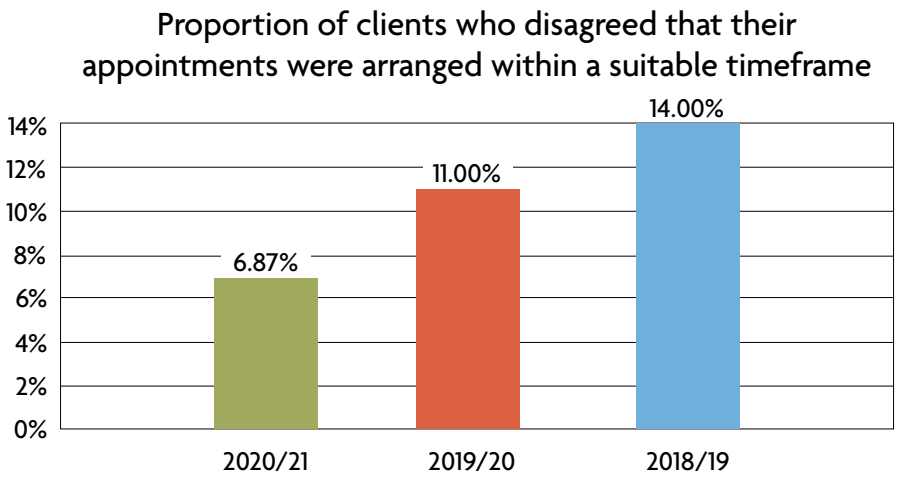
The overall satisfaction score was 9.4 out of 10, which is slightly lower than the 9.7 out of 10 that was reported in 2019/20 and 2018/19. 98% of surveyed clients would recommend BPAS to someone they know who needed similar care.

Reporting period:	1st July 2020 - 31st March 2021
Respondents:	12,141 (31,004 in 2019/20)
Response rate:	18% (36% in 2019/20)
Overall satisfaction score out of 10:	9.35 (9.65 in 2019/20)
% of clients would recommend BPAS:	98% (99% in 2019/20)

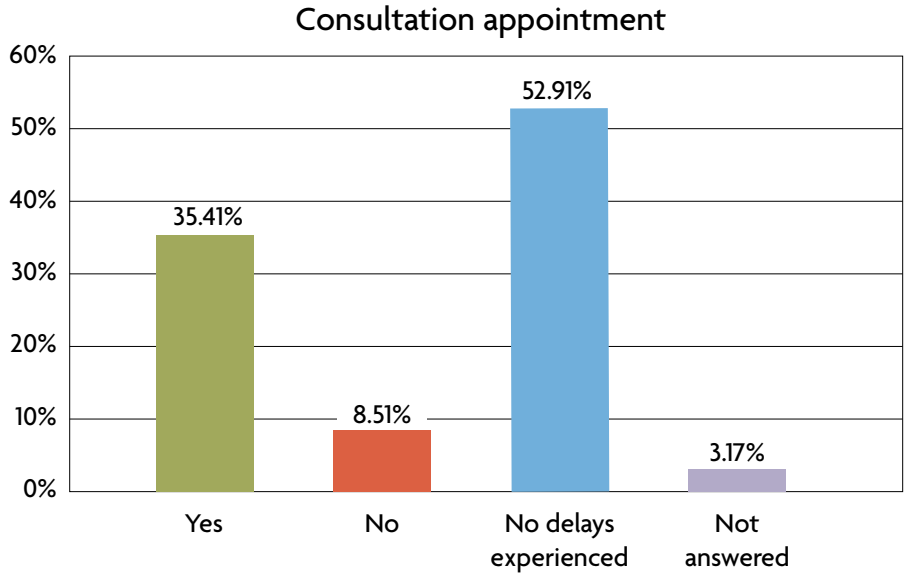
Information relating to surveyed clients for this reporting period:

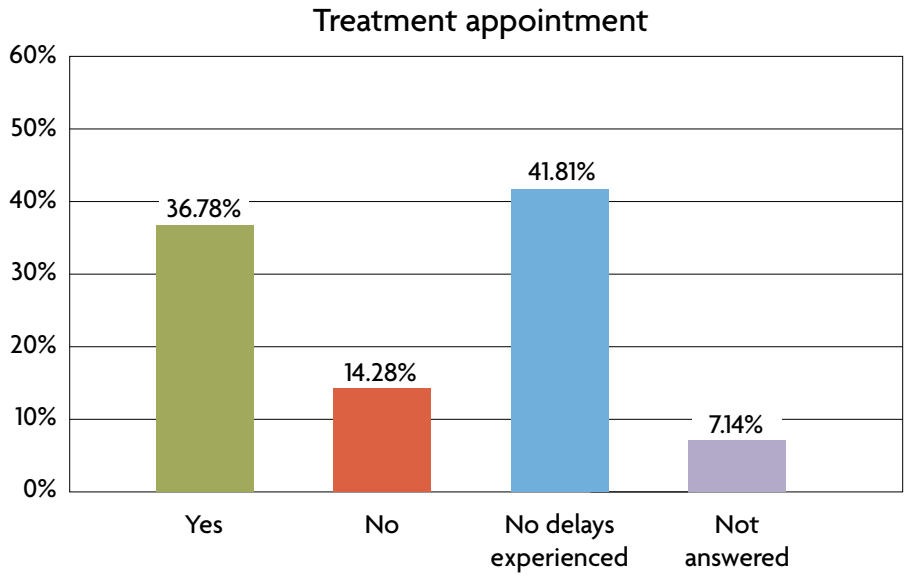
Age	Number	%	Abortion Type	Number	%
<16	30	0.2%	Medical	10,816	89%
16-17	283	2.3%	Late Medical	129	1.1%
18-24	3,672	30.2%	Surgical (awake)	870	7.2%
25-34	5,422	44.7%	Surgical (asleep)	326	2.7%
35-44	2,616	21.5%			
>45	69	0.6%			

Waiting times



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





Escort

The overall dissatisfaction felt by clients around how much their escorts were involved in the care pathway was 10% in 2020/21, compared to 2% in 2019/20. This is not unexpected given the restrictions that we have had to put in place during the pandemic. The percentage of clients who reported that they were not offered time to talk to someone about their feelings, separate to the consultation, was lower in those clients who had remote care (5%) than those who attended a clinic (11%) demonstrating the additional time clients have to consider their options with telemedicine.

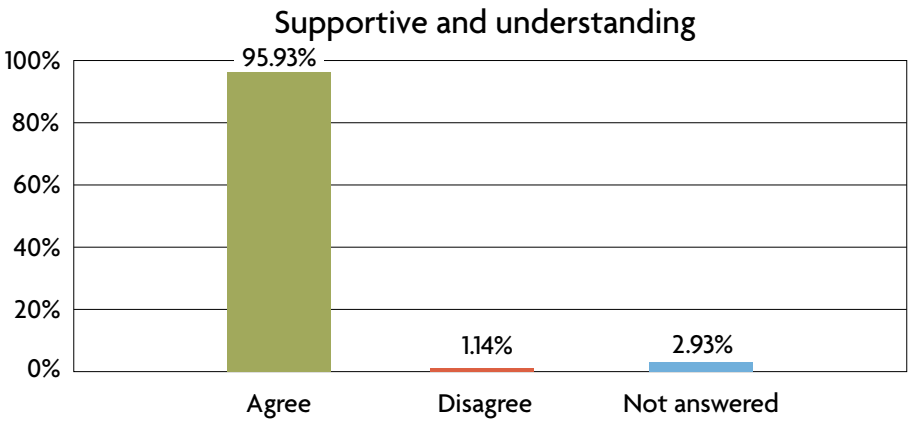
Over 95% of clients having their consultation by telephone felt that the clinician was supportive and understanding (95.93%), felt they were provided with clear explanations about the treatment (96.39%), and felt involved in their treatment decisions (95.52%). Those clients attending a clinic scored over 93% for the same questions.

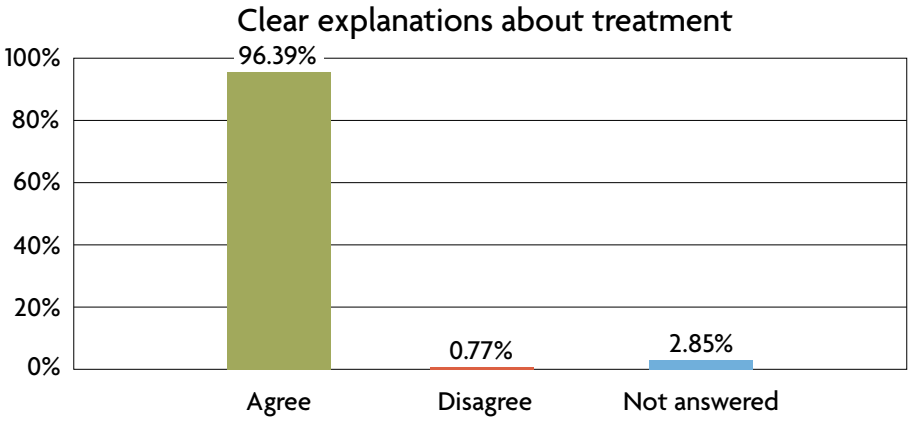
Information Governance

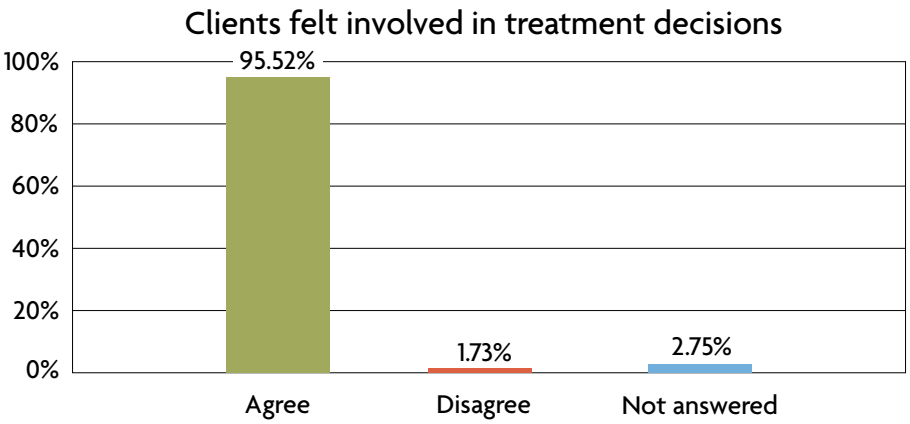
92% of surveyed clients reported that they felt their personal information was treated confidentially.

The overall satisfaction score was 3% higher for clients who had remote care compared to clients who attended a clinic. The charts below give the different scores for remote and face-to-face services.

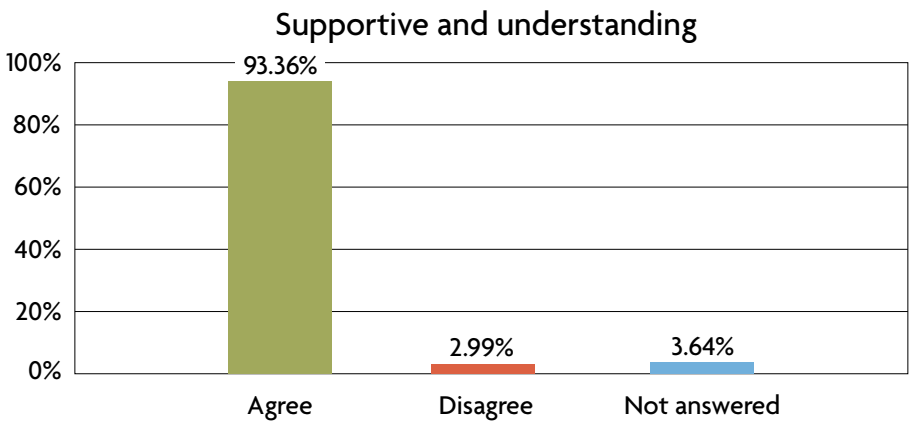
Remote care

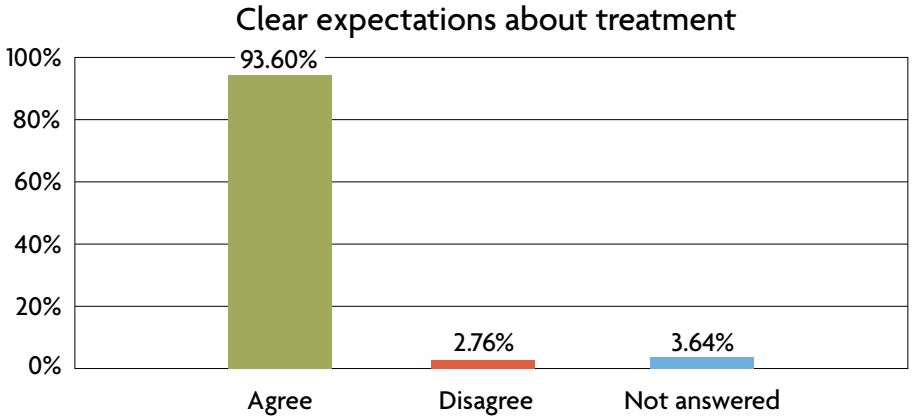


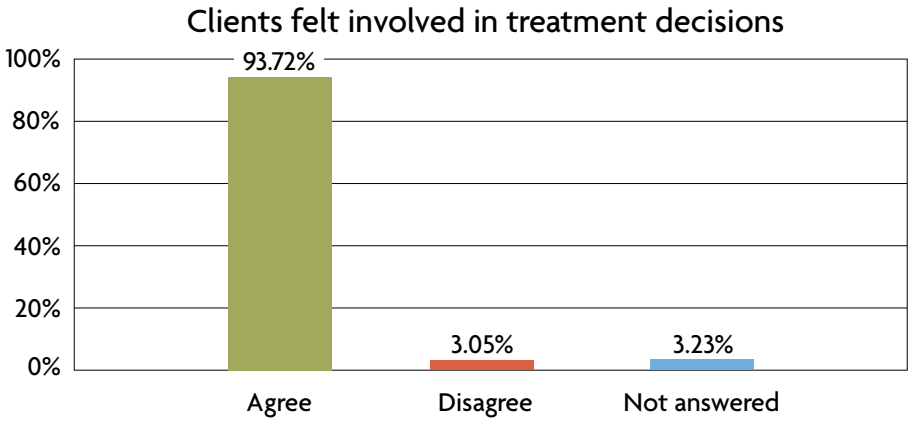




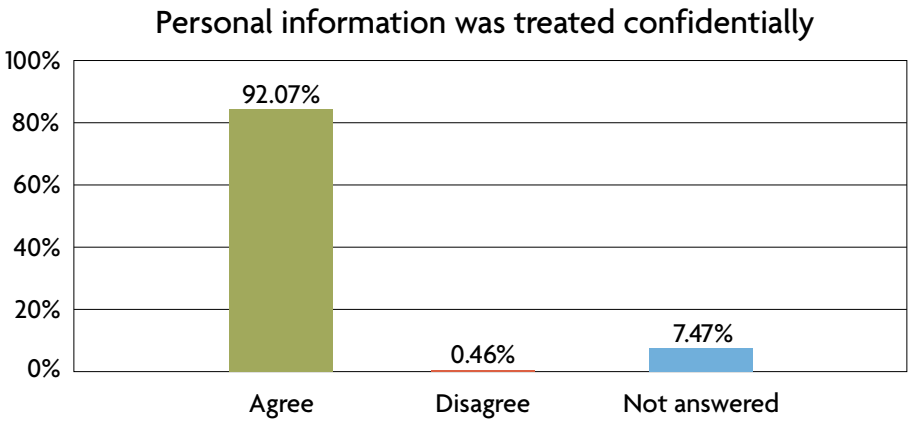
Face-to-face


Supportive and understanding
100%
80%
60%
40%
20%
0%
93.36%
2.99%
3.64%
Agree
Disagree
Not answered


Clear expectations about treatment
100%
80%
60%
40%
20%
0%
93.60%
2.76%
3.64%
Agree
Disagree
Not answered


Clients felt involved in treatment decisions
100%
80%
60%
40%
20%
0%
93.72%
3.05%
3.23%
Agree
Disagree
Not answered

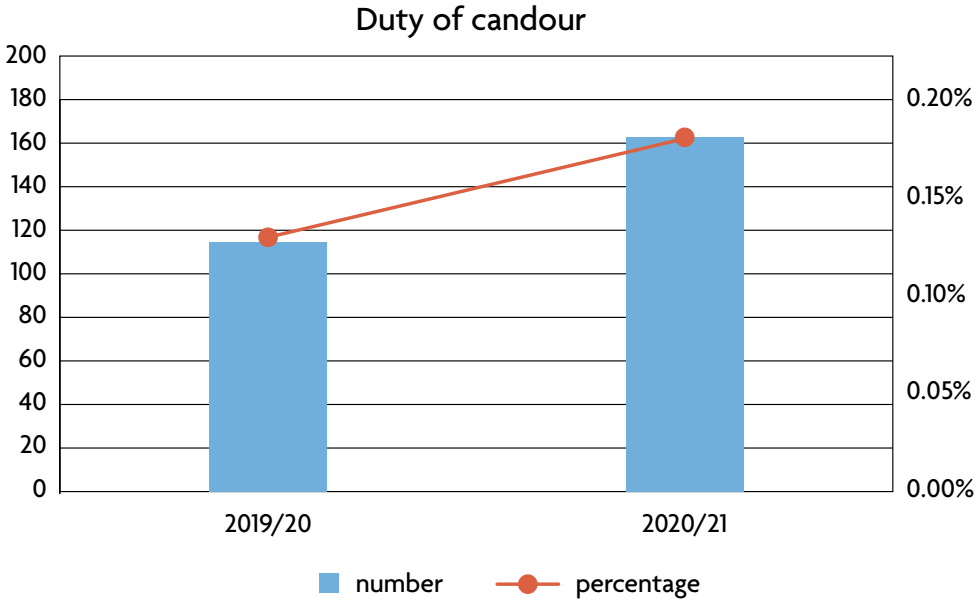
All



Duty of candour

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

Compared to 2019/20, duty of candour was required more often in 2020/21 (n=115 (0.13%) vs. n=163 (0.18%), respectively, p=0.01). BPAS policy requires that 100% of incidents that meet criteria for duty of candour are appropriately managed and evidenced in Datix. Compliance with duty of candour is monitored by and will be a focus on the Quality and Risk Committee in 2021/22.



Is BPAS responsive?

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

Primary concern	Actions taken	
Aftercare	Review/ amendment to the existing process (1)	Feedback reiterating the existing processes (3)
Also, the Associate Director of Clinical R&D is looking to add an algorithm or protocol to the aftercare procedure, around clients who refuse or make us aware that they did not attend A&E, as advised. The algorithm or protocol will ensure that we offer to see them at a BPAS unit, so at the least we can assess the extent of their condition/ symptoms.		
Suitability	Feedback reiterating the existing process /guidelines (x1) Case escalated to BPAS Director of Nursing and Quality to arrange a multidisciplinary meeting with the staff and Managers involved. A second case was escalated to the Regional Clinical Director for assessment.	Review/amendment to the existing process (x6) Recommendation submitted to BPAS Operations, regarding creating a cluster system between part and full time units, to ensure cases requiring suitability assessments are not delayed.
Hematometra	BPAS will consider the possibility of adding Asherman's Syndrome to the consent form.	
Pain during procedure	BPAS Regional Clinical Lead to arrange to observe the surgeon's practice, whilst performing an audit of surgical skills.	Feedback regarding continuous communication with the client prior to the procedure commencing (x1).
Incomplete procedure (Vasectomy)	BPAS Regional Clinical Lead reviewed the Surgeon's practice, whilst performing an audit of surgical skills.	
Ultrasound scanning	The units concerned will revisit the BPAS policies, regarding (case 1) private scans being accepted by BPAS and (case 2) obtaining external ultrasound reports in advance of treatment. A series of additional audits, to ensure these practices are being followed, was scheduled to follow this.	
Clinical information	Feedback regarding clear communication, in that providing clients with information in itself is not enough, as we need to make certain the procedure is explained fully, but also that the client has fully understood. (x8) Feedback regarding the importance of making all clients aware of and complying with the Covid-19 procedures in full. The Booking and Information Centre then put measures into place to ensure that all clients were informed, at the time of booking, of the need to wear a face covering. The BPAS Director of Nursing and Quality used client feedback, regarding not being fully aware of the treatment process, in the BPAS 'consent' training.	Additional support and training for bank staff to ensure staff remain fully aware of updated policies and procedures. (x1) Feedback regarding importance of ensuring the discussion about the EMA process takes place, prior to the medication being sent, specifically when a client is being seen by two separate units. (x1) BPAS launched explanatory, supportive videos with five instructional videos which are accessible via YouTube and have been embedded into the remote treatment page on our website.

Primary concern	Actions taken		
Delivered over estimated gestation	Feedback regarding advising clients that an error in LMP could result in a more than expected developed fetus.		
Information governance	The unit stopped adding a cover letter when posting a discharge letter and introduced a counter check process to ensure the envelope is correctly addressed (to include the client's name), for security and accuracy.	A tick box will be added to the electronic patient record, within the EPAU referral section, asking staff if they have informed the client that the EPAU will notify their GP of that visit.	
Abandoned procedure	Feedback reiterating importance of the surgeon discussing a complication directly with the client.		
Waiting times	Feedback reiterating importance of reading all available notes. When making changes to appointments, staff will contact clients by telephone to ensure they have been informed. An email will only be sent (highlighting clear contact details) when telephone contact has not been possible.		
Safeguarding	Consideration to be given to using an interpreter on all occasions, where there is any doubt that information from either party is not being fully understood.	Feedback reiterating importance of discussing and resolve any client concerns about a referral.	Feedback reiterating importance of ensuring clients are added to the units safeguarding log. Case escalated to the Client Safety and Risk team for further investigation.
Also, a recommendation was submitted to the Safeguarding Team, to add a prompt on our assessment tool to ensure if a referral is required this has been discussed with the client.			
TOPFA pathway	Feedback reiterating importance of setting client expectations and following the existing processes.	Further local TOPFA training organised.	
Counselling	Direct Supervision was arranged for the staff member concerned.		
Disposal of remains	Feedback reiterating importance of clearly discussing and clearly documenting client's wishes.	Review of process regarding the labelling, auditing, and maximum storage timeframe for remains.	
Miscarriage prior to procedure commencing	Escalated for investigation to be completed via the SIRI process.		
Attitude	Arrangements have been made for an investigation to be carried out via our Human Resources Department (x1).	Additional monitoring/ training/ coaching for specific staff members (x1).	

Care Quality Commission (CQC) registered activities and locations

As of 31st March 2021, BPAS had 29 registered locations and 24 satellites locations registered with the CQC to carry out the following activities:

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

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

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

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

Health Inspectorate Wales (HIW) Registered Locations

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

The bi-annual visits to HIW registered locations under regulation 28 were completed and submitted to HIW. No feedback or request for inspection has been received.

Comment from Clare Murphy BPAS CEO

Providing women with access to telemedical abortion care has protected women's health during the pandemic, enabling them to obtain safe, effective services during a public health crisis. But more than that - it's actually improved the care we can offer women by enabling them to access treatment at the earliest gestations. Abortion is an extremely safe procedure but the earlier it can be offered for a woman who is sure of her decision, the better for her physical and mental health.

At BPAS, we didn't need a pandemic to know that the ability to access early abortion at home would be transformative for women - particularly those in the most challenging circumstances. Forcing women to attend clinics when it isn't clinically required impacts those who live considerable distances away and rely on public transport, women with childcare commitments or precarious employment, as well as those in abusive relationships whose movements are closely watched. Women in these circumstances were previously left with little choice but to access pills illegally online - with legal, supportive services now available we know requests to online providers have dried up.

The Government is currently considering whether to retain this service or re-criminalise early abortion at home. At a time when the whole healthcare sector is under such pressure, and given the huge improvements we have seen as a result of being able to provide abortion in this way, it would be a travesty if this was taken away from women who need it.

Commissioner comments

> The rapid set up of the pills by post service at the beginning of the pandemic was very impressive and ensured women still had access to the service in during an unpresented time, which is reflected in BPAS winning the Women's Health Team of the Year at the BMJ awards 2021.

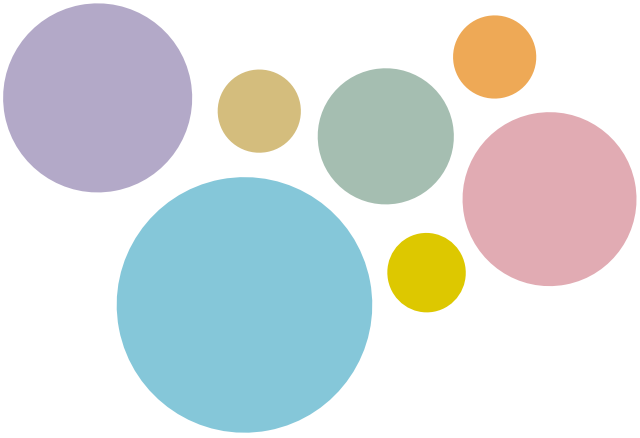
Sophie Greaves

Project Officer, Quality & Patient Safety

NHS Birmingham and Solihull Clinical Commissioning Group

Birmingham and Solihull STP

BPAS
British Pregnancy Advisory Service



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

PRI-DEC-150

November 2021