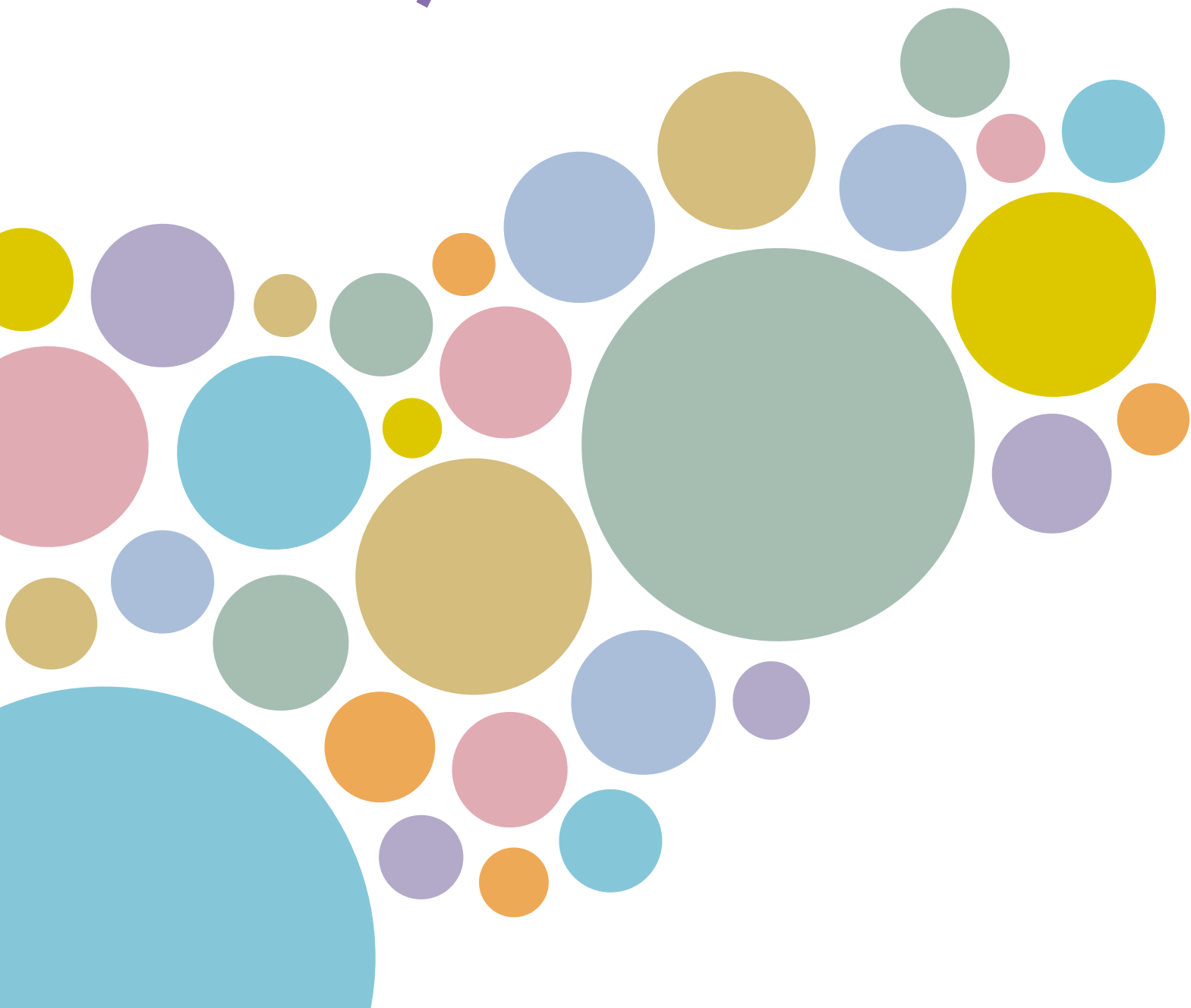


ANNUAL
QUALITY REPORT
2023/24



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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, 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 patients' home addresses.

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

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

ELT: Executive Leadership Team.

Overview

In 2023/24 we provided:

106,424
abortions

109,210
telemedicine
consultations

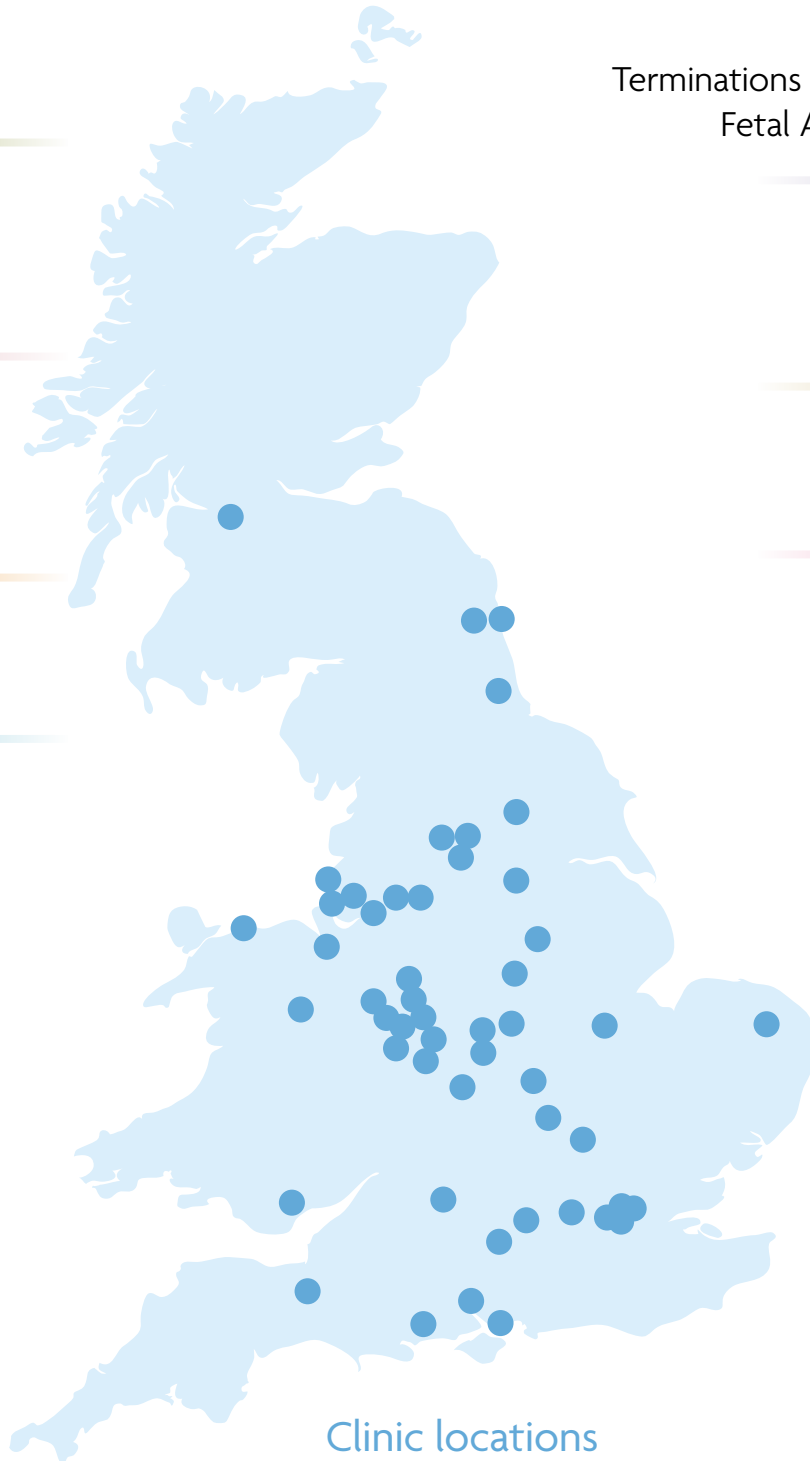
44,714
face-to-face
consultations

65,388
Pills By Post

442
Terminations of Pregnancy for
Fetal Anomaly (TOPFA)

35,302
patients with
contraception

1,165
vasectomies



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, and other abortion providers.

We provide access to termination of pregnancy from **48 clinics** and **5 Telemedicine Hubs** across the UK.

We hold **41 contracts** and **14 provision arrangements** across the UK and British Isles.

We have **916 contracted staff** (781.6 FTE).

99.7% of the treatments provided were **funded by the NHS**.

We provided care in **74** different languages.

We used our charitable funds to help **392** patients travel to safely access abortion services.

Our overall satisfaction score for 2023/24 was **9.51 out of 10**.

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

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 five key lines of enquiry to assess the impact of each action or deliverable.

This demonstrates we are:



Message from our Executive Chair and Chief Executive

2023/24 was a year of profound change, innovation, and investment in BPAS as an organisation. Coming into 2023, we had gone through a period of acute financial difficulty, accompanied by a challenging Care Quality Commission on the leadership of our service. This was placed against a backdrop of sustained increased demand for abortion services, and a prolonged rise in the cost of living which impacted both women's pregnancy choices and the costs of delivering our service.

We are therefore pleased to be able to say that BPAS has taken on these challenges and emerged at the end of this year more financially secure, and with a positive CQC report recognising the improvements our staff and leadership have worked so hard to achieve. Working alongside NHS England's improvement team, we have redeveloped our governance framework, are collaborating with national bodies to improve ways of embedding medicines management across national services, and have embedded data-driven performance monitoring throughout the organisation. We continue to work to ensure the golden thread of patient care travels not just from floor to board, but from board to floor.

At a senior level, we have also seen substantial personnel changes, with both of us being new to the roles of Executive Chair – Dr Lucy Moore, and Chief Executive – Heidi Stewart. Alongside us, we now have in place a new Interim Medical Director – Dr Melanie Robson, a new Director of Finance – Laura Clare, a new Head of Corporate Governance – Verity Jowett, a new Director of Research and Innovation – Dr Patricia Lohr, and a nursing and quality team which has undergone substantial investment and expansion.

Together, we are working to develop a clear strategy for the organisation and remain committed to constant improvement of the service including reductions in waiting times, sustainability of surgical services, and our ongoing work with NHS England and our commissioners.

We are also focused on building a governance framework around our wider work on advocacy, and on research and innovation. We remain optimistic of reform of the law around abortion to remove women from the criminal law and to seek wider reform of the law in the new parliament – ensuring that no more women face the unacceptable threat of police investigation, arrest, prosecution, and prison for ending their own pregnancy. We are also committed to seeing the full implementation of safe access zones to prevent the harassment of women outside abortion clinics, passed by Parliament in May 2023 but still not yet in force.

Going into 2024/25, we are alive to the ongoing improvements BPAS needs to make. These improvements will not always be easy but are nonetheless necessary. And as a leadership team, together we remain committed to ensuring our service continues to be caring, evidence-based, and woman-centred.

We hope you can see in this annual report the dedication of the wider BPAS team to the delivery of this essential service.

Dr Lucy Moore, Executive Chair

Heidi Stewart, Chief Executive

Introduction

We are the British Pregnancy Advisory Service; we are 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 suit 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.

Who we are

Our Trustees are recruited for specific skills, experience and knowledge. Our Executive Chair is Dr Lucy Moore. A doctor by training, Lucy joined BPAS in 2017 and was appointed Executive Chair in November 2023. She has previously led a number of NHS organisations through transformation and brings strong networks and a track record of working across boundaries and in partnership.

Trustees

Our Board of Trustees during 2023/24 are listed below:

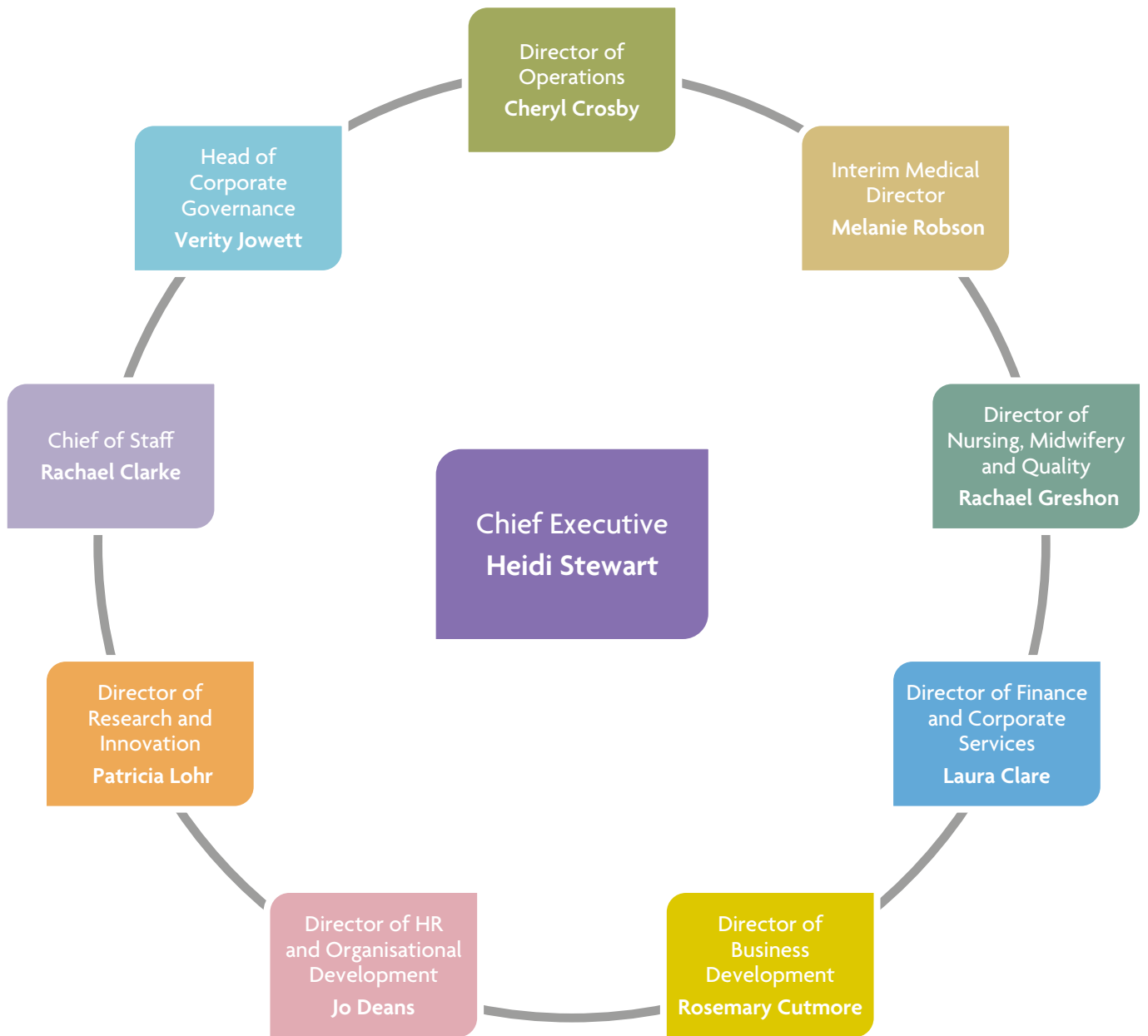
- Dr Lucy Moore (Executive Chair – from November 2023)
- Dame Cathy Warwick (Chair – to November 2023)
- Sam Smethers (Deputy Chair)
- Julian Atkins
- Professor Iain Cameron
- Graham Colbert
- Dr Ed Dorman
- Debra Holloway
- Dawn Johnston
- Siobhan Kenny
- Dr Sheelagh McGuinness
- Sanjay Shah
- Caroline Turner
- Natasha Walton
- Anne Shevas OBE (to March 2024)
- Dr Jane Stewart (to September 2023)

Executive Leadership Team

Our Executive Leadership Team has the responsibility for 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.

As of the end of March 2024, our Executive Leadership Team is made up of:

- Heidi Stewart, Chief Executive Officer
- Laura Clare, Director of Finance and Corporate Services
- Rachael Clarke, Chief of Staff
- Cheryl Crosby, Director of Operations
- Rosemary Cutmore, Director of Business Development
- Jo Deans, Director of Human Resources and Organisational Development
- Rachael Greshon, Director of Nursing, Midwifery, and Quality
- Verity Jowett, Head of Corporate Governance
- Dr Patricia A Lohr, Director of Research and Innovation
- Dr Melanie J Robson, Interim Medical Director



Looking after public money

BPAS is a company limited by guarantee (No. 01803160) and a Registered Charity (No. 289145). As such, we are subject to audit 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.

Quality care at BPAS

BPAS is committed to providing high-quality care in line with both external and internal quality standards. 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. But as a dedicated provider of abortion services, we recognise that these quality standards do not hold us to as high a standard and we believe is necessary – so we have created 10 Quality Standards which encompasses all activity at BPAS.

First used in the 22/23 Quality Accounts, this report shares our progress against and compliance with these quality standards.

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

Governance

With the involvement of NHS England throughout 2023/24, BPAS has made two key changes to governance of our service. The first is a move to a clinically-led service, with increased responsibility at a management level on the medical and nursing, midwifery and quality teams. The second is one which relies on cross-departmental oversight and management of our key targets and risks.

This Triumvirate structure includes a representative from the medical (doctor), quality (nurse or midwife), and operational teams to come together and manage the delivery of the abortion service. This Triumvirate is now operational at an executive leadership and divisional level, with quality matrons, regional clinical directors, and operational managers all having roles in this group. Our plan for 2024/25 is for further embedding of this structure down to unit level.

We have also started monthly integrated performance meetings including clinical and quality data such as clinical audits, wider Key Performance Indicators using Statistical Process Control charts, and escalation of key risks and concerns. These meetings enable the divisional triumvirate to work more effectively with the Executive Leadership Team and is helping us to embed the golden thread of communication and escalation through the organisation.

Strategy

As part of our improvement work, BPAS is working to put together a new organisational strategy – which will be one of our core deliverables for 2023/24.

Out of this organisational strategy will come a series of other strategies, including a detailed clinical and quality strategy, focused on service improvement. We are anticipating this strategy to be in place by the end of 2024/25.

Staffing

BPAS has invested heavily in increased staffing in the clinical aspects of the organisation in 2023/24, with a substantial increase in the number of Quality Matrons, the size and experience of the safeguarding team, and investment in a new medicines management team.

In the coming year, as a result of our stabilised financial situation, BPAS will be significantly increasing our frontline staffing with a focus on reducing waiting times and increasing patient choice.

Action 1: Enhanced Safety

This demonstrates we are:



Standard Required

- Any local incidents will be reviewed by local triumvirate teams which include the Quality Matron, Clinical Director and Operations Manager. Serious incidents will then be escalated to the Event Response group and then declared if appropriate after a multidisciplinary meeting.
- We work as a multidisciplinary team (MDT) and will ensure that all serious incidents are investigated thoroughly.
- BPAS' Trustees will have oversight of the detail of this, 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.
- Share outcomes with patients.
- 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 2023/24 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 2024/25 financial year, as we still believe there is room for improvement. We have recruited 'Engagement Leads' who will ensure that not only are the necessary actions taken, but they are done to a high standard, raising the patients voice in our learning and demonstrating our priority in learning from events. We have also recruited a Patient Safety Champion to work with us on strengthening the patient voice through our risk and governance processes.
- 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 because of incidents, ensuring it is simple to do and easily reportable. Over the next year, we will place of 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 rolled out a new Incident Management Pathway with clinical oversight, ensuring that clinicians are involved at every stage of the process. This begins with a daily Incident Review Group meetings to share new incident reports and ensure that they are properly reported and escalated.
- We have embedded the 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.

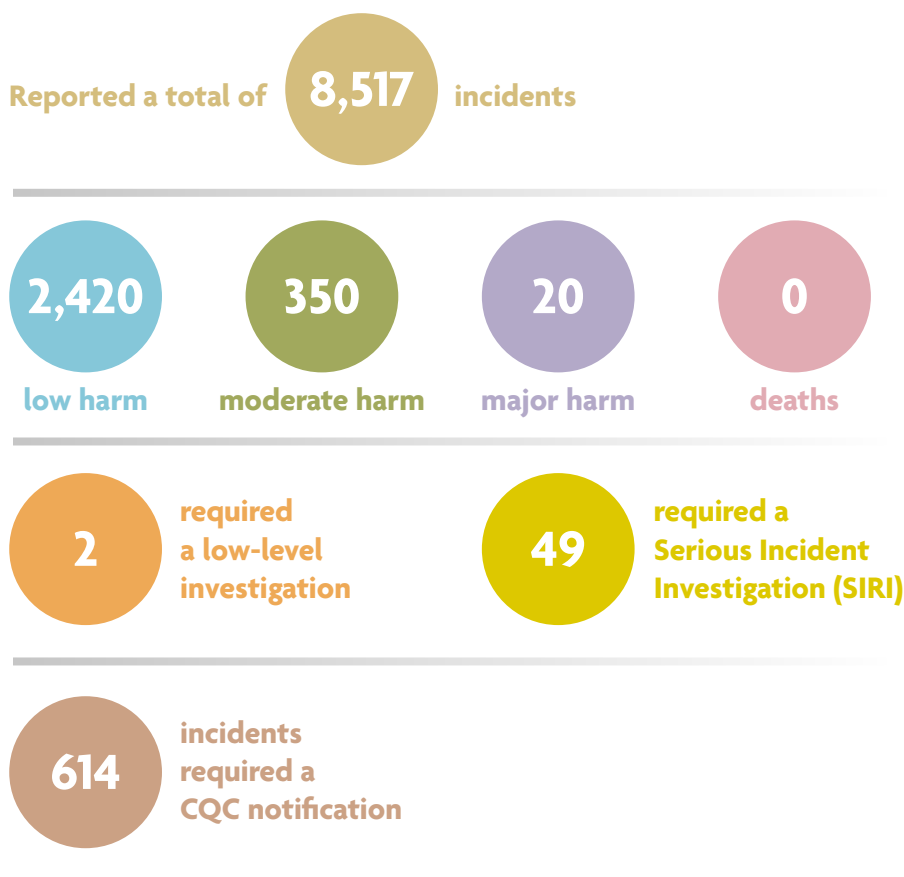
Goal: Employ a risk focused approach

- Our strategy placed a focus on ensuring we invest in resource where the potential for learning is greatest, 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 resource on activities that provide the greatest learning potential.**

Goal: Education and culture

- We have introduced a new IT system for learning this year which has allowed us better visibility of learning achieved across the organisation. This also sends staff reminders when their mandatory training needs renewal. This year over 95 % of staff had completed their mandatory training and this was a good result, partly achieved with a reward. We have introduced additional training packages such as the Oliver McGowan training on autism which we have all found incredibly useful. Staff are completing additional training provided by Kallidus which they have found interesting and relevant to their practice.

In 2023/24 we...



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 2023/24 than in 2022/23, 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 2023/24 vs. 2022/23	
	Volume	Overall Complication rate
Surgical abortion	↑	↓
Medical abortion up to 10 weeks	↓	↓
Miscarriage management	↑	↔
Vasectomy	↓	↔

Within treatment categories, major and minor complication rates have also largely remained stable when comparing 2022/23 and 2023/24, as shown in the table below.

Treatment	Trend 2023/24 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. After taking a couple of years to bed in, 2023/24 with its roll-out of a clinically-led reporting, review, and investigation procedure saw a substantial increase in incidents reported.

As noted in the sections below, this growth has primarily been in the key growth areas of no harm and low harm incidents.

Year	Treatments (n)	Clinical Incidents n (%)	p-value
2022/23	110,869	5,496 (4.96)	<0.0001
2023/24	106,454	8,517 (8.00)	

Distribution of incidents by harm caused

2023/24 has seen a return to historic levels of incidents with low and moderate harm, after an anomalous fall during 2022/23. Reporting has increased at all levels, with a significant uplift in reports, including those related to catastrophic harm. These increases are linked to changes in reporting as a result of a switch to a clinically-led reporting and review mechanism.

Year	None n (%)	Low n (%)	Moderate n (%)	Major n (%)	Catastrophic n (%)
2022/23	4713 (4.25)	1303 (1.18)	77 (0.07)	19 (0.02)	1 (0)*
2023/24	5719 (5.37)	2420 (2.27)	350 (0.33)	20 (0.02)	8 (0.01)*
p-value	<0.0001	<0.0001	<0.0001	0.77	0.02

Deaths

Abortion is a safe and effective medical intervention, and considerably safer than continuing a pregnancy to term. As with all healthcare interventions, however, it is not without risk. The recognised extremely rare risk of death associated with abortion is 1 in 100,000.

In 2023/24, 0 deaths were reported as a result of treatment provided by BPAS.

2 deaths remain under investigation and outcomes will be included in next year's quality report.

In the 2022/23 quality report, 2 deaths remained under coronial investigation. The outcomes of these investigations were:

- 1 unexpected death which was found not to be linked to treatment provided by BPAS;
- 1 death in which the coroner cited the use of misoprostol for early medical abortion as a contributing factor. No required changes or actions were issued to BPAS as part of this coronial finding.

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, dating to the last publication from October 2022. 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 (0.35)
BPAS	5719 (67)	2420 (28)	77 (4)	20 (0)	0 (0)
p-value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001

Over time, BPAS's reporting has aligned more closely with the NHS, reflecting an embedded patient safety and reporting culture. We have seen a reduction in the number and proportion of 'None' harm reports, indicating a better understanding among staff of incidents requiring reports.

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 (%)
2022/23	1971 (1.78)	3307 (2.98)	55 (0.05)	0 (0)
2023/24	6504 (6.10)	1723 (1.62)	49 (0.05)	1 (0)
p-value	<0.0001	<0.0001	0.70	0.31

During 2023/24, BPAS has seen a large increase in the number of incidents categorised as low risk. This increase has come both from a reduced number of moderate risk incidents, and a reduced number of 'no risk' incidents. This change was linked to a shift to a clinically-led reporting and investigation framework, with increased training and education on how to appropriately grade incidents.

Procedural governance

At BPAS, incidents must be reported on the Datix system within 24 hours of being known. Once an incident is recorded on the system, it should be closed within 20 days.

After observations noted in the early 2023 CQC well-led report, BPAS focused in 2023/24 on reducing the number of days between the reporting and closing of an incident, ensuring particularly that there was no significant delay between reporting and initial review of the report. This has been operationalised by the creation of daily incident review meetings, with regular escalation and declaration meetings for Serious Incidents.

This new process has resulted in a fall in the mean days between report and closure of 3.48 days – from 18.48 to 15.0 days.

	Proportion reported within 1 working day (%)	Mean days between incident known and reported	Standard Deviation	Mean days between incident reported and closed	Standard Deviation
2022/23	84.4	1.56	6.84	18.48	26.35
2023/24	84.5	1.73	6.86	15.0	22.56
P Values	0.002	0.15		< 0.0001	

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.

SIs remain at a similar level to the previous year, with a reduction in the number of LLI incidents.

Investigation category	2020/21 n (%)	2021/22 n (%)	p-value
LLI	16 (0.01)	3 (0.00)	0.0001
SI	48 (0.04)	49 (0.05)	0.04
Total	64 (0.06)	52 (0.05)	0.0004

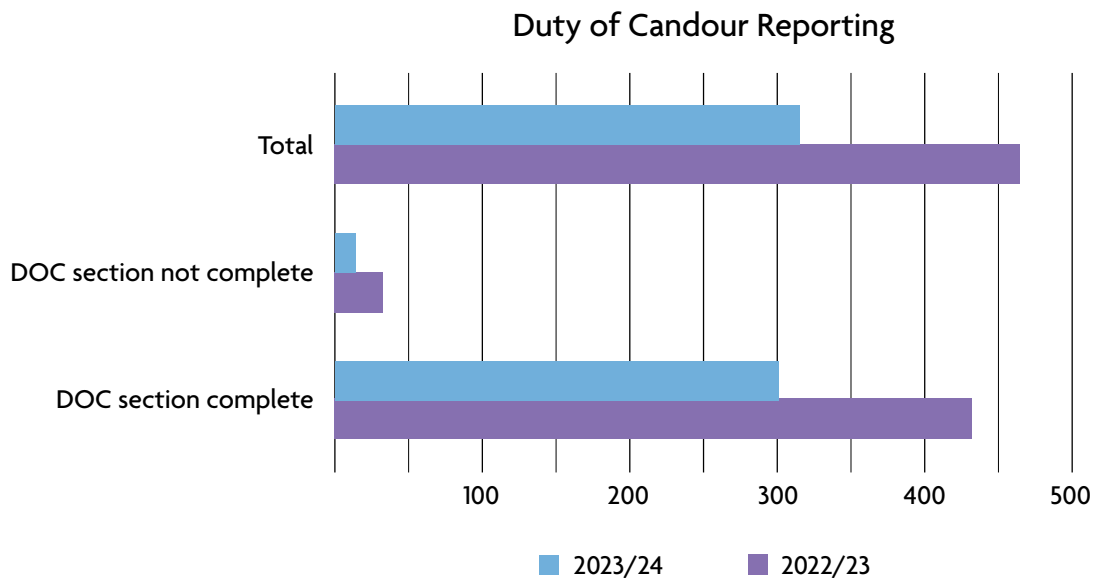
Investigated incident themes

The table below describes the incident categories investigated in 2023/24. 1 Never Event was reported during the year (2022/23 n=1).

Topic category	Count
Actual/potential ectopic pregnancy missed or inappropriately managed	2
Patient was declined treatment	2
Communication problem with patient/nok/carer (including interpreter issues)	2
Complication	2
Consent error (none, incomplete or for wrong treatment type)	1
Death whilst undergoing BPAS treatment	1
Defective Equipment (Non-medical)	1
Delay or omission of safeguarding process/action/intervention/referral	5
Ectopic Pregnancy- Identified after treatment (No Scan Patient)	1
Ectopic pregnancy- missed	4
Fetal remains not managed in accordance with patient's wishes	1
Gestation appears greater than LMP estimation ('No Scan' Patient)	4
IT/telecommunications malfunction/overload	1
Medication - other	1
Medication incident	2
Notification of an external safeguarding review	1
Other unexpected death	1
Please complete information governance section	2
Potential ectopic pregnancy - transfer to NHS care from BPAS clinic	1
Potential Ectopic pregnancy - delayed identification	2
Potential Ectopic pregnancy - identified/ appropriately referred	1
Problem in referral process	1
Retained products of conception (RPOC)	2
Safeguarding - other	3
Suitability assessment omitted/delayed	2
Treatment - other	2
Unable to place with specialist placement provider within 24-week legal limit	1
Unable to provide treatment at BPAS within 24-week legal limit	1
Undisclosed historic patient records identified	1
Wrong procedure	1
Grand total	52

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 patients; 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 2023/24 there were a total of 315 incidents which required Duty of Candour. This was a decline from the 464 in 2022/23 as a result of our refining our criteria for incidents which required Duty of Candour. Staff at BPAS were successfully able to recognise and provide evidence of DOC in 96% of cases, up from 93% in the previous year - however, we aim to correctly evidence 100% of our cases.

Health and safety

Health and safety 'health check'

Metric	2022/23	2023/24	Status
Accidents	19 events at 9 units 4 staff required hospital care 0 patients required hospital care	19 events at 10 units 6 staff required hospital care 0 patients required hospital care	
Riddor reporting compliance	1 incident required RIDDOR report and was submitted on time	0 incidents required RIDDOR reporting	
Anti-social behaviour	59 events recorded from 13 units 25 events reported to the police	24 events recorded by 11 units 12 events reported to the police	
Policy management	12 policies updated All policies in date	2 policies updated 3 policies for review	

Accident summary

During 2023/24, there were nineteen accident reports generated from ten BPAS units. This is equal to 2022/23 figures (n=19 from 9 units). Sixteen incidents involved BPAS staff and three involved patients, which is consistent with the year prior (staff incident n=17, patient incidents n=4). Six incidents required staff to attend hospital which is consistent with last year (2022/23 n=4).

No event required a RIDDOR report to the Health & Safety Executive.

The table below summarises the most common causes of injury recorded in both 2022/23 and 2023/24.

Cause of injury	2022/23 No.	2023/24 No.	Change
Needlestick	4	2	↓
Faint	0	2	↑
Contact with hot surface	2	3	↑
Manual handling	2	1	↓
High ambient temperature	1	4	↑

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

Cause of injury	2022/23 No.	2023/24 No.	Change
Needlestick	4	1	↓
Bruise	0	4	↑
Burn	2	3	↑
Strain	2	1	↓
Laceration	0	0	↔

Anti-social behaviour

During 2023/24 there were twenty-four recorded Anti-Social Behaviour (ASB) incident reports generated from eleven BPAS units. This is a decrease of 59% of the year prior (2022/23 n=59).

The table below describes the type of anti-social behaviour experienced in both 2022/23 and 2023/24.

Cause of injury	2022/23 No.	2023/24 No.	Change
Physical/verbal abuse	9	4	↓
Protests	48	9	↓
Anti-abortion literature distribution	1	7	↑
Unauthorised access	0	3	↑

In 2023/24 Twelve incidents were reported to the police, which is a decrease of 52% of the year prior (2022/23 n=25).

It should be noted that it has been observed that since Parliament voted to implement safe access zones, despite them not coming into force, clinics have been less enthusiastic to report protests. This is as a result of previous reports being used to obtain the required legal change. The number listed here (n= 9) should therefore not be used to reflect a full picture of the number of protests that occur – with at least one clinic continuing to report presence 2-3 days a week, every week.

In May 2024, BPAS will launch a thematic review into anti-social behaviour to look at opportunities for learning and improvement.

Policy and legislation

There are 27 Health, Safety & Environmental Policies and Procedures which are all current. The following table lists those reviewed and re-issued in 2023/24.

HS&E policy, procedure or guideline	Issue Date
Health & safety policy statement	October 2023
Environmental Policy Statement	May 2023

There were no HSE legislative changes applicable to BPAS in 2023/24.

Net zero strategy: Environmental Management System (EMS) – ISO14001

BPAS is focused on being sustainable, not only financially, but environmentally. Activity in this area has not progressed during 2023/24 due to the focus on overall quality and governance improvement. Additional resource will be employed within BPAS during 2024 to drive the sustainability project and to support BPAS in achieving external accreditation, such as ISO14001, as well as delivering the net zero project plan.

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.
- Learning is shared with the organisation and policies/procedures are updated in response, where appropriate to be responsive to women's needs.
- Provide a mechanism to gauge patient satisfaction with the services they receive.
- We will carry out research and service evaluations that amplify patient voice to drive improvements.
- We will carry out duty of candour to expected time frames and always invite direct conversations between the service provider and patient.

Complaints and feedback health card:

The below table describes the changes in our data recorded in 2023/24 when compared to 2022/23 against our strategic aims in the patient experience strategy.

Metric	2022/23	2023/24	Change	Status
Formal complaints	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	0.4% of treatments 44 formal complaints 0 complaint response disputed 10 formal complaint responses submitted after 20 working days 0 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	0.3% of treatments 333 local complaints	0.4% of treatments 406 local complaints	Slight increase in the proportion and number of local complaints, as per BPAS's objectives	
Managers' reports compliance	74 requested/ 25 late	82 requested/ 21 late	High proportion of reports submitted on time.	
Patient satisfaction	14612 responses received (13% of patients) Mean survey result was 9.43 out of 10 98% would recommend BPAS	17995 responses received (17% of patients) Mean survey result was 9.51 out of 10 98% would recommend BPAS	Increase in the proportion and number of responses, as per BPAS's objectives. However, a working group has commenced to ensure we increase this rate further.	

Complaints

In 2023/24, 0.04% of treatments provided by BPAS were associated with a formal complaint (n=44) which is not significantly different to 2022/23 where 0.05% of treatments were associated with a formal complaint (n=52).

Of the 44 formal complaints raised, 91% (n=40) identified learning for BPAS and resulted in action plans to drive improvements. 61% of the formal complaints raised represented low risk events (0.03% of treatments, n=27) which is consistent with the previous year (2022/23 0.03% of treatments, n=33). Medium risk formal complaints accounted for 30% of formal complaints (0.01% of treatments, n=13) which is lower than in 2022/23 (0.17% of treatments, n=19). High risk formal complaints accounted for 9% of formal complaints (0.004% of treatments, n=4). No formal complaints were assessed as representing a high risk in 2022/23.

The most prominent subject raised by patients was clinical care related issues (43% of formal complaints, 0.03% of treatments, n=29) which is not significantly different to the previous year, (2022/23 = 60% of formal complaints, 0.03% of treatments, n=31). Of these complaints, known complications such as retained products of conception and ongoing pregnancy following a termination and vasectomy complication, were the most common sub-subject (31% of the clinical care related formal complaints, n=9). Most of these cases represented concerns raised by the patient about communication regarding the management of the complication, rather than the occurrence of the complication.

Treatment declined/suitability issues were the second most commonly reported clinical care related issues, (21% of the clinical care related formal complaints, n=6).

During 2023/24, 10 formal complaints were responded to outside of the 20 working daytime frame (23% of formal complaints) which is higher than the year prior (n=5, 10% of formal complaints). This was primarily due to managers reports being completed outside of the allocated timeframe.

Our complaint investigations continue to focus on acting at the local level to improve patient experience and reduce the number of formal complaints received. As part of our PSIRF implementation project we focused on identifying ways to share local learning from complaints, by providing more education and support which is ongoing.

No complaint responses were disputed nor escalated by the patient to the Parliamentary and Health Service Ombudsman (PHSO) in 2023/24. (Disputes in 2022/23 = 1.9% of formal complaints, 0.0009% of treatments).

However, the PHSO case received in 2022/23 was finalised this year and concluded that conflicting evidence in relation to what the patient was advised and that a clear view on what was discussed could not be reached. Insofar that the consultation took place at the start of the pandemic, and when a new way of working had just been introduced, they believed there was a failure to discuss a surgical option of treatment in sufficient detail, referring to the information on BPAS's website at the time of the incident stating: due to COVID-19, EMA will be the automatic treatment option for all pregnancies of less than 10 weeks' gestation.

The PSHO partly upheld the case and BPAS was advised to implement service improvements and pay compensation (of £2,500) to the patient concerned. BPAS was advised to implement the following NICE guidance: NG140 1.6.1 which requires abortion care providers to offer a choice between medical and surgical abortion up to and including 23 + 6 weeks gestation. NG140 1.14.3 to 1.14.6 regarding pre- and post-termination support.

A total of £3,950 was paid in out-of-pocket expenses during 2023/24, which is higher than 2022/23 (£2,278). The majority of this amount was a one payment of £2,500 made as a result of the PHSO case.

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 2023/24, 406 local complaints (0.4% of treatments) were reported across BPAS. This is higher than 2022/23 where 333 local complaints were reported (0.3% of treatments). While this is an improvement and reached the aim from last year of recording more than 0.4% of treatments associated with a local complaint, focus will remain on increasing this figure again in 2024/25. Local complaint reporting rates are a KPI in the national performance meetings and the complaint team, as forementioned, are continuing to support units with further training.

Complaint investigation reports

Managers are required to submit a report to aid in responding to complaints within 10 working days. During 2023/24 74% (n=61) of reports were submitted within the timeframe, compared to 66% (n=49) in 2022/23. From January 2024 lead investigators (typically a Divisional Quality Matron) are now assigned to each formal complaint case and work closely with the complaint team. This change in process has resulted in only one report being submitted outside of the 10-working day timeframe between January and March 2024 and provides confidence that the new process has already achieved positive results.

Lessons learned and actions

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

Action Type	Number	
	2022/23	2023/24
Training/support - Further required	3	23
Policy/procedure/guideline amendment or creation	5	9
Red top alert/feedback/communication	15	20
Capacity review (local)	0	4
Documentation - formal review of documentation templates	1	1
Audit - To be completed	1	2
Thematic review to be conducted	0	5
Local review/procedure/guideline amendment or creation	0	11
Escalated to serious incident	0	5

A higher number of actions were implemented in 2023/24 when compared to 2022/23. This highlights an area of improvement for BPAS, as most of the actions taken were providing additional feedback and support to staff around communication, training, and policy. This level of support was possible due to the way in which the Divisional Quality Matrons and Operational Managers are now working closely together to manage actions as a result of complaints.

Patient satisfaction

A total of 18,105 patients completed a satisfaction survey between April 2023 and March 2024, a response rate of 17%. This represents a significant increase on 2022/23 (n=14,612, 13%). BPAS currently uses only an electronic method to seek feedback, and these response rates are consistent with electronic survey responses. This year however, we will conclude a working group which has commenced in order to establish and put into place a robust system using various methods, so all patients are offered the opportunity to provide feedback in a way that suits them.

In 2023/24 the mean satisfaction score was 9.51 out of 10, which is slightly higher but not significantly so than 2022/23 (mean=9.43).

98% of surveyed patients would recommend BPAS to someone they know who needed similar care. This is consistent with the results between 2022/23 (98%) and 2021/22 (98%).

The areas where patients reported dissatisfaction were consistent in 2023/24 and 2022/23, with waiting times on the day being the most commonly reported issue. 59% reported a longer than expected wait compared with 48% in 2022/23. 12% of patients reported that their support person was not kept updated on their progress as much as was possible (i.e. the support person was not well engaged in and informed of the treatment process). Further actions need to be taken, to remind staff of the importance of timely access to care, and clearly explaining the patients and their support persons how long treatments and services take.

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 2637 patients who received treatment in clinic, under 90% of patients felt staff were supportive and understanding, which is consistent with the results in 2022/23:

Admin staff = 73%, Nursing/Midwifery staff = 88%, Surgeons = 80% and Anaesthetists = 79%.

(2022/23 percentages: Admin staff = 76%, Nursing/Midwifery staff = 91%, Surgeons = 76% and Anaesthetists = 70%).

Based on 3,454 patients who needed to contact our aftercare service:

- 82% received the call within a suitable timeframe (81% 2022/23*)
- 82% felt the clinician listened and was supportive (80% 2022/23*)
- 83% stated all of their questions were answered (80% 2022/23*)
- 79% felt the outcome of the call was as needed/expected (77% 2022/23*)

Patient satisfaction detailed report

Reporting period:	01 April 2023 to 31 March 2024
Respondents:	18,105 (14,612 in 2022/23)
Response rate:	17% (13% in 2022/23)
Overall satisfaction score, out of 10:	9.51 (9.43 in 2022/23)
% of patients would recommend BPAS:	98% (98% in 2022/23)

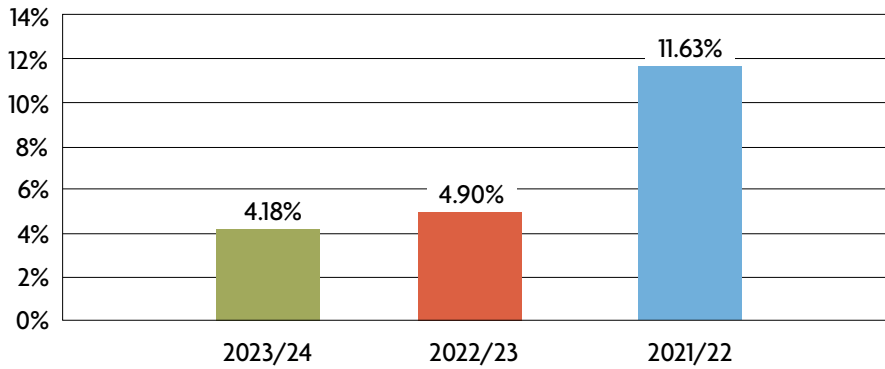
Information relating to surveyed patients for this reporting period:

Age	Number	%	Type TOP	Number	%
<16	16	0.1%	Medical	12,496	84.6%
16-17	240	1.3%	Surgical (awake)	1,349	10.5%
18-24	3,412	18.8%	Surgical (asleep)	576	3.8%
25-34	6,785	37.5%	unknown	191	1.1%
35-44	3,441	19%			
>45	83	0.5%			
unknown	4128	22.8%			

Waiting times:

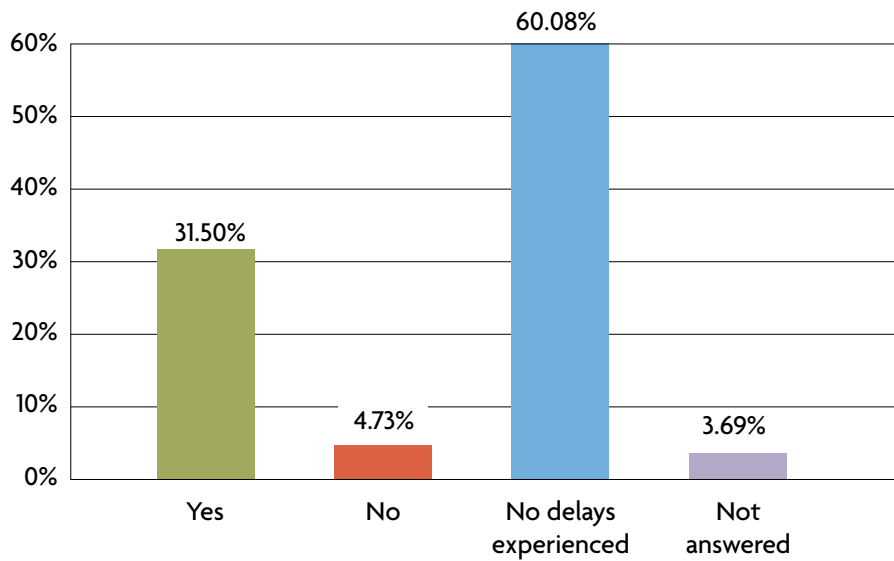
Patients saying their appointments were not within a suitable timeframe:

Proportion of clients who disagreed that their appointments were arranged within a suitable timeframe

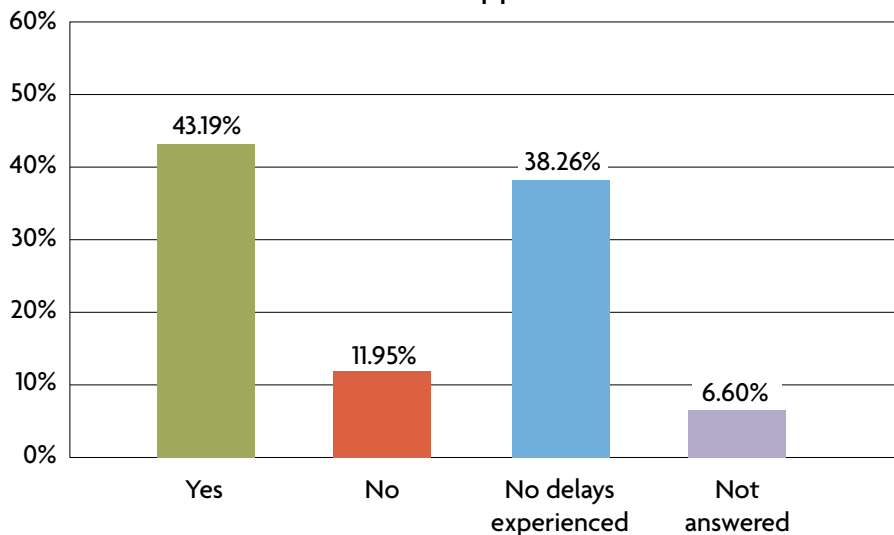


The percentage of patients informing us of longer than expected waiting times on the day and that no explanation was provided is consistently high.

Consultation appointment



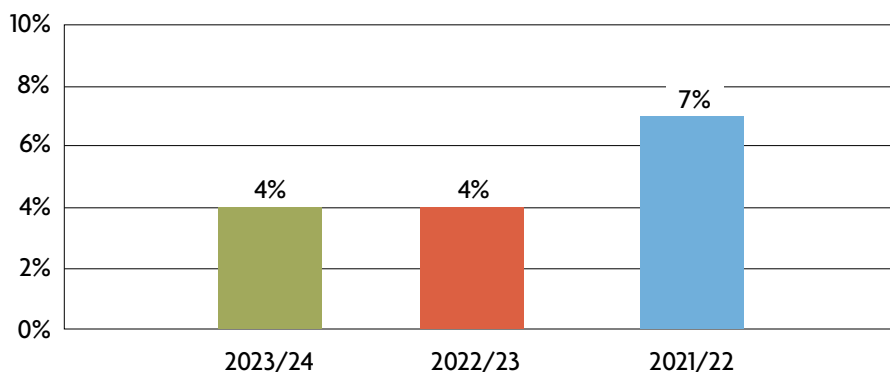
Treatment appointment



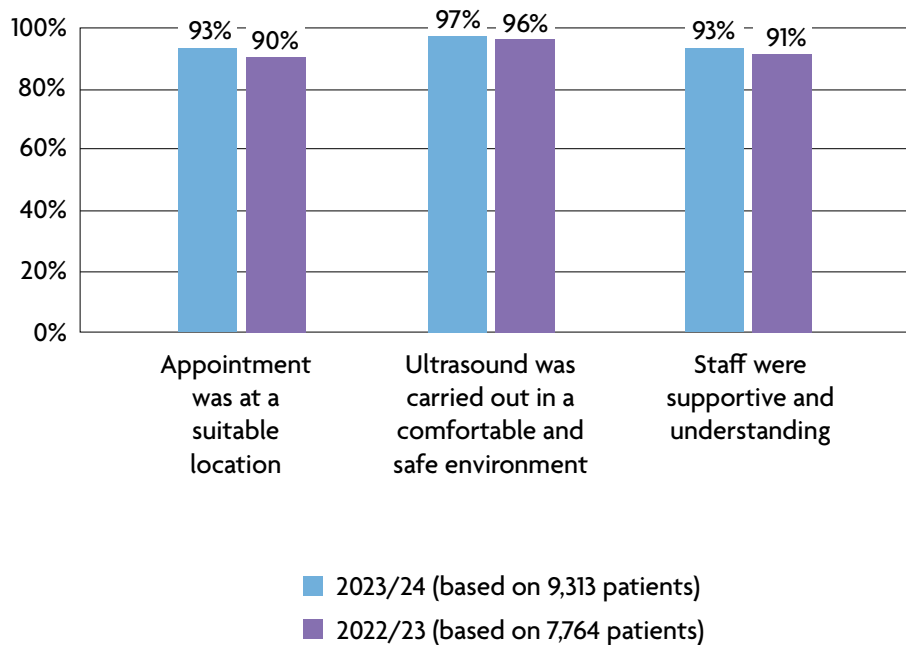
The overall dissatisfaction felt by patients around how much their **support person** was involved in the care pathway was 12% compared to 9% in 2022/23 and 13% in 2021/22.

The percentage of patients who said that they were not **offered time/given enough time to talk to someone about their feelings**, separate to the consultation, was again slightly higher this year in those patients who attended a clinic (9%) than patients who had remote care (5%) and consistent with the results in 2022/23.

Patients did not receive enough information about aftercare

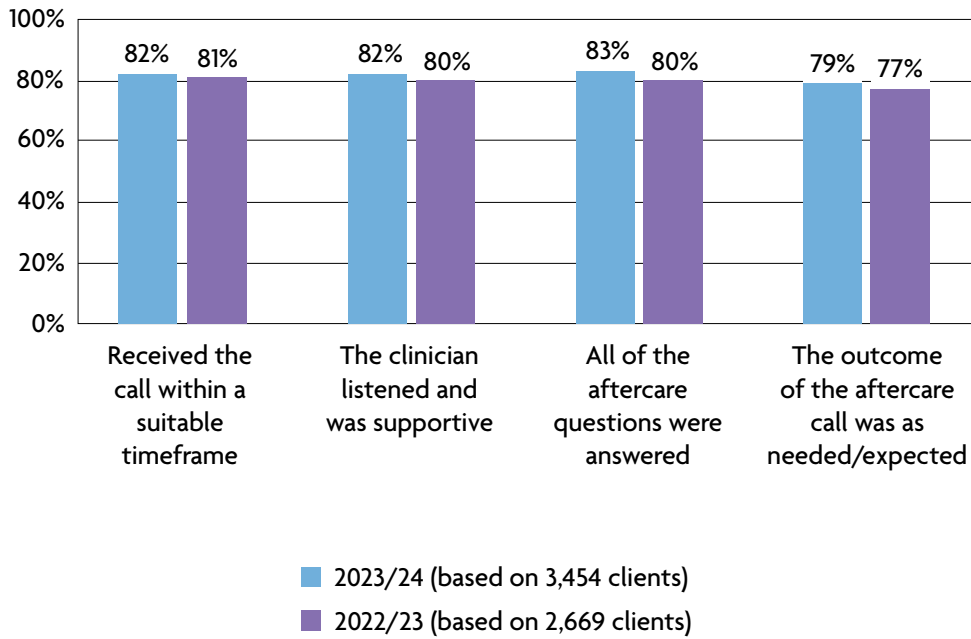


Ultrasound scan*



* Results based on responses who underwent an ultrasound scan

Aftercare helpline*



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

More than 90% of surveyed patients reported satisfaction in the following areas in this reporting period:

- Appointments were offered at a suitable location.
- Personal information was treated confidentially.
- Ultrasound and consultation staff were supportive and understanding.
- Receiving a clear explanation about their treatment.
- Being involved in decisions about their treatment.
- Being seen in a clean and safe environment.
- Having enough time for questions or concerns to be addressed.

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:

- Training, supporting and empowering 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.
- We will provide all employed doctors with supporting professional activities time within their rota and a stipend to support CPD activities.
- We will create opportunities for doctors to participate in research and audit to fulfil their appraisal requirements.
- We will ensure all doctors have satisfactory completion of annual appraisal and revalidation in line with statutory requirements.
- We will ensure all doctors have access to data to support their appraisal process and access to appropriate appraisers.
- All staff will be aware of the freedom to speak up guardian and how to access one.

Clinical Leadership Development

A Clinical Leadership Development programme 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 was extended to those individuals who have been identified as our emerging leaders of the future and staff working in operational roles. This programme incorporates face-to-face, virtual and self-directed learning.

Programme content has further evolved over the last 12 months to suit the needs of the workforce and incorporates a suite of live masterclasses, including statement writing, handling complaints and quality improvement.



Our staff said...

100% of staff attending a recent clinical leadership training day reported that they felt that their clinical practice had improved as a result. Particularly around having difficult conversations.

Simulation-Based Education (SBE)

Launched in June 2022, BPAS continues to deliver a comprehensive 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. SBE also provides a platform to share learning from patient safety incidents throughout the organisation.

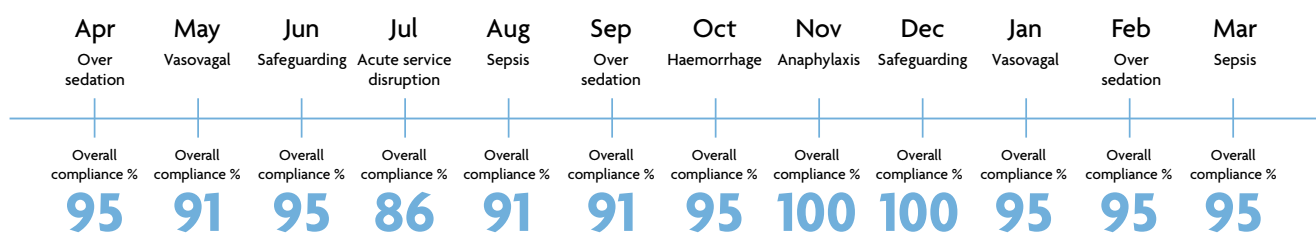
In the immediate urgent actions identified by the Ockenden review of maternity services and issued to NHS Trusts in 2020, the importance of joint multi-disciplinary training was highlighted. The BPAS SBE programme is aligned to this principle and has been developed using the Health Education England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

The development of SBE scenarios is a joint project between the medical and Clinical Quality team, led by the Clinical Practice Facilitator. The opportunity to develop scenarios SBE is also offered as a development opportunity to the wider clinical workforce. Scenarios are, wherever possible, based on real life incidents that have occurred at BPAS.

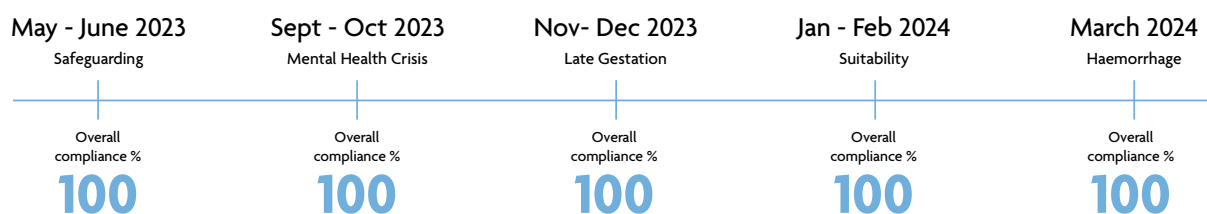
In May 2023 the SBE programme was widened to include Telemedical services. This was in direct response to the success of the SBE programme in surgical units and the recognition that SBE provides teams with a psychologically safe space to learn.

As BPAS looks to launch the NHS Patient Safety Incident Response Framework (PSIRF) in 2024 the focus will be to further align the SBE programme to patient safety incident data.

SBE surgical unit compliance 2023/2024



SBE telemedicine compliance 2023/2024



Quality Matron team

Our clinical Quality Matron team consists of seven Quality Matrons. Each Quality Matron is responsible for a regional or service division working collaboratively with an Operational Manager and the Regional Clinical Director to provide senior leadership for the 51 clinics, five telemedicine hubs and mobile clinic. This ensures that our teams are well supported with appropriate escalation processes in place. The Quality Matrons have the support of the Infection Control Specialist Practitioner who provides expert guidance for the organisation. The team is led by the Senior Quality Matron who reports to the Director of Nursing, Midwifery and Quality.

The Local Clinical Audit Compliance Board information is collated and summarised by the Quality Matrons providing monthly exception reporting and action plans in response to audit findings. Audit parameters are formulated based on BPAS policies and national guidance and provides evidence to support investigations and aids the provision of continually assessed high-quality clinical care.

The Quality Matrons provide senior clinical oversight on all reported clinical incidents. This allows for the correct team to be identified to review the incident, a subject matter expert to be sought and for actions to be allocated. This process ensures that any risk that requires escalation or immediate action is recognised promptly.

PMA/PNA transformation

During 2023 the PMA/PNA service continued to consolidate previous activity, further embedding the service within BPAS and developing the PMA/PNA team.

In April 2023 the PMA/PNA team consisted of a Lead (0.8wte) and 14 sessional PMA/PNAs who provided support when available. The number of PMA/PNA remains static despite more PMA/PNAs qualifying, as there has been staff turnover. Numbers should improve by Summer 2024 as 5 staff are currently training, however, to comply with National Health Service England (NHSE) guidance and provide sustainability more (3-4) are required.

During 2023/24 just over 300 staff received restorative clinical supervision sessions (RCS) either individually or in groups, virtually or face-to-face.

From November 2023 all scheduled RCS sessions for telemed NMPs were facilitated by the PMA/PNA team and from January 2024 all clinical supervision was provided by PMA/PNAs. Additionally, the responsive RCS service continued to have increased referrals with all RCS sessions receiving positive feedback; 96% of those responding to feedback requests reported their clinical supervision needs had been met and 98.5% reported the session enabled staff to reflect, particularly important as reflection is closely associated to improved patient safety and improved experience.

Comments from include staff include:

“I am grateful that I have this resource to discuss issues I have come across in my work.”

“Felt listened to.”

“Fantastic first session. Great improvement on previous clinical supervision. Felt very safe and free to discuss anything relevant.”

The responsive service which is available to all staff has been utilised by managers, treatment unit managers, lead NMPs, NMPs, surgeons, administration staff and maintenance staff. The process of booking and the recording of data will be greatly improved with the use of adding RCS to BPASLearn which will happen late Spring 2024.

Until September 2023, themes collected from RCS were presented and reported in the clinical quality meeting.

Themes included staff concerns of micromanagement, appointment times, lack of developmental opportunities, staff feeling overwhelmed, and staff concerns on wellbeing regarding external factors (due to the news a woman had been jailed following an abortion in June 2023).

The new Clinical Supervision Policy (named Restorative Clinical Supervision) was ratified in January 2024, implementing the new model (A-equip model) with operational guidance and specifications. 20 visits to both promote, meet and support staff in Hubs and Clinics following incidents, debriefs or complaints were appreciated with positive feedback.

Ambitions for 2024/25 include:

- Assist cultural change within BPAS and support staff during this change.
- Embedding the new RSC policy.
- Embedding the new booking process.
- Continue to prompt the PMA/PNA service and support via visiting Clinic and Hub.
- Consolidate the PMA/PNA team.
- Review escalation process.
- Develop closer working links with HR.
- Develop closer links with risk and governance.
- Produce with the research team to publish professional paper on clinical supervision within the abortion service.
- Continue to raise the profile of nurses and midwives working within abortion care nationally.

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 2023/24. Comparative data to 2022/23 is also included.

Course Title	Training population	Compliance March 24	Notes
Basic Life Support (BLS)	353	85.5%	
Conflict resolution	912	94.2%	New for 23/24
Cyber Security (NCSC)	912	97.6%	
Equality and Diversity	912	94.9%	
Fire safety	912	95.6%	
General Data Protection Regulations (GDPR)	912	95.5%	
Health and safety	912	97.0%	
Immediate life support	200	94.4%	
Infection Prevention and Control Level 1	912	96.6%	Redesigned course
Infection Prevention and Control Level 2	406	96.3%	Redesigned course
Manual handling	912	96.0%	
Prevent	912	96.9%	
Prevent Level 3 (WRAP)	472	93.1%	
Safeguarding Level 2	912	97.4%	
Safeguarding Level 3	633	94.7%	
Course Title	Training population	Compliance March 24	Notes
Duty of Candour	912	96.9%	
Freedom to Speak Up - Core training	912	85.7%	New for 23/24
Freedom to Speak Up - Managers	296	83.6%	New for 23/24
Freedom to Speak Up - Senior leaders	27	77.8%	New for 23/24
Oliver McGowan Training Tier 1	912	91.6%	New for 23/24

The data presented in the table demonstrates BPAS is showing above the 90% target in 16 of the 20 courses reported. These courses are based on the NHS's Clinical Skills Training Framework, with the addition of Freedom to Speak Up training and the recently introduced Oliver McGowan training. There has been a positive increase in compliance rates based on the previous year's data, including significant improvements in BPAS mandatory subjects. The BLS data is falling slightly short of the 90% target, this is likely to be due to expired employees awaiting booked courses and new employees awaiting booked courses.

The other courses falling short of the 90% target are the Freedom to Speak up courses. These were a new addition in December 2023, the L&D team set a trajectory that the training would meet the 90% target by June 2024.

In 2023 BPAS developed and introduced a new LMS system, BPASLearn. The previous system was no longer fit for purpose and did not produce accurate figures around compliance, this then in turn led to training records being held locally within the clinics. Due to this, data could not always be deemed accurate, and the centralised system often produced statistics that were in some cases lower than the actuals. The introduction of BPASLearn has allowed us to produce reliable and accurate company wide data. All data is presented as a point in time and is true and accurate.

BPASLearn has allowed us to link seamlessly to third party sites such as e-learning for Health, meaning we can add a wider selection course for BPAS employees to complete. This has had a positive impact in that current employees can access comparable and contextual training. This link also makes it easier for new staff to bring existing training compliance to BPAS.

The move to BPAS learn has been hugely successful, the L&D team has confidence that all learning records are held centrally. BPASLearn has delivered better access to reporting and therefore allow managers to track subject matter, team and individual compliance with greater ease. Reviewing training compliance rates has become a standing agenda item and feature of the monthly meetings at all levels where compliance / non-compliance rates and trends will be scrutinised.

Forward plans

The focus for the next reporting period will be around building up the learning programmes that sit within L&D.

LARC training will be a continued focus for 24/25, following the successful completion of the first cohort in 23/24, L&D in collaboration with operations have committed to deliver a further 2 cohorts during this period. To support this, we are working with internal and external FSRH registered trainers. We are upskilling BPAS employees to join the delivery team. At the end of this period the plan is to have training coverage over all divisions of BPAS.

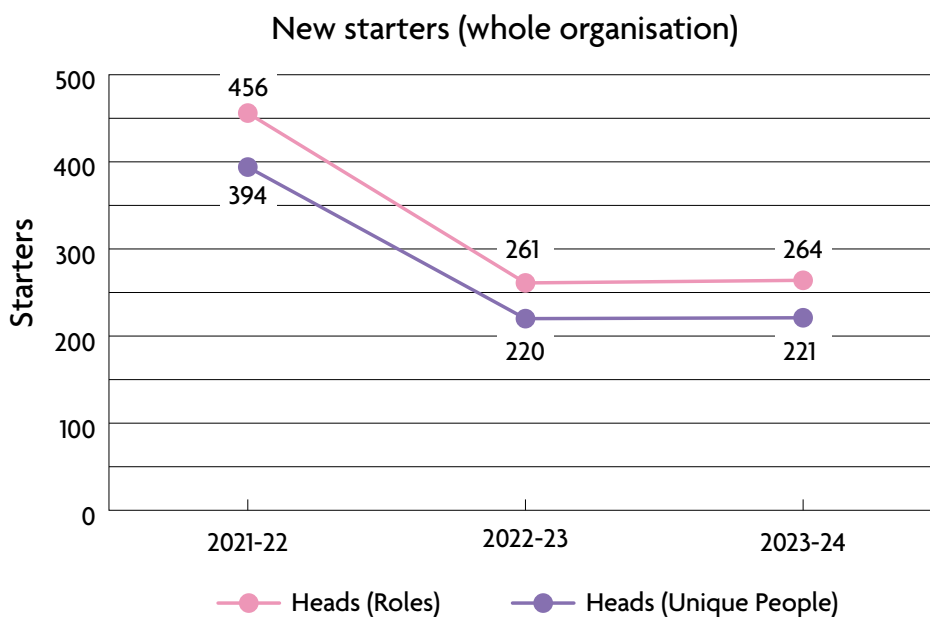
Leadership training will be a focus for 24/25, currently on hold, the L&D team are currently consulting with external providers to scope out a staged programme which will focus on new/aspiring managers, existing Managers and Senior leadership development. A pilot programme in partnership with Arden university began around Senior leadership development in April 23. The L&D Manager will recruit a leadership trainer to work with BPAS in the context of delivering subject workshops and providing coaching.

The L&D team plan to re-introduce the corporate induction back to BPAS, the plan is to build a programme that incorporates all aspects of the beginning of the employee journey whilst ensuring BPAS values and culture are underpinned. We are hoping to launch the corporate induction at the start of quarter 3.

Apprenticeships form part of the 24/25 plan for BPAS, using the apprenticeship levy the L&D team will initially support technical apprenticeships in line with current succession plans. Following this we will plan to expand the apprenticeship programme in 25/26.

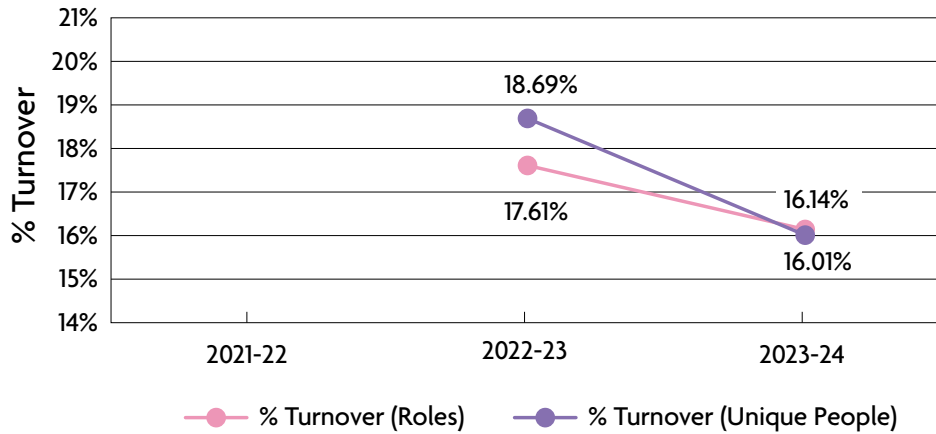
HR

Staff turnover in 2022/23 – recruitment and retention figures



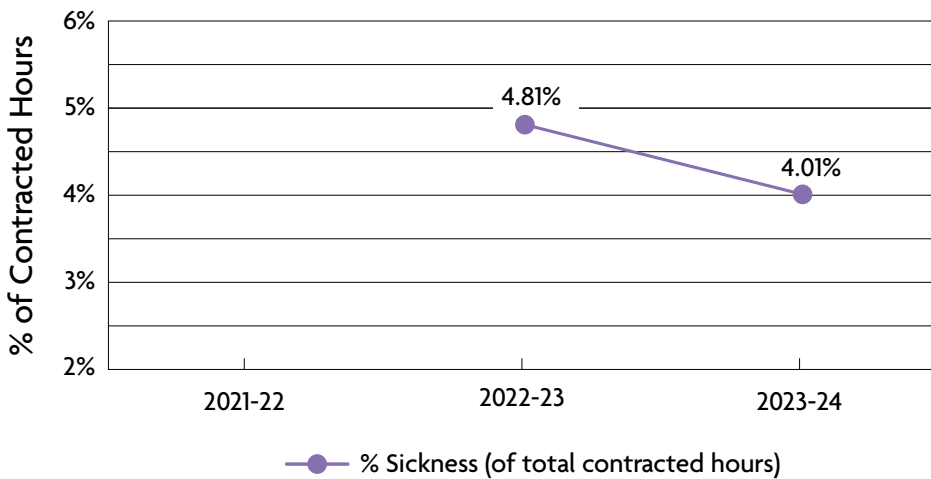
Against continuing difficult external conditions and a tight labour market across the UK, particularly in the Healthcare sector, BPAS was able to attract and recruit over 260 replacement/additional employees during the year. We continue to assess the market and work to understand industry trends, as a result we can keep our recruitment campaigns aligned and current.

Turnover (whole organisation)



23/24 saw a decrease in labour turnover, reducing by 3%. This is indicative to our improved L&D opportunities and continually improving working conditions and arrangements.

Sickness absence rates (whole organisation)



The ability to continue to offer and support homeworking opportunities has had a positive effect on workforce health and wellbeing, where allowed it offers our employees a more equal work/life balance.

BPAS rolled out the 'flu vaccination programme in 2023, this, combined with a less harsh winter, had a positive effect on absence rates. While sickness absence rates have fallen across the organisation, our priority for the coming year will be to continue 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

2023/24 saw a deeper focus on the BPAS Salary Sacrifice pension scheme by providing options to enable employees to make an informed decision. Our 2023 initiative which focused on enhancing access to time off and support for families and carers was successful and we believe it could be a contributing factor to lower absence rates in 23/24. Throughout 2024/25 our people forum will be consulted with in regard to future employee benefits at BPAS, this way we can ensure that our employees have an input into the benefits BPAS offer.

Message from our Director of HR

Our priorities for 2024/25 are:

1. Implementation of a cultural change programme.
2. Focus on the people survey national action plan, incorporating regular temperature checks to measure a change in participation and result.
3. Develop a culture and engagement environment.
4. Continue to embed the Freedom to Speak up Initiative within the BPAS workforce.
5. Improve the employee onboarding experience.
6. Commission an organisation-wide pay strategy review.

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

BPAS continues its commitment to EDI&B, 2023/24 saw us beginning to implement champions across the organisation. The aim of this is to ensure that all employees at BPAS have the opportunity to reach their potential whilst ensuring they are treated in a way that meets their needs. BPAS is in the process of engaging with an EDI&B consultant to complete a review and offer support and recommendations to strengthen our offering to our patients 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, sexual abuse, mental health and exploitation.

Evidence demonstrates that pregnancy can be a high-risk time for women. 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 'promote and advocate for patient safety and choice, free from coercion and fear'.

A new safeguarding logo (see image) has been developed, and the colour yellow has been selected to enable a cohesive and easily identifiable approach to communications. The colour yellow was chosen as it represents key safeguarding attitudes and approaches including empowerment, energy and optimism.

BPAS ensures that its 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).



Areas of improvement

BPAS has undergone a vast amount of improvement within the year. The largest success of the year was the accepted business case to increase the safeguarding team and provide a robust, well-led structure.

This has included the recruitment of 6 specialist safeguarding midwives (SSMs). The midwives work on a regional footprint, providing strategic leadership to the clinic/hubs/service in their area. The SSMs all bring extensive NHS maternity safeguarding experience from across England and Wales.

A Named Safeguarding Doctor and Deputy were also recruited. They bring extensive experience of community and mental health/psychiatry practice which is a huge benefit for BPAS and the patients we serve.

The BIC safeguarding team was strengthened with a safeguarding administrator being recruited to support in the continued high volume of safeguarding disclosures.

Meet the Safeguarding team



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The infographic shows the new team. This is held on the intranet and on staff noticeboards.

Within safeguarding, there have been many improvements made during the year. These include:

Safeguarding governance

- The new safeguarding structure intends to promote leadership and assurance. This includes regional oversight of
 - Audit
 - Training and supervision delivery
 - Training and supervision compliance
 - Incidents and learning
 - Risk
 - MDT and ICB liaison/networks
 - Horizon scanning
- The SSMs report into the Head of Safeguarding
- The Safeguarding Committee is a subgroup of the Clinical Quality Committee and report themes, trends, exceptions and risk to the ELT
- The Head of Safeguarding reports into the Director of Nursing, Midwifery and Quality (Executive Lead for Safeguarding)

Policy and process

- The safeguarding children and young people policy was launched in April 2023 and reviewed following the new Working Together to Safeguard guidance in December 2023
- The safeguarding supervision policy was launched in February 2023 and embedded throughout the year
- The Safeguarding Adults policy was reviewed in year with expected launch in April 2024
- An FGM SOP was developed and launched
- A late presenter for abortion SOP was developed and is expected to launch in June 2024
- A new safeguarding process was launched in the BIC. This has promoted safeguarding from the first point of contact

Consolidation and communication of transformation

- In order to ensure that transformation is consistent and embedding across the organisation a strategic plan is in place
- Safeguarding quality improvement is measured across 5 standards:
 - Well-Led
 - Confident and competent workforce
 - Learning culture
 - Patient-centred
 - Purposeful, agile and resilient
- Actions, communications, committees and risk are all underpinned by these foundations of a high-quality safeguarding service
- Communication of change within safeguarding is coordinated via podcasts, webinars, debriefs and learning events

Training and supervision

- A new TNA was completed in April 2023 in accordance with the ICDs for children, adults and looked-after children
- Launch of new training packages to address gaps in training offers. This included:
 - WRAP (anti-terrorism)
 - Oliver McGowan
 - Domestic abuse
 - DASH and MARAC
- A Specialist training session was delivered by SOLACE regarding sexual abuse
- Monitoring of training and supervision on new platform 'BPASLearn'
- Increasing compliance and most exceeding 85% target

Safeguarding activity

The table below gives the safeguarding data and comparison between the years to show trends and themes.

Table: Unit/Telemedical hub safeguarding data 1st April 2023 - 31st March 2024

Patient population	2023-24	2022-23
Total adult patients	122,204 (97%) ↑	107,612 (97%)
Total under 18-year-olds	3,739 (3%) ↑	3,153 (3%)
16 and 17 years of age	3,031 (81%) ↑	2303 (73%)
Under 16 years of age	706 (19%) ↓	845 (27%)
Under 13 years of age	3 (0.08%) ↓	5 (0.2%)
Safeguarding activity		
Adults requiring full safeguarding risk assessment	14,479 (12%)	Data not available
Adults requiring referrals/liaison to external agencies	7,513 (7%) ↑	4,046 (4%)
Under 18-year-olds requiring full safeguarding risk assessment	3,739 (100%) ↔	3,153 (100%)
Under 18-year-olds requiring referrals/liaison to external agencies	2,208 (55%) ↑	1,168 (37%)
Adult safeguarding patient referrals/liaison		
Adult Social Services	140 (4%)	127 (3%)
Children's Social Services	1,208 (17%)	887 (22%)
GP	3431 (50%)	2210 (55%)
MARAC	48 (1%)	15 (0.4%)
Maternity services	1546 (23%)	468 (12%)
Mental health	130 (2.5%)	43 (1%)
Police	95 (1%)	93 (2%)
Other	366 (4%)	203 (5%)
Under 18-year-olds safeguarding patient referrals/liaison		
Adult Social Services	1 (0%)	16 (1%)
Children's Social Services	552 (30%)	394 (34%)
GP	925 (41%)	509 (44%)
MARAC	0 (0%)	1 (0.08%)
Maternity services	392 (15%)	108 (9%)
Mental health	11 (0.4%)	8 (0.7%)
Police	96 (5%)	70 (6%)
Other	231 (8.6%)	62 (5%)

The data demonstrates upward trends in relation to referrals and liaison to external agencies. This could represent two possible explanations. The first explanation is that the transformation work at BPAS is ensuring staff are confident and competent in recognising safeguarding and working closely with other agencies to ensure safety.

The second explanation is that the complexity of our patient population is increasing, and the communities and wider systems that they live in are having detrimental impacts.

Recent issues raised with the BPAS service include lack of a social security safety net/underfunding of state support services, global conflict and asylum, increasing interest rates, social media/internet use, NHS waiting times, international abortion reforms, the rise in incel culture impact on safeguarding. This may explain increases in referrals and liaison where patients are needing more help and support to be safe.

A continued trend is the robust safeguarding of adults at risk, and under 18-year-old patients where safeguarding occurs to safeguard patients during continuing pregnancy, as well as the children born from these pregnancies. This is to ensure the appropriate planning and support is in place. This is evidenced by high levels of referrals/liaison with maternity services and also GPs. This is in accordance with our safeguarding and DNA/WNB policies.

Safeguarding activity within the BIC

In May 2023 the BIC safeguarding transformation project was launched. This promoted safeguarding at the first point of contact. It saw a dedicated safeguarding quality coach introduced and progressed with a safeguarding administrator recruited in December 2023.

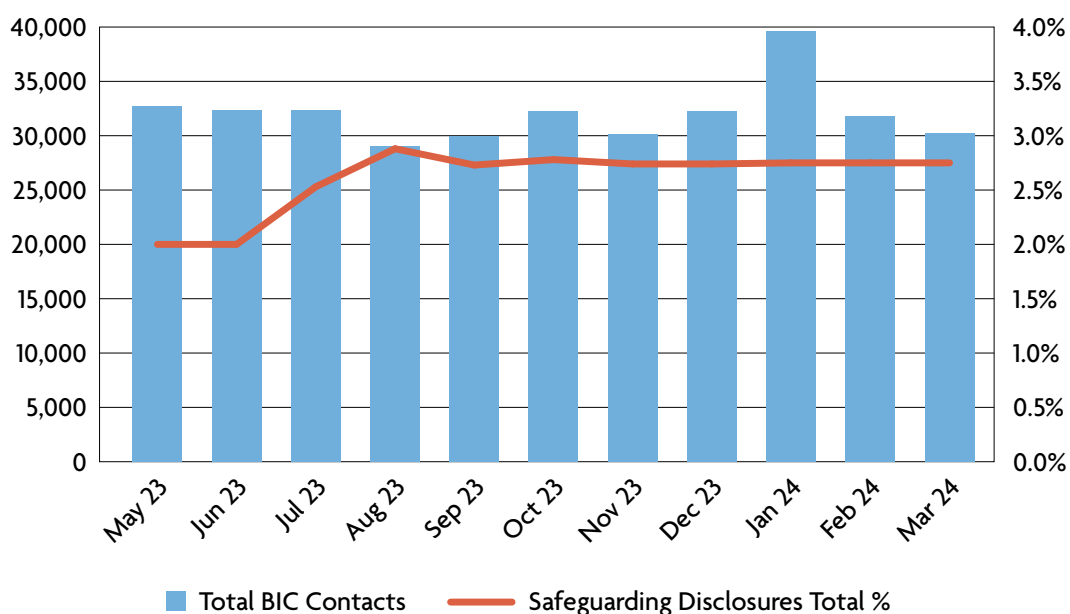
When patients disclose a safeguarding concern, or a safeguarding concern is suspected, a process is followed that ensure the patient is triaged. This uses a 'red, amber, green' triage system and supports BIC staff to create care pathways. These are coordinated with the units and hubs and allow appointments and care packages to be put in place that meet the patient's needs.

There was a bespoke data system created that enabled patient numbers, trends and resource to be analysed. Evaluation of the project has been positive with staff at the BIC reporting feeling more supported and knowledgeable around safeguarding disclosures made at first contact.

The chart: total BIC contacts and safeguarding disclosures at booking demonstrates the number of safeguarding disclosures that are made by patients on their initial call or appointment request form (via website).

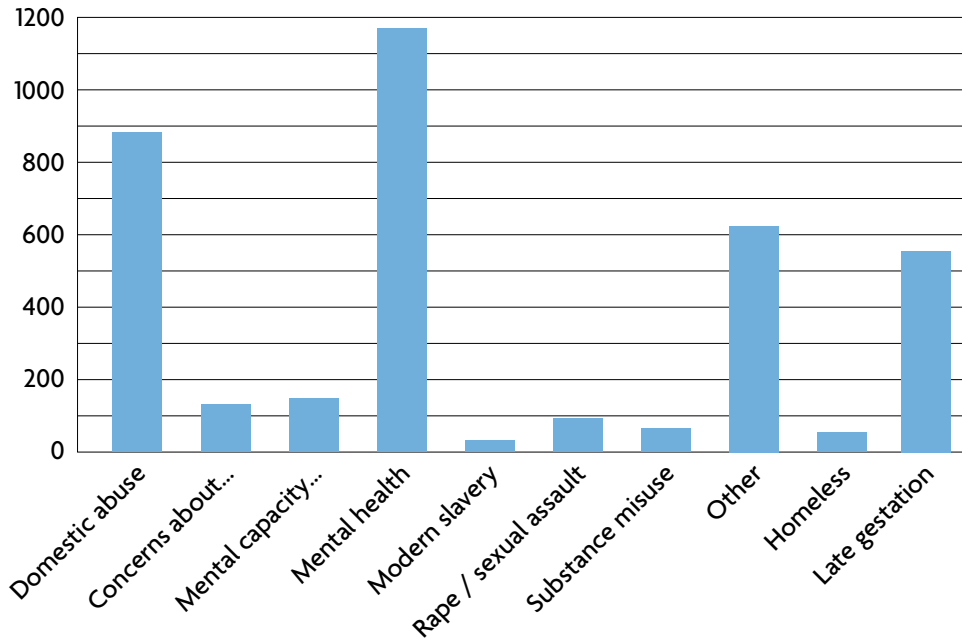
The data shows us that around 3% of patients disclose a safeguarding concern at booking. This has remained consistent since September 2023 when the embedding of the project was complete.

Total BIC contacts and safeguarding disclosures at booking May 2023-March 2024



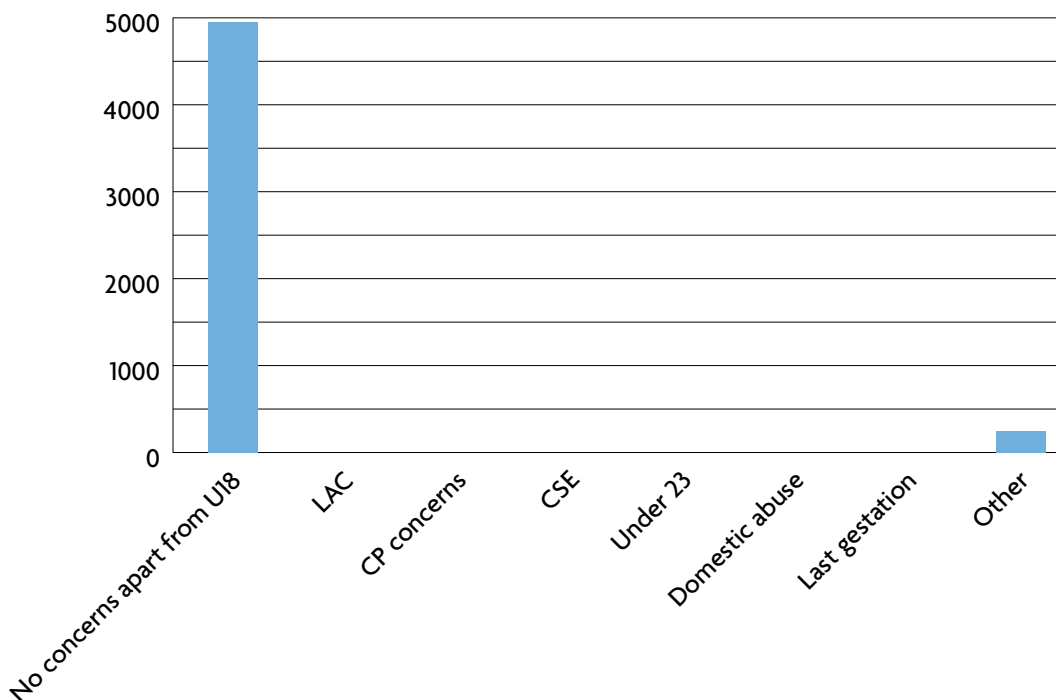
The themes of disclosures made vary due to age; for adults, domestic abuse and mental health are the highest proportion of reason for safeguarding disclosure. They account for 30% (domestic abuse) and 40% (mental health) of the concerns. This can be seen in the chart: BIC Safeguarding Disclosures: Adult Themes.

BIC safeguarding disclosures: adult themes



For the under 18-year-old patients, the data is very different. It shows that 97% are safeguarded only due to their age (there is no expressed or suspected safeguarding). This is shown in the chart: BIC safeguarding disclosures: under 18-year-old themes.

BIC safeguarding disclosures: under 18-year-old themes



This shows BPAS's commitment to safeguarding children and young people, and being aware that their age makes them at a potentially higher risk to exploitation and abuse. We take a pragmatic approach to safeguarding young people, ensuring that DNAs/WNBs are followed up, continuing pregnancy is always in mind and that possible abuse/exploitation is screening for at every contact.

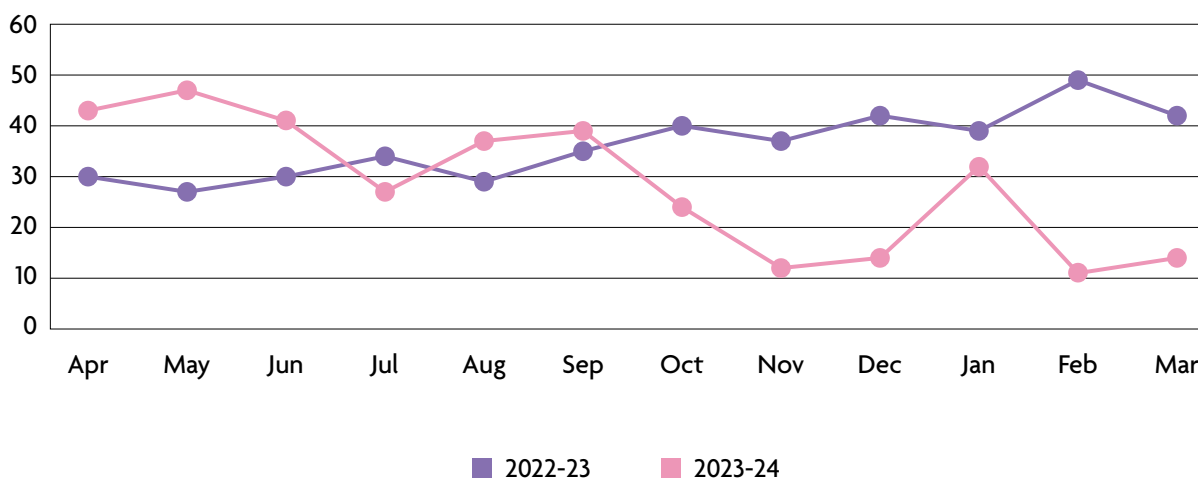
Safeguarding incidents and risks

Incidents for safeguarding are reported through the Datix incident reporting system. Every safeguarding incident is reviewed by the Head of Safeguarding and regional SSM, who monitor the incidents for their region. This provides robust second line assurance and to ensure that serious incidents are responded to promptly.

The Head of Safeguarding and/or the Named Doctor for Safeguarding sits on all 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 review, rapid reviews and inquests.

The number of safeguarding incidents reported has shown overall decrease when compared with last year.

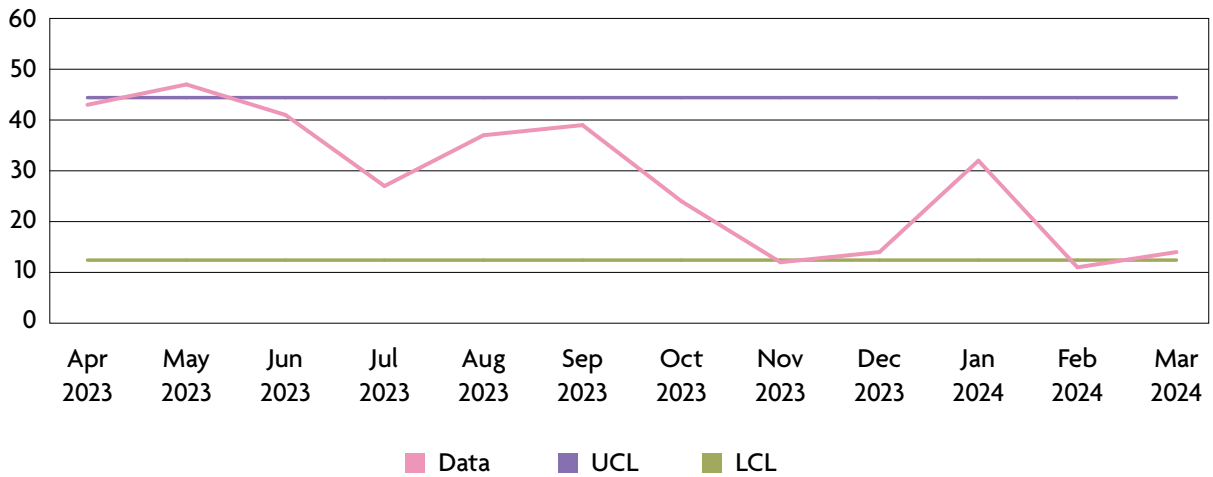
Safeguarding Incidents number 2023/24



There has also been a significant reduction in safeguarding incident rates (compared to patients seen) within the year. The graph shows the safeguarding incidents per month. The upper control line (UCL) and lower control line (LCL) evidence that as of November 2023, incidents have started to reduce in a way that is significant.

The incident rate for safeguarding sits consistently at 0.3% each month. This has reduced from 0.4% last year. This is positive as it evidences that transformation work has been effective in reducing safeguarding incidents that have impacts on patient care and safety.

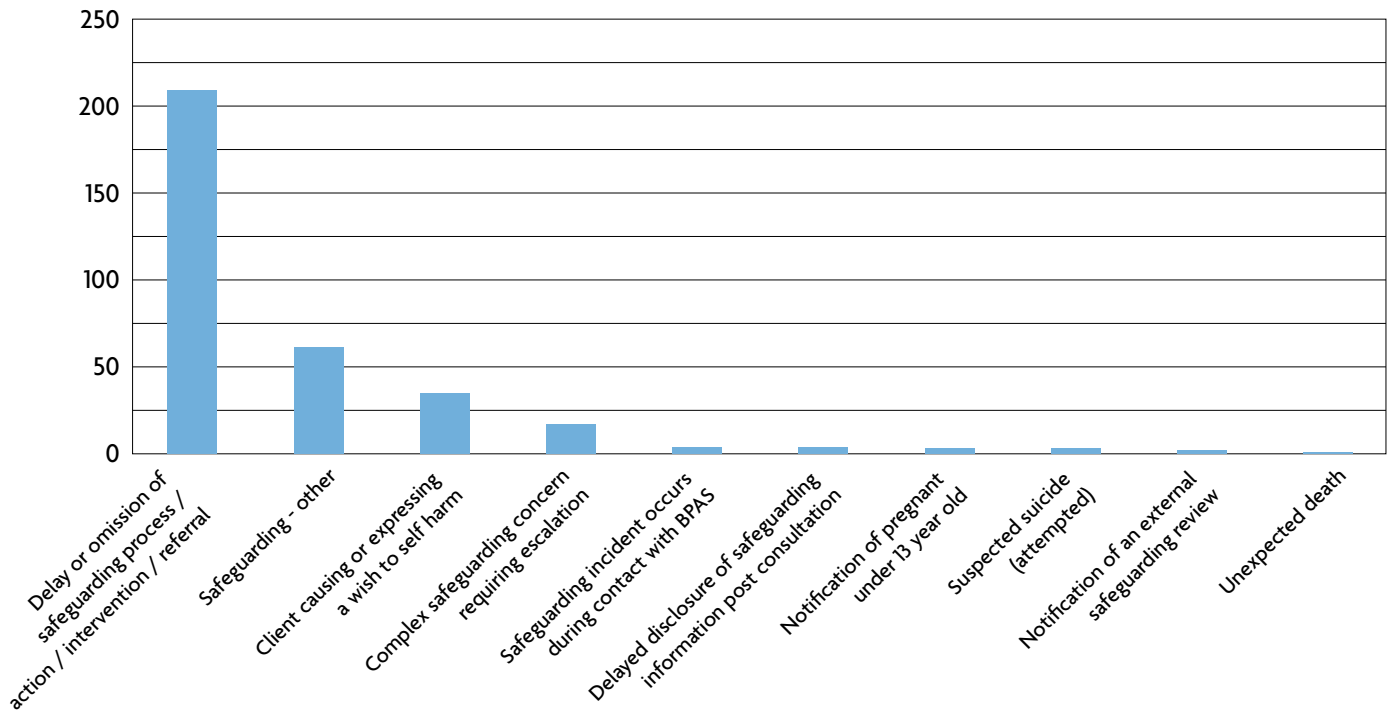
Safeguarding Incidents rates 2023/24



Within the year there has been a review of the safeguarding incident reporting subcategories to aid reporting and also staff submission of incidents. This was done in collaboration with staff and has been well received. It has enabled improved reporting of themes and trends. The subcategories can be seen below.

The highest subcategory that is reporting consistently is relating to a delay or omission of safeguarding process, action, intervention or referral.

Safeguarding incidents by subcategory 2023-24



The highest rate of omission is due to a failure to complete a safeguarding risk assessment when indicated. This presented the same last year also. There is a planned workstream to review the patients EMR in 2024-25 in order to improve the systems approach to risk assessment. This will need developer prioritisation and mapping and testing with staff.

The harm level for safeguarding incidents demonstrated that:

- 85% were no harm
- 12% low harm
- 3% were moderate harm
- 0.2% (1 case) of death

The case of death was regarding a birth following a suspected incident of domestic abuse which was ultimately identified as a stillbirth. BPAS were involved in the initial child death overview panel. There were no omissions in practice for BPAS and extensive safeguarding had occurred with agencies. There were omissions identified by the local maternity services that were being investigated by the local safeguarding children and adults' board.

Training and supervision compliance

A new training needs analysis (TNA) was completed in April 2023 in accordance with the Royal College of Nursing intercollegiate documents (ICDs) for children, adults and looked-after children.

This identified a number of gaps in the current training offer, and these were addressed in October 2023 with the launch of new packages on BPAS Learn. This included:

WRAP (anti-terrorism)

Oliver McGowan

Domestic abuse (level 1 and 2)

Domestic abuse, stalking and harassment (DASH) and multi-agency risk assessment conference (MARAC)

Training compliance for the year has shown improvement, that has been consistent each month. We are at target (above 90%) for all of the established safeguarding courses and are nearing target for the remaining new courses.

Compliance is monitored closely and reported via the safeguarding committee.

DASH (new course October 2023) **72%**

Domestic abuse level 1 (new course November 2023) **72%**

Domestic abuse level 2 (new course November 2023) **66%**

MCA **97% (97% Jan)**

Prevent **97%**

Prevent level 3 (WRAP) (new course November 2023) **93% (92% Jan)**

Safeguarding Level 1 & 2 **97%**

Safeguarding Level 3 **95%**

Safeguarding supervision (recorded as a new course from local reporting October 2023) **79%**

Oliver McGowan (new course October 2023) **91%**

A specialist training session was delivered by SOLACE regarding sexual abuse that is held as a webinar online for staff to access. More sessions from specialist services are planned within the year ahead. These will form part of a building block approach to safeguarding training.

Horizon scanning in safeguarding: the year ahead

Safeguarding at BPAS has been in a period of stabilisation for the past 12 months. Stabilisation has seen us:

- Respond to new guidance such as the RCPCH safeguarding guidance for under 18-year-olds.
- Adapt and improve safeguarding within the telemedical early medical abortion offer.
- Design and implement training and supervision that meets the needs of staff.
- Ensure compliance rates for training and supervision are available on a national platform.
- Review policies according to service and patient need.
- Develop the incident reporting system to meeting safeguarding reporting needs.
- Develop innovative data solutions to support monitoring of numbers, trends and resources.
- Designing a new structure of safeguarding staffing and governance to respond to the data/resourcing need.
- Create a structure of safeguarding meetings and communications that promote safeguarding assurance.



As we move into 2024/25, we aim to progress into the consolidation phase of transformation. This will see us build on the robust and stable structure we have implemented. This will have the patient and staff at the heart of everything we do and with the clear vision that 'promotes and advocates for patient safety and choice, free from coercion and fear'.

It will continue to be consolidated with the underpinning of the quality standards (shown in the areas of improvement infographic).

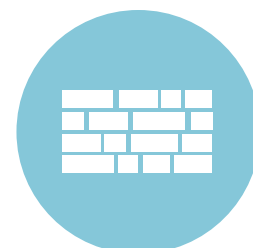
Well-led

Confident and competent workforce

Learning culture

Patient-centred

Purposeful, agile and resilient



The current areas of focus for 2024-25 and beyond include:

- Launch of remaining safeguarding policies.
- New policy for safeguarding staff that includes the NHS sexual safety charter (2023).
- Launch of the new safeguarding structure with regional SSMs providing strategic leadership and assurance to their units/hubs/services.
- Improvement of the BIC safeguarding process with an SSM assigned to provide the same strategic leadership and assurance to non-clinical, support service areas.
- Regional assurance to be promoted using exception reports completed by the SSMs that are reported to the safeguarding committee.
- Mapping of the patients EMR and safeguarding flow to create improvements and in response to incidents.
- Work with NHSD to gain access to the NHS spine, child protection-information systems and female genital mutilation-information systems
- A pilot with NHSE to create one ICB safeguarding reporting tool

Action 5: Informed Consent

This demonstrates we are:



Standard required:

- Women must have accurate information to enable informed choice.

Our plan:

- Provide patient information that is relevant, easily accessible and, available in different formats/media.
- Provide patient information that is responsive to patients' needs.
- Ensure that all patients are equipped with the information they need so they are empowered to make informed decisions about their care following consultation with knowledgeable and competent staff.
- Develop a translation and interpreting policy specific to clinical services to strengthen the standard operating procedures already in place.
- Audit compliance of:
 - Patients being offered all suitable treatment options relevant to their gestation/medical history
 - Patients being consented for their chosen treatment, the information given to patients in obtaining consent, accuracy of the consent form and offering patients a copy of their consent form.

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 and is done based on an explanation by a clinician. Consent is needed for all medical treatments, tests and examinations.

For consent to be valid it must be voluntary and informed. In addition, the person consenting must have the capacity to make the decision. All patients have their capacity assessed. All staff receive training in capacity assessment, Fraser guidelines and Gillick competency.

At BPAS it is fundamental that all staff can provide information to all patients in a variety of formats which are easily accessible and responsive to their needs.

We provide printed, digital and verbal information using different media and in various languages, accessible to our patients online, by telephone or in person at our national clinics. We actively take a multi-media approach, appreciating that different patients will have different needs and preferences. Information is relevant and available to elements of the care pathway. We also have an established partnership with interpreter services and have recently added a new provider to strengthen the provision of translator services to support patients, whose level of understanding of English is not sufficient for them to give informed consent. We can also provide information in accessible formats for those who need it.

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.
- Meet national waiting time standards to ensure that:
 - Patients receive a consultation within 7 days of contact.
 - Patients receive treatment within 7 days of consultation.
- Work towards ensuring that 90% of eligible patients access telemedical consultation appointments within 4 days or less of contacting BPAS.

Our plan:

- Embed SPC approach to data analysis 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.

Waiting times

During 2023/24, as part of our improved focus on governance, BPAS has established a set of waiting time KPIs which apply throughout the organisation and which are reviewed and interrogated on a monthly basis at unit, divisional, and national level. We have also established a demand and capacity meeting which considers how to allocate resource to meet these standards.

The target for each of these compliance measures is 90%, to account for patients who choose to opt for a later, more convenient appointment, or who are ambivalent and require counselling or an additional consultation. By the end of 2023/24, waiting time KPIs were:

- **73%** of patients received a consultation within 7 days of contact
- **89%** of patients who were eligible for a telemedicine consultation without ultrasound scan received it within 7 days of contact
- **83%** of patients received treatment within 7 days of contact
- The average wait from contact to treatment was 9.5 days.

Scan waiting times

Increased demand for scan capacity – in 2023 improvements were made to BPAS scan pathway tool which meant that more patients than anticipated required scans during their treatment journey. BPAS did not have enough scan capacity to meet this demand in 2023 which led to increasing waiting time for scan access and therefore longer treatment journeys for those patients that required a scan. As scans come first in our pathway, this impacts our waiting time to consultation measure compliance.

We have successfully recruited 4 sonographers. Our forecast shows that by July 2024 onwards we will start to meet the majority of our forecasted demand and start to reduce our waiting times.

Our current NMPs are also working to complete scan training Trimester 1 and 2 which will also allow more capacity for scanning and better waiting times and we continue to seek support from agency and outsourced providers where available.

We have also purchased 12 brand new Ultrasound machines which have already been delivered to their respective locations. Our new PACS and IT system is being trialled to replicate the NHS system, once implemented this will improve the quality of scanning and reporting.

Surgical waiting times

We currently have longer than expected waiting times in some areas for surgical treatments due to workforce challenges, including recruiting surgeons, nurses, midwives and ODPs.

We have taken the following actions to improve surgical treatment access:

- We are currently increasing our surgical capacity across the country in 11 locations. These additional surgical lists will give more choice to patients for treatment options and reduce waiting times.

Staffing

During a review of the patient pathways BPAS has invested £3.2 million in frontline staff to improve access to services across all pathways particularly services that require a face-to-face interaction.

We understand that the impact of wait times is crucial and so we have raised our concerns with external governing bodies such as CQC, NHS England and partners of health.

Thankfully, in the majority of cases, patients 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.

Message from our Director of Operations

BPAS' commitment to excellence in abortion provision includes ensuring prompt and efficient service to all our patients. Although we have not reached our waiting time targets, our dedicated staff continue with unwavering efforts to work towards minimising waiting times, prioritising patient care and striving towards excellence for service access. Their dedication and commitment is invaluable and tireless in providing quality abortion care to our patients.

In 2023/24, more than 20,000 interpreter requests were made to support patients whose first language was not English. There were 74 languages requested, with Romanian being our most requested language.

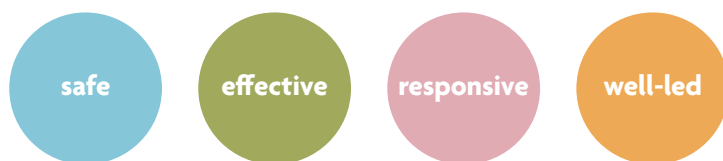
At BPAS we appreciate that not all patients are able to fund their own travel. We also realise that due to the limited number of clinics that provide certain treatments, some women will need to travel to access treatment. Therefore, at BPAS we offer to financially support those who need it. Therefore, in 2023/24, 392 patients received travel support from BPAS allowing them to safely access abortion services.

Some women are unsuitable for treatment with BPAS because of underlying medical conditions. In these cases, we work closely with NHS hospitals to place patients for care within their services. In 2023/24, 2574 patients were referred into the NHS for treatment.

Following treatment, BPAS provide a 24/7/365 aftercare telephone triage service. Aftercare provides support to all our patients 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 2023/24, 58,181 patients 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.
- Update the Board Assurance Framework (BAF) quarterly.

Overview

Infection prevention has always been high on the agenda at BPAS. The Health and Social Care Act 2008, Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections, continues to drive the work of the 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 Infection Control Committee has combined with Health & Safety in quarter 4, 2023-24. This meeting is chaired by the DIPC and meets 4 times per year.

Chief Nurse & Midwife (DIPC-Chair)

Medical Director

Director of Operations & Quality

Director of Human Resources

Infection Control Specialist Practitioner

Health and Safety Manager

Procurement Manager

Director of Risk & Governance

Treatment Unit Manager

Clinical Nurse Manager/Lead Nurse/
Lead Midwife

Cleaning protocols

In 2023/24 much work has been performed to embed the National Standards of Cleanliness NSOC), this has now been rolled out to all units. Each unit has been reviewed by the Unit Manager and Quality Matron to risk assess each area according to the functional risk ratings of the NSOC. A framework has been created for each unit identifying the cleaning responsibilities to ensure all items are cleaned. Cleaning for Confidence training is on e-learning for healthcare (e-LFH) platform for all staff who clean equipment or the environment.

Surveillance

The organisation follows UKHSA guidance on Covid. High increased incidences of staff absent with Covid are escalated to ensure early interventions can be put in place to minimise risks to patients and staff. Increased mask wearing and enhanced cleaning has occurred during high incidences of Covid amongst the local population.

Policies

The Infection Control policy has been re-written in 2023 and is closely linked to the National IPC Manual. Appendices have been added for all standard infection control precautions. This has simplified the guidance for staff.

Training

All staff are required to attend infection prevention training every 2 years. During the reporting period infection control education was provided using online learning via e-LFH. Level 1 training has been provided for all staff and level 2 for staff working in the clinical environment, including estates and administration staff.

Course title	Course compliance %	Staff assignments	Staff compliant
Cleaning for Confidence	82.7%	393	325
Infection Prevention and Control Level 1	95.5%	905	864
Infection Prevention and Control Level 2	97.2%	398	387

Infection Prevention Link Practitioners & Champions

All BPAS units are required to have an Infection Control Link Practitioner. 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.

Course title	Course compliance %	Staff assignments	Staff compliant
Infection Control Champion/Infection Prevention and Control Level 3	85.7%	63	54

Audit

Monthly infection control quality assurance

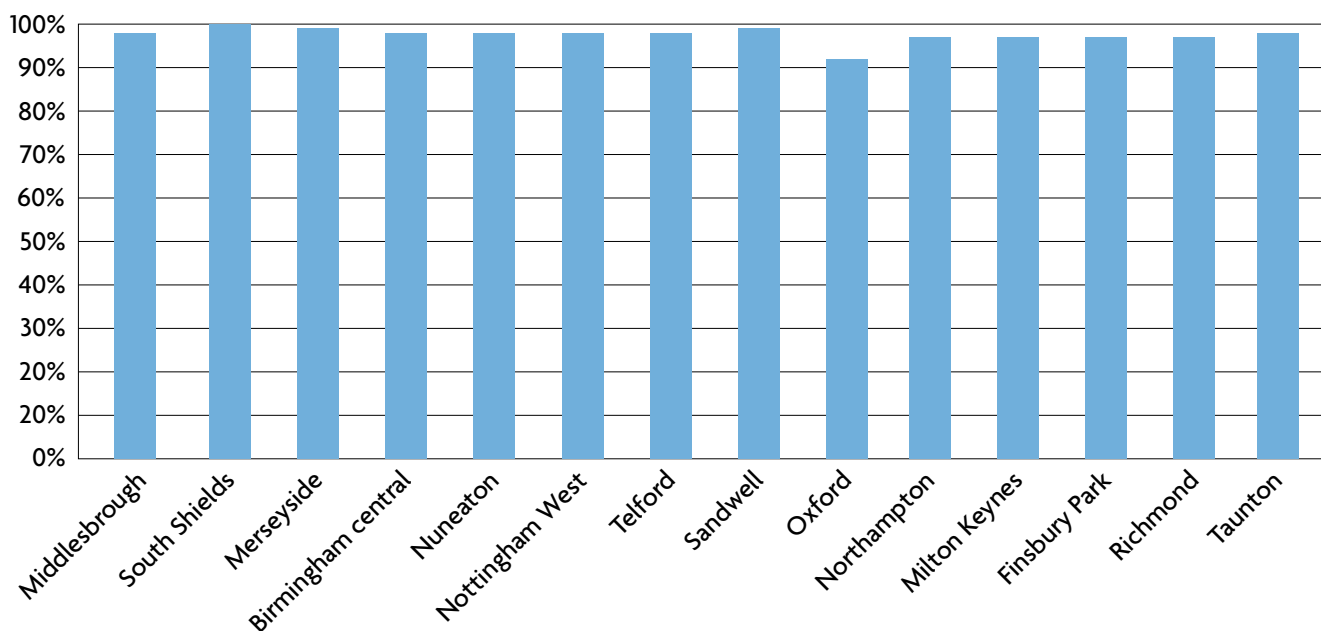
All units complete a BPAS infection prevention and control audit each month. These results are reported organisationally via the Local Clinical Assurance Compliance Dashboard. This audit includes the following areas:

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

Quality assurance audits

Units are also audited by one of the Quality Matrons annually for a quality assurance check. Units need to achieve >90%. The graph below shows the results which are >90%. However, due to re-structuring within BPAS, a focus on incident management and the anticipated appointment of the Infection Control Specialist Practitioner, not all units have had an annual IPC quality assurance audit in 2023-24. The Infection Control Specialist Practitioner has now commenced in post and an annual audit plan has been created to ensure all areas receive an annual audit, with priority given to surgical units and those audits which have not been audited in 2023-24.

Quality assurance audits 2023-24



Hand washing & uniform

BPAS continues to monitor its infection prevention and control practice. The audit includes hand hygiene 5 moments of hand hygiene, PPE, and aseptic technique and uniform standards. 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.

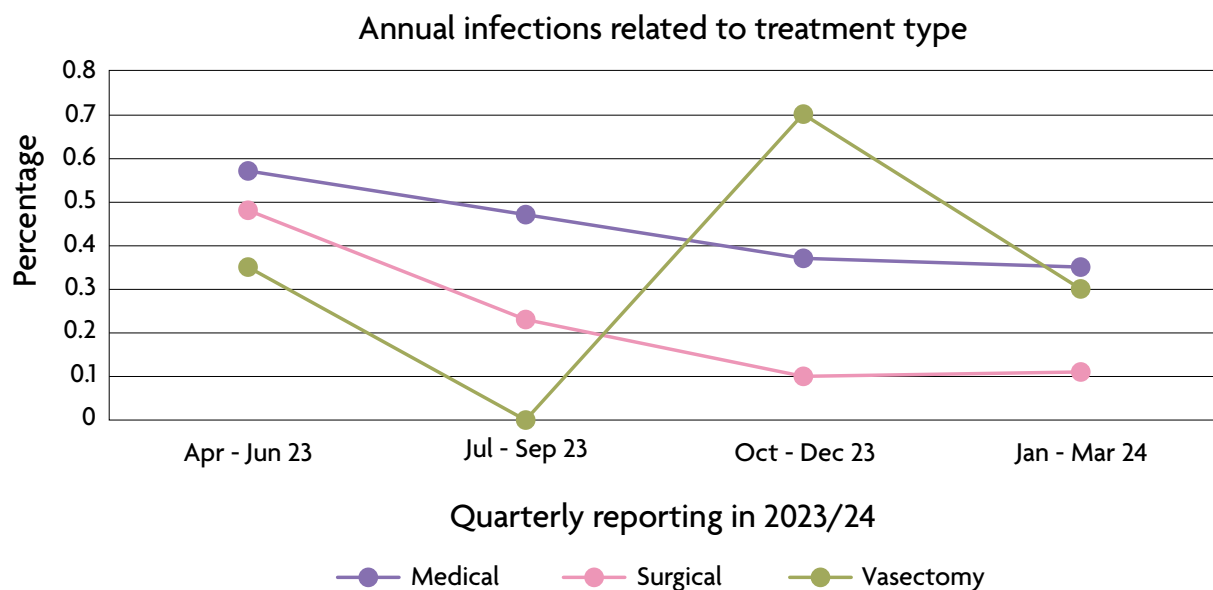
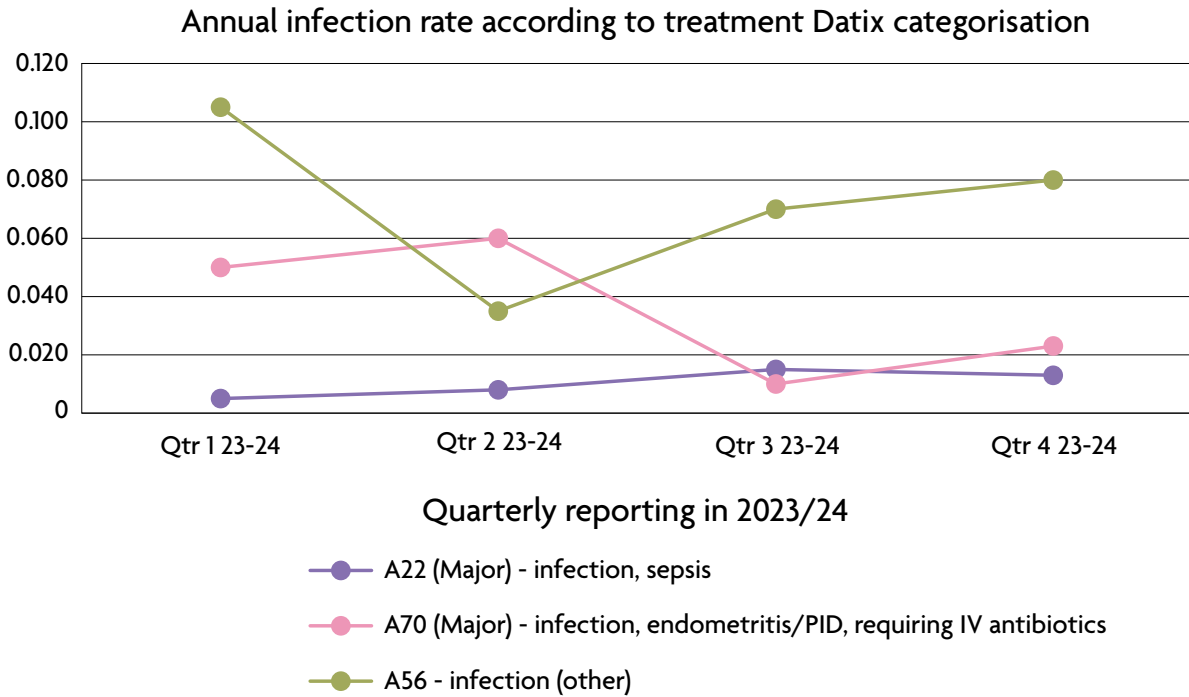
Serious incidents

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

Surveillance

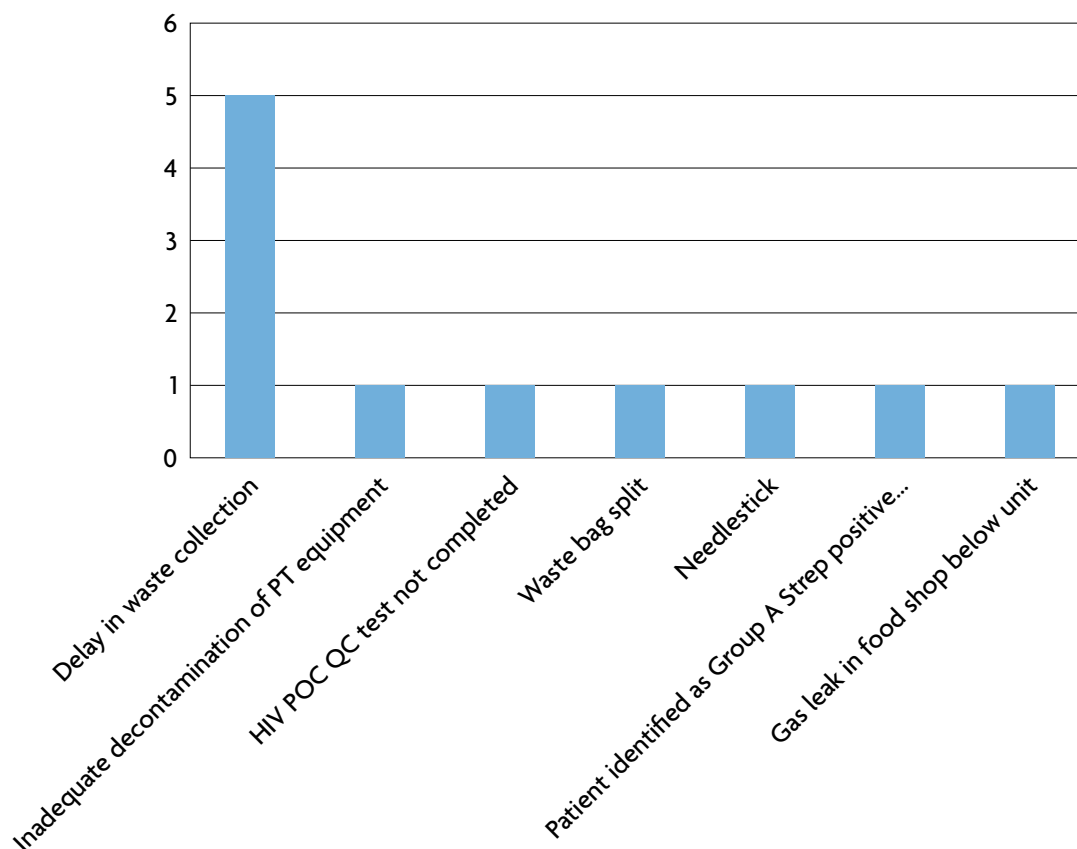
Infection-related complications are notified to the DIPC and investigated if required and are monitored by the ICC.

Overall Infection complication rates



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

Other infection control incidents 2023-24



1 needlestick injury occurred, following administration of an injection to a patient.

Decontamination

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

Board assurance framework

This is completed by NHS care providers to demonstrate compliance with the Health and Social Care Act (2008). It is not compulsory for BPAS to complete this but has been partially updated in April 2024 and will be fully reported in the next report once further information has been obtained.

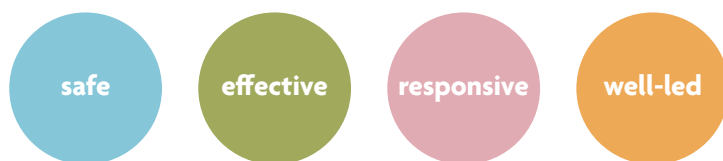
Plans for 2024/5

Develop an IPC Strategy to include:

- Compliance with the Board Assurance Framework.
- IPC annual audit plan.
- Investigation of electronic audit systems to improve auditing processes.
- Development of an SOP to support Estates with IPC requirements in new builds / refurbishments.
- Review policies starting with 'Exclusion for IPC' and 'Sending specimens'.
- Update the screening review tool for patients with infections.
- Commence a monthly IPC Champions teams meeting to share and learn.
- Increased scrutiny of Datix for infections to identify and share learning.
- Review national standards of cleanliness audits to support units to create a 'blended' score for the unit to reduce unnecessary workload and to make one meaningful star rating for the unit as a whole.
- Collaboration with members of the wider BPAS team to promote the IPC agenda.

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 patients.
- Ensure patient 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.

At BPAS our aim is to deliver medicines management, which is safe, effective and person-centred. Ensuring that all treatment delivered by our clinicians and colleagues is evidence-based and in line with legal and regulatory requirements. All of which is supported by robust governance systems and processes which are embedded across all services to support the delivery of sustainable and high-quality care.

Building on the successful introduction of the Local Clinical Audit Compliance Boards (LCACB) in 2022/2023 which 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. Two Medicines Management Technicians were successfully recruited and, the plan is to further build on the audit plan with the aim of the technicians to undertake assurance audits across the clinics. This will allow both independent oversight and provide educational input as required. Having this collaborative approach will ensure that there is a multifaceted approach to providing safe and effective medicines management. All of which will feed into the Quality and Risk Group for organisational oversight.

The appointment of our Medication Safety Officer (MSO) and Governance Pharmacist will further strengthen our clinical risk management for medicines management. Ensuring organisational oversight of incidents and development of medication safety education and training framework to continually improve medication safety.

Work has already begun, with the significant reduction on the reliance of PGDs, having reduced the number of active PGDs from 26 to 9, the majority of which were developed utilising the SPS templates from their 'Do Once Programme'. Therefore, allowing more patient specific prescribing via our Electronic Prescribing System.

With the successful appointment of a consultant microbiologist, significant progress has already been made in the development of the new bespoke antimicrobial policy ensuring that BPAS is aligned with the relevant NICE guidance and provides effective antimicrobial stewardship.

The key priorities for 2024/25 in relation to medicines management at BPAS are:

- Finalise authorisation of all PGDs utilised with in BPAS across all ICBs.
- Implementing and embedding of new antimicrobial policy.
- Implementing and embedding of new medicines management policy.
- Implementing and embedding of new controlled drugs policy.
- Addition of audit assurance programme.
- 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:

- Continue to perform audits through a 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 Clinical Audit Compliance Board

Implemented in early 2022, the Local Clinical Audit Compliance Boards continue to evolve. The local compliance boards serve as both a guide on audits required per area, and as a tool to analyse results. Previously this was undertaken within only clinics and hubs, it has now expanded to aftercare and local audits are embedded and increased compliance is evident in their overall scores. There is work currently underway to expand further and add clinical audits for the Booking and Information Centre (BIC).

Local audits have proved an invaluable tool to ensure quality and care is 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 relevant divisional Quality Matron is a vital supporting role for clinical audit, allowing for senior, local and regional oversight.

Individual compliance boards, for clinics, hubs and aftercare, 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 trend, the boards are reviewed locally and regionally by the Quality Matron, which are then escalated to the senior quality matron. 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.

The safeguarding team have begun to complete local audits. This will allow for further oversight, as well as subject matter expert scrutiny, which will provide further assurance of the audit results. Other subject matter experts, such as the lead pharmacist and sonographers, will be considering ways of dip-sampling the audits, with the view of gaining another level of assurance.

National audits

A national audit schedule has been implemented and audits will be carried out by the Clinical Audit Facilitator. The aim of the national audits is to foster a continuous improvement culture and increase assurance of compliance. National audits may be triggered by local clinical audit results, incidents, or they may be mandatory healthcare audits. The national audits follow a formal schedule, being completed quarterly, 6 monthly or annually, and ad-hoc audits may be added according to need.

National audit results will be shared with the Quality and Risk Group for oversight, assurance and escalation of actions.

Action 10: Contraception and STI Testing

This demonstrates we are:



Standard required:

- Offer contraceptive choices counselling to all women.
- Provide contraceptive method of choice.
- Where patients prefer to access an alternative provider ensure referral/signposting.
- Ensure access for women to their chosen method of contraception.
- Work with commissioners to improve equity of funding to STI testing.

Our plan:

At BPAS, we offer all patients the form of contraception of their choice. This includes the progestogen-only pill or longer acting forms of contraception such as the implant or coil.

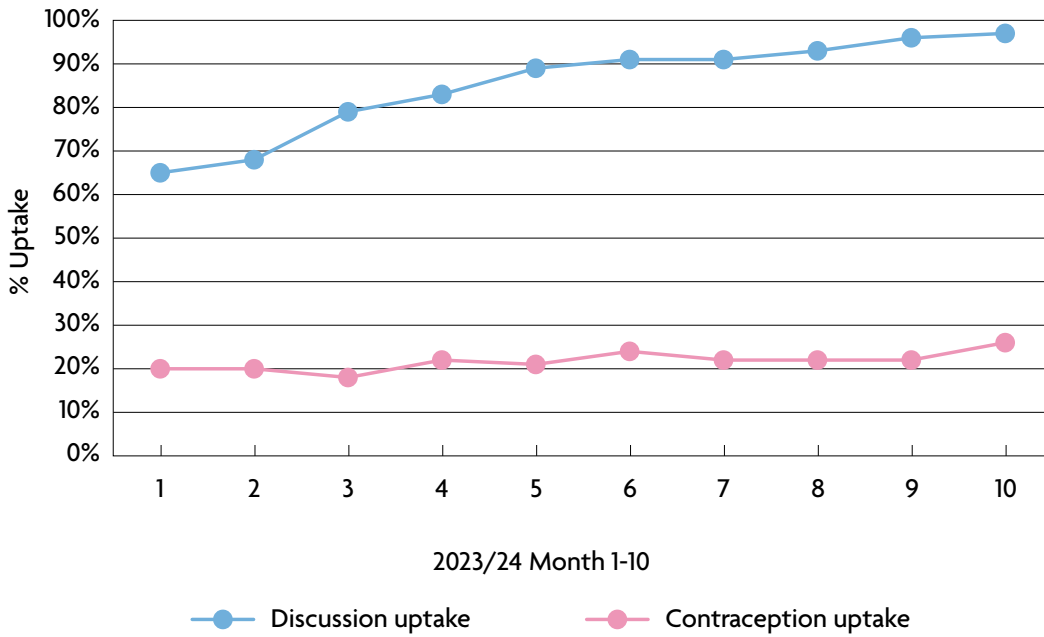
The majority of our patients will receive contraception within 7 days of treatment. Our Pills By Post service provides immediate oral contraception by post for after completion of treatment. Our surgical lists also offer immediate insertion of coils and implants, depo injections and oral contraception. If immediate contraception is not available, most women will receive their contraception within 28 days following treatment.

BPAS acknowledges that the increase in telemedicine has seen a decrease in the uptake of contraception rates, especially LARCs. Therefore, in 23/24 BPAS introduced the option of a remote Sayana Press service which means that patients can access a fully remote LARC service for patients that access telemedicine.

The graph below demonstrates the improvement in uptake of a contraceptive counselling discussion and the corresponding uptake of BPAS-provided contraception within the Telemedicine service. Following this discussion many patients choosing a LARC method may choose to obtain their contraception from their local provider. However, where patients chose to return to BPAS we can arrange to fit LARC post-treatment.

Within the last 12 months BPAS has been auditing the outcome of the contraceptive discussions with patients. As a result of this we have improved the recording of contraception discussions to enable us to improve the services that we offer to better meet the needs of our patients. For example, the reasons why women delay receiving their contraception from BPAS. This includes the development of local pathways with other stakeholders, e.g. co-locating with women's health hubs.

Contraception discussion and uptake rates for telemedicine

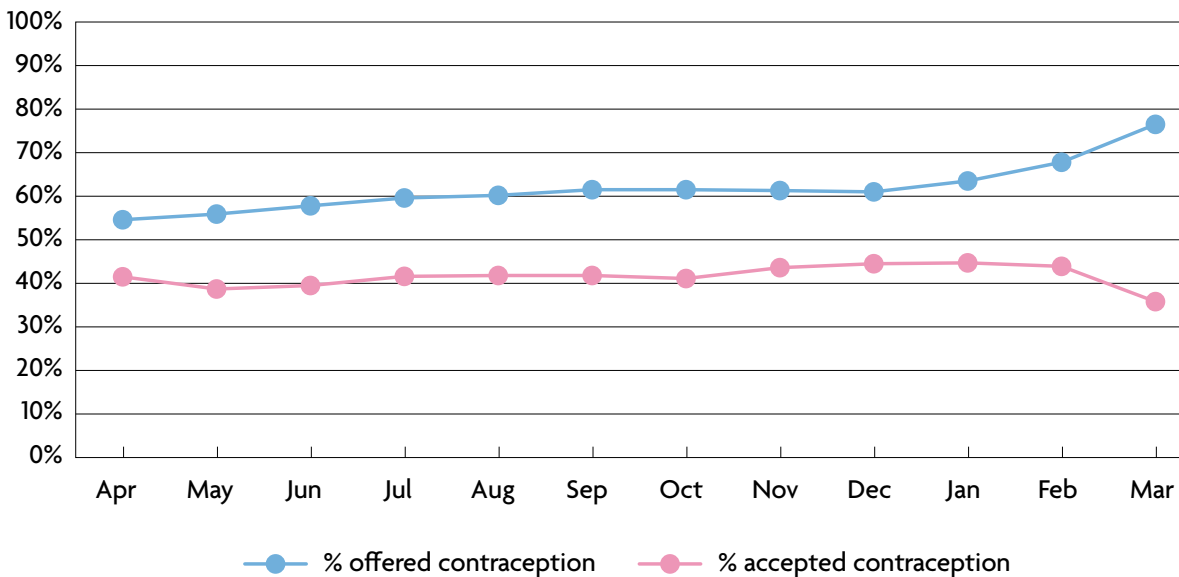


In 2022/23, on average, 62% of patients were offered contraception counselling and 41% of those patients accepted it. In 2023/24 over 90% of patients took up the offer of contraception counselling and nearly 30% are accepting some method of contraception from BPAS. We will be working to improve these figures during 2024/25 and increase our offer or post treatment contraception clinics and the use of bridging methods if there is a delay in access to LARC.

We will

- Continue to increase training rates for our nurse midwife practitioners, currently at 82%.
- Continue to monitor and improve discussion uptake rates and outcomes.
- Expand use of our mobile clinic facility to improve access to LARC contraception.

Contraception offered & accepted in %



Sexually Transmitted Infections (STIs)

In 2023/24 BPAS undertook a quality improvement project to increase the return of STI self-sampling kits provided with remote EMA.

Where funded by commissioners, patients are offered testing for chlamydia and gonorrhoea, where self-sampling kits are provided with abortion pills. A SMS prompt to return kits was sent 21 days post-abortion. With the aim of increasing return rates, we tested changes to SMS content and timings.

The project concluded that SMS prompts sent closer to the abortion increases test return rates, compared to delayed prompts. Research will continue to optimise the SMS process to maximise the return rates.

Whilst we continue to provide NCSP testing kits, where these are available, BPAS preference is to provide chlamydia and gonorrhoea testing in clinic using BPAS-funded kits as we know this increases the take-up rate and correspondingly the identification of positive results.

Alongside HIV point of care testing at our units BPAS is introducing syphilis point of care testing. We continue to work with other stakeholders to ensure patients have access to remote HIV and syphilis testing.

Advocacy

Our advocacy work throughout 2023-2024 has seen us progress on our mission to reform abortion law across the UK to enable the continued delivery of women-centred, high-quality abortion care. Following our successful campaign to secure the enshrining of safe access zones around abortion clinics into law at the end of the 2022-23 financial year, we moved our main focus to continuing our longstanding #TimeToAct campaign to decriminalise abortion.

Abortion law reform

Following a surge in press coverage over the past year about women facing criminal penalties for allegedly ending their own pregnancy out with the terms laid out in the Abortion Act 1967, BPAS has played a key role in supporting Dame Diana Johnson MP with an amendment to the Criminal Justice Bill to remove women from the criminal law relating to abortion offences. We have co-ordinated a coalition of 35 leading medical bodies and women's rights organisations - such as the Royal Colleges of Obstetricians and Gynaecologists, and Midwives, the Faculty of Sexual and Reproductive Healthcare, the End Violence Against Women Coalition, and Karma Nirvana - in laying out our support for reform.

Votes had been timetabled to take place in advance of the summer recess, with big figures from the UK Government such as Health Secretary Victoria Atkins MP, Chancellor of the Exchequer Jeremy Hunt MP (the latter of who had previously advocated for a reduction in the abortion time limit to 12 weeks), as well as the Church of England coming out in support of the decriminalisation of abortion. Sadly, the general election was called two weeks before these votes were due to take place, but our focus for 2024/25 remains on making this progress in law.

Recently on our social media accounts, we have been sharing the real stories of the women who have faced criminal investigation. In the past eighteen months in England, six women have appeared in court charged with ending their own pregnancy outside the abortion law. This is up from three in total over the previous 55 years, and we have been sharing the plights of these women online and in the press to bring humanity to these individuals. Stories include women whose anonymised stories you can read below. Please note that they have been gathered from a variety of sources and not all women have been in contact with BPAS.

Zahra* was a young teenager when she was **investigated by the police** after a stillbirth at 28 weeks, accused of illegal abortion. Her phone and laptop were confiscated **during her GCSEs**, and the distress of the investigation drove her to self-harm. The investigation only concluded when, over a year later, the coroner found that the pregnancy had ended as a **result of natural causes**.

Tracey* went into premature labour at home and as she **resuscitated her baby**, **seven police officers searched her bins**. She was interviewed under caution for suspected illegal abortion and had her **phone and computer seized**. Despite there being **no evidence** against her, she was **denied unsupervised access** to her sick baby.

Paula* took medication and gave birth at home. Her housemate called for an **ambulance** and the **police attended**. They searched her flat while she was in hospital and suspected she was the **victim of trafficking** and exploitation. They interviewed her and investigated her for **abortion offences**, during which time she **fled** without receiving any further **support**.

Lauren* was **under 18 and living at home** when the pandemic began. She wanted to access abortion services but was **unable to tell anybody** she lived with why she needed to leave the house. By the time she attended a clinic she had **passed the legal limit** and was referred for further care and support to continue her pregnancy. Soon after, she delivered a **stillborn baby** at home. She was **investigated by the police** on suspicion of abortion offences.

**not their real names*

At the current time, investigations into 'illegal abortions' continue unabated across the country. Whilst a woman accused of using abortion medication illegally several years ago has her case dropped in January, a couple from Gloucestershire are awaiting trial for the same crime that allegedly took place in 2018. If the law were to change, women like this would not face years-long investigations or criminal charges.

In addition to the work BPAS are doing to remove women from the criminal law through the Criminal Justice Bill, we also co-ordinated our wider coalition to oppose anti-abortion amendments to the same piece of legislation. In recent years, BPAS has been building relationships with key stakeholders at baby loss, fetal medicine, and disability organisations, and have united these organisations to oppose the efforts of anti-abortion MPs to reduce the abortion time limit, outlaw abortion post-24 weeks where there has been a fetal diagnosis of Down's Syndrome, and mandate in-person consultations for all abortions. We are confident that our efforts will ultimately result in these proposals being voted against by MPs in Westminster.

BPAS are also looking into the future at how we can instigate a wider reform of abortion law in the coming years. In March, members of our coalition met with legal academics in Doughty Street Chambers for a conference, which was an opportunity to hear from professionals, policy experts, and activists from countries like Canada, Australia, and New Zealand – all of whom have successfully decriminalised abortion – about what worked for them and what model is best for the UK going forward. Our Chief of Staff, Rachael Clarke, spoke at this event about BPAS's role coordinating the campaign in England and Wales, and took questions from the floor about how we best protect and advance our abortion rights.

Safe Access Zones

Despite MPs voting in favour of safe access zones, we are still awaiting their implementation. In December, the Home Office consulted on draft guidance regarding the implementation of the zones. The consultation document had a number of issues, most fundamentally that it would continue to allow so-called 'silent prayer' and 'consensual communication' outside clinics, which accounts for the vast majority of highly distressing anti-abortion presence. BPAS co-ordinated a number of negative responses to the guidance from councils, police forces, clinicians, and MPs.

The final guidance has not been published yet, and will be a key item of concern for the next government.

Scotland

We continue to work with our allies in Scotland, such as Back Off Scotland and Humanist Society Scotland, to bring abortion law reform north of the border and make sure that the whole of the UK is working towards the same goals in defending and advancing our reproductive rights.

As one of our longest standing partnerships in Scotland, BPAS spoken at the Scottish Humanist Society's annual conference during October which was themed around the future of reproductive rights in the country. Our Chief of Staff, Rachael Clarke, delivered a talk on the practicalities of decriminalising abortion and future-proofing services. Delegates attending the event included civil service abortion policy leaders and it was a great opportunity to network and receive updates on issues BPAS has raised historically, such as the lack of provision for women presenting for abortion on Ground C criteria post-20 weeks. Currently all women in Scotland who require a post 20-week abortion on Ground C criteria have to travel to England to our BPAS Richmond, BPAS Merseyside, or BPAS Doncaster clinic. We have been liaising with the Scottish Government on how to improve the care pathway for the approximately 70 women who have to make this journey every year in lieu of mid-trimester services being set up in Scotland.

BPAS recently received confirmation that we will be asked to sit on the Scottish Government's Expert Working Group on Abortion Law Reform which is due to convene in Summer 2024 and be chaired by former BPAS trustee, and the Scottish Government's Women's Health Champion, Professor Anna Glasier. The group's task over the coming months will be to create proposals for abortion law reform to be taken forward within the next Scottish Parliamentary term.

In addition to this work, BPAS's Chief of Staff, Rachael Clarke, presented oral evidence to the Scottish Parliament's Health and Social Care Committee as part of scrutiny for the Abortion Services (Safe Access Zones) (Scotland) Bill. Rachael joined an expert panel to share experiences of how anti-abortion activity outside BPAS clinics affects both those accessing care, as well as staff. Following this, the Bill was recommended to the Scottish Parliament by the committee and was passed at Stage 1 in April. BPAS will continue to work closely with our partners in Scotland to make sure that this Bill is successful at the remaining two stages.

Wales

As Secretariat to the Welsh Senedd's Cross-Party Group (CPG) on Women's Health, BPAS plays a key role in advocating for improved access to world-class health services in Wales. In addition to hosting quarterly meetings with a recent focus on the impact of chronic illnesses which disproportionately affect women, as well as how best we can support women post-partum, we were also reappointed Secretariat for the coming year at our Annual General Meeting. The CPG also had the opportunity to meet with the Welsh Government's Health Minister, Eluned Morgan MS, and there was an in-depth discussion of topics ranging from menopause to women's cardiac health, and most pertinently for BPAS, abortion. Staff members from our Cardiff clinic had the opportunity to ask the Minister directly what support she can give to ensure that all women in Wales can access timely abortion care locally.

BPAS also worked with the BBC on an investigation into the number of women who are having to travel from Wales to England for abortion care. The investigation highlighted how traumatic it was for those seeking care, and our Cardiff Clinic Manager, Viv Rose, explained in detail how we support the approximately 100 women per year who are referred for treatment in one of our clinics in England. Following this we have met with the newly-appointed National Clinical Lead for Women's Health and are exploring ways to facilitate services for a later gestation in Wales.

Research and innovation

Overview

The Centre for Reproductive Research & Communication (CRRC) at BPAS conducts research and evaluations to improve access to evidence-based abortion care and establish health policy frameworks that uphold reproductive autonomy. We identify knowledge gaps to refine care models and innovate practices, aligning our work with organisational strategies to support staff in patient care. With a large patient base and a strong emphasis on public engagement, we actively collaborate with service users and partner organisations to advance our initiatives. Our partnerships extend to other independent abortion providers, the NHS, professional bodies, policymakers, and commissioners to ensure our findings are shared and can be applied in practice. Additionally, we foster the development of future researchers in our field through staff training and academic collaborations.

The CRRC is led by a Director of Research and Innovation and is guided by a Steering Committee. BPAS also has a Research and Ethics Committee (REC) that meets quarterly to review applications for studies and monitor on-going projects. The REC reviews internally generated projects and oversees research carried out by external investigators using BPAS patients, staff, or data. The committee has a Terms of Reference, and the organisation has a policy on research which is in date.

During the COVID-19 pandemic, BPAS implemented a telemedical medical abortion service, prompting much of our research between 2020 and 2022 to concentrate on assessing the safety, acceptability, and efficacy of this model. Our team swiftly conducted evaluations and reviews from both provider and patient standpoints, providing critical evidence for the UK and beyond. Over the past year, we have delved deeper into understanding the needs of individuals undergoing abortion through these channels, with a focus on enhancing care quality. This involved refining screening criteria for pre-abortion ultrasound, enhancing the return rate of self-test kits for sexually transmitted infections, and improving communication regarding pain management during medical abortion. Critical health policy analysis also re-emerged as focus, centring issues of reproductive autonomy and trusting relationships between healthcare providers and those in their care.

In 2023/24, 10 projects were initiated (five internal, three external, and two collaborative) and seven were closed. Eight projects are ongoing at BPAS. Project findings have been presented internally through webinars, project briefings and white papers to the Executive Leadership Team to influence policy decisions. External dissemination has included presentations at the 8th Annual British Society of Abortion Care Providers Conference (November 2023), Annual Update in Paediatric and Adolescent Gynaecology, hosted by the Royal College of Obstetricians and Gynaecologists and British Society for Paediatric and Adolescent Gynaecology (March 2023), and an Institute of Alcohol Studies online seminar entitled: 'An exploration of lay discussions about alcohol and pregnancy on Mumsnet.' (November 2023). Research has also been published in peer-reviewed journals (as below) and blog posts.

A full report on the activities of the CRRC in 2023/24 can be found at <https://www.bpas.org/media/djumn5j5/final-35737-crrc-research-report.pdf>

Peer-reviewed publications

Blaylock, R., Lewandowska, M., Kelly, C., Gunn, B., Meiksin, R., Scott, R. H., Palmer, M. J., Wellings, K., **Lohr, P.A.,** French, R. S., & The Sacha Study Team (2024). Patient and public involvement in abortion research: reflections from the Shaping Abortion for Change (SACHA) Study. *BMJ Sexual & Reproductive Health.*

Blaylock, R., Lohr, P. A., Hoggart, L., & **Lowe, P.** (2024). Patient experiences of undergoing abortion with and without an ultrasound scan in Britain. *BMJ Sexual & Reproductive Health.*

Taghinejadi, N., **McCulloch, H.,** Krassowski, M., **McInnes-Dean, A., Whitehouse, K. C., & Lohr, P. A.** (2024). Opt-in versus universal codeine provision for medical abortion up to 10 weeks of gestation at British Pregnancy Advisory Service: a cross-sectional evaluation. *BMJ Sexual & Reproductive Health.*

Lowe, P. (2023). Safeguarding for reproductive coercion and abuse. *BMJ Sexual & Reproductive Health.*

Arkell, R. (2023). Women with epilepsy need choice, not diktats, when it comes to sodium valproate. *Pharmaceutical Journal.*

Our regulators and partners

Care Quality Commission (CQC)

Coming into 2023/24, BPAS received a report from the CQC on a targeted inspection undertaken at a national level on the 'well-led' key question. This report raised concerns about governance, leadership capability and capacity, risk investigation and management, the fit and proper persons provisions, and Freedom to Speak Up design. As a result, a Section 29 regulatory notice was issued which required BPAS to undertake a number of actions before reinspection.

In response to the report, BPAS received support from the improvement arm of NHS England, and undertook a detailed improvement plan to deliver on the changes required.

Reinspection took place on 16th April 2024 and the S29 was lifted. The report from the CQC cited the rapid improvement journey BPAS had been on, while recognising that there were ongoing streams of work which would continue to deliver improvement in 2024/25 and beyond.

Although no unit information requests were generated during the year, the CQC requested further information regarding a case being reviewed at Coroner's Inquest, which was provided in full. The case was subsequently concluded with no action for BPAS and no further action by the CQC in relation to this.

Oversight of CQC action delivery

Monitoring of results and actions from CQC inspections is built into the new BPAS meeting structure. The integrated performance meetings, which are held at the unit, divisional and national level, report any CQC activity in month and monitor open CQC actions. At a national level, the Quality Risk Group (QRG), the clinically focused sub-committee of ELT, and the Clinical Governance Committee (CGC), the clinically focused sub-committee of the Board, receive summary reports of all CQC activity and open actions. QRG and CGC also receive reports on peer review findings.

Peer review

During 2023/24 BPAS reviewed its mock CQC inspection approach and made the decision to focus instead on peer review, where teams from one division conduct supportive peer review of a unit in another division.

The new unannounced peer review assessment process commenced with three divisions in January 2024 and has been well received. It is being led by the Quality Matrons in conjunction with the Operational Managers and now covers all seven divisions (North West, North East, Midlands, London & South East, South West, BIC & Aftercare and Telemedicine). All BPAS staff have been invited to contribute. It is based on the CQC review questions; however, it is delivered to encourage meaningful conversations. There are no pass or fail elements. Instead, areas for sharing good practice, improvement and escalation are identified. Actions are addressed by the divisional triumvirate and shared during monthly meetings. The peer reviews have already identified how the Incident Review Meetings are having a positive effect on the management of risk and the dissemination of information throughout the organisation.

The peer reviews are undergoing continuous review and plans are in place for further improvements alongside the operational team. This will ensure that the evidence generated will have a more robust foundation.

Improvements planned in 2024/25

BPAS is expecting inspections to begin under the new CQC single assessment framework. Initial training has been held for all registered managers on the new framework. In early 2024/5, BPAS will be developing a common evidence contents page, and the corporate governance team will be supporting managers to pull together live evidence, including showcasing excellent practice from around the organisation – such as the work delivered by procurement to reduce BPAS's carbon emissions.

The effectiveness of the reporting structures, including the monitoring of CQC action plans, will be audited by the Corporate Governance team.

Health Inspectorate Wales (HIW)

Registered Locations BPAS has three units in Wales:

BPAS has 3 units registered with Health Inspectorate Wales: Cardiff, Powys and Llandudno.

Following the inspection of Cardiff in March 2023, BPAS received the inspection report in May 2023. The summary of the report states that:

We found the staff at BPAS Cardiff were all committed to providing a positive experience for patients. All patients completed a HIW questionnaire rated the service provided by the clinic as very good.

Staffing levels were appropriate to maintain patient safety within the clinic at the time of our inspection. The majority of staff who completed questionnaires provided positive feedback about working at the hospital.

Suitable processes were in place to manage and review risks to help protect the health and safety of patients, staff and visitors at the clinic.

Note the inspection findings relate to the point in time that the inspection was undertaken.

Business Transformation Plan

In 2022/23, BPAS reported on our Business Transformation Plan, put in place to deliver cost savings and improve income for service delivery, thus putting the organisation on a more sustainable financial footing. In this process, we received considerable support from the Provider Policy team in NHS England.

Ongoing work with NHS England and commissioners has increased substantially the financial settlement for abortion providers to be more in line with the nationally set payment scheme prices for the provision of care, rather than outdated local agreements. This has put BPAS in a position where in our sole provider contract areas we are no longer having to cross-subsidise the provision of care in some parts of the country or using income from Early Medical Abortion to ensure the sustainability of surgical services.

Work on prices continues in some parts of the country where adequate settlements have not yet been reached.

NHS England

In the last two years, BPAS has worked increasingly closely with different parts of NHS England, contributing to new standards for tariff levels, arrangements for training of NHS doctors in provision of surgical abortion care, on national safeguarding and medicines management arrangements, and on the delivery of sustainable abortion care across the sector.

We have also received significant support from NHSE in delivering our Business Transformation Plan and the Better BPAS Improvement Plan in response to specific issues.

We expect to continue working closely with NHSE and the NHS more broadly into 2024/25.

BPAS 2024-25 priorities

As part of our improvement journey, BPAS is narrowing our priority focus to support the delivery of measurable improvements in specific areas of the service.

The below objectives are a combination of external benchmarking (e.g. NICE waiting times), introduction of newly required frameworks (PSIRF), and improving ways of working to deliver continuous improvement.

Our progress against these priorities will be included in the 2024/25 Quality Report.

1. Improve access for women and **reduce waiting times** in line with NICE guidance.
2. **Improve the uptake of contraception** in women accessing BPAS's services.
3. Implement the **Patient Safety Incident Response Framework (PSIRF)** to help establish a safer clinical environment within BPAS.
4. **Strengthen the patient voice** in the development of BPAS services in order to improve the patient experience, ensuring there is a particular focus on seldom-heard groups.
5. **Strengthen the clinical voice** in the development and implementation of clinical policies to support staff in the delivery of consistent care and treatment.
6. **Embed triumvirate working** throughout the organisation to improve assurance on quality governance and strengthen clinical voice.

ICB Commissioner comment

This quality report clearly highlights all the good practice that BPAS have undertaken and embedded within their services. It is reassuring to see that they also follow the CQC five key lines of enquiry ensuring that they are delivering safe, effective, caring, responsive and well led service provision.

The number of incidents reported has reduced in 2023/24 highlighting that their safety strategy is effective with fewer major risks being reported than previous years.

Ongoing work with local governments across England, Scotland and Wales is positive and will lead to a better experience for service users as safe access zones are enforced.

Waiting times have reduced from 2021/22 to 2023/24 ensuring that service users are being seen more quickly, which is positive and aftercare support has also improved promoting better experience for everyone accessing the services.

There are clear plans throughout the report covering all aspects of service delivery, and if these are all implemented then this will lead to further improvements during 2024/25.

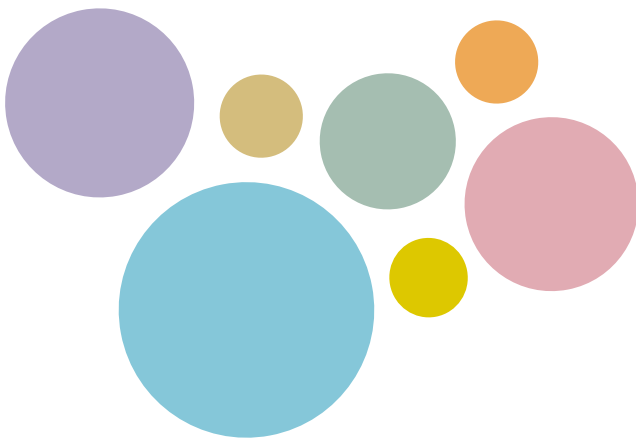
The implementation of telemedicine has been a success and hopefully the new remote Sayana Press service will improve the uptake of contraception especially LARCs during 2024/25.

Recruitment is positive although there are still areas where recruitment of staff is an issue, but staff retention has improved showing that BPAS value their staff and are investing in their learning and development through a range of different training options.

Grace Jones

Senior Commissioning Manager – Electives and Diagnostics

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BPAS is registered and regulated by the Care Quality Commission

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