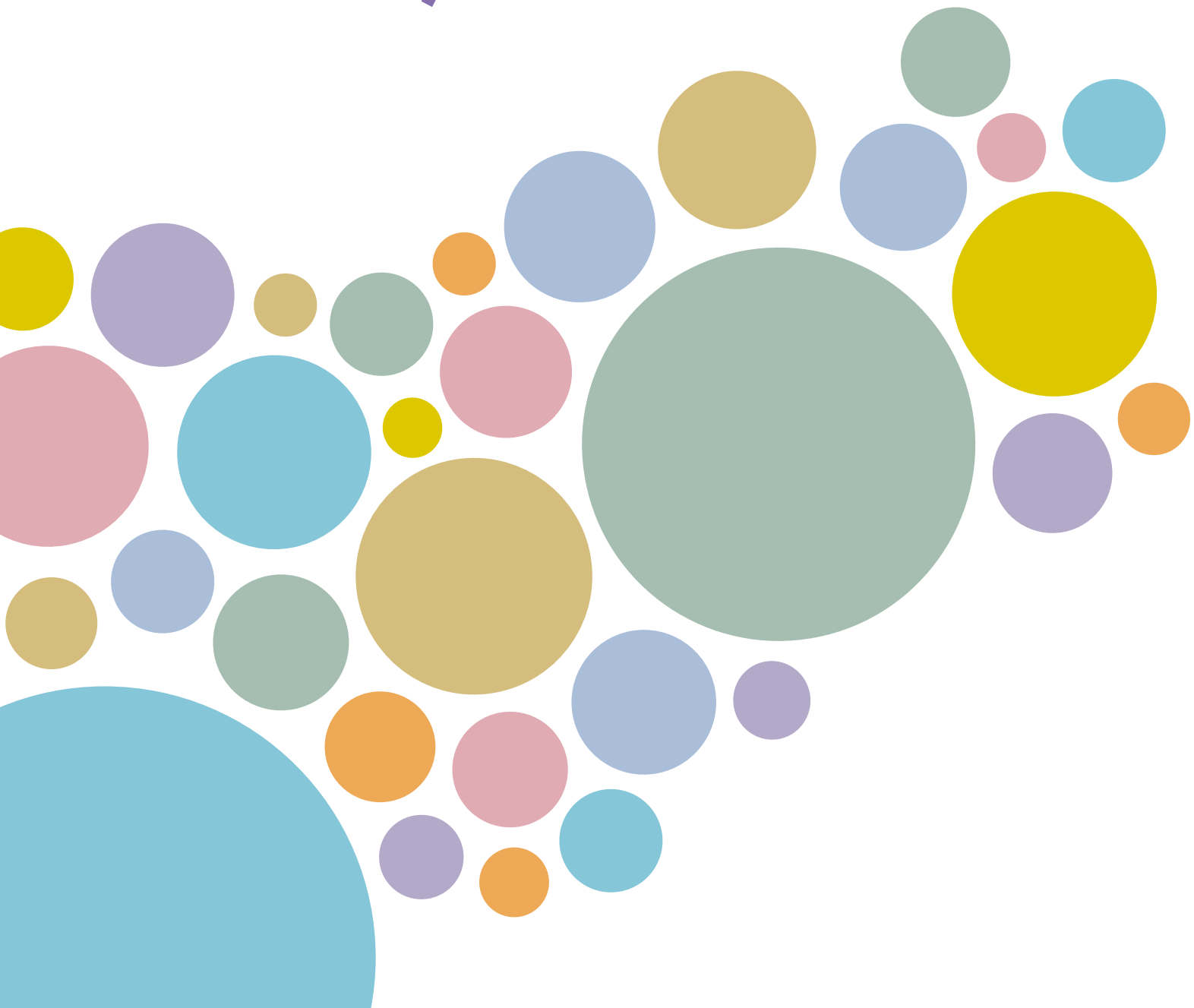
BPAS
British Pregnancy Advisory Service

ANNUAL QUALITY REPORT 2022/23



Contents

Terms and Acronyms

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 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 clients' home addresses.

Telemed Hub: A BPAS hub dedicated to telemedicine services.

LCB: Local Commissioning Board.

SLT: Strategic Leadership Team.

Overview

In 2022/23 we provided:

110,719
abortions

125,880
telemedicine consultations

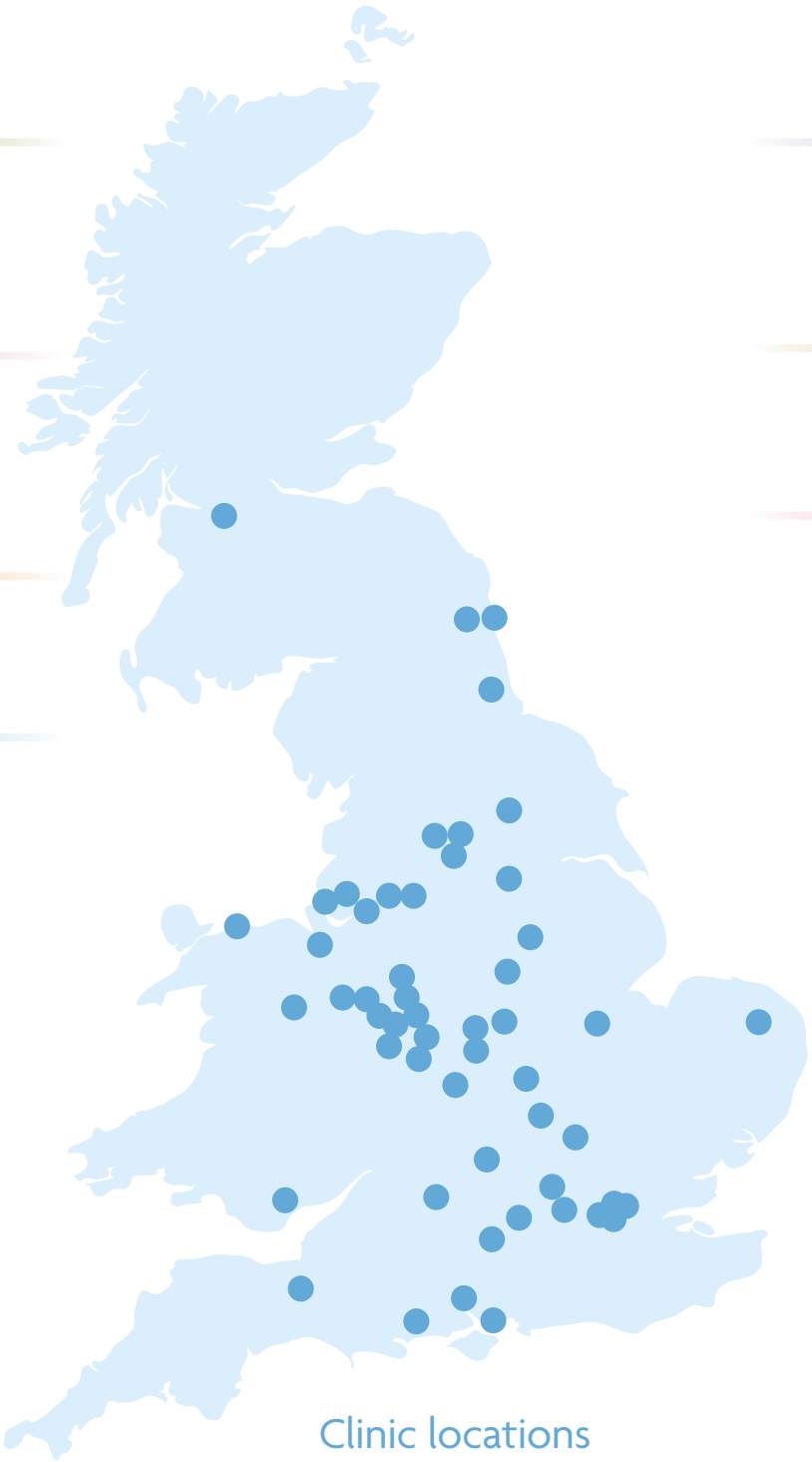
40,828
face-to-face conversations

71,891
pills by post

546
TOPFA

28,174
clients with contraception

1,319
vasectomies



Clinic locations

Who we are...

We work collaboratively with a number of agencies including:

NHS hospitals, Sexual Health Services, GP surgeries, Substance Misuse Teams, Domestic Abuse charities, Mental Health Teams and Charities, Ambulance Services, Social Services, Education Sector, other abortion providers etc.

We provide access to termination of pregnancy from 51 clinics and 5 Telemedicine Hubs across the UK.

We are commissioned by 108 LCBs.

We have 829 contracted staff (615.4 WTE).

98.6% of the treatments provided were funded by the NHS.

We provided care in 85 different languages.

Our overall satisfaction score for 2022/23 was 9.43 out of 10.

98% of our clients would recommend BPAS to someone they know who needed similar care.

Message from our Chair and Chief Executive

This has been a year of ongoing quality improvement in our service, so we can be assured we are providing the best possible care to the women who need us. We have seen a significant increase in the number of women requiring our care, a reflection in no small part of the challenges many women and their families are facing in the current economic climate, and which absolutely impacts upon choices made when faced with an unplanned pregnancy.

As an organisation we ourselves have not been immune to financial challenges. We invested significantly in our infrastructure to provide a telemedicine service to keep women and staff safe during the pandemic, and we also recruited and trained new nurses and midwives to ensure women could access consultations as swiftly as possible. While these initiatives absolutely improved the quality of care, they came at a cost and in 2022, in order to restore financial sustainability, we undertook a successful Business Transformation Plan to deliver savings across the organisation. We also worked closely with NHS England to illustrate the true costs of providing a high-quality abortion service that meets women's needs swiftly and effectively, and we are grateful to all those commissioners who have engaged with us on fair pricing to help us continue to deliver exactly that.

We started the year fresh from an important parliamentary win to retain women's legal access to early medical abortion at home and have continued to enhance that care while reinstating more face to face appointments for those women who prefer them. We ended the year with another parliamentary win on the establishment of safe spaces around clinics to ensure women can access carefree from the harassment and intimidation that has plagued many of our centres for many years. Our campaign's focus now shifts squarely onto decriminalisation, so abortion can be regulated in exactly the same way as any other form of healthcare, removing the barriers to a truly woman-centred service. For us advocacy, research and service delivery are inextricably intertwined so we can deliver the best possible evidence-based service to women and continue to meet their reproductive needs now and always.

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.

As you proceed through the report you will see we use the CQC's five key lines of enquiry to assess the impact of each action or deliverable.

This demonstrates we are:

Introduction

We are the British Pregnancy Advisory Service; the leading reproductive independent healthcare charity in the UK. 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 reproductive healthcare for more than 50 years, mostly on behalf of the NHS.

We continue to advocate, educate and campaign to defend and extend reproductive healthcare services to better suite the needs of women in the UK. We pride ourselves on being an integral part of the change in law in 2023 to ensure telemedicine and pills by post continues post pandemic, allowing greater access to abortion care. Where barriers prevent women accessing reproductive healthcare exist, we will remove them.

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 reproductive health care.

Our Values

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 are never afraid to advocate on their behalf, particularly when others are silent. We are at the forefront of innovation in 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 of 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 the services they need to exercise them.

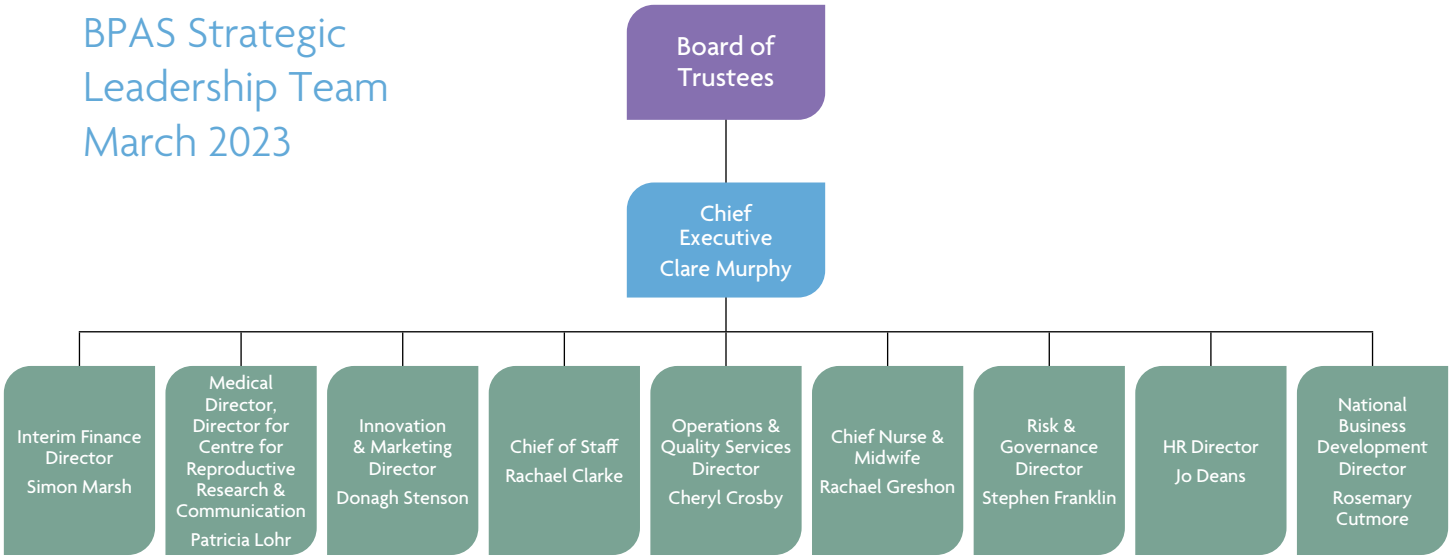
Our Trustees

Our Trustees are recruited for specific skills, experience and knowledge. Our chairperson is Dame Cathy Warwick and has been leading our board for 9 years. Cathy is a midwife and was Chief Executive of the Royal College of Midwives for 9 years until 2017.

Our board of Trustees during 2022/23 are listed below:

- Dame Cathy Warwick MSc RM (Chair)
- Professor Iain Cameron
- Anne Shevas OBE
- Sanjay Shah
- Dr Lucy Moore
- Doctor Sheelagh McGuinness
- Graham Colbert
- Dr Jane Stewart
- Natasha Walton
- Sam Smethers
- Siobhan Kenny
- Debra Holloway
- Dame Lesley Regan (resigned 28th February 2023)

BPAS Strategic Leadership Team March 2023



Our senior management team are the leadership of our organisation and have the responsibility of the day-to-day running of the charity. They are appointed by the board of trustees to hold specific executive responsibility for managing our organisation, delivering the business plan and budget and developing strategy.

Clare Murphy, Chief Executive Officer

Patricia Lohr, Medical Director & Responsible Officer

Rosemary Cutmore, National Business Development Director

Donagh Stenson, Innovation & Marketing Director

Cheryl Crosby, Operations & Quality Services Director

Jo Deans, Human Resources Director

Stephen Franklin, Director of Risk & Governance

Rachael Clarke, Chief of Staff

Rachael Greshon, Chief Nurse & Midwife

Simon Marsh, Interim Finance Director

How do we look 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 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 NHS England and for abortion services from the Department of Health and Social Care.

BPAS Quality Standards

COVID-19 pushed us to innovate, teaching us resilience and flexibility to ensure we continue to provide services to all our clients in the face of unprecedented times. Changes and restrictions during the global pandemic allowed our services to grow and change, providing at home abortion care for the first time in the UK. We were extremely proud of our achievements, and this was the catalyst to challenge us to seek further opportunities to improve our services. NICE Abortion Care Quality Standards (2021) set the baseline for BPAS to ensure we monitor performance, can evidence good and outstanding care, benchmark compliance and identify any gaps in service. BPAS have created 10 Quality Standards which encompass all activity at BPAS. BPAS is proud of the safe and kind services that it provides for every client, but it is always important to strive for improvement. Every staff member has a part to play to achieve this.

Our 10 Quality Standards

- Action 1 Enhanced Safety
- Action 2 Listening to Women
- Action 3 Workforce Development, Wellbeing and Accountability
- Action 4 Managing Complex Cases and Safeguarding
- Action 5 Informed Consent
- Action 6 Access to Services
- Action 7 Infection Prevention and Control
- Action 8 Medicines Management
- Action 9 Audit and Quality Improvements
- Action 10 Contraception and STI Testing

> *I think it was amazing from start to finish. The staff are caring and compassionate and made me feel at ease.*

2022/23 Quality Strategy

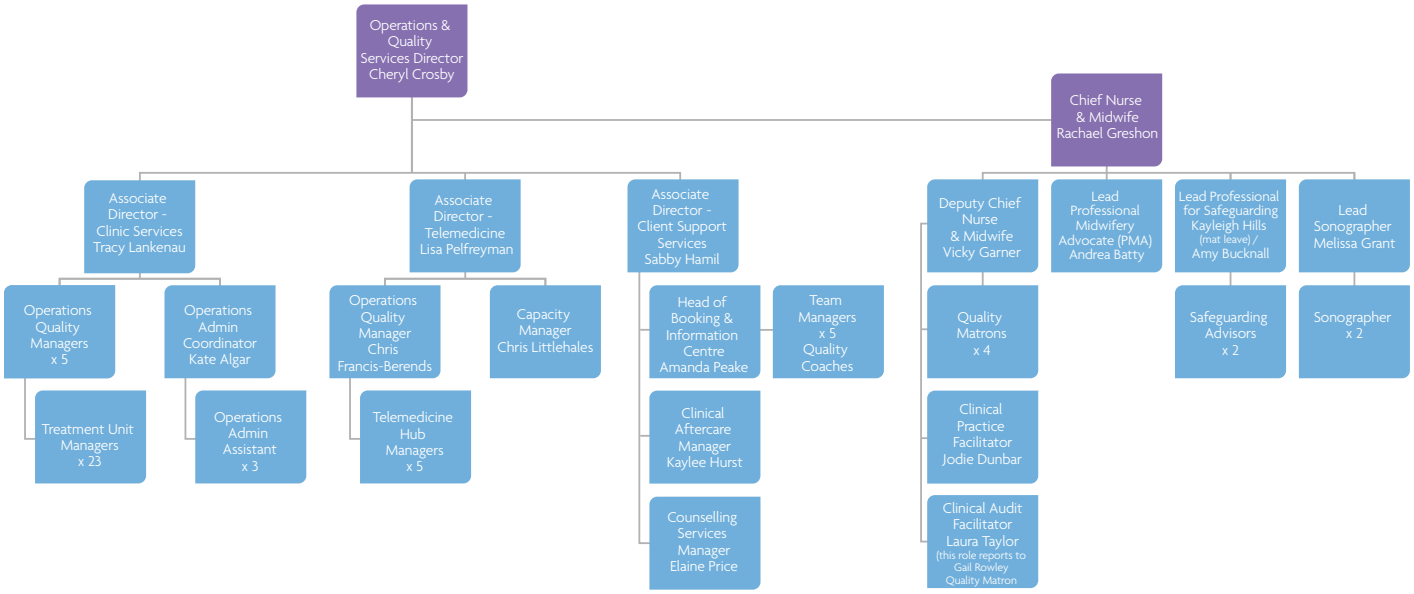
2022/23 has been a year of change for the internal structure of the clinical team within BPAS, driven by the Clinical & Operational Transformation Programme created by our Chief of Nursing and Midwifery in collaboration with the Director of Operations. The vision was to promote excellence in clinical practice to deliver safe, quality care through workforce transformation and operational collaboration.

With the support of the Senior Leadership Team at BPAS, the new Quality Team has been developed to provide greater clinical oversight, appropriate escalation and collaborative working with the operational team. Currently, there are 5 Quality Matrons who provide national cover throughout the organisation. Each Quality Matron is assigned a patch where they can focus on providing overarching support and assurance with audits, clinical concerns, complaints and any other additional support required by the staff and operational team.

The Quality Matrons meet once a month to discuss the audit findings and action plans to determine if the concerns are local or nationwide and whether further escalation is required. This is fed back to the newly appointed Chief of Nursing and Midwifery for escalation to the Senior Leadership Team and the Board.

This new system ensures a "floor to board" approach. Caring for our client is key at BPAS, therefore bringing the leadership of caring and the leadership of business together we are able to improve clients experience of abortion care.

Quality Team



Action 1: Enhanced Safety

This demonstrates we are:

Standard Required

- By working as a multidisciplinary team (MDT) we will ensure that all serious incidents are investigated thoroughly.
- BPAS' Trustees will have oversight of the detail of all learning and action plans implemented to support learning and quality improvement.
- Apply Duty of Candour appropriately.

Our Plan

- Ensure the board has complete oversight of serious incidents from across the organisation.
- Ensure an MDT approach to investigating serious incidents.
- Share learning with all.
- Implement actions in a timely manner.

BPAS is an ambitious organisation, with a clear purpose to remove all barriers to reproductive choice and advocate high quality, women centred reproductive healthcare. We know that effective risk management, integrated into decision making across the organisation, increases our ability to deliver this purpose.

At BPAS we aim to create a culture where evidence-based risk and benefit analysis underpins decision making and prioritisation, allowing us to get it right first time. This is not a short-term aim, but an ambitious strategy for continuous improvement to ensure we are designed for success and operationally resilient.

In late 2021, we launched our safety strategy, which provided the direction for our improvements over the next three years. In alignment with the strategy, we have achieved significant successes at BPAS during the 2022/23 financial year.

Goal: Evidence what we have done

- Our evidence of our compliance with statutory requirements, such as the duty of candour, has significantly improved. We are retaining a focus on this area throughout the 2023/24 financial year, as we still believe there is room for improvement. During this next year, we will be implementing 'Engagement Leads' who will ensure that not only are the necessary actions taken, but they are done to a high standard, raising the client's voice in our learning and demonstrating our priority in learning from events.
- Through user experience feedback sessions, we have refined the design of our incident and risk system (Datix) to ensure it is easy to use and captures meaningful information. We are now able to evidence when key subject matter experts, such as the Quality Team, Risk and Governance Teams and our Clinical teams, have reviewed cases or conducted assurance activities. Our system design has also updated how we record local actions as a result of incidents, ensuring it is simple to do and easily reportable. Over the next year, we will focus on increasing the oversight and assurance that learning is happening at all relevant levels of the organisation, and the impact of actions can be clearly demonstrated.

Goal: Act early on issues

- During this last year, we have evolved the design of our Serious Incident Declaration Group to include subject matter experts as advisors to the executive panel. The meeting not only identifies cases where investigations are required to capture the key learning from events, but also ensures that key actions have been taken at the local level, to ensure risks are practicably controlled as early as possible. In this next year, our focus is on taking investigative experts out to our operational teams to support the use of human factors approaches to incident learning, not just our formal investigations.

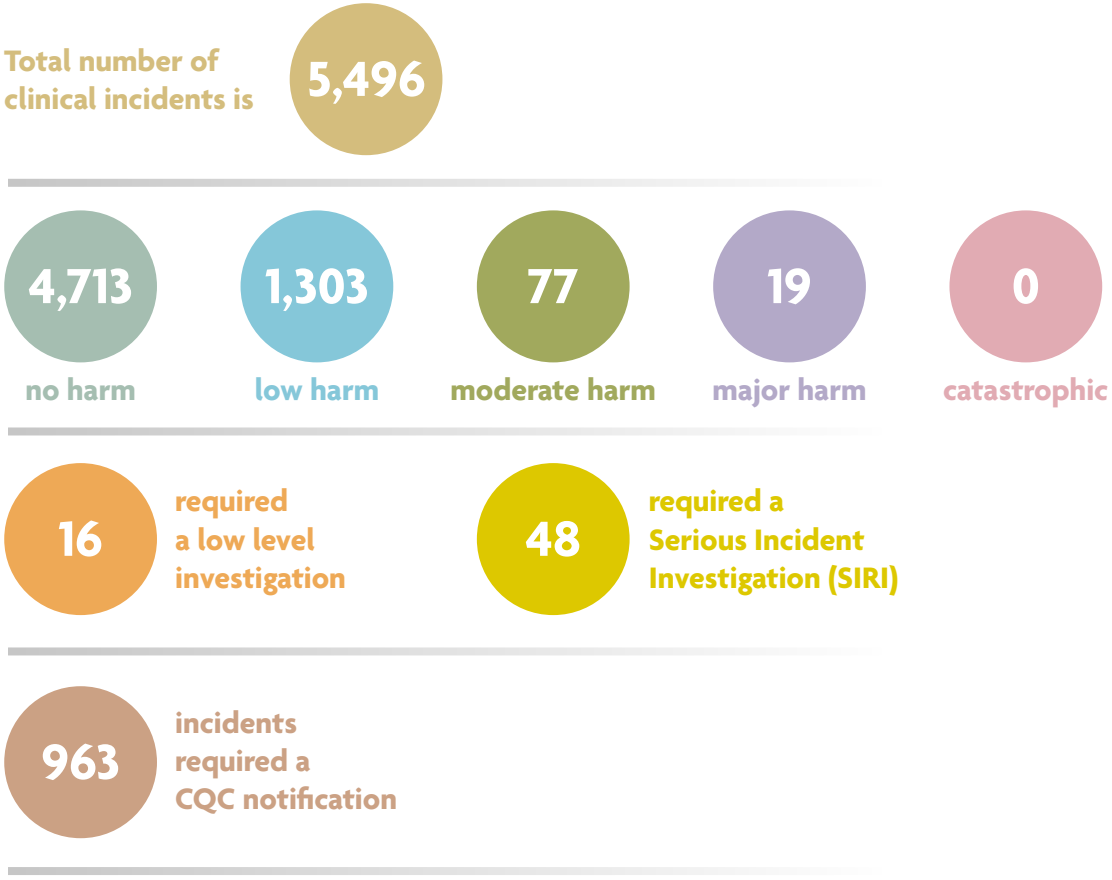
Goal: Employ a risk focused approach

- Our strategy placed a focus on ensuring we invest in resources where the potential for learning is greatest, and not just focusing on where significant harm has occurred. During this financial year we have seen a high proportion of our investigations focused on 'near miss' or 'good catch' events, rather than where significant harm has occurred. In the next financial year, we will be formalising our approach and priorities for investigation into a PSIRF Plan, continuing to place a focus on prioritising our resources on activities that provide the greatest learning potential.

Goal: Education and Culture

- We have formalised our risk management training packages, safety culture training packages, and the national patient safety training as mandated by NHS England. Our safety culture training package is a bespoke course created by our safety specialists in collaboration with our Quality and Clinical teams to place a focus on why getting cultures right is imperative to continuous learning. The course has been delivered at over 15 locations and has received excellent feedback. Over the last year, we have seen a growth in our incident reporting rates, predominantly in no-harm/near miss incidents, which further suggests improvements in our safety culture. **This will remain a focus throughout this financial year, as we aim to have delivered the session to 75% of all staff at all units and hubs. The course will also become a BPAS mandatory training session during this financial year.**
- We conducted a staff safety survey this year which has provided us useful information for learning. We are in the process of finalising our analysis of this data, so that we can take further actions during the next financial year to further improve our safety cultures and climates.

In 2022/23 we had...



In 2022/23, BPAS undertook consultations with 125,880 clients and provided 110,803 treatments which is 11,894 more consultations and 14,173 more treatments than the year prior. Most treatments were medical abortions up to 10 weeks' gestation (early medical abortion/EMA) (n=94,980). Growth in early medical abortions continues to rise year on year. Compared to 2021/22, BPAS provided an additional 12,802 EMAs of which 46% were provided without the need for an ultrasound, permitting pills to be delivered by post or collected from a clinic. Surgical abortion up to 23 weeks and 6 days' gestation also increased in 2022/23 by 1,709. Vasectomy procedures decreased slightly by 59 while miscarriage management increased by 21. The medical abortion over 10 weeks' gestation service at BPAS remains suspended as we seek to identify suitable premises, develop training competencies, and revise policies. We will address the reinstatement of this service again in the autumn of 2023/24.

Complications

Reported rates of complications across all treatment options at BPAS remain low and within expectations when compared to published literature and prior performance. Overall complications were either statistically the same or lower in 2022/23 than in 2021/22, despite increases in treatment volumes for most services. The table below summarises overall complication rates by treatment type and the trend when comparing the two years' outcomes.

Treatment	Trend 2021/22 vs. 2022/23		
	Volume	Overall Complication rate	p-value
Surgical abortion	↑	↔	0.34
Medical abortion up to 10 weeks	↑	↓	<0.00001
Miscarriage management	↑	↔	0.73
Vasectomy	↓	↔	0.08

Within treatment categories, major and minor complication rates have also largely remained stable when comparing 2021/22 and 2022/23, as shown in the table below.

Treatment	Trend 2021/22 vs. 2022/23		
	Volume	Major complication rate	Minor complication rate
Vacuum aspiration	↑	↔	↔
Dilatation and evacuation	↑	↔	↔
Medical abortion up to 10 weeks	↑	↔	↓
Miscarriage management - surgical	↑	↔	↔
Miscarriage management - medical	↑	↔	↔
Vasectomy	↓	↔	↔

Incident reporting

BPAS implemented the 2021–2024 Safety Strategy, placing a focus on safety cultures. One metric we use to assess our safety culture is our reporting behaviours: increased incident reporting, especially low or no harm/ near miss incidents, often represents improving safety cultures. As shown in the table below, the number of incidents, and the proportion of reported incidents has not significantly changed in 2022/23 when compared to 2021/22.

Year	Treatments (n)	Clinical Incidents n (%)	p-value
2021/22	96,330	4,952 (5.3)	0.07
2022/23	110,869	5,496 (4.96)	

While a high level of reporting is a behaviour which organisations must encourage to develop robust systems and ways of working, the key areas where growth is desirable, are near miss incident, no-harm incident, and low harm incidents.

Distribution of incidents by harm caused

The distribution of treatments associated with an incident, classified by the level of harm caused, has observed significant changes when 2021/22 is compared with 2022/23. There has been a significant increase in the reporting of no harm/near miss events, a significant reduction in low harm and moderate harm events. There has not been a significant change in the proportion of treatments associated with major or catastrophic harm.

Year	None n (%)	Low n (%)	Moderate n (%)	Major n (%)	Catastrophic n (%)
2021/22	2,088 (2.24)	2,738 (2.94)	96 (0.10)	12(0.01)	1 (0)*
2022/23	4713 (4.25)	1303 (1.18)	77 (0.07)	19 (0.02)	0 (0)*
p-value	<0.0001	<0.0001	0.02	0.39	0.28

*Deaths - At the point of publishing, there have not been any deaths confirmed as associated with the treatment we have provided in both 2021/22 and 2022/23. At the time of writing, the death of 2 clients are currently under coronial review. One client engaged with BPAS in 2021/22 financial year, and one client in 2022/23 financial year. Once completed, the outcome will be reflected in BPAS' dataset.

Comparison with the NHS (level of harm)

To understand whether the distribution observed by BPAS during this financial year is exceptional, a comparison has been made with the data reported by NHS providers via the NRLS system. The table below describes the distribution of incidents, by the level of harm caused, as a proportion of all incidents reported.

Organisation	None n (%)	Low n (%)	Moderate n (%)	Major n (%)	Catastrophic n (%)
NHS	1,656,070 (71)	608,969 (26)	68,111 (3)	6,872 (0)	5,803 (0)
BPAS	4713 (86)	1303 (24)	77 (1.4)	19 (0)	0 (0)
p-value	0.002	0.35	0.03	0.76	0.24

BPAS observed a greater proportion of incidents reported as causing no harm. This is an improvement over previous years, where the NHS observed higher proportions of incidents reported as causing no harm. The proportion of incidents reported causing low levels of harm is consistent with that reported in the NHS, but incidents causing moderate harm are significantly lower in BPAS than the NHS, which is positive to see. The proportion of incidents reported as major and catastrophic harm are not significantly different to the NHS, but the levels are currently very low, which is reassuring.

Distribution of incidents by risk rating

The table below shows that the proportion of treatments associated with an incident, categorised by the risk level.

Year	Low n (%)	Moderate n (%)	Major n (%)	Catastrophic n (%)
2021/22	2,549 (2.74)	2,309 (2.48)	29 (0.03)	0 (0)
2022/23	1971 (1.78)	3307 (2.98)	55 (0.05)	0 (0)
p-value	<0.0001	<0.0001	0.03	N/A

During 2022/23, BPAS has observed a reduction in the proportion of incidents assessed as low risk, and an increase in incidents recorded as moderate and major risk. Missed opportunities for safeguarding clients is one area where we have seen a growth in the reporting of events that cause no or low levels of harm, but present moderate or higher levels of risk. During this year, we have focused on identifying cases where safeguarding actions should have been taken earlier in the client's care pathway to support system improvements. Most of the cases reported represent occasions where all necessary safeguarding actions were taken before the client left BPAS' care, but BPAS believes they could have been taken earlier. We have focused on understanding these incidents as part of our organisational value of 'Service Excellence'.

Procedural governance

At BPAS, incidents must be reported on the Datix system within 24 hours of being identified. Once an incident is recorded on the system, it should be closed within 20 days. In 2021/22, BPAS aimed to improve compliance with both standards, we continued this focus in the 2022/23 financial year. The table below shows that the proportion of incidents reported within 1 working day has significantly improved, as has the mean number of days between the incident being known and reported when compared to the previous year. We have also significantly reduced the mean number of days between the incident being reported and closed.

	Proportion reported within 1 working day (%)	Mean days between incident known and reported	Standard Deviation	Mean days between incident reported and closed	Standard Deviation
2021/22	77.6	1.9	5.3	33.1	41.9
2022/23	84.4	1.56	6.84	18.48	26.35
P-values	< 0.0001	0.002		P < 0.0001	

It is positive to see that the timeliness of reporting and resolution of incidents has significantly improved, especially as we have not observed a reduction in the number of incidents reported. During 2022/23, the timeliness of reporting was reviewed quarterly via our Quality and Risk Committee. In 2023/24, as we implement our new integrated governance structures, this will be monitored at Area learning hubs monthly to support further improvements.

Key incident categories

Misestimation of gestation by last menstrual period

A known complication of the scan as indicated through care pathway is that the client may expel a fetus which is of a greater gestational age than estimated by the client's last menstrual period. Since the introduction of this pathway, the criteria against which a determination is made for the requirement of an ultrasound scan has been modified three times to reduce the likelihood of this type of incident. Initial changes implemented in 2020/21 resulted in a statistically significant decline. Further changes made in 2021/22 have reduced the incidence but, as seen in the table below, did not reach statistical significance.

Year	Treatments (n)	Clinical Incidents n (%)	p-value
2021/22	48,148	24 (0.05)	0.6
2022/23	46,193	20 (0.04)	

To continuously learn from these events, the Risk and Governance team formally review each event to identify the potential for large level learning or serious harm, thus indicating the need for a serious incident investigation. Thematic analysis of the characteristics of the incidents and clients involved is also conducted to refine predictors of increased risk. These incidents are reported as major complications in quarterly reporting to the Clinical Governance Committee.

Management of potential ectopic pregnancies

Prompt identification of ectopic pregnancies has been a focus for BPAS since 2018/19, when specific actions were implemented that reduced the rate of missed or delayed referrals for conclusive diagnosis and management. The table below describes the proportion of clients who completed a consultation and presented with features indicating the potential for an ectopic pregnancy and need for referral to an Early Pregnancy Assessment Unit (EPAU).

Ectopic category	2020/21 n (%)	2021/22 n (%)	p-value
Number of consultations	113,986	**125,880**	-
Ectopic identified after treatment	70 (0.06)	60 (0.05)	0.15
Missed opportunity to escalate care to an EPAU	**19 (0.02)**	59 (0.047)	<0.0001
Identified and appropriately escalated	**2,395 (2.1)**	2731 (2.2)	0.26

The rate of missed opportunities to escalate the care of a client with a potential ectopic pregnancy has significantly increased this year. The cases associated with this increase are those where ultrasound imaging assessments have been conducted via a partner agency and the need to expedite the client's care wasn't raised with a BPAS staff member. In most cases, the escalation of care did occur, and the client received the necessary care. We are currently conducting further investigations into some of these cases to identify further actions we can take to reduce the risk of these events. We have also planned a thematic review of these cases, which will be conducted once the incident investigations have been finalised.

Serious incidents

BPAS uses the definition of a Serious Incident Requiring Investigation (SIRI) included in the NHS Improvement Serious Incident Framework 2015. 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. All safety investigations use human factors methodology. As shown in the table below, there has been a significant increase in the number of incidents investigated as a LLI, whereas the proportion of treatments associated with a SI has not significantly changed. The overall investigative activity has increased significantly this year. This is a positive behaviour for the organisation to display, as it shows a greater appetite to learn from events. When viewed in the context of fewer moderate or major harm incidents, it shows that BPAS are learning from near miss events. The Ockenden Report and 'Safety Science' reiterates the importance of organisations seizing learning opportunities from all sources.

Investigation category	2020/21 n (%)	2021/22 n (%)	p-value
LLI	24 (0.026)	**16 (0.01)**	0.09
SIRI	29 (0.03)	48 (0.04)	0.1
Total	**53 (0.05)**	64 (0.06)	0.8

Investigated incident themes

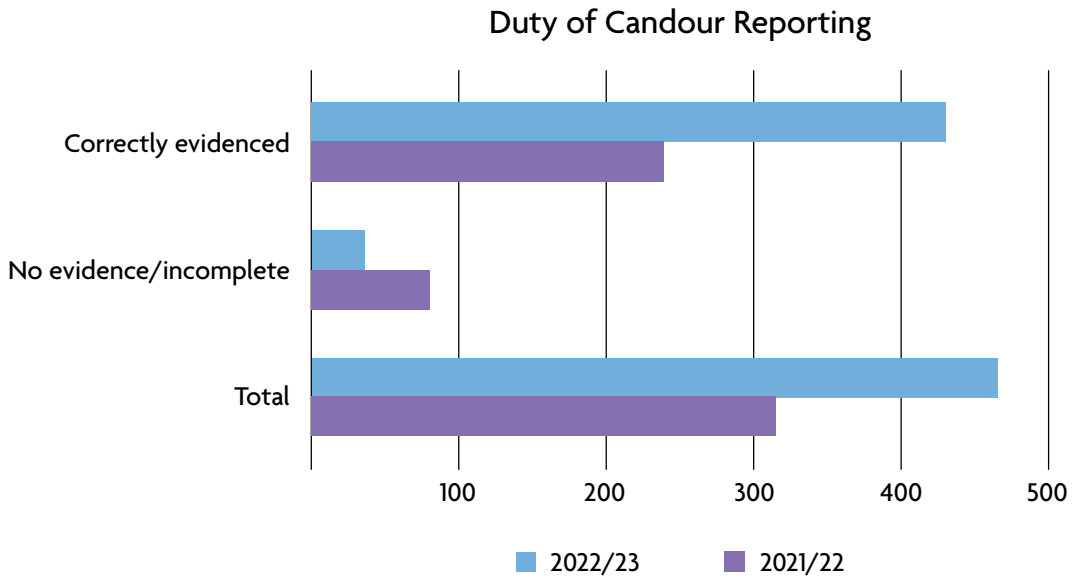
The table below describes the incident categories investigated in 2021/22 and 2022/23. One Never Event was reported in 2020/21, none were reported in 2021/22.

SIRI/LLI Category*	Number	
	2021/22	2022/23
Missed opportunity to refer to EPAU	10	14
Perioperative care pathway error	6	9
Surgical documentation issues	0	1
Surgical complication	5	5
Clinical documentation issues (not surgical notes)	1	1
Wrong treatment/anaesthetic/client	0	0
Hysterectomy	1	3
Contraception error (implant or IUD/IUS)	0	1
Delayed identification deteriorating client	4	1
Placental location not performed	0	0
Cardiac decompensation/arrest/death (unrelated to abortion)	0	2
Missed opportunity to provide treatment	1	2
Specialist placement referral error	0	0
Safeguarding - missed opportunities	4	3
Infection prevention/ control	1	1
Treatment provided to a client outside of suitability criteria/ Delayed identification of suitability issues	4	7
Uterine perforation	1	2
Medication management	1	3
Misestimation of gestational age by LMP	3	2
Retained surgical equipment (external to body)	0	0
Business continuity	8	2
Client causing or expressing a wish to self-harm	3	2
Medication not used as directed	2	2
Client presented as another person	1	0
Early medical abortion, complication management	3	1
Inaccuracy in gestational age assessment by ultrasound	2	1
Unable to complete treatment	1	0
Extramural delivery	1	1
Fetal remains not managed in accordance with the clients wishes	1	2

*Categories exceed the number of SIRI/LLIs because each complication is counted once even if multiple occurred in the same client (e.g., cervical tear and hysterectomy).

Duty of candour

At BPAS we pride ourselves on being open and transparent. All our staff aim to provide the very best abortion care to all our clients; however, we acknowledge that sometimes we provide care that did not go as expected or planned. Therefore, when something goes wrong, or causes, or has the potential to cause, harm or distress, we implement our Duty of Candour policy to apologise and take action to improve our care and procedures where possible.



In 2022/23 there were a total of 464 incidents which required Duty of Candour. Staff at BPAS were successfully able to recognise and provide evidence of DOC in 93% of cases. We have seen a significant improvement on the number of correctly evidenced DOC cases; however, we aim to correctly evidence 100% of our cases.

> *Everything was dealt with professionally and I was supported the whole process.*

Health and safety

Health and safety 'health check'

Metric	2021/22	2022/23	Status
Accidents	15 Events from 12 units 5 staff members required hospital care 1 client required hospital care	19 events at 9 units 4 staff required hospital care 0 clients required hospital care	
Riddor reporting compliance	0 incidents required RIDDOR reporting	1 incident required RIDDOR report and was submitted on time	
Anti-social behaviour	32 events recorded by 15 units 15 events reported to the police	59 events recorded from 13 units 25 events reported to the police	
Policy management	13 Policies updated All policies in date	12 policies updated All policies in date	

Accident summary

During 2022/23, there were nineteen accident reports generated from nine BPAS units. This is an increase of 17% on 2021/22 figures (n=15 from 12 units). Seventeen incidents involved BPAS staff and two involved clients, which is consistent with the year prior (staff incident n=11, client incidents n=4). Four incidents required staff to attend hospital which is consistent with last year (2021/22 n=5).

One event required a RIDDOR report to the Health & Safety Executive, which was submitted on time. This event caused two days as 'lost time'.

The table below summarises the most common causes of injury recorded in both 2021/22 and 2022/23.

Cause of injury	2021/22 No.	2022/23 No.	Change
Needlestick	3	4	↔
Faint	5	0	↓
Contact with hot surface	0	2	↑
Manual handling	0	2	↑
High ambient temperature	3	0	↓

The table below summarises the most common injuries sustained during the year.

Cause of injury	2021/22 No.	2022/23 No.	Change
Needlestick	3	4	↔
Bruise	4	0	↓
Burn	0	2	↑
Strain	0	2	↑
Laceration	2	0	↓

Anti-social behaviour

During 2022/23 there were fifty-nine recorded Anti-Social Behaviour (ASB) incident reports generated from thirteen BPAS units. This is an increase of 28% on 2021/22 figures.

The table below describes the type of anti-social behaviour experienced in both 2021/22 and 2022/23.

Cause of injury	2021/22 No.	2022/23 No.	Change
Physical/verbal abuse	17	9	↓
Protests	13	48	↑
Anti-abortion literature distribution	1	1	↔
Suspicious packages	1	0	↓

In 2022/23 twenty-five incidents were reported to the police, which is an increase of 66% of the year prior (2021/22 n=15).

Policy and legislation

There are 28 Health, Safety & Environmental Policies and Procedures which are all current. The following table lists those reviewed and re-issued in 2022/23.

HS&E policy, procedure or guideline	Issue Date
Health & safety policy statement	October 2022
Fire precautions	October 2022
Asbestos management	October 2022
Control of contractors	October 2022
Management of water systems	October 2022
Management of heating & ventilation systems	May 2022
Preventative maintenance	October 2022
Building refurbishment	October 2022
Management of clinical waste	January 2023
Management of passenger lifts	October 2022
Sustainable development plan (Green Plan)	October 2022
GDPR record retention visitors & fire register	October 2022

There were no HSE legislative changes applicable to BPAS in 2022/23.

Net Zero strategy: Environmental Management System (EMS) – ISO 14001.

BPAS is focused on being sustainable, not only financially, but environmentally. In 2023, BPAS launched their net zero strategy, to achieve net zero status in line with the NHS goals of 2040. BPAS are currently identifying a partner agency to support us on this journey. As part of this strategy, BPAS is committed to attaining ISO 14001 by mid-2024. ISO 14001 has become the international standard for designing and implementing an Environmental Management System.

Action 2: Listening to Women

This demonstrates we are:

Standard required:

- BPAS will ensure that women have their voices heard to provide services that are responsive to their needs.

Our plan:

- Ensure that local and formal complaints are managed appropriately and to agreed timelines.
- Share learning with the organisation and policies/procedures are updated in response, where appropriate to be responsive to women's needs.
- Provide a mechanism to gauge client satisfaction with the services they receive.
- Carry out research and service evaluations that amplify client voice to drive improvements.
- Carry out duty of candour to expected time frames and always invite direct conversations between the service provider and client.

> *The most important part for me is that I felt listened too and I had a voice and could choose! This is important. The lady I spoke was Amazing in every way and I would personally like to thank you all for everything you do and continue to do to support woman in situations where they feel isolated.*

Complaints and feedback health card

The below table describes the changes in our data recorded in 2022/23 when compared to 2021/22 against our strategic aims in the client experience strategy.

Metric	2021/22	2022/23	Change	Status
Formal complaints	0.6% of treatments, 62 formal complaints 3 complaints responses disputed 8 formal complaint responses submitted after 20 working days 0 complaints escalated to the PHSO Most actions are local/ individual focused	0.5% of treatments, 52 formal complaints 1 complaint response disputed 8 formal complaint responses submitted after 20 working days 1 complaint escalated to the PHSO Most actions are local/ individual focused	Reduction in both proportion of treatments and number of formal complaints, but not significant	
Local complaints	0.25% of treatments 244 local complaints	0.3% of treatments 333 local complaints	Increase in the proportion and number of local complaints, as per BPAS' objectives	
Managers' reports compliance	96 requested/ 45 late	74 requested/ 25 late	High proportion of reports submitted on time	
Client satisfaction	13522 responses received (15% of clients) Mean survey result was 9.29 out of 10 98% would recommend BPAS	14612 responses received (13% of clients) Mean survey result was 9.43 out of 10 98% would recommend BPAS		

Complaints

In 2022/23, 0.05% of treatments provided by BPAS were associated with a formal complaint (n=52) which is not significantly different to 2021/22 where 0.06% of treatments were associated with a formal complaint (n=62).

Of the 52 formal complaints raised, 87% (n=45) identified learning for BPAS and resulted in action plans to drive improvements. 63% of the formal complaints raised represented low risk events (0.03% of treatments, n=33) which is consistent with the previous year (2021/22 0.04% of treatments, n=43). Medium risk formal complaints accounted for 37% of formal complaints (0.017% of treatments, n=19) which is consistent with 2021/22 (0.02% of treatments, n=19). No formal complaints were assessed as representing high risk situations.

The most prominent subject raised by clients was clinical care related issues (60% of formal complaints, 0.03% of treatments, n=31) which is not significantly different to the previous year (2021/22 = 0.04% of treatments, n=42) but is showing movement in the right direction (p=0.05). Of these complaints, known complications such as retained products of conception following a termination, and haematomas following a vasectomy were the most common sub-subject (33% of the clinical care related formal complaints, n=10). Most of these cases represented concerns raised by the client about communication regarding the occurrence and management of the complication, rather than the occurrence of the complication.

Ultrasound sonography issues were the second most commonly reported clinical care related issues (0.006% of treatments, n=7), which is also consistent with the previous year (2021/22, 0.006% of treatments, n=6, p=0.98).

During 2022/23, 5 formal complaints were responded to outside of the 20 working day time frame (9.6% of formal complaints) which is consistent with the year prior (n=8, 13% of formal complaints, p=0.6).

Our complaint investigations have focused on acting at the local level to improve client experience and reduce the number of formal complaints received. While we have seen some reduction in our formal complaints this year, we have not seen a significant reduction. As part of our PSIRF implementation project, we are identifying ways that we can share local learning from complaints, to drive organisational change.

One complaint response was disputed in 2022/23 (1.9% of formal complaints, 0.0009% of treatments) which is consistent with three in 2021/22 (4.8% of formal complaints, 0.003% of treatments, p=0.2). One case from 2021/22, was escalated by the client to the Parliamentary and Health Service Ombudsman (PHSO) in 2022/23. The case has not been finalised as yet, but BPAS will act on any further learning identified from this review.

A total of £2278 was paid in compensation/out-of-pocket expenses during 2022/23, which is consistent with 2021/22 (£3033.25).

Local complaints

The accurate reporting of local complaints is important and something which BPAS is actively encouraging. 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.

In 2022/23, 333 local complaints (0.3% of treatments) were reported across BPAS. This is significantly higher than 2021/22 where 244 local complaints were reported (0.25% of treatments, p=0.04). While this is an improvement, we will retain a focus on increasing this figure throughout 2023/24, setting the aim of recording more than 0.4% of treatments associated with a local complaint. Local complaint reporting rates are now a focus on the unit/hub operational dashboards, as well as the corporate accountability dashboards. We have also amended our Datix design to reduce barriers to staff being able to record local complaints, and we will be supporting this with further training deliveries at the unit and area level throughout 2023/24.

Managers' reports

Managers are required to submit a report to aid in responding to complaints within 10 working days. During 2022/23 66% (n=49) of reports were submitted within the timeframe, compared to 53% (n=51) in 2021/22, which, while an improvement, is not a significant improvement (p=0.26). Quarter 4 has observed a compliance rate of 79% however, suggesting that further improvements are likely to be observed in the next financial year. This positive progress is attributed to the relevant managers and directors being invited to a complaint meeting on the day after the report is due for completion, to discuss and assist the managers with the report if needed. Any further improvements identified during the PSIRF review of our complaints process will be compared quarterly to these benchmarks to assess whether there is significant improvement achieved.

Lessons learned and actions

The workstreams implemented to drive improvement from the formal complaints have been described in the table below.

Action Type	Number	
	2021/22	2022/23
Training: Further required (designated training package)	9	3
Policy/procedure/guideline amendment or creation	5	5
Red top alert/ feedback/communication	32	15
Policy/procedure/process/system - formal review to be conducted	0	0
Documentation: formal review of documentation templates	2	1
Digital system design change	3	0
Decision making aid/support tools	1	0
Force functions	0	0
Multi-agency learning hubs	0	0
Change to processes controlled outside of BPAS	0	0
Ergonomic analysis conducted	0	0
Audit: To be completed	2	1
Thematic review to be conducted	1	0
Local review (NOT Complaint/LLI/SIRI)	0	0
Committee/steering group to direct developments	0	0
Risk assessment to be completed / recorded on unit risk register	0	0

Fewer workstreams were implemented in 2022/23 than compared to 2021/22. This highlights an area of improvement for BPAS. Most of the actions taken to implement improvement are behavioural focused (communication, training, policy and procedure changes), rather than system focused (support tools and decision-making aids, and force functions). System focused changes are shown to have greater impacts and sustain their impact over a longer period. The actions implemented have also been locally focused, meaning that learning from local issues is not consistently driving organisational improvements. This is a goal of the PSIRF alignment project.

> *Absolutely amazing care from the very first phone call to the treatment. The staff are extremely supportive and treat you with so much respect. 10/10 service.*

Client satisfaction

A total of 14,612 clients completed a satisfaction survey between April 2022 and March 2023, a response rate of 13% which is not significantly different to 2021/22 (n=13,522, 15%, p=<0.001), which represents a significant reduction in the response rate. BPAS currently uses an electronic method to seek feedback, and these response rates are consistent with electronic survey responses. In the next year however, we will aim to increase client engagement with our survey.

In 2022/23 the mean satisfaction score was 9.43 out of 10, which is slightly higher, but not significantly higher than 2021/22 (mean= 9.29).

Ninety-eight percent of surveyed clients would recommend BPAS to someone they know who needed similar care. This is consistent with the results between April 2021 and March 2022 and July 2020 and March 2021.

The areas where clients reported dissatisfaction were consistent in 2022/23 and 2021/22, with waiting times on the day being the most commonly reported issue (48% of those who reported dissatisfaction). Actions have been taken at the unit where the dissatisfaction was raised, to remind staff of the importance of timely access to care, and clearly explaining to the clients and their support persons how long treatments and services take. Our second highest category was 'support person involvement', with 9% of those raising dissatisfaction reporting this issue. This represents occasions where clients or their support person, believed that the support person was not well engaged in, and informed of, the treatment process.

The overall satisfaction score was consistent between those who received in-clinic care and those who had remote care, which is consistent with the previous year.

Based on 7,764 clients who underwent an ultrasound scan:

- 90% were offered an ultrasound at a suitable location (87% Jan and Mar 2022*)
- 96% were informed the ultrasound was carried out in a comfortable and safe environment (95% Jan and Mar 2022*)
- 91% felt staff were supportive and understanding at that time (89% Jan and Mar 2022*)

*Based on 1,050 clients

Based on 2,669 clients who needed to contact our aftercare service:

- 81% received the call within a suitable timeframe (77% Jan and Mar 2022**)
- 80% felt the clinician listened and was supportive (72% Jan and Mar 2022*)
- 80% stated all of their questions were answered (72% Jan and Mar 2022*)
- 77% felt the outcome of the call was as needed/expected (70% Jan and Mar 2022*)

** Based on 605 clients

Client satisfaction detailed report

Reporting period:	01 April 2022 to 31 March 2023
Respondents:	14,612 (13,522 between Apr 21 and Mar 22)
Response rate:	13% (15% between Apr 21 and Mar 22)
Overall satisfaction score out of 10:	9.43 (9.29 between Apr 21 and Mar 22)
% of clients would recommend BPAS:	98% (98% between Apr 21 and Mar 22)

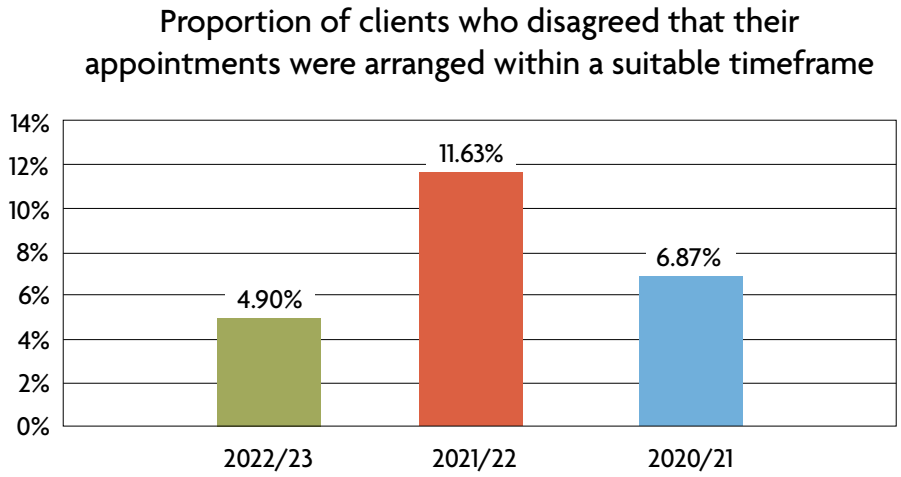
Client information relating to surveyed clients for this reporting period:

Age	Number	%	Type TOP	Number	%
<16	20	0.1%	Medical	12496	85.6%
16-17	185	1.3%	Surgical (awake)	1349	9.2%
18-24	2769	19%	Surgical (asleep)	576	3.9%
25-34	5363	36.7%	unknown	191	1.3%
35-44	2711	18.6%			
>45	65	0.4%			
unknown	3499	23.9%			

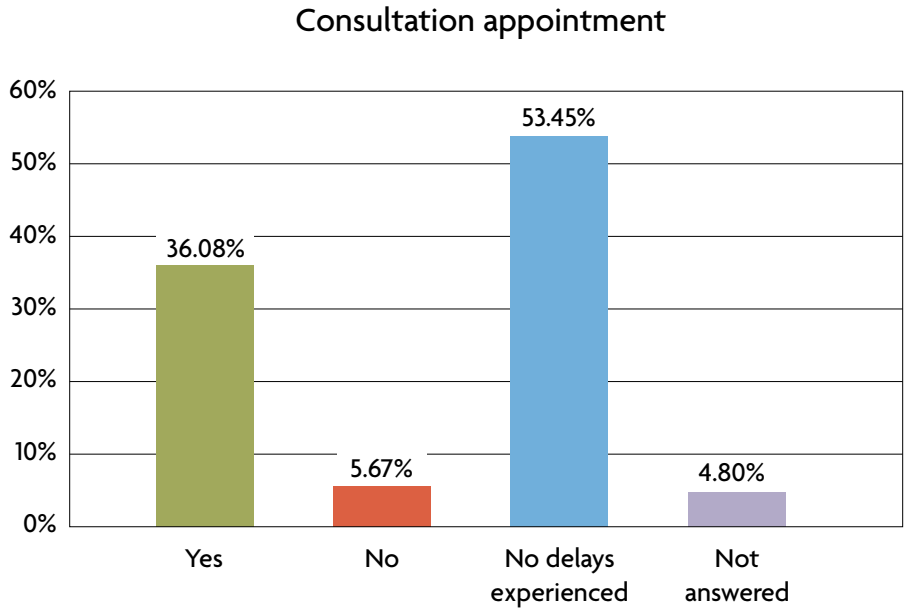
> *Excellent quality of service, I was treated respectfully and all the health care professionals I came in contact either via phone or at the clinic were very discreet and professional.*

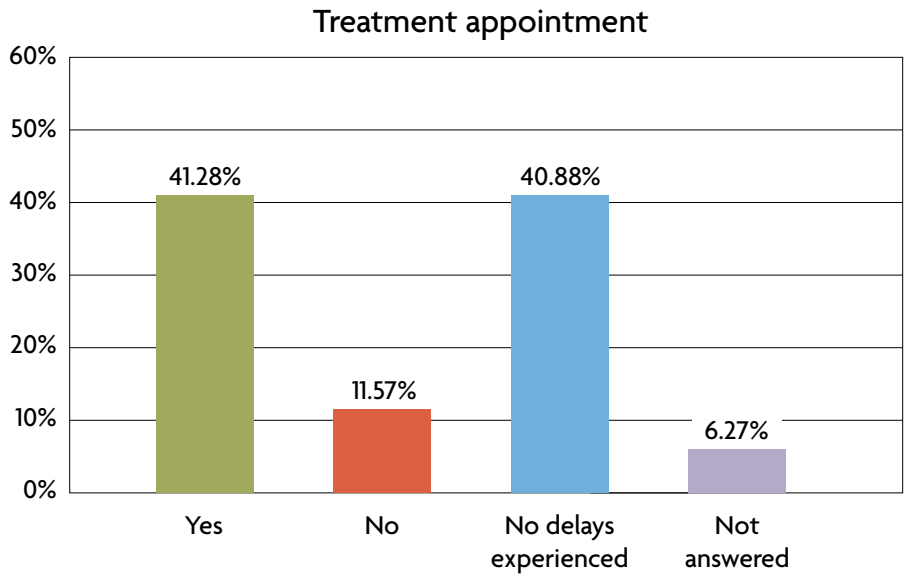
Waiting times

Clients disagreed that their appointments were arranged within a suitable timeframe



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





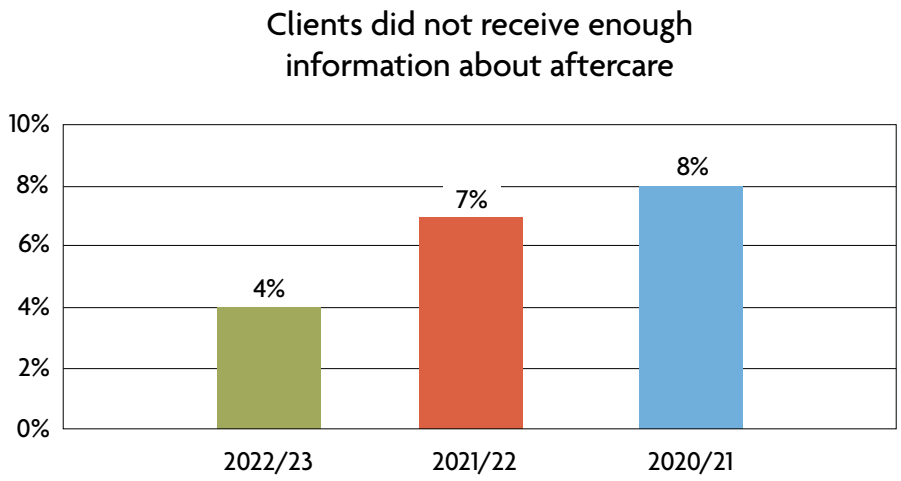
The percentage of clients informing of long waiting times on the day is consistently high. However, those informing that no explanation was provided has slightly decreased.

Escorts

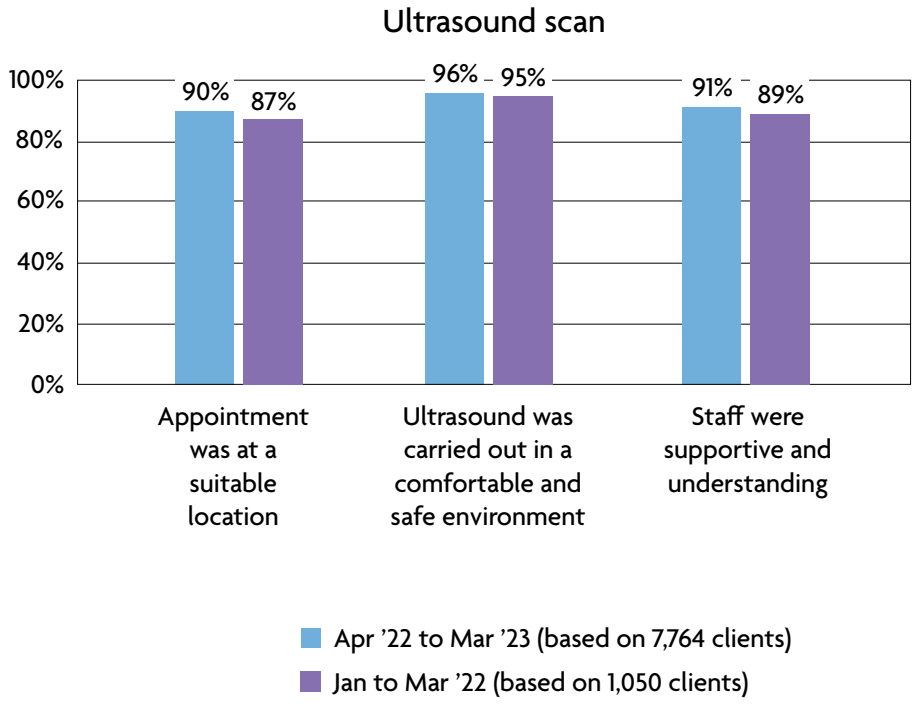
The overall dissatisfaction felt by clients around how much their escorts were involved in the care pathway was 9%, compared to 13% between Apr 2021 and Mar 2022 and 10% between Jul 2020 and Mar 2021.

The percentage of clients who informed that they were not offered time/given enough time to talk to someone about their feelings, separate to the consultation, was slightly higher in those clients who attended a clinic (7%) than clients who had remote care (4%).

Clients did not receive enough information about aftercare

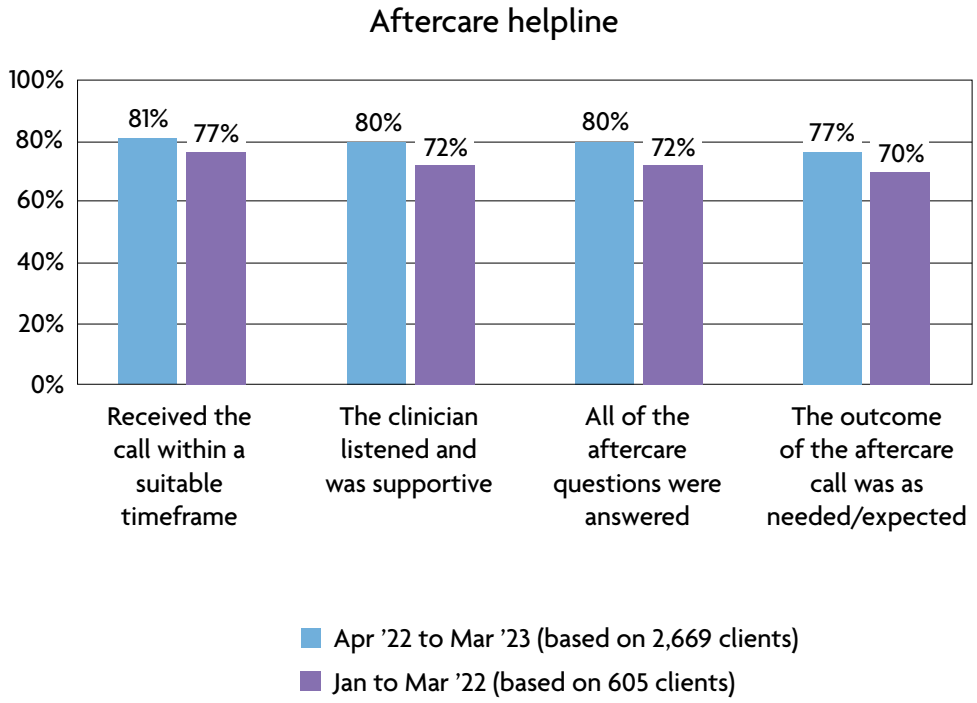


Ultrasound scan:



Results based on responses who underwent an ultrasound scan

Aftercare helpline:



Results based on responses from clients who needed to call the aftercare helpline

In this reporting period, more than 90% of surveyed clients reported satisfaction in the following areas:

- Consultation and nursing staff were supportive and understanding;
- Given a clear explanation about their treatment;
- Involved the clients in decisions about their treatment;
- Seen in a clean and safe environment;
- Given enough time for questions or concerns to be addressed.

Information governance

- 93% of surveyed clients reported that they felt their personal information was treated confidentially (92% between Apr 2021 and Mar 2022 and between July 2020 and March 2021).

> *The service was very discreet, the person that telephoned me addressed all of my concerns and questions. She told me what to expect and how to deal with it.*

Action 3: Workforce Development, Wellbeing and Accountability

This demonstrates we are:

Standard required:

- BPAS staff must maintain their professional competence and skills.
- BPAS staff must be offered development opportunities.
- BPAS staff must be supported to maintain their emotional and physical wellbeing.
- Doctors with practising privileges at BPAS must meet and maintain their professional competence and skills for working within BPAS.

Our plan:

- Train, support and empower skilled, empathetic healthcare professionals.
- Make development and training opportunities available to staff who wish to progress in their careers.
- Introduce a new appraisal process to provide an appropriate platform for accountability and engaging staff in their own development.
- Track minimum standards of mandatory training compliance.
- Offer an employee assistance programme.
- Ensure that staff access clinical and safeguarding supervision sessions – this is to be tracked to ensure compliance against policy expected standards.
- Provide all employed doctors with supporting professional activities time within their rota and a stipend to support CPD activities.
- Create opportunities for doctors to participate in research and audit to fulfil their appraisal requirements.
- Ensure all doctors have satisfactory completion of annual appraisal and revalidation in line with statutory requirements.
- Ensure all doctors have access to data to support their appraisal process and access to appropriate appraisers.
- Make all staff aware of the Freedom to Speak Up Guardian and how to access one.

Clinical leadership development

In 2022 we planned to implement a Nurse/Midwife Development programme designed to provide our Lead Nurses and Midwives with a clear understanding of their role and responsibilities in support of the treatment unit management. A Clinical Leadership Development Programme was commenced in May 2022 and was initially directed at all clinical staff working in leadership roles across the whole organisation. Due to the programme's ongoing success, the programme has now been extended to those individuals who have been identified as our emerging leaders of the future and staff working in operational roles.

Our staff said...

100% of staff attending a recent training day reported that they felt more confident and that their clinical practice had improved as a result.

Simulation Based Education (SBE)

In June 2022, BPAS rolled out its SBE programme across all its surgical units nationally. Supported by a standard operating procedure and bespoke training for SBE facilitators, the SBE programme enables teams to practise clinical scenarios, such as emergencies or events that impact on clinical care, such as acute service disruption. Although emergencies and acute service disruption events may be uncommon, they can have significant consequences if not managed appropriately. SBE provides a controlled and safe environment in which staff can rehearse such events, debrief, provide feedback for further skills development and inform areas for improvement such as policies.

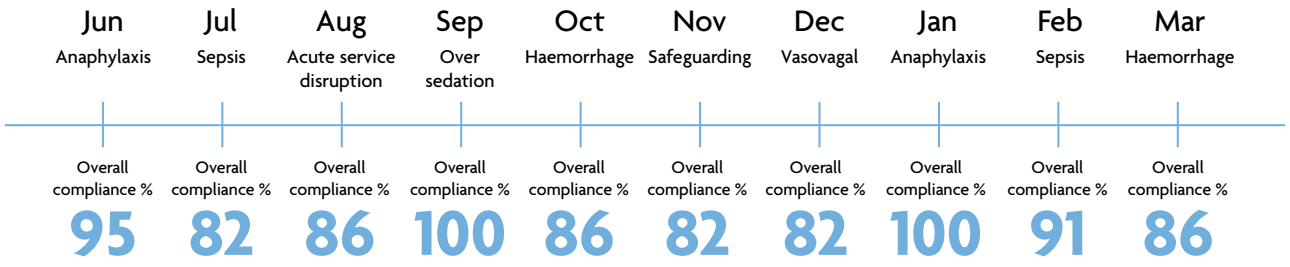
In the immediate urgent actions identified by the Ockenden review of maternity services and issued to NHS Trusts in 2020, the importance of joint multi-disciplinary training was highlighted. The SBE programme is aligned to this principle and has been developed using the Health Education England (2018) SBE Framework, which has seen improvements in teamworking, clinical skills, communication and leadership.

In 2022, BPAS invested in a Clinical Practice Facilitator to support the SBE programme and the delivery of clinical education in BPAS. This is a new role to BPAS to support our commitment to excellence in clinical education and professional development.

100% of Lead Nurse/Midwives working in surgical units attended the SBE facilitator training in preparation for the launch of SBE in June 2022.

The development of SBE scenarios has been a joint project between the medical and Clinical Quality team, led by the Clinical Practice Facilitator. The opportunity to develop SBE scenarios has also been offered to the wider clinical team as a developmental opportunity. This has resulted in 2 scenarios being developed by Lead Nurse/Midwives, and we hope to encourage this further in 2023/2024.

SBE surgical unit compliance 2022/2023



Our staff said...

"As a Lead, SBE is very important, I need to know that the staff will be confident and competent in an emergency situation, particularly those emergencies that are quite rare. SBE gives me and the team confidence that we can keep our clients safe."

"SBE enables us to provide suggestions and share our ideas about policies and quality improvements, such as the crash trolley."

"Policies, not just BPAS's, can be long and sometimes complex to understand and remember when you're new. I like SBE because I can get my head around the policy in a safe setting, I feel more confident now."

"SBE made me realise that my team heavily relied on me as the Lead to tell them what to do in an emergency. I was able to quickly address this and now everyone knows their roles and responsibilities, this has made us safer for clients."

Following the success of the launch of the SBE programme in clinics, looking forward to 2023/24 we plan to roll out the SBE programme to remote clinical services to include telemedicine hubs and the Aftercare team.

Quality Matron team

Our clinical Quality Matron team consists of four Quality Matrons. Quality Matrons and operational leaders are working closer than ever to support staff across our 51 clinics and 5 telemed hubs to ensure staff are well supported, trained appropriately, and audits and action plans are completed in a timely manner.

In 2022/23, the Quality Matrons introduced the Local Clinical Audit Compliance Board programme which provides monthly monitoring and audit. Requirement is based on reviewing aspects of care that require assurance based on BPAS policy and national guidance, changes in guidance, the need for evidence or in response to an investigation or as part of a general requirement to ensure high quality care is continually provided.

Clinical Audit is an essential session within the Clinical leadership development programme. This was added to encourage improved action plans, confidence and accountability. This has resulted in increased quality in both the completion of audits, and the ability to implement change. Another aspect of the audit session was delegation. This has been encouraged not only to allow 'fresh eyes,' but to also allow for professional development within BPAS.

PMA/PNA Transformation

In March 2022, a seconded PMA Lead post was created to develop the clinical supervision process and begin the implementation of the A-Equip model of clinical supervision to align BPAS with the NHS. There were 3 other PMA within BPAS in different roles but no PMA/PNA activity.

By securing NHS England funding, 14 PMA/PNA training places were offered to BPAS midwives and nurses. An internal process for identification of suitable candidates and ongoing support ensured BPAS had 100% of students completing their course (at 9 different universities) with currently a team of 14 qualified PMA/PNAs with a further 5 awaiting their results.

During 2022/2023 105 BPAS staff have had restorative clinical supervision (RCS) session and on-site support has been provided to 9 clinic/hubs.

Referrals to the service came from QMs, Lead Nurses and Midwives, CQT, OQMs, TUMs, individual staff and with notification from Datix submissions to facilitate early staff support following incidents.

Feedback from these sessions is positive including 98% of staff having felt the RSC session met their clinical supervision needs.

The PMA/PNA team will be sustained with regular group meetings, additional provision of restorative clinical supervision sessions, internal feedback analysis and accessing external educational updates.

During 2023/24 the PMA/PNA team will consist of a lead PMA/PNA and 18 sessional PMA/PNA facilitating all clinical supervision sessions both mandatory and 'as needed'.

Message from our PMA Lead – Andrea Batty

"We proactively ensure all staff are provided routine clinical supervision, with additional provisions for those potentially in need, and also the targeting of specific group initiatives".

Learning and development

Mandatory training

The benchmark compliance rate for both CQC and BPAS mandatory training remains at 90%. The table below summarises the status of mandatory training at the end of 2022/23. Comparative data to 2021/22 is also included.

	Title of Course	Training Population	2022/23 Rate	2021/22 Rate
CQC MANDATORY	Essentials of Health and Safety	875	100%	91%
	Infection Prevention & Control	609	97%	96%
	GDPR	875	93%	82%
	Safeguarding Level 3	652	74%	99%
	Safeguarding Level 4	17	100%	100%
	Patient Safety (Human Factors)	875	53%	34%
	Prevent	875	62%	45%
	Duty of Candour	875	100%	75%
	Basic Life Support	569	95%	98%
	Intermediate Life Support	409	83%	88%
BPAS MANDATORY	Title of Course	Training Population	2022/23 Rate	2021/22 Rate
	History & Legalities of Abortion	875	74%	49%
	Equality & Diversity	875	74%	61%
	Social & Corporate Responsibility	875	74%	57%
	Risk Assessments	875	97%	51%
	Manual Handling	875	75%	40%
	Cyber Security	875	86%	68%

While the data presented above demonstrates BPAS is falling short in some areas, there has been a positive increase in compliance rates in 13 out of 16 training courses, including significant improvements in BPAS' mandatory subjects. The figures are based on documented evidence and while local knowledge suggests compliance rates for some courses is higher than stated, the fact that this cannot currently be reliably evidenced means the lower number must be the accepted / reported figure. The L&D team are aware that during 2022/23:

- Not all face-to-face sessions were accurately captured, reported and recorded.
    - In 2023/24, the team will work with managers and non-L&D trainers to improve compliance in this area.
- MAX has not reliably connected with third party training sites for some time, leading to external course completions not being properly recorded.
    - In 2023/24 the new Learning Management System will provide a solution to this issue.

There are three courses where compliance decreased year-on-year. Safeguarding Level 3 is a two-part course with theory delivered online, followed by a face-to-face workshop with subject matter experts to embed learning and facilitate discussion. As a consequence of this best practice, the course is not always as easily accessible as the online theory part and is subject to behavioural impacts – such as delegates being unable to attend at the last minute and demand not always matching supply.

As briefly mentioned above, Patient Safety (Human Factors) and Prevent training are both accessed via third party sites. During the reporting period there were significant issues accessing these sites, and training delegates have struggled to download completion certificates and upload to MAX. This was a significant contributing factor in the decision to replace MAX and investment in a more comprehensive Learning Management System.

The new LMS system, due to be implemented by July 2023, will deliver better access to reporting and therefore allow managers to track subject matter, team and individual compliance with greater ease. Additionally, reviewing training compliance rates will become a standing agenda item and feature of the monthly meetings between HR Advisors and line managers where compliance/non-compliance rates and trends will be scrutinised.

> ***I felt all the information explained everything clearly, as did the nurse I spoke to, who was very kind and understanding.***

Human Resources

Staff turnover in 2022/23 – recruitment and retention figures

Against continuing difficult external conditions and a tight labour market across the UK, particularly in the healthcare sector, BPAS was able to attract and recruit over 300 replacement/additional employees during the year. Our stability index – where we measure the number of employees who remain in the organisation after 12 months – remains consistently high at an average of 80% (in the UK, a range of between 75-85% is acknowledged as good). This measures favourably when compared to the NHS and is indicative of the attractive working conditions and training opportunities BPAS is able to offer.

Sickness absence rates

Post-pandemic, BPAS has fared well in relation to employee sickness absence rates. The ability to continue to offer and support homeworking opportunities has had a positive effect on workforce health and wellbeing, and absence due to ill health for the year was 4.65% and an average of 4.62 days per employee. While we experienced some disruptions due to COVID-19, this noticeably reduced compared to the previous year, as did absence for 'flu. BPAS has taken the opportunity to review our 'flu vaccination programme and in 2023 we expect to roll this out earlier in the season, and hope to see a positive impact on absence rates as a result. While sickness absence rates have fallen across the organisation, our priority for the coming year will be to understand the underlying reasons for absences, particularly where individual trends have increased. The HR team will continue to support line management and a further review of the sick pay policy is planned.

Employee benefits

2022/23 saw completion of a major project to review and overhaul BPAS' offering around 'family friendly benefits', increasing and enhancing access to time off and support for families and carers. These were positively received and further work was undertaken to increase awareness and understanding of other wellbeing related benefits, such as improved access to GP appointments, a healthcare cash plan, advice and support for carers, online discounts, and many more. 2022/23 also saw BPAS launch a free to use Mental Health & Wellbeing app for employees, 'MyMindPal', which offers a range of easy-to-use advice and suggestions for improving mental health. Our Employee Survey, and data from our intranet, shows how well this information was received, and priorities for the coming year will be to explore benefits areas where our employees are less-well served, with plans to consult with a working group as a way to inform and direct specific areas for further investigation.

Message from our Director of HR

Our priorities for 2023/24 are:

1. Implementation of new Learning & Development Management System – which will offer improved functionality to all levels of users, managers and reporters
2. Deliver regular protected time between line managers and HR advisors to deal with pipeline issues and review business critical data
3. Investigate further employee benefits
4. Create and launch national reward and recognition scheme
5. Review appraisal process
6. Review management training

Equality, Diversity, Inclusion & Belonging (EDI&B)

Everyone is an individual, so enabling all clients access to a service that is designed around their needs, and employees support to ensure they reach their full potential, remains a priority at BPAS. We have appointed a Lead for Equality, Diversity, Inclusion & Belonging, and placed a development of an EDI&B function and strategy as an objective within the BPAS Organisational Strategy. BPAS aim to ensure the organisation has an open and consistent approach to improving access, pathways and outcomes for all clients at BPAS, ensuring we are able to provide a service for all those who need them. For employees, we have the requisite policies and procedures, and produce WRES and WDES reports and action plans, but we want to understand how we can go further moving towards best practice in EDI&B for the workforce.

As an equalities-based organisation, we have been delivering tailored care to our clients for 55 years. Our approach to EDI&B has been evolutionary, adjusting and designing pathways over time. Development of a formal EDI&B Strategy is a priority for 2023/24 and as a result, a new executive lead for EDI&B was appointed in January 2023. During January to March, a gap analysis was undertaken to assess whether the existing strategy goes far enough in its aspirations for our clients and employees with protected characteristics.

In March 2023 the Board was presented with a set of recommendations to improve and strengthen our EDI&B approach, enabling BPAS to ensure it can evidence, through implementation of EDS2, the way in which we support clients and employees regarding EDI&B. BPAS will undertake additional accelerated strategy development during Q1/2 of 2023/24. The gap analysis highlighted that some of the necessary foundational elements of the strategy needed to be developed and included to enable subsequent EDI&B policies, processes and procedures to cover all the basics. This work will also enable BPAS to develop a 2–3 year strategy that can not only deliver our Public Sector Duty responsibilities, but further enhance the experience for employees and clients with protected characteristics.

Our new executive lead, Innovation & Marketing Director says:

"I took over responsibility at an SLT level in January 2023 and I'm really looking forward to working with colleagues from around our organisation to develop and embed EDI&B as part of the bedrock of everything we do. We are in the very early stages of developing a full EDI&B strategy. I will be reaching out to colleagues over the coming months to get involved in developing strategy, plan and policies, to improve the experience of both clients and employees with an EDI&B need. We are also in the process of developing support materials and content for colleagues to access either when supporting clients and employees."

Action 4: Managing Complex Cases and Safeguarding

This demonstrates we are:

BPAS will ensure that there are robust pathways in place for managing children, young people and adults at risk and with complex histories.

Introduction

BPAS are committed to the safeguarding of people who are at risk of harm. In the abortion sector, patients come to us from all walks of life. They need kindness, compassion and support to make important decisions about a pregnancy and their subsequent family life.

These decisions can be impacted by many factors, and include safeguarding issues and vulnerabilities such as domestic abuse, coercive control, mental health and exploitation. Evidence demonstrates that pregnancy is a higher risk time for those at risk of harm and with complex histories. Additional support and interventions may be needed to safeguard people through the pregnancy, and onwards – no matter their decision regarding abortion.

The BPAS ethos in safeguarding, which is delivered through our national safeguarding team, policy, process and training is to:

> 'Ensure that people are safe and free from harm whilst pregnant and beyond, whether an abortion is completed or not. Women and girls must be safeguarded from coercion or pressure around pregnancy, so they are able to make decisions about their future that is their own.'

BPAS ensure that we fulfil our statutory responsibilities to safeguard people at risk, under the Care Act (2014), the Children Act (1989/2004), Working together to Safeguard Children (2018) and the Mental Capacity Act (2005).

Safeguarding activity

Safeguarding has undergone a period of transformation since a number of CQC inspections in 2021 that demonstrated improvements were required.

There has been ongoing work to understand the data and the safeguarding activity seen at BPAS. A huge success of 2022/23 was the development of the EMR through the CAS2 platform in October 2022.

This now enables the collation of safeguarding data including numbers of under 18-year-olds seen, numbers of safeguarding risk assessments, and numbers of referrals to external agencies. This will better support BPAS in planning the strategic actions for the year ahead, relating to patient need.

Unfortunately, this means that the data set for this reporting year is fragmented with the transition to a new system, but we are assured that the data for the coming year is accurate, efficient and easy to access. We will be able to provide comparison to previous years, to reflect on the trends in safeguarding activity.

The table below gives the safeguarding activity for 2022/23 for adult patients aged over 18 years of age.

Safeguarding Activity 1st April 2022–30th March 2023

Activity	Adult Patients	%
Total adult patients treated	107,612	97%
Referrals to external agencies	4046	4%
Agency referrals		
Adult Social Services	127	3%
Children's Social Services	887	22%
GP	2210	55%
MARAC	15	0.4%
Maternity services	468	12%
Mental health	43	1%
Police	93	2%
Other	203	5%

Activity	Under 18-Year-Old Patients	%
Total under 18-year-old patients treated (12-18 years of age)	3,153	3%
16 and 17 years of age	2303	73%
Under 16 years of age	845	27%
Under 13 years of age	5 (all 12 years of age)	0.2%
Referrals to external agencies	1168	37%
Agency referrals		
Adult Social Services	16	1%
Children's Social Services	394	34%
GP	509	44%
MARAC	1	0.08%
Maternity services	108	9%
Mental health	8	0.7%
Police	70	6%
Other	62	5%

The safeguarding activity demonstrated in the table shows the high level of patient contact, and the associated need and complexity that BPAS manage each year. A mapping exercise completed in the year estimated that the time spent providing at-risk adults, children and young people with the support required takes on average 3.2 hours. The mapping exercise considered completing risk assessments, liaison, referrals and follow-up.

This equates to 695 days or 99 weeks dedicated to safeguarding tasks within BPAS. This is something that we are proud to deliver, with limited funding, and we feel the data demonstrates our commitment to protecting those who need it by working closely with our partner agencies.

An interesting figure is the number of children's social services referrals for adult patients. This accounts for 22% of the safeguarding referral activity for adults, and this demonstrates how we safeguard unborn children where a pregnancy is continuing with a vulnerable parent(s). This also demonstrates the safeguarding of children we may never meet living in the homes or communities of our adult patients.

It is interesting to see the small percentage of under 18-year-old patients accessing the service for the year (3%). Under 18-year-old patients account for much of our safeguarding activity, demonstrated by nearly half of under 18-year-olds requiring referrals to external agencies.

This is important, as we take the possible vulnerabilities for young people accessing abortion care seriously. Sexual exploitation, criminal exploitation, child marriage, child trafficking, honour-based abuse, domestic abuse/coercive control and rape/sexual assault are all areas of safeguarding that is embedding through our training, supervision and risk assessments at BPAS.

However, through this data, we feel it is important to recognise the guidance and support needed for adult patients, which is lacking. The recent RCPCH (2022) guidance for safeguarding in telemedicine was focused solely on under 18-year-olds, which we felt was a weakness, and did not promote a lifespan approach to safeguarding.

We feel, with the data presented, that further work is needed by BPAS to engage key stakeholders such as the royal colleges in the awareness of vulnerable adults accessing abortion care.

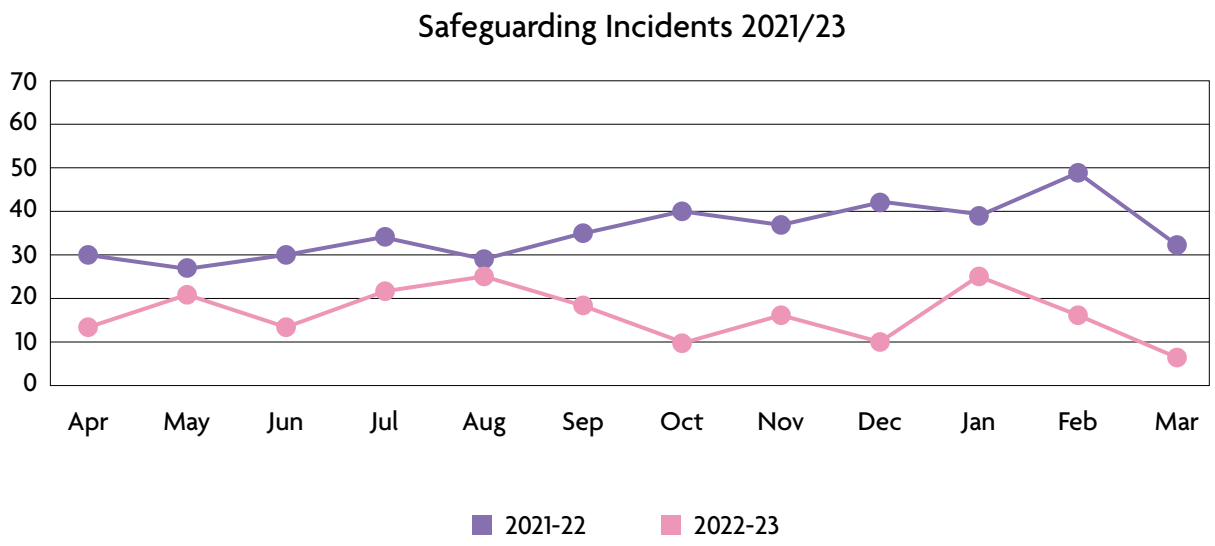
Safeguarding incidents and risks

Incidents for safeguarding are reported through the Datix incident reporting system. Every safeguarding incident is reviewed by the safeguarding specialist midwives, who monitor the incidents for their region. This provides robust second line assurance, and actions are given to the investigator via the safeguarding subject matter experts.

The Head of Safeguarding/Clinical Lead for Safeguarding and Advocacy sits on the incident meetings at BPAS, and works closely with the risk and governance team in regard to serious incidents. This includes serious case reviews, child/adult practice reviews, domestic homicide reviews, rapid reviews and inquests.

We have seen an increase in the number of safeguarding incidents in the year, increasing from 196 incidents in 2021/22 to 424 incidents in 2022/23. This is an increase of 116% (see diagram below). An increase in incidents is expected and welcomed as the transformation in safeguarding progresses. There has also been ongoing work from the Risk and Governance team regarding 'just culture' and 'no blame' in incident reporting.

Line Graph Comparing 2021/22 and 2022/23 Incident Reporting



The table below demonstrates the safeguarding incidents that have occurred within the financial year.

Safeguarding incidents 1st April 2022–30th March 2023

Safeguarding incidents		%
Total patients treated	107,612	100%
Total safeguarding incidents	424	0.4%
Themes and trends		
Allegation against a member of staff	4	1%
Client causing or expressing a wish to self-harm	19	4%
Delayed disclosure of safeguarding information post consultation	16	4%
Missed opportunities to safeguard	300	71%
No escort at the point of discharge	5	1%
Other	77	18%
Suspected suicide	3	0.7%
Unexpected death	0	0%
Harm		
Adverse outcome/injury	30	7%
Low	26	87%
Moderate	3	10%
Major	1	0.3%
Near miss	192	45%
No harm	202	48%

The highest percentage of safeguarding incidents pertain to missed opportunities in safeguarding. These are related to safeguarding risk assessments not being completed at the right time, safeguarding screening questions not being asked, safeguarding not occurring in line with policy/process and referrals not being completed when indicated.

There is work ongoing to ensure that the safeguarding 'safety netting' points at BPAS are clarified and communicated with staff. Due to the use of agency staff, particularly for scanning appointments, there is need for clarity in the process. System changes are also being considered to support the mandating of forms.

Where there are missed opportunities to safeguard, a variety of actions occur to remedy the omission, to ensure referrals/safeguards are in place. The safeguarding team use training, supervision and reflection to address individual omissions.

The major and moderate incidents pertained to missed opportunities to safeguard (n=3) and suspected suicide (n=1).

- **Major case 1:** A sudden unexpected death in infancy. Action: A collaborative investigation occurred with the police and the ICB and criminal proceedings occurred for the patient.
- **Moderate case 2:** A failure to follow policy and procedure for a patient who did not attend appointments and continued a pregnancy. There was a delay to her safeguarding due to this. Action: Investigation occurred and actions regarding the communication of new policies and audit.
- **Moderate case 3:** A patient with history of suicide attempts overdosed on codeine provided with EMA treatment. Action: Investigation occurred regarding improvement of mental health crisis support and a new standard operating procedure
- **Moderate case 4:** A patient was required to book hotel stay for late-stage STOP (to be claimed back by the client to the ICB). The client called aftercare in distress stating that the accommodation was a safeguarding risk. Client was placed in a new hotel, issues raised with the clarity of out of hours processes at BPAS, and an immediate action occurred to create an out-of-hours safeguarding flowchart.

Safeguarding at BPAS 2022/23

Following on from CQC inspections in 2021/22 which identified areas for improvement at clinics, BPAS has been on a transformation journey. There have been many improvements made in the year. These include:

Safeguarding structure

- The successful financing and recruitment of a national safeguarding team to support the Lead Professional for Safeguarding, and 2 Safeguarding Specialists. This includes:
  - 1 x 1.0 FTE Clinical Lead for Safeguarding and Advocacy (band 9 equivalent)
  - 1 x 1.0 FTE Safeguarding Quality Coach (band 5 equivalent)
- Development of a regional safeguarding structure to provide localised, specialist support to clinics and hubs
- The upskilling of local lead nurse and midwives through supervision and safeguarding masterclasses to develop a mid-level layer of safeguarding leadership

Policy and process

- Development and launch of new safeguarding policies
- The did not attend/was not brought policy (November 2022)
- The safeguarding supervision policy (February 2023)
- The safeguarding children and young people policy (drafted and reviewed by key stakeholders Jan/Feb 2023 for launch April 2023)
- Updating of clinical policies and procedures in response to risk and incidents
- Involvement in the creation of the RCPCH safeguarding guidance for under 18-year-olds

Safeguarding governance

- Introduction of a safeguarding audit programme that occurs at clinic and hub level
- The safeguarding team are involved in reviewing all safeguarding incidents, providing second-line assurance, and attend all incident meetings to provide subject matter expertise
- A safeguarding process and business case was developed and accepted for remote services. The final process will be launched in May 2023
- A safeguarding committee and safeguarding operational group were set up in November 2022, these groups are subgroups of the clinical assurance group, and safeguarding policies will be reviewed and ratified in this space.

Training and supervision

- Monitoring of safeguarding training compliance to ensure minimum required standard (85%) and exceptions are managed locally and nationally
- Development of a training needs analysis
- Launch of new, bespoke level 2 and level 3 children and adults safeguarding training packages (July 2023)
- Delivery of a programme of bespoke training at the Booking and Information Centre
- Launch of safeguarding supervision programme, separate from clinical supervision and supervision sessions ran twice per month (June 2022)
- Development of supervision with the new policy providing a clear framework and mandated safeguarding supervision for enhanced roles (February 2023)
- County Lines Awareness Week using the Children Society webinars.

Horizon scanning in safeguarding – the year ahead

Safeguarding at BPAS has been in a period of transformation for the past 12 months. This has resulted in great improvements organisationally, and we are seeing the benefits of these changes to both patients and staff every day.

The next 12 months will see further transformation as we look to implement a safeguarding strategy, embedding the next phase of change, and creating a real vision of safeguarding at BPAS.

This commitment to continuous improvement is important as we operate with transparency, acknowledging that there are still areas requiring improvement that we must address. We also must ensure that as a service, we evolve with our patients in a changing climate, where safeguarding risks are changing year on year.

BPAS received a CQC 'well-led' inspection in February 2023. We are awaiting the results of the inspection at the time of writing, but this will be incorporated into the horizon scanning for the year ahead, and in the safeguarding strategy.

> ***"The whole process was uncomplicated, supportive, and all information was well delivered."***

The current areas of focus for 2023/24 and beyond include:

- Development of a safeguarding strategy and a safeguarding vision for BPAS that will be launched internally and externally.
- Collaborative review of all safeguarding policies to improve guidance for staff.
- Development of 'policy on a page' and standard operating procedures for complex safeguarding areas to support staff decision making and efficient access in crisis situations.
- A new training needs analysis to further develop the training offer, and to create a package of additional learning in the form of accessible podcasts/webinars.
- Following the success of County Lines Awareness Week - more awareness weeks to further promote learning and multi-disciplinary learning.
- Review of the incident reporting categories to improve the understanding of incidents/themes/trends.
- The launch of a remote services specific safeguarding transformation project. This will see:
    - Financing of a dedicated safeguarding remote services role;
    - Development of a bespoke data system for remote services safeguarding disclosures, referrals, and actions;
    - A collaboratively developed standard operating procedure;
    - Development of topic specific safeguarding scripts for non-clinical colleagues;
    - Development of a national safeguarding yellow pages for signposting of clients;
    - Improved communication processes between remote services and clinics/hubs;
    - Audit and assurance programme for remote services.
- The Safeguarding Supervision policy was launched in February 2023 and now mandates staff attendances in specific roles. There must be accurate reporting of safeguarding supervision locally and nationally to ensure compliance with the policy.
- Reporting safeguarding compliance to ICBs is challenging due to working with over 90 commissioning bodies. There is a huge amount of quarterly and annual safeguarding reports expected, all using different tools/appendices. The aim is to develop one reporting tool that meets the needs of the commissioners, and provides the necessary assurance in safeguarding, and that this will be launched to all commissioners.
- The pilot of local safeguarding leads in high impact areas at BPAS to promote local leadership with support from the national team.
- Review of the safeguarding risk assessments to include contemporary safeguarding issues.

Action 5: Informed Consent

This demonstrates we are:

Standard required:

- Women must have accurate information to enable informed choice.

Our plan:

- Provide client literature that is easily accessible and available in different formats.
- Ensure that all women are empowered to make informed decisions about their care following consultation with knowledgeable and competent staff.
- Audit compliance of women being offered all suitable options relevant to their gestation and medical history.

The principle of consent is an important part of medical ethics and international human rights law. Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination, therefore for consent to be valid it must be voluntary and informed.

At BPAS it is fundamental that all our staff are able to provide information to all of our clients in a variety of formats which are easily accessible and suitable to their needs.

We provide printed, digital and verbal information in a variety of formats and languages using our website as the base of the content. We actively take a multimedia approach so that clients have a breadth of formats that they can access at different points in the care pathway. We also have a well-used translation facility for client support during their appointments, if English is not their first language or their level of English means they cannot give informed consent. We provide information in accessible formats for those who need it.

During 2023/24 we are undertaking a full pathway review of the communication journey for clients accessing abortion care at BPAS. The objective of this review is to simplify and ensure the information we are providing clients at each point in their care is appropriate, and delivers the outcomes intended.

Action 6: Access to Services

This demonstrates we are:

Standard required:

- Ensure high quality, affordable care is widely available to all women wishing to access BPAS services.
- Ensure that 90% of eligible women access telemedical consultation appointments within 4 days or less of contacting BPAS.

Our plan:

- Introduce new audit plan to gauge and provide assurance of quality measures.
- Triangulate audit, complaints and risk data to provide oversight of BPAS services.
- Measure and continuously evaluate waiting times to ensure expected minimum standards are being met.
- Funding is available to ensure all appointments are accessible.
- Identify areas of unmet need, offering innovative solutions to redress these.

Wait times

In 2021/22, our goal was to ensure that 95% of women could access a consultation within four days, by increasing the number of frontline practitioners. In September 2021, only 45% of women were accessing consultations within 7 days, however by March our target of 95% within four days was achieved.

Wait times remain a priority at BPAS, however 2022/23 has provided multiple unforeseen challenges for abortion care. These challenges have included:

- **Increased demand:** The demand on abortion services has increased far beyond expectations this year, and therefore our wait times have felt the impact of this. This has also been felt by our fellow abortion care providers, and we have been working together to ensure women are seen and treated as timely as possible.
- **Strike action:** Although strike action has been fully supported by BPAS, the ambulance, nursing and doctors' strikes have directly impacted on our surgical treatments, as we have been required to cancel lists to ensure the safety of our clients.
- **NHS services:** Since COVID-19, the NHS has dramatically reduced the abortion provision they provide, relying on external providers such as BPAS to provide the majority of these services.

We have felt that the impact of wait times is so crucial, that we have raised our concerns with external governing bodies such as CQC, NHS England and partners of health. Thankfully, in the majority of cases, women have been seen within 7 working days, however, we continue to strive for a reduced waiting time of 4 days or less for initial consultation.

In 2022/23 we also changed the pathway for clients requiring an ultrasound scan prior to treatment. Previously, this would be completed following the initial consultation, however, we found that for some women this resulted in multiple contacts. By scanning women who require it first, we have found that the consultation is more client centred, and women are able to make informed decisions regarding their care and treatment after the gestation of the pregnancy is confirmed.

Message from our Director of Operations & Quality Services

"Our staff are working tirelessly to ensure our clients are not only seen in a timely manner to suit their needs, but are provided with high-quality, person-centred care. BPAS always strives to achieve reduced wait times, however, unfortunately, there are external factors which heavily influence this beyond the control of our staff. Despite the disappointment of not achieving what we set out to accomplish regarding wait times, I am extremely proud of the feedback we receive from clients and commissioners regarding the hard work and commitment of our staff in providing a non-judgemental, friendly service.

In 2023/24, to drive forward the plan to reduce wait times, we plan to continue to mobilise extra surgical lists, increasing capacity and ensuring clients are seen and treated in a timely manner. We are also commencing a Surgical Efficiency Project which aims to review the optimum staffing levels to ensure theatre lists can run effectively, and aims to prevent lists being cancelled or under filled.

2023/24 will also see the commencement of the Choice Strategy, which will ensure all care provided is client-led, offering as much choice as possible throughout their journey at BPAS. We have already seen the number of face-to-face appointments increase following COVID-19, currently we offer around 10% of all consultations face-to-face within a clinic setting, however we aim to increase this to 20% by Summer."

In 2022/23, there was 24,599 interpreter requests made to support clients whose first language was not English. There were 84 languages requested, with Romanian being our most requested language.

Language requests

Language	Request	Language	Request	Language	Request
Romanian	4925	Farsi (Afghan)	210	Mongolian	5
Punjabi	1894	Somali	161	Hausa	5
Bengali	1388	Telugu	157	Wolof	5
Urdu	1295	Cantonese	147	Portuguese (Brazil)	5
Hindi	1249	Ukrainian	147	Dutch	5
Polish	1140	Italian	138	Lingala	4
Mandarin	1069	Twi	83	Krio	4
Spanish	1002	Malayalam	75	Macedonian	4
Arabic	857	Oromo	52	Mirpuri	3
Bulgarian	832	Thai	43	Mandinka	3
Portuguese	759	Greek	37	Creole (Haitian)	3
Turkish	611	Latvian	37	English	2
Gujarati	610	Yoruba	29	Basque	2
Slovak	510	Bahasa Indonesia	27	Igbo	2
Russian	508	Kurdish(Bahdini)	22	Zulu	2
Tigrinya	507	Swahili	21	Armenian	2
Tamil	467	Tetun	20	Tagalog	2
Amharic	435	Sylheti	17	Asante	1
Farsi (Persian)	366	German	16	Lugandan	1
Kurdish (Sorani)	333	Sinhala	13	Konkani	1
French	326	Japanese	11	Edo	1
BAR	322	Korean	10	Akan	1
Albanian	301	Language Identifier	9	Pokomchi	1
Lithuanian	292	Kurdish (Kurmanji)	8	Norwegian	1
Czech	271	Georgian	8	Shona	1
Nepali	251	Danish	8	Hmong	1
Pashto	243	Fulani	7	Bosnian	1
Vietnamese	241	Malay	7	Finnish	1
				Shanghainese	1

At BPAS we appreciate that not all clients are able to fund their own travel. We also realise that due to the limited number of clinics that provide certain treatments, some women will need to travel to access treatment. Therefore, at BPAS we offer to financially support those who need it. In 2022/23, 708 clients received travel support from BPAS allowing them to safely access abortion services.

Unfortunately, due to clinical need, BPAS need to refer clients to the NHS for treatment to ensure they are safe and cared for in a hospital environment. In 2022/23, 2,308 clients were referred into the NHS for treatment.

Following treatment, BPAS provide a 24/7 aftercare telephone triage service. Aftercare provides support to all our clients following treatment; this can include concerns regarding when to take tablets, questions regarding pain or bleeding, or any other symptoms following a termination of pregnancy. In 2022, 59,890 clients accessed the BPAS aftercare service.

Action 7: Infection Prevention and Control

This demonstrates we are:

Standard required:

- Ensure that BPAS services are provided in a safe environment, with robust infection prevention and control practices to promote client and patient safety.

Our plan:

- Provide as mandatory, a programme of IPC and cleanliness training that is updated in response to national and organisational recommendations.
- Ensure that minimum compliance of training is met.
- Introduce revised robust programme of audit to provide assurance of IPC compliance.
- Ensure IPC CPPs are updated in response to national recommendations and organisational learning from complaints and incidents, where necessary.
- Every treatment unit will have a nominated IPC champion.
- Reportable infections (MRSA, MSSA, E-coli & C-difficile) are zero.
- 100% compliance with monthly 'Essential Steps' audit.

Overview

Infection prevention has always been high on the agenda at BPAS. The Health and Social Care Act 2008: code of practice on the prevention and control of infections continues to drive the work of the Chief Nurse & Midwife as 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 4 times per year. In 2022/23 there was a change of the DIPC and therefore a review of the Terms of Reference and Agenda, with a new list of representatives required to attend.

Chief Nurse & Midwife (DIPC-Chair)	Procurement Manager
Medical Director	Director of Risk & Governance
Director of Operations & Quality	Treatment Unit Manager
Director of Human Resources	Clinical Nurse Manager/Lead Nurse/Lead Midwife
Health and Safety Manager	

COVID Control Group

BPAS continued to be responsive to COVID, and the COVID Control Group continued to meet 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) and Health and Safety Executive.

This group was formally suspended in December 2022 as agreed by the ICC.

Cleaning protocols

Enhanced cleaning has continued, but it was recognised that although partially compliant with the National Standards of Cleanliness, a full adaption to the programme is required during 2023/24.

Surveillance

Surveillance of COVID cases amongst staff continues when reported. This is to ensure early interventions can be put in place to minimise risks to clients and staff.

Policies

All 23 Infection Control Policies remain ratified, although it was recognised that additional information needed to be added to ensure full compliance to the National Infection Control Manual; new policies will be written for 2023/24.

Training

All clinical staff are required to attend infection prevention training every 2 years. During the reporting period infection control education was provided using an educational video or online learning. In the last two years 97% of staff completed this training where we aim for >90%. This training has now been updated for 2023/24 using the e-LFH platform for level 2 and level 3 training.

Infection prevention link practitioners & champions

All BPAS units are required to have an Infection Control Link Practitioner. Training has been provided by bespoke training created by the previous DIPC. This training has now been updated for 2023/24 using the e-LFH platform, and it will be expected that all Lead Nurse/Midwife roles and Quality Matrons will complete.

Audit

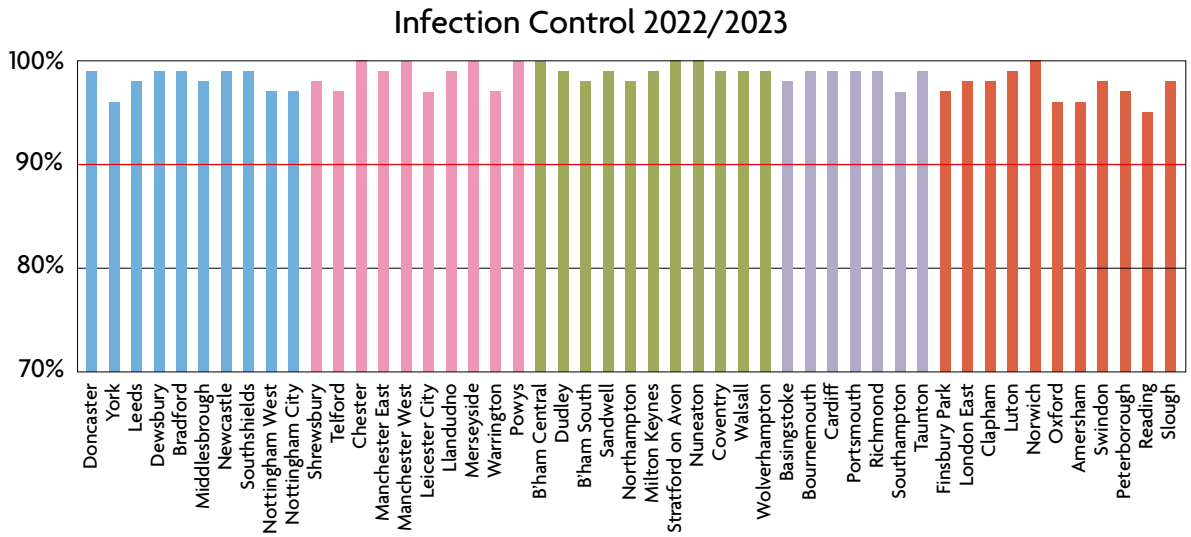
Monthly infection control quality assurance

All units complete one section each month of the BPAS infection prevention audit. These results are reported organisationally via the Local Clinical Assurance Compliance Dashboard. This audit includes the following areas:

Environment	The use of PPE	Sharps management
Handling & disposal of linen	Care of equipment	Theatre/MSP
Waste management	Infection prevention	COVID precautions

Units are also audited by one of the Matrons annually for a quality assurance check. Units need to achieve >90%. The graph below shows the results, and all scores are >90%.

Quality assurance audits



Essential steps: Hand washing & uniform

BPAS continues to monitor its infection prevention and control practice. The audit includes hand hygiene 5 moments of hand hygiene, PPE, aseptic technique and uniform standards. Infection Control Link Practitioners complete Essential Steps audits and one section from the environmental audit tool each month. Units achieve a green if their audits achieve >90%. For anything below this, units are required to submit an action plan, which is reviewed at the ICC meeting.

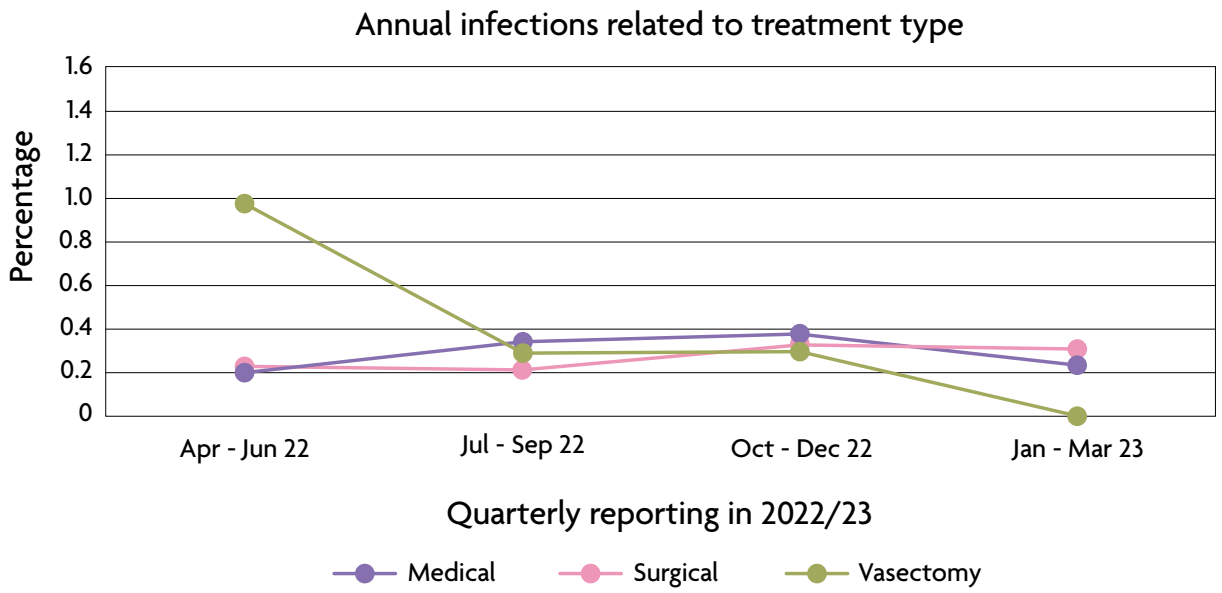
Serious incidents

No Serious Incidents related to infection prevention were reported over the past year.

Surveillance

Infection-related complications are notified to the DIPC and investigated if required, and are monitored by the ICC. Rates continue to be low, as shown in the graphs below.

Annual Infection related to treatment type



MRSA, MSSA, and E-coli bacteraemia and C.difficile infections remain at zero across the organisation.

Decontamination

BPAS contracts out all decontamination of surgical instruments. No serious incidents related to decontamination were reported during this period.

Message from Infection, Prevention and Control Lead (Chief of Nursing and Midwifery)

"Infection prevention and control form an integral part of our quality strategy. We provide a safe and hygienic environment for our patients, adhering to rigorous infection control protocols. By prioritising infection prevention, we aim to safeguard the health and well-being of our patients, staff, and the wider community. We will continue to closely monitor infection prevention and control and remain committed to providing a high standard of care."

Action 8: Medicines Management

This demonstrates we are:

Standard required:

- Ensure that medicines are robustly managed in line with legislation and BPAS guidance by competent staff to ensure the safety of our clients.
- Ensure client care needs are met through the provision of appropriate Patient Group Directions (PGD) administered by competent staff.

Our plan:

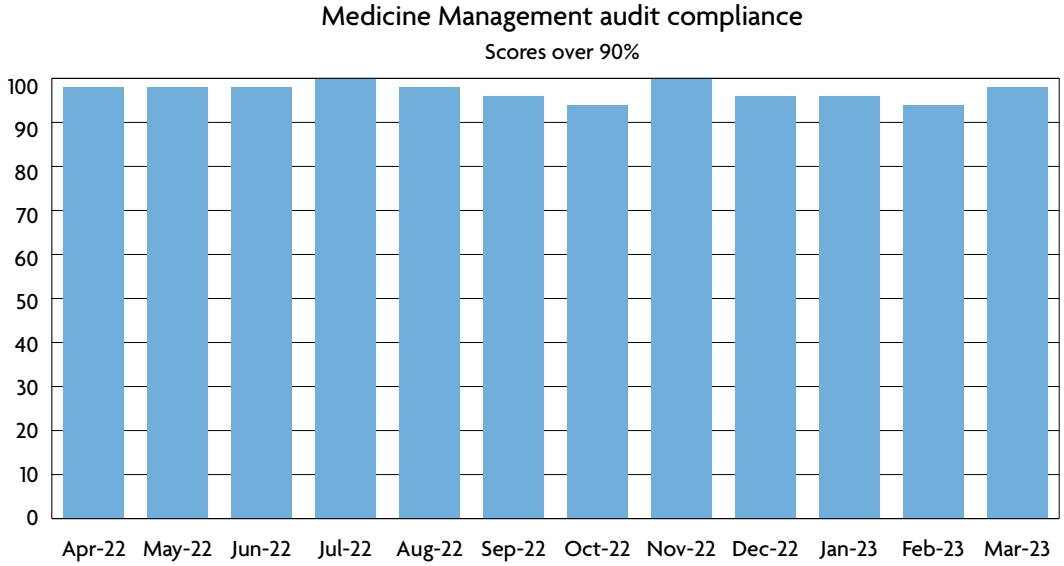
- Ensure CPPs provide clear direction on expectations in relation to medicines management.
- Provide standardised tools to be used organisation-wide to facilitate medicines checks.
- Introduce new audit programme to provide assurance of efficacy of medicines management.
- Ensure a 'just culture' with a standardised approach to investigating and managing medication errors that promotes learning and supports staff.
- Ensure that Medicines Management and PGD training is fit for purpose and updated, as necessary, in response to recommendations.
- Ensure that a minimum 90% of eligible staff access this training – to be monitored through training reports.

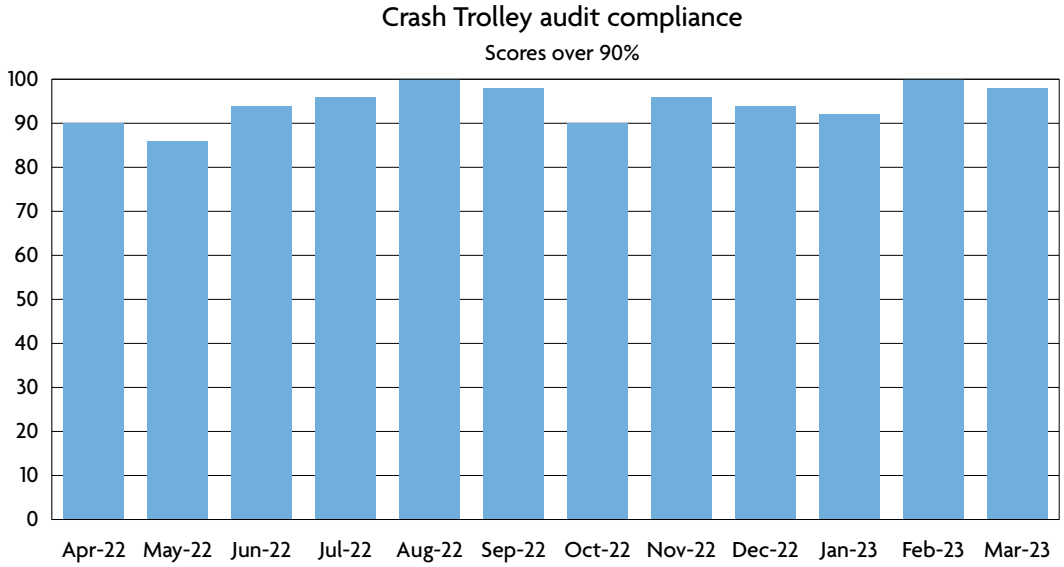
In 2021/2022, BPAS had an audit programme that had been suspended during COVID and organisational oversight into medicines management was therefore sparse, and where it existed, it was not joined up to provide trends and organisational themes where gaps or areas of excellence could be identified and acted upon. Assurance of medicines management needed improvement. A key priority for 2022/2023 was to embed the new audit programme which was launched in January 2022.

2022/2023 brought significant change in organisational oversight of medicines management compliance, and how BPAS provides assurance of this to the board and its commissioners. The introduction of the Local Clinical Audit Compliance Boards (LCACB) has enabled consistent medicines management oversight across all clinical sites, with local accountability by lead nurses and midwives, feeding organisational themes regionally into the Clinical Quality Team for wider organisational resolution where gaps may be identified. It also offers the opportunity to celebrate areas of excellence.

Working in partnership, clinical and operational teams have used audit data, as well as national guidance and regulatory feedback, to identify areas for improvement. The success of this collaborative and targeted approach has been evidenced in influencing policy changes, the creation of new policies and improved assurance measures with sustained improvement in audit compliance results. The below bar charts detail both significant improvement and the maintenance of quality in national crash trolley and medicine management audits.

Medicine Management audit compliance





In addition to audit, assurance of medicines management compliance is also provided through incident reporting and themes trend analyses. BPAS is committed to a 'just culture' approach to managing patient safety incidents, in line with the NHS England just culture guide. Safety incidents in relation to medicines management and audit data are presented at quarterly Drugs and Therapeutics Committee meetings to facilitate the triangulation of data with the overall aim of improving quality and safety.

2022/2023 has also witnessed a complete overhaul of Patient Group Directions (PGD) in BPAS with the introduction of a new organisational PGD policy, and a standardised BPAS PGD template. All PGDs used in BPAS have been revised and new medicines protocols have also been created, where appropriate, to ensure compliance with the legal requirements of PGDs, and compliance with NICE and NHS England Specialist Pharmacy (SPS) guidance. PGD training has been brought in line with NHS colleagues, with BPAS moving to the training created by the SPS and provided by Health Education England through the e-Learning for Health Platform.

With external stakeholders in mind in relation to medicines management, BPAS has a national presence by the Deputy Chief Midwife in the SPS-led PGD working groups for contraception and treatment of sexually transmitted infections. The Deputy Chief Midwife is also engaged with a handful of medicines optimisation pharmacists within commissioning ICBs to improve assurance around medicines management in line with national guidance, legislation and expectations.

Message from the Deputy Chief Midwife and Regional Clinical Director responsible for Medicines Management

"Looking forward to 2023/2024, BPAS will be prioritising the following workstreams in relation to medicines management:

- Measuring the effectiveness of the new PGD policy, training requirements, and PGD tools by providing assurance through the implementation of a new PGD specific audit tool
- Specifically auditing the use of antimicrobial PGDs separately to other PGD audits
- Finalising a 'single operating model' approach to having its PGDs authorised, by working with a lead commissioner, and agreeing the process through memorandums of understanding with all of BPAS' commissioners
- Implementing and embedding an antimicrobial policy
- Creating a new Midwives Exemptions policy
- Standardising medicines optimisation specific quality reports produced for commissioners."

Action 9: Audit and Quality Improvement

This demonstrates we are:

Standard required:

- Ensure that the organisation meets minimum expected standards according to CPPs and quality measures.
- Ensure that BPAS remains an innovative and evolving service in response to incidents, service user and staff feedback.

Our plan:

- Introduce a new, robust audit programme that is standardised throughout the organisation to provide consistency in gauging quality measures and providing assurance.
- Introduce a quality improvement programme to engage staff in progressing the organisation, and their own skills, through involvement in service development.
- Triangulate data from incidents, service user and staff feedback to identify areas of priority for improvement.

Local compliance board

Early 2022 was the beginning of the newly formatted Local Clinical Audit Compliance board. This served as both a guide on audits required per area, and as a tool to analyse results. This was rolled out for all clinics and hubs to ensure quality and care was monitored on a local and national scale.

The current process includes multiple online audit tools, guides and a board to log results and action plans. The forementioned action plan allows teams to successfully complete the audit cycle by acting on raised concerns, documenting any strategies or root cause analysis. Support and guidance are visible and obtainable from the Clinical Quality team, who ensure that actions are adequately progressed. The local Quality Matron is a vital supporting role for Clinical audit, allowing for senior, local and regional oversight.

Individual compliance boards, for both clinics and hubs, allow for an in-depth, local review of compliance. This format supports the review of audits on a monthly basis, allowing the team to establish the need for change. The implementation of such boards has been vital evidence in the success of quality improvement projects, policy changes and training updates. They are also valuable for those external to BPAS, such as healthcare inspectors. To further the identification of trends, the boards are reviewed locally and regionally by the Quality Matron, and nationally by the Clinical Audit Facilitator. To further progress responsiveness, minuted discussions are held monthly as a forum for action proposals and ideas. This multilevel approach aids the Quality team in gaining insight into the immediate issues within local areas, larger regions and BPAS as a whole.

As the year has progressed, so has the local compliance board. This has been through audit additions, updates and most notably, compliance improvement. The design of the local compliance board, and audits within it, allows us to be responsive. The dedication to clinical audit has been evident through the observed improvements and the narrative given to initiate change for the better.

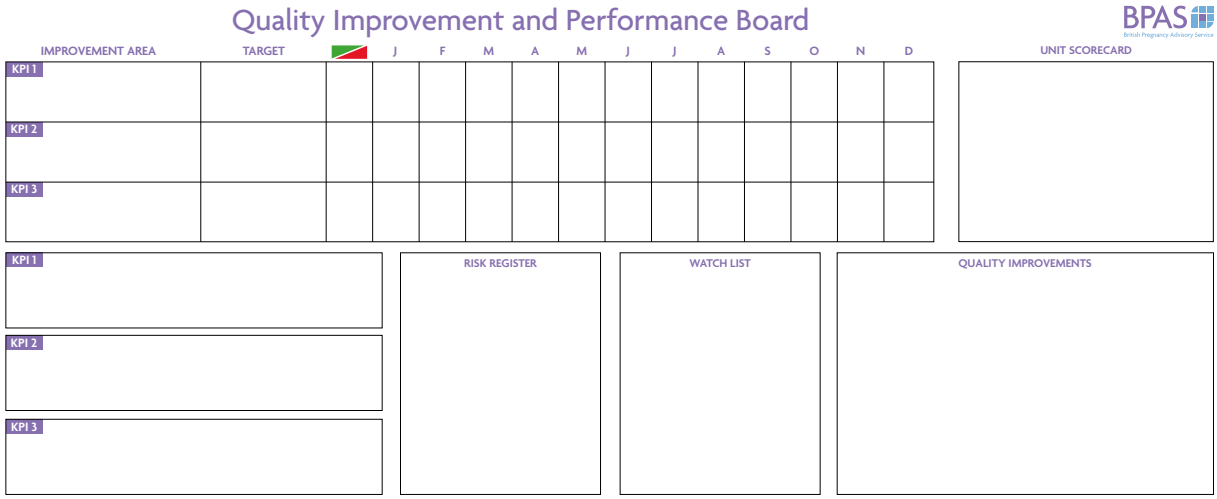
Quality Improvement and Performance Boards

The visual quality improvement board aims to empower the front-line teams to identify and make improvements in their own areas. QI champions have been appointed, these champions are passionate about quality improvement and have attended a QI masterclass, which has provided training in quality improvement methodology. The methodology has enabled the QI champion to think wider about how quality improvements can be made in their areas. The overall aim is to see continuous improvement in these areas.

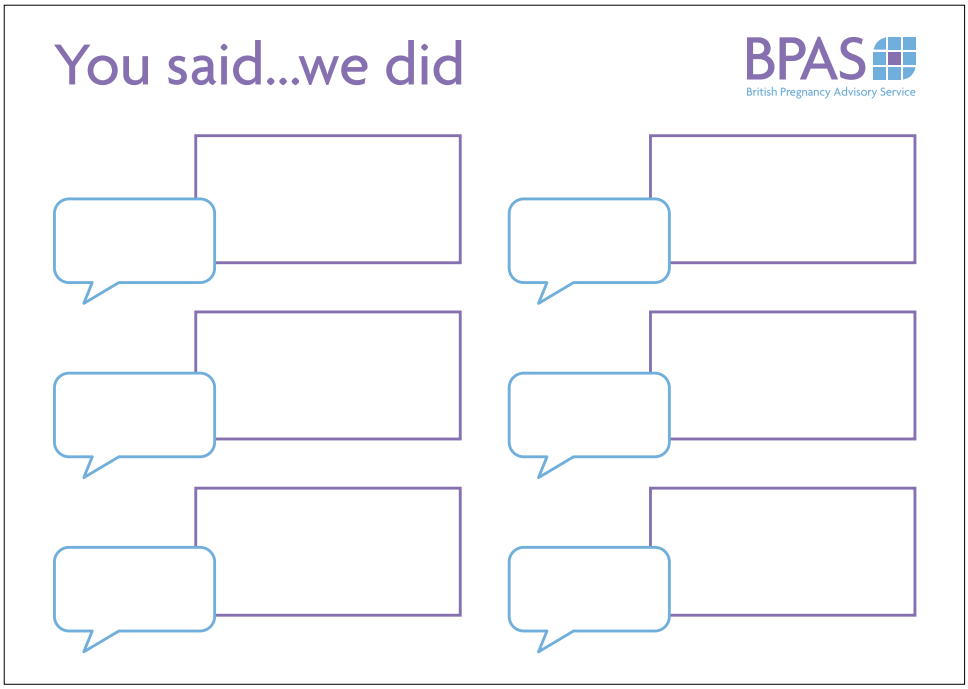
KPIs were identified and targeted using QI methodologies such as PDSA cycles and the fishbone diagram.

A 'You said... we did' board was also introduced to the teams.

Quality Improvement and Performance Board (QIPB)



'You said... we did' board



Since the boards were introduced, we have seen many benefits, including:

- 50% reduction in wasted surgical appointments
- Huddles became multidisciplinary and had good engagement
- Evidence of continuous improvement in KPIs

The outcomes of the targeted KPIs and engagement demonstrate that visual QIPB is effective. The national roll out of this will benefit teams both clinically and operationally.

We are proud to share that a BPAS Nurse/Midwife Practitioner received a Cavell award for her dedication to this project.

Examples of improvement

Doncaster, Middlesbrough and Merseyside have seen improvements within their units following a robust CQC action. This was generated following a CQC inspection of these units whereby they were rated inadequate. By following a team approach, guided by improved policies and procedures, these units have now been rated 'requires improvement'.

Bournemouth's repeated CQC inspection resulted in the final lifting of the Section 29, which had been implemented after the first inspection. No new rating was given, but inspectors were satisfied with the ongoing programme of change in place, and the evidence of change that they saw on the day.

Themes from transfer reviews

Where a transfer or adverse event has taken place, the QM team complete a review of the care pathway to highlight areas of good practice and share any learning. Throughout the year, themes identified from these reviews have been shared and escalated where appropriate. These have then gone on to inform and expedite policy changes. Examples include increased awareness of sepsis screening, improved documentation and increased awareness of the importance of obtaining discharge summaries for clients who have been admitted into hospital whilst under our care. Compliance with documentation was highlighted as an issue in many transfer reviews, in particular in relation to the completion of the MEWs charts. The transfer across to the bespoke TEWs charts in the coming year could see a decrease in compliance as teams become accustomed to the new forms.

Aftercare

The move over to Mitel in December 2022 has enabled visibility of the Aftercare service as a whole for the first time. We now have access to data that enables us to report on waiting times, call handling rates, call dropout rates, length of the time the client spends with the NMP, and call recording. This allowed the setting of KPIs for the team; these were introduced in January 2023 and showed steady improvement. Alongside this, the CAS2 update in February was crucial for Aftercare. This has streamlined the way Aftercare are working and has eliminated some risks from the risk register.

2023-2024 will see the introduction of new Quality Assurance checks, inspired by learning from recent client feedback about their experience with Aftercare. The process of CQC registration has begun for Aftercare, and with a view to bringing the service in line with the rest of BPAS, the QUIBP board and LCACB reporting will soon be functional.

The Aftercare team has done much work to build partnerships across the organisation and improve working relationships. The leadership team within the Aftercare service have increased their visibility in organisational meetings, and continue to work together to improve relationships and streamline the care provided.

> ***The care I received was exceptional, from the first phone call to booking the appointment, until the very end.***

Action 10: Contraception and STI Testing

This demonstrates we are:

Standard required:

- Offer contraceptive choices counselling to all women and deliver to those who would like it.
- Ensure access for women to their chosen method of contraception.
- All eligible women are offered STI testing.

Our plan:

- Ensure that contraception and STI training is fit for purpose and updated, as necessary, in response to recommendations.
- Ensure that a minimum 90% of eligible staff access this training – to be monitored through training reports.
- Introduce audit tool to provide assurance that contraception counselling and STI testing is offered to all women.

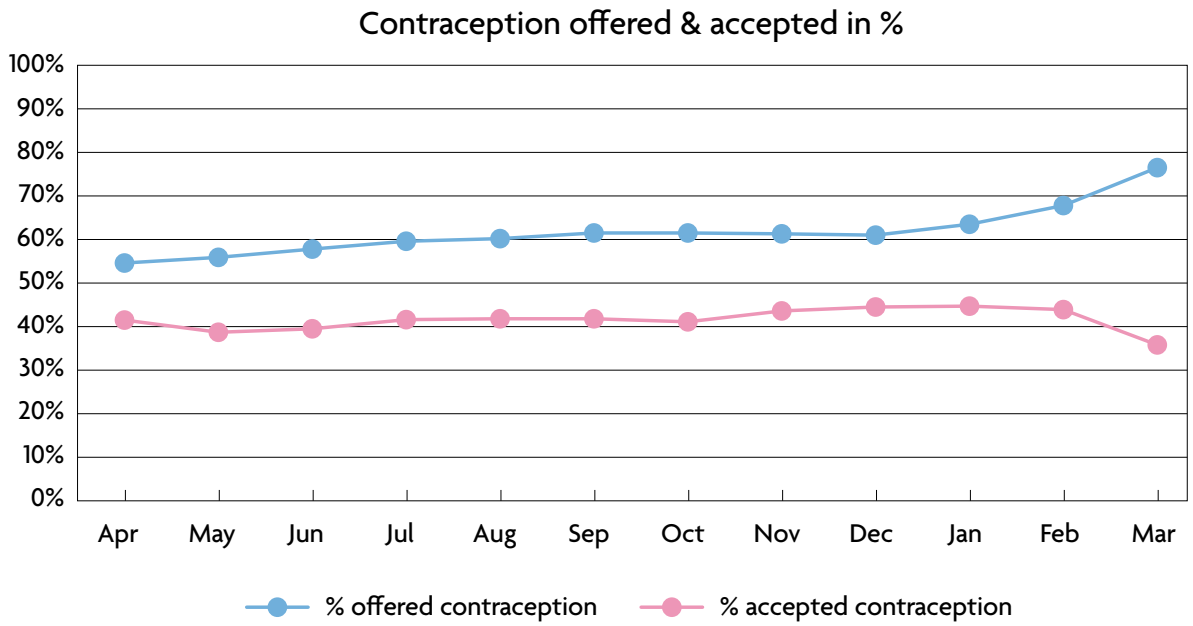
At BPAS, we aim to offer all of the clients who access treatment a form of contraception, such as the progestogen-only pill, or longer acting forms of contraception such as the implant or coil.

In 2022/23, on average, 62% of clients were offered contraception, and 41% of those clients accepted contraception.

Contraception offered & accepted

In 2022/23, we reinstated routine contraception counselling for all clients attending for abortion care, and increased method choices. To achieve this, we refreshed the clinical policy, and procedure and client materials, provided training in contraception counselling to 328 nurse/midwife practitioners, and expanded methods available to those receiving medical abortion via telemedicine. In addition to progestogen-only pills, emergency contraception in advance of need and condoms, those clients can now receive combined hormonal methods, or the self-administered progestogen-only injection, without an in-person visit. Using findings of an internal evaluation of different models for "fast track" implant and intrauterine device insertion, we redesigned policies and care pathways to permit insertion in nurse-led clinics, ideally within 5 days of the abortion to increase access. A long-acting reversible contraceptive (LARC) task and finish group created a strategy to ensure each cluster has two nurse/midwife practitioners who can insert contraceptive implants, and were successful in moving the first cohort of 18 through training. We will continue this progress in 2023/24 and embark on intrauterine device insertion training for nurse/midwife practitioners.

A further restoration and recovery innovation was the implementation of self-swabbing for Chlamydia and gonorrhoea for those choosing medical abortion either via post or by collection from a unit. Where funded, these clients can receive a swab in their treatment pack with a postage-paid envelope for submission to the laboratory. Results are given via text or phone call. A test and learn project is underway to increase return rates and next year we will explore extending this to HIV testing.



As BPAS aims to offer all our clients contraception, we therefore currently have a programme running to develop relevant practitioners in offering contraception advice and guidance; this is delivered by FSRH recognised trainers and underpinned by FSRH guidance. Once training is complete, we will ensure all clients are offered contraception counselling at all available opportunities. We currently have 316 staff who have completed the "essentials of contraception" training and aim to have over 90% compliance by March 2024.

The majority of our clients will receive contraception within seven days of treatment. Our pills by post service provides immediate oral contraception by post, for after completion of treatment. Our surgical lists also offer immediate insertion of coils and implants, depo injections and oral contraception. If immediate contraception is not available, most women will receive their contraception within 28 days following treatment.

At BPAS we aim to provide contraception to as many clients as possible, as soon as possible. We currently have 21 staff who are trained to fit implants, and we have another cohort of 21 practitioners planned for 2023. This is delivered by FSRH recognised trainers and underpinned by FSRH guidance.

> *I honestly could not be more grateful for the support that each member of the BPAS team gave me.*

2022/23 Advocacy Achievements

Through 2022/23, BPAS worked to continue delivering on our advocacy goals in parliament and beyond. At the end of the last financial year, BPAS led the successful campaign to change abortion law positively for the first time in more than 50 years, to enable women to take abortion medication at home. Introduced in 2020 at the beginning of the pandemic, the government had planned to remove this essential lifeline for women and require them to attend a clinic to self-administer a single pill. BPAS's work, in conjunction with medical royal colleges, violence against women and girls charities, and healthcare organisations, enabled us to protect and preserve the rights of women to access care. The law came into force in August 2022, continuing our Pills by Post service.

This year we also delivered on one of our core, long-term goals of introducing safe access zones around abortion clinics into law. BPAS has, over many years, collected nearly 3000 accounts from our clients regarding anti-abortion groups harassing women outside clinics – whether that is by calling them murderers, following them to their cars, handing out leaflets with false medical claims, or displaying graphic posters of foetuses. Our clients, and our staff, have been incredibly distressed by these actions, and the police have been called to BPAS clinics nearly 50 times in the past year to deal with particularly active and harmful activity outside. Nationwide, every year more than 100,000 women are treated by clinics targeted by anti-abortion groups. As a result, BPAS has been campaigning for nearly 10 years for the introduction of safe access zones around clinics – areas where certain activity related to abortion is not allowed. In the second half of the year, both Houses of Parliament voted overwhelmingly to introduce these zones – putting England and Wales at the forefront of the fight against this type of activity. We expect these zones to come into force over Summer 2023.

"They came over twice and we said 'no thank you.' She was very pushy, in your face... it has left me anxious as I suffer from poor mental health. When we walked past she said 'Your baby wants to live'. We did not expect this at all."

Bournemouth, 2022

"They were hurling abuse as I came out of the clinic, saying I'm a disgrace, that I'm a horrible person and what I'm doing is an abomination."

Liverpool, 2021

"She watched me driving around and looking for a space, then approached me and was saying 'do not kill your baby' and something about God. It made me feel emotional and scared. I was already worried and unprepared to be approached. I was crying and it affected my mental health. I was scared to go in."

Birmingham, 2021

2022/23 Organisational Achievements

Research and Development

Overview

Research is a core component of BPAS' organisational strategy understanding that research, innovation, and clinical quality exist in a virtuous circle. The Centre for Reproductive Research and Communication (CRRC) delivers research and evaluation for BPAS, facilitates studies by external investigators, and collaborates with other institutions to generate evidence that improves abortion and related care, and health policy that impacts reproductive autonomy. As well as sharing findings in academic arenas to influence the wider sector, the CRRC disseminates its work throughout BPAS to influence and enhance clinical practice. We advise and mentor BPAS staff, students/trainees in the knowledge that engagement in research can impact staff retention and develop future generations of researchers in our field. The Medical Director is the Director of the CRRC and is guided by a Steering Committee. BPAS also has a Research and Ethics Committee that meets quarterly to review applications for studies and monitor on-going projects. The committee has a Terms of Reference, and the organisation has a policy on research which is in date.

Many CRRC activities in 2021/22 focused on medical abortion via telemedicine – evaluating the safety, effectiveness, and acceptability of this model of care in the UK following the approval for both mifepristone and misoprostol use at home during the COVID-19 pandemic. This year our work looked at further refining remote services including understanding the experience of women having treatment with and without an ultrasound, triage criteria for an ultrasound, improving pain management with medical abortion at home, and exploring the impact of policies that limit access to telemedicine by client age. These projects were carried out within BPAS and through collaboration with other institutions. At the close of 2022/23, the CRRC was directly involved in, or facilitating, 13 projects. Six projects were closed in 2022/23. A summary of open and closed projects and affiliations is in Appendix 3.

Publications

1. Sanders J, Blaylock R, Dean C, Petersen I, Trickey H, Murphy C. Women's experiences of over the counter and prescription medication during pregnancy in the UK: findings from survey free-text responses and narrative interviews. BMJ Open. 2023 Mar 1;13(3):e067987.
2. Blaylock R, Trickey H, Sanders J, Murphy C. WRISK voices: A mixed-methods study of women's experiences of pregnancy-related public health advice and risk messages in the UK, Midwifery, Volume 113, 2022, 103433
3. Lowe P. Safeguarding for reproductive coercion and abuse. BMJ Sex Reprod Health. 2023 Jan;49(1):60-61.
4. Lee E, Bristow J, Arkell R, Murphy C. Beyond 'the choice to drink' in a UK guideline on FASD: the precautionary principle, pregnancy surveillance, and the managed woman. Health, Risk & Society. 2022 Feb 17;24(1-2):17-35.
5. Arkell R, Lee E. Using meconium to establish prenatal alcohol exposure in the UK: ethical, legal and social considerations. Journal of Medical Ethics. 2022 Jul 22.
6. Lee E, Arkell R. From self-to other-surveillance: a critical commentary on the English policy framework for Fetal Alcohol Spectrum Disorder (FASD). Critical Public Health. 2022 Oct 5:1-8.
7. Blaylock R, Makleff S, Whitehouse KC, Lohr PA. Client perspectives on choice of abortion method in England and Wales. BMJ Sex Reprod Health. 2022 Oct;48(4):246-251.
8. Lohr PA, Lewandowska M, Meiksin R, Salaria N, Cameron S, Scott RH, Reiter J, Palmer MJ, French RS, Wellings K. Should COVID-specific arrangements for abortion continue? The views of women experiencing abortion in Britain during the pandemic. BMJ Sex Reprod Health. 2022 Oct;48(4):288-294.
9. Winikoff B, Lohr PA. Randomised trials of medical abortion provide some but not all the answers. Lancet. 2022 Aug 27;400(10353):638-639.
10. Rennison C, Woodhead EJ, Horan C, Lohr PA, Kavanagh J. Abortion education in UK medical schools: a survey of medical educators. BMJ Sex Reprod Health. 2022 Jul;48(3):210-216.
11. Hammenga C, Craig D, Lohr PA. Moderate (conscious) sedation in abortion care. BMJ Sex Reprod Health. 2022 Jul;48(3):227-230.
12. Whitehouse KC, Shochet T, Lohr PA. Efficacy of a low-sensitivity urine pregnancy test for identifying ongoing pregnancy after medication abortion at 64 to 70 days of gestation. Contraception. 2022 Jun;110:21-26.
13. Lohr PA, Kavanagh J. Educating the next generation of abortion providers – how to get it right. RCOG Blog. https://www.rcog.org.uk/news/educating-the-next-generation-of-abortion-providers-how-to-get-it-right/.17 May 2022.

Conference presentations & posters

1. McCulloch H., Salkeld S., Palmer M., Hills K., Lord J., Green A., Lohr P.A. 'The routine requirement for clinic attendance for under 16s obtaining an abortion and its impact on accessibility to care and safeguarding outcomes: A pre-post service evaluation. Poster presented at the Royal College of Gynaecologist's annual Paediatric and Adolescent Gynaecology conference. 22nd March 2023, online.
2. Lohr PA. Abortion in the UK: What's New? What's Needed? Keynote address, RCOG Annual Academic Meeting, London, 10 February 2023.
3. Whitehouse K, Shochet T, Lohr PA. Efficacy of a low-sensitivity urine pregnancy test for identifying ongoing pregnancy after medication abortion at 64-70 days' gestation. Daniel Mishell Outstanding Article Award Presentation. Society of Family Planning, Baltimore MD, December 2022.
4. Sawyer, A., Sherriff, N.S., Huber, J., Vera, J., Aicken, C., Edelman, N., Tanner, E., Sheta, A., McBride, B., Williams, D., McInnes-Dean, A., Lohr, P.A., Mirandola, M. (forthcoming). Health systems analysis and evaluations of the barriers to availability, utilisation and readiness of selected sexual and reproductive health services in COVID-19 affected areas. 7th Global Symposium on Health Systems Research (HSR2022), 31st October – 4th November 2022. Bogota, Colombia.
5. Sawyer, A., Sherriff, N.S., Huber, J., Vera, J., Aicken, C., Edelman, N., Tanner, E., Sheta, A., McBride, B., Williams, D., McInnes-Dean, A., Lohr, P.A., Mirandola, M. (forthcoming) Women's and healthcare professional's perception and experiences of abortion services during COVID-19. Poster presented at the International Conference on Family Planning, 14-17th November, 2022, Pattaya, Thailand.
6. Lohr PA, Dorman E. Complex cases - Management of Post-Abortion Complications. Lecture. British Society of Abortion Care Providers Annual Conference, London, 7 October 2022.
7. McCulloch H., Salkeld S., Palmer M., Hills K., Lord J., Green A., Lohr P.A. 'Safeguarding referrals and the requirement for routine clinic attendance for all under 16s obtaining an abortion: A pre-post service evaluation at two UK independent service providers'. Poster presented at the British Society of Abortion Care Providers conference. 7th October 2022, London, U.K. Awarded best poster.
8. Lohr PA, No Test Medical Abortion (NTMA) Consultation. Lecture. 14th FIAPAC Conference, Riga, Latvia, 9-10 September 2022.
9. Taghinejadi N., McCulloch H, Whitehouse KC, Krassowski, McInnes-Dean A., Lohr PA, Client experience of pain and pain management during medical abortion up to 10 weeks' gestation at the British Pregnancy Advisory Service (BPAS): a cross-sectional evaluation. Poster presented at the International Federation of Abortion and Contraception Professionals (FIAPAC) conference, 8-9 September 2022, Riga, Latvia.
10. Lohr P.A., Blaylock R., McInnes-Dean A., Lowe P., Hoggart L., Women's opinions and experiences of undergoing an ultrasound scan for gestational age before medical abortion. Poster presented at the International Federation of Abortion and Contraception Professionals (FIAPAC) conference, 8-9 September 2022, Riga, Latvia.
11. Aicken C., Sawyer, A., Huber, J., Edelman, N., Vera, J., Tanner, E., Williams, D., Sheta, A., McBride, B., McInnes-Dean, A., Lohr, P., Mirandola, M., & Sherriff, N.S. Provision of, and access to, Sexual and Reproductive Health services during Covid-19: qualitative research with staff and clients/patients in England. Poster presented at the Society for Social Medicine & Population Health, Annual Scientific Meeting 2022. 7th–9th September, 2022 Exeter, UK
12. Lohr PA. "Pills by Post": Medical Abortion via Telemedicine at BPAS. Lecture. 16th Congress of the European Society of Contraception and Reproductive Health, Ghent, Belgium, 25-28 May 2022.

Business Transformation Plan

The impact COVID had on all healthcare providers has been significant, and is still being felt across the sector today. Along with the NHS, BPAS had to completely redesign our operating model to enable us to protect essential services for clients during the pandemic, which enabled us to keep women and employees safe. These changes to services required significant unplanned financial investment without access to the COVID budgets NHS service providers were able to use. This COVID investment was in addition to pre-planned investment objectives one of which in building and launching a not-for-profit fertility service in early 2022. These financial pressures placed significant pressure on the organisation.

At the same time, a long-standing challenge of being paid very low prices by commissioners for predominantly surgical abortion services, was beginning to have a significant impact on our financial position. In June 2022, BPAS, working with the support and oversight of NHSE, developed a rapid Business Transformation Plan with the objective of balancing the financial challenges.

The plan to put BPAS on sustainable financial footing was signed off by our Board of Trustees in early September 2022 and work began at pace.

The plan was constructed of four key workstreams intended to return BPAS to financial balance:

- **Workstream 1** – Payroll Savings. A programme of voluntary and compulsory redundancies took place in Autumn 2022, focused on back-office functions.
- **Workstream 2** – BPAS Fertility. BPAS ceased provision of not-for-profit fertility services, with the service being sold.
- **Workstream 3** – BPAS Bournemouth. BPAS sold the Bournemouth clinic in Autumn/Winter 2022.
- **Workstream 4** – Contract Review. BPAS met with commissioners to discuss the need to increase contract prices to reflect the costs of provision, and will move to a position of declining to bid for contracts that do not contribute over and above existing operating costs.

The overall impact of these workstreams was expected to improve the financial situation by £250k per month, reducing anticipated losses in financial year 2022/23, and resulting in a c.£2m EBITDA for the financial year 2023/24. However, having completed the plan, other than Workstream Four, it is clear that the impact continues to be better than anticipated. We are now predicting EBITDA closer to £4m in the financial year 2023/24. Workstream Four has been very successful and continues with those commissioners who have not yet committed to increasing contract prices.

Care Quality Commissioner Section 31 Notice Lifted

January 2023 marked the formal removal the CQC Section 31 notice applied to three of our northern clinics in Summer 2021. The action plan to address the issues highlighted was promptly created, and progress was achieved at pace. The organisational response to the notice required a co-ordinated, sustained collaboration between frontline, Operations & Quality and frontline teams. We listened to staff, made improvements which benefitted the whole organisation. We progressed the action plan, and by working together, achieved what we set out to. It was incredibly challenging, but everyone adapted to a wide range of changes, which has resulted in safer, consistent high-quality care here at BPAS.

What we did and the changes we made

We could not demonstrate that clients were fully apprised on the risks of transfer between sites, or that we supported clients sufficiently following cervical preparation.

In response, we redeveloped the policy for cervical preparation, and standardised clinical documentation, such as consent forms, to support this. Policies and procedures relating to risk assessment were reviewed and updated. BPAS' policy on transfer was redeveloped and includes supporting documentation on risk assessment.

The consent process was not in line with best practice, and we could not evidence client discussions about treatment options.

In response, the consent process was reviewed, and the consent form revised, along with facilities to evidence client discussions on the client notes.

Medicines management standards were not demonstrated.

In response, the medicines management policy was updated, and is included in the induction material for clinical staff, extraordinary audit of emergency trolleys, and replacement of all trolleys.

Other actions in response to the Section 31 Action Plan include:

- Our Quality Matrons carried out an audit of 20 surgical case notes at every site to support understanding of risk. All client transfers are now reviewed by QMs to ensure continuing learning can be completed remotely, with easy access and minimal service disruption.
- Improvements to Datix have facilitated better quality reporting, so we can identify and share learning both locally and throughout BPAS.
- Business continuity and acute service disruption policy. Additional support during an acute service disruption is tangible, giving TUMS confidence they will be supported from all levels of the leadership team when this occurs.
- Development of the SBAR tool to improve communication.
- New and revised training modules: Essential safeguarding, Datix and risk management, mental capacity, MEWS training modules.
- CQC mock inspections have been instrumental in helping us to achieve significant improvements and better ratings whenever the CQC inspected or reinspected clinics. It has given us the chance identify and correct any issues before CQC inspections occur.

Cheryl Crosby, Operations & Quality Services Director

"The continual hard work and commitment of the units and workforce has made it possible to get the Section 31 lifted, by pushing through and maintaining the necessary changes. We are now much stronger because of our actions, with improved collaboration between departments, and enhanced oversight of quality indicators. We can now apply local inspection findings and make national changes in response."

CQC information requests and Inspections during 2022/23

During 2022/23 the CQC conducted 18 inspections of BPAS locations over 22 days. Most of the inspections were unannounced, or Registered Managers were given up to two days' notice. There has been one Health Inspectorate Wales (HIW) inspection during the same period.

CQC Registered Location	Inspection Date	Overall Rating	Action Plan in place
BPAS Doncaster	20/04/2022	Requires improvement	Yes
BPAS Middlesbrough	27/04/2022 and 29/04/2022	Requires improvement	Yes
BPAS Stratford-Upon-Avon	27/04/2022	Requires improvement	Yes
BPAS Luton	16/05/2022	Good	Yes
BPAS Norwich	18/05/2022	Requires improvement	Yes
BPAS Basingstoke	19/05/2022	Requires improvement	Yes
BPAS Merseyside	25/05/2022 and 26/05/2022	Requires improvement	Yes
BPAS Bournemouth	28/06/2022 and 29/06/2022	Requires improvement and Section 29 notice issued	Yes
BPAS Birmingham South	12/07/2022	Requires improvement	Yes
BPAS Birmingham Central	21/07/2022	Good	N/A
BPAS Oxford	30/08/2022	Good	N/A
BPAS London East	09/11/2022	Good	N/A
BPAS Portsmouth Central	09/12/2022	Good	Yes
BPAS Northampton	17/01/2023	Good	N/A
BPAS Leicester	02/02/2023	Good	N/A
BPAS Head Office (Well Led Inspection)	07/02/2023 and 08/02/2023	Report not finalised at the time of writing	Under Development
BPAS Bournemouth	02/02/2023	No rating given	
BPAS Reading	07/02/2023 and	Requires improvement	Yes
BPAS Cardiff (HIW)	08/02/2023	No report received as yet	

Regulation 28 inspections have been conducted with results reported to the Health Inspectorate Wales by BPAS at BPAS Cardiff, BPAS Llandudno and BPAS Powys.

Following the Bournemouth CQC inspection in June 2022, BPAS were issued with a Section 29 warning notice regarding the timely completion of HSA1 signatures for the care of two clients. BPAS implemented an action plan to address the concerns raised in the warning notice, including changes to the authorisation process for cervical preparation. The CQC re-inspection of BPAS Bournemouth in February 2023 reported that: 'Systems and processes to obtain two signatures on the HSA1 forms had improved.'

BPAS has conducted 14 'CQC style' mock inspections during the financial year, as part of our focus on continued improvement. The table below described the results and demonstrated how the activities have supported units in making improvements at the local level. Of the 14 inspections conducted, 6 units were inspected by the CQC. Of these 6 locations, 5 received rating at the same level, or better than the outcome recorded from the mock inspection.

CQC registered location	Mock inspection date	BPAS mock overall rating	CQC inspection result
BPAS Leeds	21/11/2022	Good	Not Inspected
BPAS Newcastle	14/09/2022	Good	Not Inspected
BPAS Chester	04/10/2022	Good	Not Inspected
BPAS Northampton Central	10/05/2022	Requires improvement	Good
BPAS Portsmouth Central	23/04/2022	Good	Good
BPAS Finsbury Park	20/10/2022	Good	Not Inspected
BPAS London East	04/05/2022	Requires improvement	Good
BPAS Norwich	06/04/2022	Good	Requires Improvement
BPAS Oxford Central	11/08/2022	Requires improvement	Good
BPAS Reading	24/06/2022	Requires improvement	Requires Improvement
BPAS Leicester	26/05/2022	Mock only partially completed and then suspended	Not Inspected
BPAS Powys	21/10/2022	Mock only partially completed by agreement	Not Inspected
BPAS Telemed Bournemouth	21/06/2022	Mock only partially completed due to inspection team illness	Not Inspected
BPAS Telemed Doncaster	17/08/2022	No rating given	Not Inspected

Process evaluation

The CQC style mock inspections were introduced in 2021 to support continuous learning and improvement at the local level. To understand our staff members' experience, we conducted a user experience evaluation.

Staff reported that they found the experience positive and useful, helping prepare them for regulator inspections. The team reported that the process supported them in identifying areas for improvement, and prioritising actions to ensure areas with the greatest developmental needs were addressed first.

Improvements planned in 2023/24

As part of our continuous learning and improvement approach, we are improving our oversight of action deliveries associated with both mock and regulatory inspections. To support this, we have purchased and developed a module within our Datix system, and included our compliance data regarding these actions in our accountability framework.

Health Inspectorate Wales (HIW) registered Locations BPAS has three units in Wales:

Cardiff, Powys, and Llandudno

BPAS Cardiff was inspected on the 28th March 2023

BPAS 2023/24 Priorities

Our strategic priorities

Organisational improvement

We will ensure our structures and governance meet the needs of the charity we are today, and develop our leadership to ensure they have the capacity, skills and data they need to deliver high quality services.

Service excellence

We will deliver continuous improvement in our service – designing a new quality governance and accountability framework, which provides high quality, evidence-based, experience-focused care for our clients.

Workforce development and wellbeing

We will build on our dedicated, specialised workforce, ensuring they are trained and supported to deliver high quality services at every level of the organisation.

Research, education, and partnerships

We will embed research, learning and innovation in everything we do, and develop collaborations with healthcare partners to support the delivery of sustainable, high quality abortion services at BPAS and across the sector, now and in the future.

Social, legal, and cultural change

We will advocate for women's needs by continuing our work to improve public understanding of the social context in which women make decisions around pregnancy. We will campaign for what women need to exercise reproductive choice across their lifetimes.

Our workstreams

PILLARS	Organisational improvement	Service excellence	Workforce development and wellbeing	Research, education, and partnerships	Social, legal, and cultural change
WORKSTREAMS	Senior leadership capacity & capability	Quality governance and risk	HR and organisational delivery	Integrated research strategy	Delivering on decriminalisation
	Governance	Clinical strategy	People strategy	Demand and capacity planning	Women's rights and social context agenda
	Making data count	Waiting times	Whistleblowing and Freedom to Speak Up	Stakeholder and partnership strategy	Building fundraising and membership
	Financial sustainability	Patient voice and experience	Staff survey actions	Abortion providers of the future	Standalone social change function

Organisational improvement Key actions

We will ensure our structures and governance meet the needs of the charity we are today, and develop our leadership to ensure they have the capacity, skills and data they need to deliver high quality services.

- Undertake a portfolio review to ensure that the right people are in the right place to deliver our service and provide robust leadership
- Deliver a network of training and support to ensure SLT and Trustees are equipped to lead
- Build a governance structure which ensures lines of sight for leaders from floor to board
- Work with colleagues at NHS England to deliver a programme to 'make data count' in BPAS, including the creation of a performance framework at all levels
- Continue to deliver on building the financial sustainability of BPAS, by working with NHS England to embed tariff-based pricing across the sector

Service excellence
Key actions

We will deliver continuous improvement in our service – designing a new quality governance and accountability framework, which provides high quality, evidence-based, experience-focused care for our clients.

- Undertake a comprehensive review of risk identification, management, and learning, across the organisation
- Work with NHS England to implement a Quality Service Improvement Redesign (QSIR), delivering a service grounded in continuous improvement, learning, and evaluation
- Produce and embed clinical and qualities strategies for BPAS as a healthcare provider, including consistent policies and procedure to allow effective assurance
- Produce a plan to reduce waiting times to national target levels across all parts of the service
- Embed patient voices and experience in strategy, performance management, and assurance at all levels

Workforce wellbeing and staffing
Key actions

We will build on our dedicated, specialised workforce, ensuring they are trained and supported to deliver high quality services at every level of the organisation.

- Deliver a review and refresh of Fit and Proper Persons arrangements
- Roll out new training system, leading to analysis of training compliance across the organisation, and actions to improve compliance where necessary
- Create a People Strategy to deliver on recruitment and retention, career progression, and health and wellbeing
- Review whistleblowing and Freedom to Speak Up arrangements to ensure staff are able and willing to speak up, including the roll-out of Freedom to Speak Up champions across local units
- Deliver on the staff survey 2023 action plan, including the creation of a staff engagement strategy and cultural development plan

Research, education, and partnerships Key actions

We will embed research, learning and innovation in everything we do, and develop collaborations with healthcare partners to support the delivery of sustainable, high quality abortion services at BPAS and across the sector, now and in the future.

- Develop strategy for BPAS's role in the wider abortion sector, focused on patient needs, ability to deliver, and alternatives for access and provision
- Develop a 'safe staffing for the future' model with medical royal colleges and NHSE/HEE, which can be used to drive work to deliver on sustainable staffing of abortion services
- Produce a strategy for wider working with stakeholders, and partners across the sector and healthcare system, including work with clinicians, regulators, providers, and related sectors
- Build partnerships with national, regional, and Trust level organisations to deliver on training the next generation of abortion providers
- Prepare for new models of service delivery following legal change

Social, legal, and cultural change Key actions

We will advocate for women's needs by continuing our work to improve public understanding of the social context in which women make decisions around pregnancy. We will campaign for what women need to exercise reproductive choice across their lifetimes.

- Deliver on comprehensive reform of British abortion law where women's needs and rights are placed at the centre of care
- Identify key areas for policy work and campaigning, to improve the circumstances in which women make their reproductive decisions
- Ensure law and policy recognise and support women's bodily autonomy across their reproductive lives, including strategic litigation where appropriate
- Build a movement for social change, by developing membership and fundraising of BPAS as a charitable organisation
- Develop the strategic concept of a self-sustaining arm of BPAS to continue to deliver on social, legal and cultural change into the future

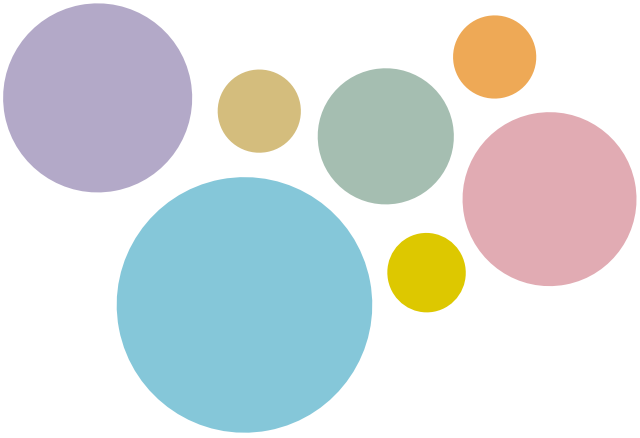
Appendix 3

Project Title	Institution(s)	Project Purpose
OPEN		
Communicating the risk of taking medicines to (potentially) pregnant women post-Montgomery: A socio-legal exploration	CRRC and University of Kent	ESRC funded doctorate exploring how consultant neurologists navigate the prescription of sodium valproate, informed consent, and pregnancy prevention programmes in the post-Montgomery era.
Human Developmental Biology Resource fetal tissue donation	HDBR	The Human Developmental Biology Resource (HDBR) is a Wellcome/MRC funded resource run at the Institute of Human Genetics, University of Newcastle, and at the Institute of Child Health London, where material from terminations of pregnancy is stored and distributed for research. BPAS facilitates donations.
WHO COVID Study: Health systems analysis and evaluations of the barriers to availability, utilisation, and readiness of selected sexual and reproductive health services in COVID-19 affected areas	CRRC and University of Brighton	Assess the contraception, abortion/post-abortion care, STIs (including HIV) and violence against women (VAW) services available at local health facilities during the COVID-19 pandemic. BPAS facilitated data collection to inform abortion/post-abortion stream.
Choice within Abortion Care Pathways	LSE	Explore abortion service users' perceptions and comparative experiences of abortion methods and choice within abortion care pathways. BPAS facilitated recruitment for interviews from BPAS staff and patients.
Honest discussions about alcohol use during pregnancy – an exploration of lay discussions on a British online parenting forum	CRRC and University of Edinburgh	Develop an understanding of the views and questions women have about alcohol and pregnancy as raised in online peer support forums.
What is the extent of practitioners' understanding of 'professional curiosity' when safeguarding in abortion care?	Buckinghamshire New University	This master's degree project by a BPAS staff member explores professional curiosity amongst staff working in an abortion service.
Exploring the lived experiences of black women in London who have had a termination of pregnancy: a qualitative study	Brighton and Sussex Medical School, University of Sussex	Explore the lived experiences of black women who have had an abortion. BPAS facilitating recruitment of patients.
Enhancing Practice Around Reproductive Coercion within Reproductive Health Services	CRRC and Aston University	This project brings national and international policy actors, healthcare, and gender-based violence professionals, and academics together in a practice-oriented network on reproductive coercion, to support future knowledge exchange, ensuring self-sustaining developments in best practice. Visiting researcher.
Impact of no-ultrasound medical abortion via telemedicine on ectopic pregnancy harms	CRRC and LSHTM	Assess the implications of the no-test medical abortion model and identification/management of ectopic pregnancy.

Project Title	Institution(s)	Project Purpose
The association between Mifepristone and Extramural Delivery in Dilation and Evacuation Abortion Procedures between 22-24 Weeks Gestation	CRRC and LSHTM	Analyse the association between mifepristone use and dilation and evacuation procedure outcomes, with a focus on extramural delivery. (Master's degree student mentorship)
BPAS client experience of, and attitudes towards, travelling for treatment, after cervical preparation, and understanding of related risks: A service evaluation	CRRC	Ascertain BPAS service-user understanding of risks associated with cervical preparation, in the context of their need to travel for surgical abortion after receiving preparatory treatment, and to explore their attitudes towards, and experience of, travelling after receiving preparatory medications or interventions.
Changes to BPAS scan screening assessment: quality improvement project	CRRC	Revise scan triage criteria, and evaluate impact on scan rates and risk.
Improving return rates for STI tests at BPAS: SMS prompts	CRRC	Increase the proportion of tests for chlamydia and gonorrhoea returned within 5 weeks post-abortion, through deploying changes to our current process in a stepwise fashion, with a quality improvement cycle methodology.
CLOSED		
SACHA Project: Evidence base to inform health service configuration for abortion provision	CRRC and LSHTM (multiple other institutions)	NIHR funded study to generate evidence to inform abortion service delivery models in light of recent transformations in practice (e.g., telemedicine) and potential for decriminalisation of abortion. BPAS/CRRC members co-investigators and co-lead of work package 4 (interviews with patients), as well as facilitating recruitment for work package 3 and contributing to work package 5.
Are patients having an evacuation of retained products of conception, after a no-scan early medical abortion, being managed as per BPAS policy? A retrospective review of 1 year of case notes	CRRC	Determine if staff are managing patients undergoing retained products in the context of no-scan medical abortion according to policy and procedure. Action from a serious incident.
Evaluation of client experience and acceptability of pain management during medical abortion up to 10 weeks of gestation via a predominantly telehealth service at BPAS	CRRC	Assess client experiences of pain and satisfaction with pain management after changing from routine to opt-in codeine provision for pain, management during medical abortion.
Misestimation of gestational age at BPAS: A service evaluation	CRRC	Calculate rates of misestimation of gestational age amongst patients receiving no-test medical abortion across three iterations of screening assessment about last menstrual period used to ascertain gestational age and to compare rates of misestimation of gestational age across patients grouped by age.

Project Title	Institution(s)	Project Purpose
How does a mandatory requirement to attend a face-to-face consultation impact under-16s' access to early medical abortion: A service evaluation	CRRC and MSI Reproductive Choices	Assess the impact that the mandatory requirement for under-16s at BPAS to attend clinic for a face-to-face consultation has on access to abortion, on safeguarding outcomes identified and on estimation of gestational age, using last menstrual period related to eligibility for medical abortion via telemedicine.
Ultrasound in abortion care: opinions and experiences of service users treated by telemedicine during the COVID pandemic for gestational age determination before early medical abortion	CRRC	Understand the experiences and opinions of women who have undergone abortion without a pre-treatment ultrasound at BPAS, and another abortion with a pre-treatment ultrasound.

BPAS
British Pregnancy Advisory Service



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BPAS is registered and regulated by the Care Quality Commission

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