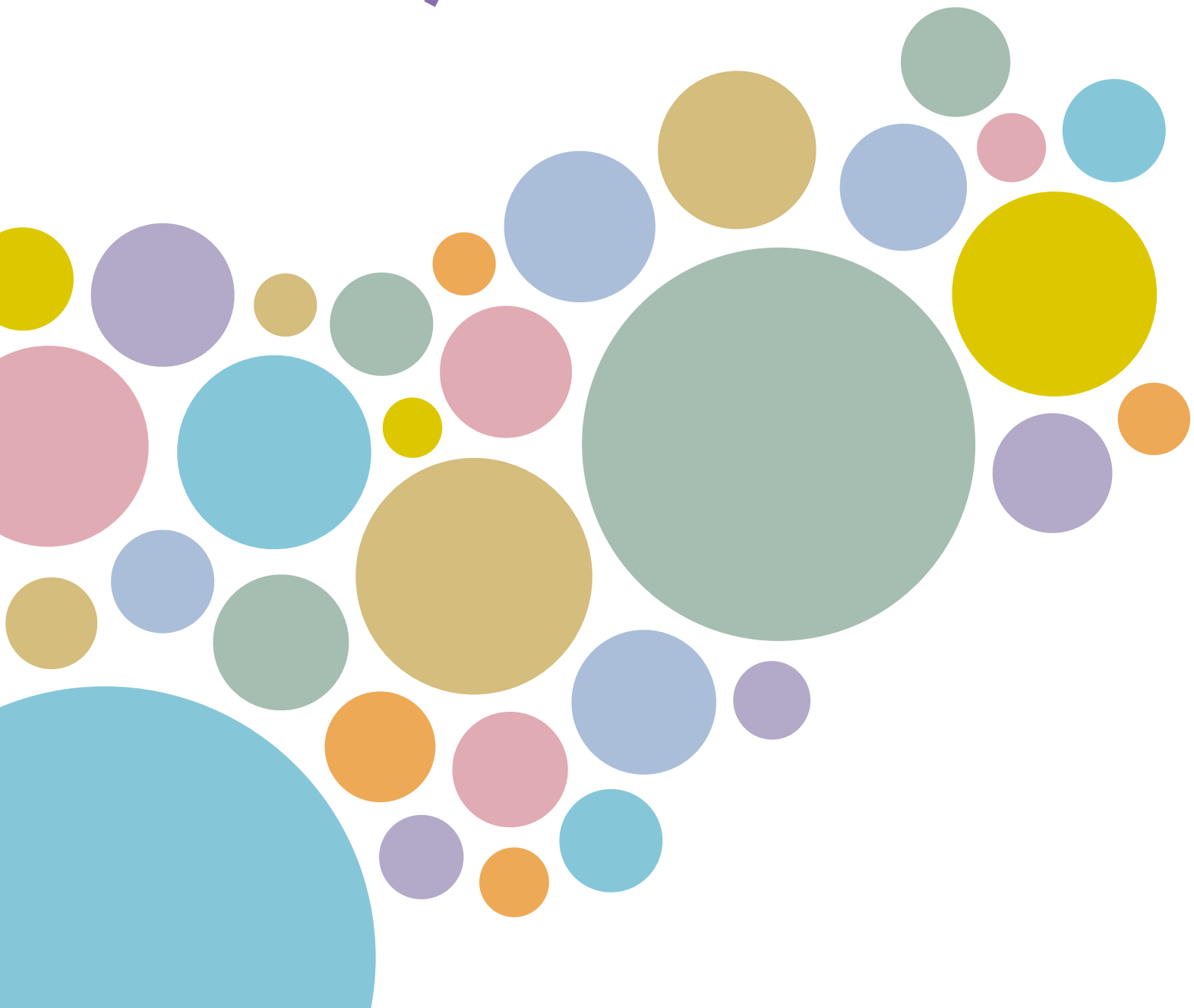
BPAS
British Pregnancy Advisory Service

ANNUAL QUALITY ACCOUNT 2024/25



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Terms and Acronyms

After Action Review (AAR): An exercise that is used when outcomes of an activity have been particularly successful or unsuccessful. This is a learning response linked to the Patient Safety Incident Response Plan.

Swarm (Swarm huddle): A Swarm is designed to start as soon as possible after a patient safety incident occurs. Staff 'swarm' to the site to analyse quickly what happened and take actions to reduce risk. This is a learning response linked to the Patient Safety Incident Response Plan.

Young person: We use the term 'young people' to refer to older or more experienced children who are more likely to be able to make decisions for themselves [GMC, 2021]. The term 'young person' will be used for those over the age of 13 who are seeking abortion care. This is to respect their age/reproductive age/maturity.

Child: We use the term 'child' or 'children' to refer to younger children who do not have the maturity and understanding to make important decisions for themselves. BPAS may have contact with children who seek abortion care themselves – the term 'child' in this document will refer to patients under the age of 13 who cannot legally consent to sex (Sexual Offences Act, 2003). We may also safeguard children we don't have contact with e.g., a child or sibling of an adult patient.

Electronic Medical Record (EMR): The patient record that holds details of their contacts and treatment journey at BPAS. This includes booking, consultations, consent, safeguarding, counselling and aftercare.

CAS2: The digital platform used for patient records.

TOPFA: Termination of Pregnancy for Fetal Abnormality.

Pills by Post: The term used to describe the early medical abortion pill treatment sent to patients' home addresses.

Telemed Hub: A BPAS hub dedicated to telemedicine services – both telephone consultations and Early Medical Abortion treatment can be provided by the hubs.

LCB: Local Commissioning Board, including Integrated Care Boards (ICBs) in England, and health boards in Wales, Scotland and Northern Ireland.

ELT: Executive Leadership Team.

Overview

At the time of writing this report, we had delivered the following services across BPAS:

We undertook a total of 128,705 consultations (face to face and Telemedicine); resulting in 110,078 abortion procedures; 40,682 contraceptive treatments; 1,170 vasectomies; and 578 terminations of pregnancy for fetal anomaly.

77% of our workforce participated in our People Survey, with 97% of those respondents telling us they feel they have a worthwhile job.

543 colleagues participated in a collaborative project to refresh our values, resulting in co-produced values to be rolled out in 2025.

We secured an additional £5.4m income from existing contracts, moving closer to NHS Tariff for our services.

Our workforce has grown by 11.5% in 2024, and our clinical workforce by 12.7%.

We worked with the Home Office, Scottish Government, and College of Policing on safe access zones around abortion clinics, 10 years after BPAS started the campaign.

We secured coverage in over 3,000 articles and were featured 17q times in radio and TV broadcasts.

Over the course of 2024, there were 35,701 logins to BPAS Learn and 50,938 lessons were completed.

We have increased our pro-choice stakeholder engagement, with 6 Royal Colleges signed up to decriminalisation.

We joined the AQP contract for Southwest London and successfully secured a subcontract from NUPAS to deliver services in Berkshire, Oxfordshire and Buckinghamshire.

Our Centre for Reproductive Research and Communication had over 15 publications and launched their new blog.

We achieved almost £1m (full year effect) in cost improvements and received over £2.1m cost improvement ideas from colleagues for 2025/6.

We secured £3m forecast surplus for the year to reinvest in our organisation.

We were successful in obtaining grants from the Open Societal Challenges Fund, Wellbeing of Women, and UCL/NIHR Policy Research Unit totalling just over £54k.

We organised 21 MP visits to BPAS clinics following the July 2024 election.

We opened new clinics in Newcastle (April 2024) and St Helens (October 2024)

Achieved the implementation of Safe Access Zones, protecting both patients and staff from harassment when accessing our services.

**all data from January 2024 to January 2025*

Who we are...

BPAS exists to support and enable people to make their own reproductive choices. We believe women are the ones best placed to make their own choices in pregnancy, from contraception, to pregnancy and birth choices, using unbiased, evidence-based information to support their decisions, and high-quality services to exercise them. We have been providing women-centred sexual reproductive healthcare for more than 50 years, mostly on behalf of the NHS.

- We provide access to termination of pregnancy from 52 clinics and 5 Telemedicine Hubs across the UK.
- We hold 42 contracts and 18 provision arrangements across the UK and British Isles.
- We have 1023 contracted staff.
- 99.4% of the treatments provided last year were funded by the NHS.
- We provided care in 67 different languages.
- 98% of our clients would recommend BPAS to someone they know who needed similar care.
- We are the leading voice on advocacy for abortion care and the only abortion provider that has a dedicated research and innovation function, known in the UK and globally.

Our Trustees

IN POST AT MARCH 2025	IN YEAR CHANGES
Dr Lucy Moore, Chair	Executive Chair up to 5 November 2024
Sam Smethers, Deputy Chair	
Julian Atkins	
Graham Colbert	
Dr Edgar Dorman	
Dawn Johnston	
Siobhan Kenny	
Professor Sheelagh McGuinness	
Sanjay Shah	
Dr Caroline Turner	
Natasha Walton	
Ian Hill	Appointed December 2024
Professor Iain Cameron	Resigned June 2024
Debra Holloway	Resigned September 2024

Our Executive team

March 2024 – December 2024 Executive Leadership Team
Heidi Stewart - CEO
Rosemary Cutmore - Business Development Director and SIRO
Patricia Lohr – Research & Innovation Director
Rachael Clarke – Chief of Staff
Jo Deans – HR Director
Laura Clare – Finance & Corporate Services Director
Verity Jowett – Head of Corporate Governance & Company Secretary (resigned Sept 24)
Cheryl Crosby – Director of Operations (resigned Sept 24)
Mary Sexton – Clinical Director

It should be noted that an Executive restructure took place in October 2024

From January 2025 - Chief Officers ('C-Suite') Executive Leadership Team
Heidi Stewart - CEO
Mary Sexton – Chief Clinical Officer
Laura Clare – Chief Finance Officer
Jo Deans – Chief People Officer
Nigel Acheson – Interim Chief Medical Officer (from February 2025)
To be appointed – Chief Technology Officer
Incoming April 2025 – Chief Operating Officer
Incoming April 2025 – Chief Strategic Communications Officer

What is the purpose of this report?

This Quality Account has been produced in accordance with the NHS England quality account regulations and demonstrates the BPAS commitment to quality and safety of services.

This report will be publicly available and provides information about the quality of our services over the last year (2024/25), and a description of our quality priorities for 2025/26 including indicators of success.

Message from our Executive Chair and Chief Executive

It is a privilege to introduce our quality account for 2024/25, the information written in our account brings together our progress against the key quality priorities we set ourselves for the year to improve our services.

BPAS is committed to provide excellence in care and to continuously innovate and improve clinical outcomes for the people who access our services.

Our focus is always to provide the highest standards of clinical care for all our patients and where mistakes are made to learn from them to improve our services and the experience for patients.

Good clinical care is dependent on our staff working in partnership with our patients, our commissioners and our neighbouring NHS organisations. This joint working allows us to not only respond to our patient's feedback, but it also provides opportunities to learn and develop our pathways across local systems.

Our priorities for 2025/26 will build upon the work we have started and will drive further improvements in care and access to services.

Finally, we would like to thank all our staff who everyday work tirelessly to offer our patients the very best of care.

Our Ambition

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

Our Purpose

To remove all barriers to reproductive choice and to advocate for and deliver high-quality, woman-centred sexual reproductive healthcare.

Our Values

We are very proud to be launching our Three Year Strategy from April 2025, which is the result of proactive engagement with our teams during the last year.

Our 'people strategy' is a cornerstone of this work, and we are committed to a 'people first' culture. We will use our core organisational values to guide decision-making and foster trust.

Building on the engagement work undertaken during 2024/25, we are proud to define the values which drive our work:

- Be kind and compassionate
- Be people and patient focused
- Be courageous and dedicated
- Be innovative and pioneering

Looking after public money

BPAS is a company limited by guarantee (No. 01803160) and a Registered Charity (No. 289145). As such, we are subject to audit 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), and the Healthcare Inspectorate in Wales (HIW), which regularly visit registered treatment units. BPAS operates under licenses for healthcare provision from NHS England and for abortion services from the Department of Health and Social Care.

Quality care at BPAS

BPAS is committed to providing high quality care in line with external and internal quality standards. NICE Abortion Care Quality Standards (2021) set baseline expectations for performance monitoring, care provision, compliance and effectiveness and these are routinely reported to our commissioners.

We measure the quality of our services under three broad categories and have aligned our quality standards to these categories.

- Patient safety – this includes enhanced safety; workforce development; evidence-based practice; managing complex cases and safeguarding; infection prevention and control; medicines management; and audit.
- How effective patient treatments are – this includes informed consent; contraception and sexually transmitted infection (STI) testing; and access to services.
- Patient feedback about care provided – including our response to this through quality improvement activity.

Our quality account for 2024/25 is laid out in accordance with the NHS England guidance[1].

[1] *NHS England » Quality accounts FAQs*

PART ONE – NATIONAL AND LOCAL CLINICAL AUDITS AND OUTCOMES

BPAS does not provide services which align with the national clinical audit programme[2] therefore there are no submissions to Statement 1 of the quality account regulations.

In respect of local clinical audits, BPAS has a programme of 24 audits (see table below) which are carried out at clinic level with exception and escalation reporting to the divisional triumvirates (Operational Manager, Quality Matron, Regional Clinical Director) and organisational oversight at the monthly Quality Review Group chaired by the Chief Clinical Officer.

INFECTION PREVENTION & CONTROL			
Infection control quality	Hand hygiene	Uniform	National standards of cleanliness
SURGICAL NOTES			
Early Warning Score	SBAR (accountability handover)	Prescriptions	Sign in & sign out
AFTERCARE			
Contact quality assurance (admin and clinical)	Pain triage	Heavy bleeding	Minimal bleeding
OTHER CLINICAL AUDITS			
Crash trolley	Haemorrhage trolley	Medicines management	Disposal of remains
Safeguarding (under 18s)	Safeguarding (adults)	Documentation	Compliance with legal framework
Consent	Patient Group Directions	Vasectomy	Ultrasound (image quality)

The audits measure clinical and quality standards and compliance rates are consistently high throughout 2024/25, although local improvement opportunities have been identified as well as some themes noted across the organisation resulting in the following improvement activities:

- Work to improve adherence to the accountability handover for patients undergoing surgical abortion
- Raising awareness and compliance with the legislative framework around the management of fetal remains and completion of the HSA1 form
- Introduction of updated sepsis training

We are committed to maintaining a responsive programme which contributes to the continuous improvement of quality and during 2025/26 we will add Sexually Transmitted Infection (STI) testing to the programme and conduct a review of any audits which are no longer relevant or where standards have been consistently met.

Our audit programme is a core component of data-driven improvement activity – see below for more detail as this is one of our quality priorities for 2025/26.

[2] *A-Z of National Clinical Audits – HQIP*

PART TWO – UPDATE AGAINST QUALITY PRIORITIES 2023/24

Access and waiting times

During 2024/25, the table below shows our progress against waiting times and access to services against the national indicators, against a target of 90% for all:

INDICATOR	April 2024	March 2025
Patients receive a consultation within 7 days of contact	76.5%	90.7%
Patients receive treatment within 7 days of consultation (for early gestation medical abortion)	91.7%	91.9%
Patients receive treatment within 14 days of first contact for all gestations and treatments	82.8%	89.1%

We recognise the impact of waiting for treatment, particularly for later gestation abortions, and have increased surgical capacity across the country in 11 locations. We have also increased our scan capacity and have a rolling programme of training and competency assessment to ensure a safe and responsive service.

Uptake of contraception

Women's access to their preferred choice of contraception when they have an abortion is measured in accordance with the NICE abortion care quality standards. Improving access to contraception reduces the risk of future unintended pregnancies and abortions and has a positive impact on women's experience of care.

During 2024/25 contraception uptake was a focused area for improvement across the Telemedicine hubs. Using reliable and validated quality improvement strategies, each hub accessed additional direct and cascaded training around contraception to improve confidence and competence amongst the clinical teams.

Two indicators were monitored – the discussion with patients around their contraceptive choices increased from 97.4% to 99.9%. The subsequent uptake of contraception increased from 26.9% to 35.8%.

Most patients who chose to receive contraception were provided with their preferred method (82.2%).

Across the organisation, in 2023/24 we provided contraception to 35,302 people. From April 2024 to March 2025, we provided contraception to 43,720.

Implementation of PSIRF

We published our Patient Safety Incident Response Plan[3] in August 2024 after broad stakeholder engagement and collaborative planning of patient safety priorities.

Our response to patient safety incidents and events continues to evolve as we develop our patient safety culture, using PSIRF principles as a guide.

To date, BPAS has commissioned three Patient Safety Incident Investigations (comprehensive investigations building on terms of reference agreed with those affected), along with several local learning responses such as After Action Reviews and Swarms (see Terms & Acronyms). Some examples of improvement activity following patient safety events include:

- An organisation-wide risk assessment of all clinical settings to determine feasibility of egress (ambulance transfer)
- Development of a 'buddy' system to align staff working in clinics across the country to a parent division so that they can access team and peer support
- Simple amendments to a standardised script to reduce variation in response and escalations during telephone contacts and consultations

Strengthen patient voice

During the last year we have maintained a high standard of positive feedback using the Friends and Family Test score, although we recognise that this does not always provide detailed information and that the response rates remain low.

We have seen a slight reduction in the number of formal complaints, with no escalations to the Parliamentary and Health Services Ombudsman (PHSO). Over the same period there has been an increase in the number of locally resolved complaints, which is a positive step demonstrating that patients feel empowered to raise their concerns and that we can respond accordingly avoiding the need for further escalation.

We have welcomed a Patient Safety Partner this year in accordance with our Patient Safety Incident Response Plan (PSIRP), providing a valuable opportunity to elevate the patient voice as we plan and execute improvement activity.

We remain committed to working with patients to improve our services and have identified this objective as one of our continuing quality priorities for 2025/26.

[3] *Patient Safety Incident Response Framework | BPAS*

Strengthen clinical voice

We have restructured the organisation's leadership model using a standardised job levelling framework, which adds clarity to reporting and escalation of issues.

The restructure includes the addition of new clinical leadership roles in pharmacy, nursing and midwifery, and medicine. These leadership roles are complemented by strong and established clinical expertise in the Nursing & Quality directorate, working collaboratively across quality improvement, quality monitoring and quality planning.

Embedding Leadership

Aligned to the revised leadership model is the introduction of triumvirate leadership across the divisions. This is a purposeful move to adopt a collaborative approach, and each division has a regional clinical lead, a regional operations manager, and a quality matron.

The model is replicated at executive level, allowing for logical alignment with escalation and reporting structures as well as improved cohesion in decision making and risk management.

Monthly divisional reporting using a standardised set of indicators known as the Integrated Performance Review (IPR) is undertaken, with divisional triumvirates presenting to the executive triumvirate. This encourages confirm and challenge of all data and intelligence and allows a view of themes and trends, understanding of risk and celebrating successes.

There is more to do at organisational level to bring reporting and accountability structures into alignment, to improve equity across all the triumvirate functions. This is linked to our proposed quality priorities for 2025/26, with more information below.

PART THREE – EVALUATION AND QUALITY PRIORITIES 2025/26

An evaluation of our progress against the priorities identified in last year's Quality Account demonstrates areas of good progress and rigour. All priorities will continue to be embedded into core business practices and care provision and are reflected in the updated BPAS strategy.

Based on this evaluation we have identified three quality priorities for 2025/26. These are listed below, including proposed measures and indicators which can be evaluated **through** routine reporting during the year.

ACCOUNTABILITY & ASSURANCE
Background: We have determined that additional clarity and training in the language and practice of assurance can provide the tools for accountability to be maintained and demonstrated at local, divisional and organisational level. Learning from patient safety events and from evaluation of reporting practices has highlighted that organisational structures may not be optimised to enable and demand professional accountability.
Over the next year we want to: • Make sure that BPAS staff at all levels of the organisation have a clear understanding of when and how to escalate their concerns about patient safety, access to services and patient experience. • Standardise reporting structures to provide a framework for determining levels of assurance and managing risk. • Empower our clinical workforce, especially nurses and midwives, to work at the full scope of their roles supported by a competency framework.
By April 2026 we will: • Be using an agreed quality assurance framework through our clinical governance structures. • Have a robust clinical risk register underpinned by policy, training and collaborative risk assessment. • Have a clear and transparent clinical workforce strategy which includes standardised job roles and descriptions, a competency framework which enables progress and succession planning, and updated guidance on safe staffing in clinical areas.

USING DATA TO DRIVE IMPROVEMENT
Background: We have demonstrated our commitment to patient safety and quality improvement and recognise the importance of collecting and analysing meaningful data so that our efforts can be co-ordinated and relevant.
Over the next year we want to: • Improve our access to relevant information across all quality domains (safety, access, experience). • Maximise our use of digital resources to increase visibility of quality data across the organisation. • Develop effective processes for reporting of aggregated data so that improvement activities can be focused.
By April 2026 we will: • Be reporting against an agreed set of quality indicators via established governance routes. • Be using an electronic audit tool and tracker. • Provide evidence of impact as an essential aspect of quality improvement reporting and evaluation.

PATIENT VOICE & ENGAGEMENT
Background: Our services cover the whole of the UK, but they are delivered at local level, and we have a responsibility to work with our patients so that services are relevant to their needs. We have recognised that the information from patient feedback and complaints does not provide us with enough detail to drive relevant changes, and that we are not utilising all sources of feedback.
Over the next year we want to: • Determine broad demographic profiles of the commissioning bodies we work with so that we can identify areas of health inequalities relevant to our services, for example ethnicity, deprivation, age. • Strengthen our links with patients and patient representatives through proactive engagement activity. • Amplify the patient voice through recruitment of additional Patient Safety Partners and Patient Representatives.
By April 2026 we will: • Have identified areas of significant health inequalities across our geographical divisions. • Include a stakeholder statement from a patient or a patient representative group (e.g. HealthWatch) with our Quality Account, based on regular touchpoint and involvement meetings throughout the year. • Have recruited to our patient representative cohort and provide examples of where they have been involved in improvement and/or safety activities.

Black Country Integrated Care Board (BCICB) statement on British Pregnancy Advisory Service (BPAS) Annual Quality Account 2024/2025

BCICB welcomes the opportunity to review and provide the following statement for BPAS Quality Account - 2024/2025. BPAS Quality Account is accurate and in line with the information presented to the ICB via contractual/quality monitoring meetings.

We genuinely recognise the Providers efforts to maintain quality and enable choice and support for women. The ICB would like to thank all staff and volunteers working at BPAS for their commitment and ensuring patient care is safe and of the highest standard. The ICB will continue to monitor the Providers progress and compliance throughout 2025/2026.

The ICB would particularly like to note the following key achievements for 2024/2025:

- BPAS has invested heavily in increased staffing in the clinical aspects of the organisation in 2024/2025.
- The significant increase in completion of satisfaction surveys to ensure that women have their voices heard in order to provide services that are responsive to their needs.
- Proactive and collaboration with the workforce to refresh their values.
- Achievement and implementation of safe access zones protecting both patients and staff from harassment when accessing services.
- Introduction of triumvirate leadership across the divisions to improve quality and safety.
- The audit measures for clinical and quality standards and compliance rates are consistently high throughout 2024/2025
- Improvement in access and waiting times against national indicators.
- Engagement and preparation for the launch of the Three-Year Strategy in April 2025.
- Publication of the Patient Safety Incident Response Plan (PSIRF) in August 2024 and recruitment of a Patient Safety Partner to strengthen the patient voice.

Whilst we recognise these achievements, we would value delivery of sustainable improvements in the following areas for 2024/2025:

- Continued improvements in audits and activities.
- Continued improvements and responsive programme for Sexually Transmitted Infection (STI) testing.
- Improvements in contraception uptake in particular across Telemedicine hubs.
- Continued progress in waiting times and access to services against the national indicators.
- Improved outcomes from the introduction of triumvirate leadership in relation to the alignment of reporting and accountability structures to improve equity across all the triumvirate functions.
- Progress with the Three-Year Strategy from April 2025 around the three key quality priorities.
- Embedding of PSIRF and strengthening of the patient voice.

The ICB confirms that the Annual Quality Account information accurately reflects the Providers performance for 2024/2025. It is presented in the format required and contains information that accurately represents the Providers quality profile and reflects quality activity and aspirations across the organisation for the forthcoming year. We commend the Provider on its commitment to working with the ICB collaboratively and transparently in 2024/2025 and look forward to working in collaboration and partnership over the next year.

Sally Roberts

Chief Nursing Officer/Deputy Chief Executive Officer

Black Country Integrated Care Board

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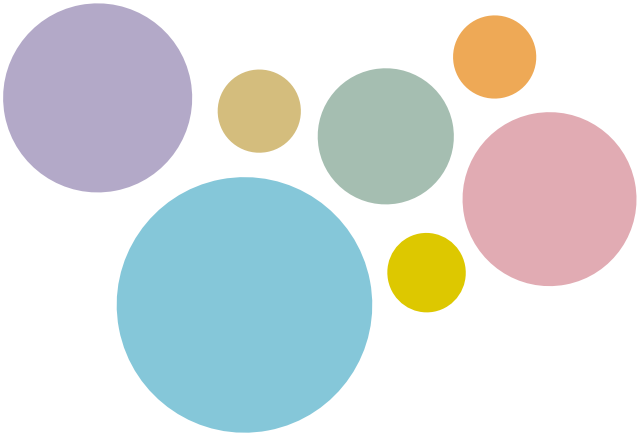

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Registered Charity 289145 as British Pregnancy Advisory Service
BPAS is registered and regulated by the Care Quality Commission

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July 2025