

**Quality Account
2019/2020**

Marie Stopes UK



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Part 1:

Statement on quality from the Managing Director of Marie Stopes UK



Marie Stopes UK is part of Marie Stopes International, a global independent provider of sexual and reproductive health services. We live by our global mission which is to help people with their sexual and reproductive health supporting their decision making, 'Your Choice, Our Support'.

Our priority is to ensure that each and every client who comes to our Centres receives safe, high-quality, effective, compassionate and clinically-led care.

As a charitable organisation providing care on behalf of the NHS, producing a Quality Report means we are held accountable by the public for the quality of care we provide.

As an organisation, we want to do all we can to ensure that people have access to the family planning and safe abortion services they need, when they need them – and that those services are continually monitored and improved through a cycle of continuous quality review.

Ensuring clients have adequate and appropriate access to family planning and safe abortions is critical, particularly since most of these services are now delivered by independent providers ourselves, free at the point of delivery, on behalf of the NHS.

Our services also have a key role to play in contributing to the wider health agenda, most notably in relation to public health and wellbeing, prevention programmes and safeguarding. Alongside our work on quality, we are striving to improve health, reduce inequalities, safeguard our clients and provide people with services which are accessible and convenient.

In 2019/20 we provided termination of pregnancy (abortion) for over 61,000 women and nearly 6,000 vasectomies for men in more than 56 locations across England. Our 24-hour helpline, which is available every day of the year at our OneCall support Centre in Bristol, answered over 304,651 calls.

Every client who accessed our termination of pregnancy services during 2019/20 was offered counselling. 5.9% of our clients took up this offer, an increase on last year. Of those who received counselling, 58% decided to proceed with treatment.

The governance of Marie Stopes UK sits within our UK Divisional Board, a subcommittee of the Marie Stopes International Board, which has definitive responsibility for how we operate as an organisation. Our Executive Management Team members contribute to our organisational cycle of quality improvement through their respective departments. Senior leaders ensure we deliver on our strategic objectives, overseeing operations, quality assurance and our integrated approach to delivery of care. The Executive Team also ensures our teams work in an integrated way to meet our corporate objectives.

The reporting year has seen us strengthen, and build on, our quality and operational management processes in a number of key areas:

- **We reduced the rate of incidents resulting in client harm in our Centres, to the point where we are now mainly reporting no harm and low harm incidents**
 - **We maintained our reporting rate, reduced client waiting times, and expanded and rolled out our organisational development programme**
 - **We also made great progress on training for colleagues, with 96% of all Marie Stopes UK colleagues achieving their mandatory training during 2019/20 against our set target of 85%.**
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Other key developments in 2019-2020

We made positive strides forward this year in implementing a new electronic patient record system to help us become more efficient in the way we manage client data.

Replacing our legacy clinical record system, the new system has been designed by IMS Maxims (our preferred supplier, appointed following a competitive procurement process.) The discovery and design phase is now complete and Marie Stopes UK-specific software will shortly go into development before testing, training and follow on work, with the new system due to go live later in 2021.

This project represents a wholesale digital transformation of Marie Stopes UK, touching all our major client-facing and back office processes, including our One Call Support Centre, our Centres, Early Medical Units and Vasectomy sites. The new system will improve both clinical quality and operational efficiency by reducing repetitive and manual workarounds and supporting our business to become paper-lite. Reducing the amount of time colleagues need to spend on admin, the new system will also free up more time to spend on client care.

To support our digital transformation, we also invested heavily in our IT. This year we've made sure our systems are robust and fit for the future, incorporating disaster recovery capability to add an extra layer of resilience; and upgrading all our devices to Windows 10, with a rolling programme to replace all our laptops and PCs by the end of 2020.

Building on the significant piece of work we did last year to produce, analyse and manage our data and information more effectively, in July 2019, **we successfully migrated to the Health and Social Care Network (HSCN).** This means we now have access to the NHS records system across multiple locations. With consent, our clinicians can now easily look up client information such as allergies, medications and previous consultations, to help with their treatment decisions.

The treatment options available to clients depend on their gestation and choice, so the speed at which clinicians can access this information can also be a factor in determining the choice of procedure they are offered. As a more efficient and secure way to access and hold data, the project is also resulting in cost savings which we are investing in client care.

We also achieved Cyber Essentials Plus Accreditation in October, providing additional assurance of our ability to safeguard and protect the data of our clients and colleagues.

Our Centres in Leeds, West London and South London were inspected by the Care Quality Commission (CQC) as part of their standard inspection programme. All inspections received a ‘**Good**’ rating overall, with Leeds rated ‘**Outstanding**’ for its ‘**Well Led**’ domain. Our Birmingham Centre was also inspected on its ‘**Safe**’ and ‘**Well Led**’ domains, following CQC improvement notices we received after our inspections in 2016 and 2017. As a follow-up inspection, this was not rated. We are positive about the ratings we have received this year and they are a good reflection of the work we are doing to continually improve quality.

In September, we aligned our quality and nursing leadership by appointing an Associate Director of Nursing and Head of Quality, Betty Njuguna. This new role means we’ve been able to bring both nursing and quality together under one umbrella, ensuring uniformity of vision, support and direction for all our nursing and midwifery colleagues and allowing us to do more work on the quality and experience of care we provide to our clients. Offering professional leadership to all our nursing professionals, Betty also provides direct clinical support to our Clinical Service Matrons.

- **In 2019/20, Marie Stopes UK provided abortions for over 61,000 women and nearly 6,000 vasectomies for men in more than 56 locations across England**
- **Our 24-hour helpline, which is available every day of the year at our One Call Support Centre in Bristol, answered over 304,651 calls**
- **Every client who accessed our abortion services during 2019/20 was offered counselling; 5.9% of our clients took up this offer, an increase on last year. Of those who received counselling, 58% decided to go ahead with treatment.**



At the end of December 2019, we sadly closed the doors to our Birmingham Centre. Marie Stopes UK was commissioned to provide abortion services by the Birmingham, Sandwell, Walsall and Wolverhampton CCGs in 2012, and we have supported many thousands of clients since then. With the re-commissioning of services in the latter part of 2019, we took the difficult decision to not re-bid for the contract. Our teams provide so much more than just abortion services, from consultations and counselling to interpreting and safeguarding. We were open and transparent with commissioners about the real cost of running the services, but despite lengthy discussions, the level of funding wasn't increased to sustainable enough levels to allow us to provide high quality, local services in Birmingham. As a responsible provider, we were unable to bid on the new contract. This was incredibly disappointing and means that some clients in the area will now have to travel further to access care, including clients with more complex needs. We remain committed to supporting people to make reproductive choices and will continue to review how we can best support public health in this area in the future. Securing sustainable funding for all the services we provide remains a key priority for our organisation. We will persist in highlighting to commissioners the need for sustainable funding so that we can continue to deliver innovation in our services and reach those who need them most.

All CQC inspections received a Good rating overall, with our Leeds Centre rated Outstanding for its 'Well Led' domain.

We also saw the retirement of our Medical Director, Imogen Stephens and welcomed, in February 2020, Jonathan Lord as our new Medical Director. A Consultant Obstetrician and Gynaecologist at the Royal Cornwall Hospital in Truro since 2004, Jonathan has not only delivered abortion care for most of his career, but also helped shape national policy. As co-chair of the British Society of Abortion Care Providers, he supported the training and implementation of abortion care in the Republic of Ireland and was a mentor for several Irish GPs when they established their service. He served as the NHS clinician representative on the National Institute for Health and Care Excellence (NICE) abortion care guidelines, while as co-chair of the Royal College of Obstetricians and Gynaecologists Abortion Taskforce. He is now working with key decision makers across the sector to implement the new guidance.

We have made further clinical improvements to ensure our practice mirrors the recently published NICE Abortion Guidance (NG140). This includes taking steps to make our services more accessible by reviewing our Early Medical Abortion Pathway, including how we work with under 18 year olds.

We have now embedded our Right Care Pathway, **which clinically triages clients with complex health and social needs**, to provide the 'Right Care at the Right Time in the Right Place'. During 2019, we supported over 10,000 clients through the pathway, ensuring they were treated in the safest, most appropriate environment, with 15% requiring further intervention. We worked with 25 hospitals treating over 18-week-gestation clients, reducing this to just four locations. We secured 2,000 appointments due to complex medical needs, which equates to 3% of all our clients. We also supported vulnerable clients to secure funding for travel and accommodation so they could access treatment where services weren't available to them locally.

Delivered by our Clinical Education team, we have made good progress in developing our face-to-face, mandatory training inhouse.

This has seen us supporting our Centre managers with mandatory and best practice training, and developing a framework for training and assessing clinical competencies. We also introduced pre-registration nursing student practice placements; launched a bespoke Preceptorship Programme to support newly qualified practitioners in their first clinical post; and developed Clinical Career Development Pathways to help with recruitment and retention.

2020 has presented the country with a whole new set of challenges with the COVID-19 pandemic. This is impacting, and will continue to impact, our colleagues and clients through 2020 and beyond. Our teams have already responded in a remarkable way and at the time of writing, **we have continued to run a comprehensive and full service, delivering essential services to our clients.** The Government has introduced temporary changes to the Approval of a Class of Places (Abortion Act 1967) in response to the provisions of the Coronavirus Act 2020. This means that, as an organisation, we can now provide a telemedicine service for clients who are screened as being eligible for this. These changes, although temporary for the duration of the crisis, are invaluable in reducing the risk of spreading the virus unnecessarily to colleagues and clients, by minimising contact and allowing some women to be treated at home.

I am extremely proud of the way our teams have responded to implementing significant changes to our Early Medical Abortion Pathway, working around the clock to ensure we have a robust, safe, effective and caring process for delivering this innovative form of treatment. We will be documenting all outcomes and data from this initiative, which will prove invaluable in helping us to shape new pathways and treatment methods for the future.

We continue in our mission to be a well-led, healthy and productive workplace and have further improved our standing in abortion care and sexual health services during the last year. This is benchmarked by our compliance with the Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy, and the regulatory requirements set by the CQC.

I would like to sincerely thank all our colleagues for delivering significant organisational and operational improvements during 2019/20, resulting in safer care. Our team plays a hugely valuable and essential role in caring for our clients, offering compassion without judgement and supporting people with their reproductive and sexual health choices. I would also like to thank our key stakeholders and partners for their advice and support to help us make the progress we have. The COVID-19 emergency has presented us with significant challenges, but I am confident our approach, and the measures we have adopted, will stand us in good stead as we continue to respond to the evolving situation.

This Quality Report takes account of all the regulatory requirements of NHS Quality Accounts where relevant. We have gained external assurance on this report by asking our main commissioners to independently validate the quality of our data.

I declare that to the best of my knowledge the information in the document is accurate.



Richard Bentley

UK Managing Director
Marie Stopes International (UK Division)

Part 2:

Priorities for improvement and statements of assurance from the board

2.1

Progress against 2019/20 priorities

We have made good progress against many of the priorities we set for 2019/20. We have included our performance in 2019/20 against each area and, where relevant, performance in previous years as well:

Safe

- Review and update current Early Medical Unit (EMU) model of care delivery
- Review and update discharge and transfer approach

Effective

- Further develop clinical effectiveness and audit strategy
- Complete assurance review of all abortion care related NICE guidance
- Improve the uptake of Long Acting Reversible Contraception (LARC) for those women who have requested it at consultation (carried forward from 2018/19)

Caring

- Develop induction videos which set out the expectation of clinical colleagues around being a caring client-centred service

Responsive

- Reduction of waiting times to 10 days for all surgical abortions in our Birmingham, Bristol, Leeds and Manchester centres
- Review of questionnaire and process for collecting client experience data
- Increase in rate of client experience questionnaires completed

Well Led

- Colleague survey results: positive net promoter score.
- Commence implementation of our new Client Record System (CRS)
- Introduction of the “Client’s Story” at the start of each UK Board meeting (good and bad experience)

Progress against these priorities will be monitored by the Quality Sub-Committee quarterly.

Priority 1: Safe

Review and update our current Early Medical Unit (EMU) model of care delivery.

Progress

Increase to 9 weeks +6 days (9+6) for early medical abortions (EMA) in all Early Medical Units (EMUs): All EMUs began providing 9+6 EMA from 1 October 2019. We have reviewed and updated our Medical Abortion Policy and Standard Operating Procedure to reflect this.

Early abortion treatment at home: Following a successful pilot of Misoprostol at Home, the project has now been fully rolled out across all our Centres, including our EMUs. This service allows our clients to complete their medical abortion in the comfort of their home ensuring their privacy and dignity. During the launch of the service, we audited effectiveness and experience of the service run from all our centres.

Of those clients surveyed:

- 98.5% said that the information sheet they were given was easy and clear to follow
- 87% did not experience any problems taking their tablets
- 84% were told of the level of pain to expect
- All reported an average pain rating of 4 out of 10
- 100% clients knew when to take their post treatment pregnancy test
- 86% would recommend the service to a friend or family
- 21% felt the need to contact the 24/7 aftercare helpline.

Any negative comments have been used to further improve the service. After the launch of the service we saw early abortion treatment versus surgical treatment rise to 82%, this being a more convenient choice for eligible clients.

Young Person's Pathway: We have developed a this in consultation with young people, to ensure they are seen quickly and that we remove obstacles to accessing our services. This means that young people with capacity to consent, now have the same access to services as adults and we can provide a more tailored service specific to their needs. All young clients are now given a longer appointment to give us enough time to assess their needs against our under-18 safeguarding risk assessment. They are no longer required to undergo mandatory counselling and can access consultations through EMUs from March 2020 if they wish to do so.

Development of EMA Telemedicine Service: In response to the Covid-19 pandemic, in early March 2020, we reviewed our Medical Abortion Pathway again to introduce telemedicine in anticipation of the temporary changes to the Approval of a Class of Places (Abortion Act 1967), and in response to the provisions of the Coronavirus Act 2020 issued by Government on 30 March 2020. We had already made significant changes to our Medical Abortion Pathway in preparation for this approval in early March, to ensure the new Telemedicine Pathway could go live on 6 April 2020. We will be evaluating the effectiveness and outcome of this new service and report on it in next year's Quality Account.

West London Centre:
“Very kind, caring and informative staff”

In response to the Covid-19 pandemic, in early March 2020, we reviewed our Medical Abortion Pathway to introduce a telemedicine service.

Review and update our discharge and transfer approach.

After learning from incidents related to planning client discharge, we implemented a new Criteria-Led Discharge Policy during 2019/20. This sets out a clear pathway for nurses and midwives to safely discharge clients, as part of a multi-disciplinary team.

The policy states we can only discharge clients once they have been assessed by a registered professional against an agreed set of criteria. The practitioner needs to have completed appropriate training and carried out a competency assessment in discharge.

Priority 2: Effective

Further develop our clinical effectiveness and audit strategy.

Progress

To ensure our services are clinically effective, we reviewed our cycle of clinical audit in 2019/20 to make sure the number of audits were manageable and robust. This year, audits were carried out on:

- how we manage a client who is clinically deteriorating
- records management in our Medical Abortion Pathway, and
- our process for managing medicines.

The clinical audits have helped us identify areas where we can improve and share good practice, to make our standards more consistent.

Review our abortion care against NICE guidance.

Progress

The NICE guidance (NG 140) on abortion care was released on 25 September 2019 and reviewed by our Clinical Director. Since its release, we have reviewed our policies for Rhesus testing and antibiotic prophylaxis for EMA, such that routine antibiotic prophylaxis for EMA has ceased and Rhesus testing for EMA had also ceased within weeks of the new guidance being published.

We were already compliant with most areas of the Abortion NICE guidance. We have developed an implementation plan to address any outstanding areas by the end of 2020.

We are compliant with NICE Guidance 45 on preoperative assessment for day case surgery, and no longer offer routine blood testing for clients less than 14 weeks' gestation.

Improve the uptake of long acting reversible contraception (LARC) for those clients who have requested it.

Progress

We continued to have LARC uptake of around 22% in 2019/20.

Despite having a robust action plan in place, we found that, the ever-increasing number of clients choosing medical abortion in our Early Medical Units over surgical treatments in our main Centres made our task more difficult. This means, the logistics of delivering the full range of LARC services in the EMUs has been challenging.

We are continuing to innovate our service delivery model to build in greater flexibility, so that we can offer a more comprehensive, tailored LARC service.

Our current method of monitoring LARC performance is also not giving a completely accurate picture. Our rate is currently presented as a percentage of all abortion activity, rather than those women who specifically request LARC. We are developing a new data collection and reporting approach which will be deployed with the electronic client record.

Despite this, we have seen improving LARC uptake in our main Centres, with both Manchester and Leeds reaching 40% and 32% respectively. It is worth noting that LARC is mainly delivered alongside surgical treatment where insertion can take place while the client is sedated, hence the higher take up.

We introduced a number of initiatives to improve LARC take up in 2019/20, including:

- An Implant Training Pilot with the Faculty for Sexual and Reproductive Health (FSRH), which has gone well, with 55 colleagues achieving their Letter of Competence in subdermal implant fitting.
- Nurse-Led, Post-Medical Abortion Intra Uterine Contraception (IUC) Clinics now running in South London, West London, Central London and Manchester, to cater for clients wanting a LARC post-medical abortion
- Introduction of Contraception and Sexual Health (CaSH) Champions in all our main Centres, to promote contraception in their Centres and EMUs. These champions are working towards becoming IUC fitters, so that we can have at least one Post-Medical Abortion IUC Clinic per main Centre by mid-2020. Three colleagues have dates in place to work in a local CaSH Clinic for their clinical training
- Setting up a CaSH SharePoint page as a source of evidence and information for colleagues on contraception

- Half-day, face-to-face CaSH training, developed by the Faculty of Sexual and Reproductive Health (FSRH), for all abortion colleagues. Dates are in place for all Centres to hold the Sexual and Reproductive Health (SRH) Essentials training for all front-line healthcare professionals in Spring 2020
- CaSH competencies launched in Spring 2019 and all healthcare professionals to be assessed and signed off as competent to counsel clients on all methods of contraception.

Priority 3: Caring

Develop induction videos to set out what we expect from clinical colleagues when providing a caring, client-centred service.

Progress

Rather than developing videos, we opted to introduce a face-to-face, interactive session instead, as part of our clinical induction, called 'Walking in the Client's Shoes'. This maps out the client journey, encouraging colleagues to consider the client experience, how they feel and what we can do to support them. This session is now a well-established part of our induction for all our clinical teams.

**Central London Clinic:
"The staff were amazing
and very respectful"**

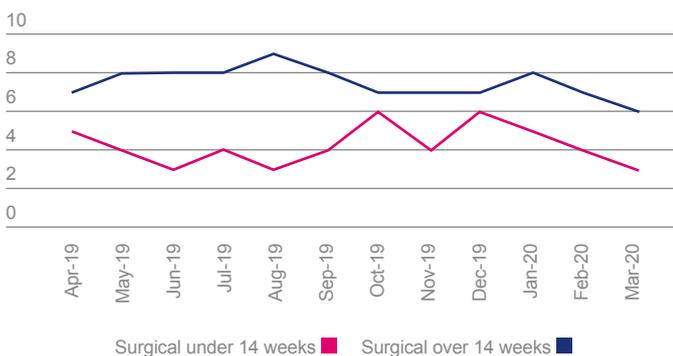
Priority 4: Responsive

Reduce waiting times to 10 days for all surgical abortions in our Birmingham, Bristol, Leeds and Manchester Centres.

Progress

Since our last report, we have continued to reduce our surgical waiting times in the north of the country. We have proactively managed wait times, with daily operational performance calls to discuss capacity throughout the UK. Capacity is based on the next available appointment and documented in our weekly performance report; these reports also detail capacity recommendations to improve service delivery. Having such positive wait times means we can adapt operationally to meet the changing demands of different types of service and also meet the changing needs of our clients by giving them the earliest available appointment for treatment. We have made significant progress and all average available waiting times for appointments are well within the national guideline of 10 days from contact to treatment.

North Region average wait times 2019-20 (Days)



Review our questionnaire and process for collecting client experience data.

Progress

We developed a new questionnaire as part of our newly-launched IWantGreatCare (IWGC) client experience platform, which went live in October 2019. Through the dashboard, we can now view results and generate reports on our client experience data. We have shared a bespoke MSUK user guide with all relevant colleagues and provided training on how to use the new platform. This is underpinned by our reviewed Client Feedback Guidance and promoted to clients in our Centres.

Clients can now access the questionnaire digitally, either on a tablet in our Centre or through a digital link afterwards. This new system has resulted in fewer clients leaving feedback than on the paper forms, however we are confident that with the right promotion, we can encourage more clients to respond with their views.

Priority 5: Well Led

Colleague survey results: positive net promoter score.

Progress

We began working with PerkBox Insights in December 2019 to create a monthly pulse employee engagement survey. Our average score for employee engagement is currently 3.6/5. Managers, meaningful work and teamwork were the highest scoring areas, with communications, career opportunities and reward and recognition highlighted as areas for improvement. This information has fed into our strategic objectives for 2020.

Reports are sent out monthly to regional managers and department heads for them to identify successes and areas that require attention.

Our average score for employee engagement is currently 3.6/5. Managers, meaningful work and teamwork were the highest scoring areas, with communications, career opportunities and reward and recognition highlighted as areas for improvement.

Commence implementation of our new Client Record System (CRS).

Progress

After a competitive procurement process in Q1 2019, we selected a new provider to replace our electronic patient record system. Most of 2019 was spent in the discovery phase, working with Marie Stopes UK stakeholders to understand and refine our requirements and designing bespoke features to meet our specific needs as an independent abortion care provider.

These specific features are now being built and, once available, data migration, configuration, testing and training phases will begin, with the launch of the new system planned for early 2021. As part of the project, we are introducing a change management programme, using best practice change management methodology, to support our colleagues with the transition. Finally in 2019, we also made significant improvements to our underlying IT infrastructure to support our new record system. We introduced enhanced cyber security, upgraded hardware and changed internet provider to ensure a faster and more reliable connection across our sites.

Introduce client stories at the start of each UK Board meeting (a good and bad experience).

Progress

We introduced this idea at our Divisional Board in October 2019 and it is now part of every Divisional Board meeting. The stories serve as a strong reminder for our Board of why we operate as an organisation, by highlighting the real-life experiences of people accessing our services and the lengths we go to help them.

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Dr. Yvonne Neubauer
Surgeon

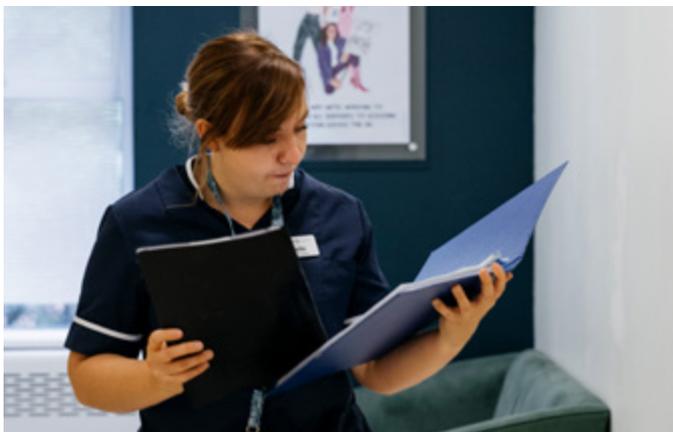
2.2

Priorities for improvement in 2020/21

We have agreed the following quality-related objectives for 2020/21, to build on the Good CQC ratings we achieved in our Centres in 2019/20.

Safe

- Strengthen safeguarding for our vasectomy clients by continuing to build our team's skills and competencies in this area
Rationale: Our decision to introduce safeguarding risk assessments and bespoke vasectomy training has been driven, largely, by the increasing prevalence and awareness around male mental health and male victim domestic abuse. In 2019, male suicide rose significantly and was the leading cause of death for men aged 45-49. One in six men also suffers from domestic abuse in their lifetimes. We also investigated a significant case in 2019, where a young male with learning needs was being coerced into a vasectomy by his caregiver. This has given us further evidence that improvements in male safeguarding need an increased focus.



Effective

- Ensure our abdominal ultrasound practice is in line with our new policy and procedures
Rationale: During 2019/20 we reviewed and updated our Abdominal Ultrasound Policy, standard operational procedures and training for abdominal ultrasound, learning from incidents of missed ectopic pregnancy. The next stage is to ensure our practitioners are consistently working in line with our improved standards.
- Improve the uptake of long acting reversible contraception (LARC) for women who request it at consultation (carried forward from our 2019/20 objectives).
Rationale: This is a priority we have carried over for the last two years. Although we have largely achieved what we set out in our improvement strategy relating to LARC, we now want to provide more educational support to healthcare professionals and increase our operational capacity in our Early Medical Centres. We also want to improve on the range and accessibility of contraception available to these clients.

Caring

- Continue to learn from client feedback to improve the care and compassion we provide through our services

Rationale: We want to do more with the client feedback we receive through our IWantGreatCare platform, and use complaints and incidents as a way to share good practice, identify areas we can improve on and deliver greater consistency in the level of our care.

Responsive

- Undertake local Equality Impact Assessments to better target the care we deliver to local populations.

Rationale: We want to explore how we can better serve the diverse populations using our Centres nationally, to take a more holistic approach to the way we run our services and identify new opportunities for working with partners. We have consulted with senior managers in our Centres, to get their buy in and help us understand the local needs of each service, and will be working with our CCGs locally to make relevant changes.

- Improve access to our services, including meeting the You're Welcome standards for young people

Rationale: This follows on from work we did in 2019/20 on our Young Person's Pathway. There is still room for improvement to simplify pathways into our services, whether through GPs, central booking systems, commissioning and directly communicating our services to young people. We also want to improve, specifically, on how we provide services to young people once they are in our Centres and Clinics so we can better meet their needs and expectations. This priority was consulted upon by senior managers and is based on a national NHS priority to improve services for young people.



Well Led

- Roll out management development training
Rationale: After conducting a training needs analysis, we identified a need to offer a structured leadership programme. This will support both our current managers with core leadership skills, but also help us develop a pipeline of managers for the future.
- Continue to implement our new Client Record System (CRS)
Rationale: This is a priority carried forward from last year. We have made good progress on implementing our new CRS in 2019/20; we now need to complete this work and make it operational.

Our Director of Quality and Governance will monitor progress against these priorities and report on them quarterly to our Quality Subcommittee.

2.3

Statements of assurance from the board

2.3.1 Contracted Services

During 2019/20, Marie Stopes UK provided and/or sub-contracted 133 relevant NHS sexual and reproductive health services.

We have reviewed all the data available on the quality of care in all 133 of these services.

2.3.2 NHS Income

The income generated by the relevant Marie Stopes UK services reviewed in 2019/2020 represents 95% of the total income Marie Stopes UK generated from providing relevant health services in this period.

2.3.3 Audits and Confidential Enquiries

During 2019/2020 there have been no applicable national clinical audits or National Confidential Inquiry for us to participate in. However clinical audits were carried out, which focused on measuring the performance of our clinical practice.

Audits were conducted, specifically, on:

- **Our clinical records management.** This audit included a review of our documentation for EMA clients, to check that anyone undergoing an EMA has complete and accurate documentation of their care throughout their treatment journey.

It was demonstrated that ultrasound scan findings and gestation were well documented. Also client gestations were appropriate for treatment and Anti-D had been prescribed and signed for, where indicated. Improvements were required in doctors' documentation and stamp legibility. Improvement actions included, ensuring that the reasons for abortion are reviewed, satisfactory and adequately documented. Additionally, there was a requirement to review our EMA policy to reflect these changes and communicate to front line colleagues accordingly.

- **Termination of Pregnancy Early Warning Score (TEWS).**

This audit reviewed how we manage a client who is clinically deteriorating. Following some issues identified associated with effective recording and implementing TEWS in some Centres, we carried out an audit across all surgical Centres in Q4 to ensure we are effectively identifying and managing any clients at risk of deteriorating. This audit identified improvements required in competency, scoring and documentation. Recommended actions included, developing a plan to ensure all colleagues carrying out this procedure are supported to improve their practice through training, reflective practice and clinical supervision. We are planning a repeat audit in Q2 of 2020 to review the effectiveness of these plans.

As well as the clinical audits mentioned above, a Compliance Monitoring Programme (CMP) is carried out quarterly across the organisation. The CMP allows us to monitor how well our teams are implementing key Marie Stopes UK policies and identify any gaps and action required.

Maidstone Centre: “Very nice and sympathetic”

We monitored our practice across the following areas:

- **Anaesthetics**
- **Biomedical equipment**
- **Controlled drugs**
- **Facilities and cleaning**
- **Fire hazard and emergency access**
- **Hand hygiene**
- **Health and safety**
- **Information governance**
- **Legionella**
- **Medicines management**
- **Peripheral venous cannula**
- **Planned preventative maintenance**
- **PPE and IPC**
- **Regulatory compliance**
- **Risk management**
- **Safeguarding**
- **Sharps and waste management**
- **WHO – 5 steps to safer surgery**
- **Vasectomy specific audits**
- **Early Medical Unit specific audits.**

Research

As part of the leading global family planning organisation Marie Stopes International, we have access to the latest information and learning on abortion practice from around the world. Research reports produced this year included:

- An assessment of abortion seeking behaviours and preferences in rural communities of the Eastern Cape, South Africa
- Evaluating an intervention to increase use of call centre support for self-managed medical abortion, Lusaka Zambia
- Evaluation of values clarification and attitude transformation workshops on service provision and client experience, Ethiopia (still in the field, being adapted for Covid – report early 2021)

- Field testing of indicators for quality menstrual regulation and post abortion care services, Nigeria, Ethiopia, Bangladesh (MSI partner on International Programme for Advanced Studies (IPAS) led study – part of the ASQ initiative to develop standardised indicators for abortion quality) (report due in 2021)
- A prospective, comparative study of clinical outcomes following clinic-based versus self-use of medical abortion using mifepristone with misoprostol, Ghana (MSI partner on IPAS-led study)
- Menstrual regulation with medication and increasing burden of post abortion complications: A situational analysis, Bangladesh
- Women’s and provider’s experiences of post-abortion care in tertiary hospitals in Afghanistan
- Understanding women’s experiences with abortion complications, Nepal, Mexico
- Development of an intervention to support reproductive health of women after seeking medical abortion in Cambodia (MSI partner on London School of Hygiene and Tropical Medicine-led study).

MSI’s work to improve abortion access and quality over the last year includes:

- The MSI SafeAccess hub – developing an open-access platform run by MSI for sharing evidence-based guidance and information to promote access to safe abortion (including content on quality of care)
- The creation of the My Body, My Voice report, using data from our annual client exit interviews, highlighting women’s experiences of abortion care
- Our abortion quality index – for measuring and comparing overall programme quality across different methods of abortion (including pharmacy-provided medical abortion).

CQUIN goals

A proportion of our income in 2018/19 was conditional on achieving quality improvement and innovation (CQUIN) goals agreed between Marie Stopes UK and the following CCGs for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework:

- NHS Airedale, Wharfedale and Craven CCG
- NHS East and North Hertfordshire CCG
- NHS Salford CCG
- NHS Basildon and Brentwood CCG
- NHS East Cheshire CCG
- NHS South Worcester CCG
- NHS Bath and North East Somerset CCG
- NHS East Lancashire CCG
- NHS Southend CCG
- NHS Blackburn with Darwen CCG
- NHS Fylde and Wyre CCG
- NHS Stockport
- NHS Blackpool CCG
- NHS Greater Preston CCG
- NHS Swindon CCG
- NHS Bolton CCG
- NHS Herts Valleys CCG
- NHS Tameside & Glossop
- NHS Bradford City CCG
- NHS Heywood, Middleton & Rochdale CCG
- NHS Thurrock CCG
- NHS Bradford District CCG
- NHS Leeds CCG
- NHS Trafford CCG
- NHS Bury CCG
- NHS Manchester CCG
- NHS Wakefield CCG
- NHS Castle Point and Rochford CCG
- NHS Morecombe Bay CCG
- NHS West Lancashire CCG
- NHS Chorley and South Ribble CCG
- NHS North Cumbria CCG
- NHS Wigan Borough CCG
- NHS Oldham CCG
- NHS Wiltshire CCG
- NHS Wyre Forest CCG
- NHS Redditch and Bromsgrove CCG

The agreed CQUIN goals for 2019/2020 were:

- Service User Feedback
- Sign up to Safety
- Flu Vaccinations
- Colleague Questionnaire
- Colleague Health and Wellbeing charter
- Making Every Contact Count
- LARC uptake
- Increase in chlamydia screening
- Increase in early medical abortion uptake
- Quality Improvement and reporting
- Discharge Summary and Audit
- Health inequalities – progress to compliance
- Implement and embed actions from CQC reports

2.3.4 Duty of Candour

Marie Stopes UK has implemented the requirements of Duty of Candour. Our Duty of Candour policy includes the General Medical Council and Nursing and Midwifery Council joint statement on professional responsibility in application of Duty of Candour. Incidents relevant for reporting are identified as such and their management tracked through our electronic incident reporting system, Datix®. All Duty of Candour incidents and complaints are monitored through our quality dashboard and reported to our Quality Subcommittee quarterly.

There were 14 incidents that met the threshold for Duty of Candour application during 2019/20. These incidents related to clinical complications due to system failure and information governance breaches. All but two were completed within the timeframe of 10 working days of the incident occurring. One delay was attributed to late identification of the incident with Duty of Candour, but applied as soon as the incident was declared. The second case was not applied as we were unable to establish contact with the client.

2.3.5 Care Quality Commission status

Marie Stopes UK's services are registered with the Care Quality Commission (CQC). Our current registration status is to carry out the following legally regulated activities:

- Diagnostic and screening procedures
- Family planning services
- Surgical procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

At the following clinics:

- Marie Stopes Birmingham Centre
- Marie Stopes Bristol Centre
- Marie Stopes Coventry Centre
- Marie Stopes Essex Centre
- Marie Stopes Leeds Centre
- Marie Stopes Maidstone Centre
- Marie Stopes Manchester Centre
- Marie Stopes South London Centre
- Marie Stopes West London Centre
- Marie Stopes Central London

During 2019/2020, the organisation was subject to CQC inspections at our Maidstone, West London, South London and Leeds Centres. All Centres received Good ratings overall, with Leeds also receiving Outstanding for its 'Well Led' domain. These achievements underline the robust monitoring of our standards and improved leadership, which has led to improvements in both our quality and governance.

The organisation was also re-inspected against Regulation 12 Warning Notice in our Birmingham Centre during 2019, which was lifted prior to our decision to stop providing services from this site.

There were no enforcement actions against Marie Stopes UK from the CQC during 2019/2020. There were also no warning notices issued during this period. All 'Must do' and 'Should do' actions have been completed.

We have not participated in any special reviews or investigations by the CQC during the reporting period.

2.3.6 Hospital Episode Statistics

Marie Stopes UK did not submit records during 2019/2020 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data, as there is no requirement to do so. We collect abortion data routinely in our own services.

2.3.7 Information Governance

Our Marie Stopes UK Information Governance Assessment, completed via the Data Security and Protection Toolkit, achieved 'Standards Exceeded' for 2019/2020.

2.3.8 Payment by Results

Marie Stopes UK was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2019/2020.

2.3.9 Learning from Deaths

There have been no client deaths attributed to care provided by Marie Stopes UK during the reporting period.

2.3.10 Freedom to Speak Up

In line with NHS Improvement Freedom to Speak Up Guidance, we acknowledge our responsibility to create a safe culture, free of bullying and harassment, and an environment where our colleagues can raise concerns and make suggestions for improvement. To this end, we have a Speaking Up Policy in place, which sets out our process for colleagues to raise concerns confidentially and gives details of how we will investigate any concerns.

All team members can contact our Marie Stopes UK's Speaking Up Guardians to receive appropriate confidential support, advice and guidance. Posters are in place in all our Centres and Clinics to make sure people are aware of our guardians and how to raise a concern.



All guardians have received training from the UK's leading whistleblowing charity, Protect, on how to provide appropriate support to colleagues. Freedom to Speak Up is incorporated in our colleague training and development programmes and in our new induction programme iBelong.

Any concerns are recorded and acknowledged through a central record system (held confidentially), which records the date the concern was received, whether confidentiality has been requested, a summary of the concern, and dates when any updates or feedback have been given. Protected disclosures can also be made where applicable. In 2019-2020, there was one instance of a colleague raising concerns through our Speaking Up Policy.

We gather any feedback on our Speaking Up process from those raising concerns. A report incorporating all concerns raised through all channels, including Speaking Up, external whistleblowing, HR, and direct to our Managing Director, is then presented to the Executive Team, Quality Subcommittee and the UK Divisional Board.

Anyone who works (or has worked) for Marie Stopes UK can also raise concerns through a variety of other routes including:

- Our line managers and Executive Directors
- Our incident reporting system, Datix®
- Our Managing Director with responsibility for whistleblowing
- Safecall an external, confidential, free, speaking up service which is independent of Marie Stopes UK.

2.4

Reporting against core indicators

As Marie Stopes UK is a charitable specialist provider, most of the core indicators that use data from the Health and Social Care Information Centre (HSCIC) aren't relevant to our services. We have, therefore, chosen to monitor our quality performance against our own local indicators. These quality indicators are reviewed at our regional and corporate quality and assurance meetings, and then reported to our Divisional Board.

Timescale:

Quarter 1 - Apr - Jun 2019

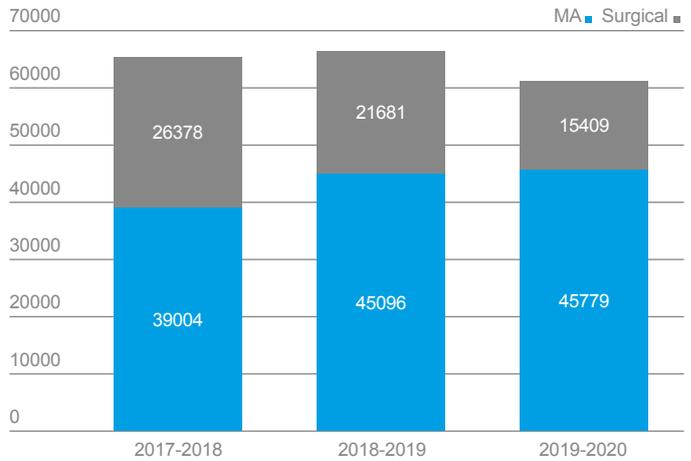
Quarter 2 - Jul - Sep 2019

Quarter 3 - Oct - Dec 2019

Quarter 4 - Jan - Mar 2020

CQC Domain: Safe

Quality Indicator: Number of Clients

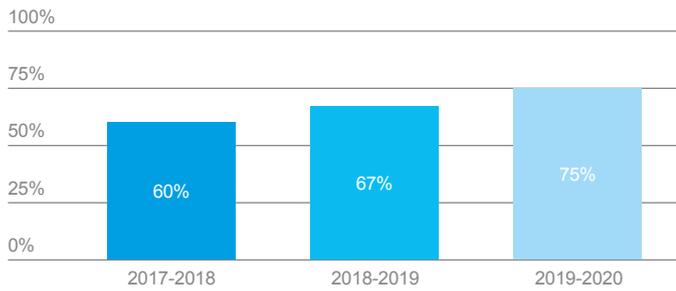


KPI - Budget

Analysis: We have seen a continued rise in the number of medical abortions carried out over the last three years, accompanied by a drop in surgical abortions. To some extent, this could be attributed to the closure of our Birmingham, Sandwell, Walsall and Wolverhampton CCG contracts at the end of December 2019, as well as an increased preference from clients opting for medical rather than surgical abortions.

We have seen a continued rise in the number of medical abortions carried out over the last three years, accompanied by a drop in surgical abortions.

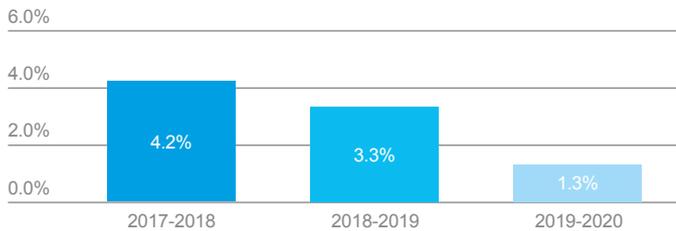
Quality Indicator: EMA Case Mix



KPI - 60%

Analysis: We are seeing a continued overall increase in our EMA case mix year on year. This is due to a number of factors, including: the availability of simultaneous and interval medical abortion, which has given clients more choice; a reduction in waiting times, meaning clients can access services quicker; and the introduction of Misoprostol use at home at the start of 2019.

Quality Indicator: Non Clinical Incidents, by activity (%)

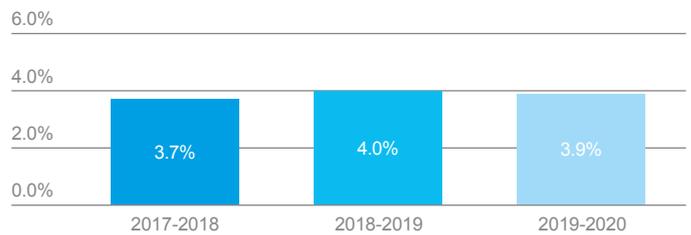


KPI - > 4%

Analysis: Over the last three years, we have seen a year on year drop in the rate of non-clinical incidents reported. We can attribute this to our quality improvement initiatives relating to reporting, investigation and organisational learning.



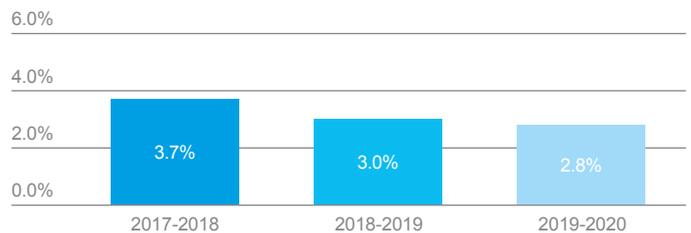
Quality Indicator: Clinical Incidents, by activity (%)



KPI - > 1-2%

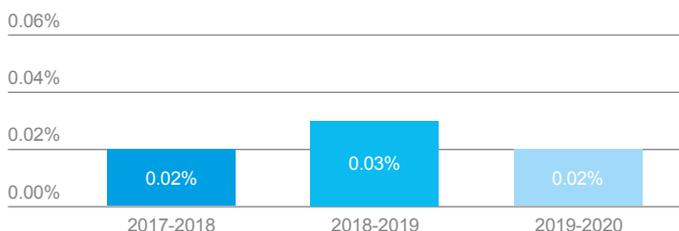
Analysis: There was a slight decrease in the rate of clinical incidents reported during 2019/20. This could be due to there being less opportunity to report as we continue to improve the safety and quality of care we provide.

Quality Indicator: Clinical complications (sub-set of Clinical Incidents), by activity (%)



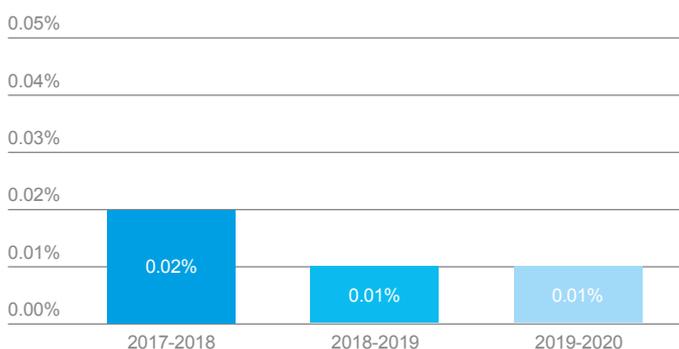
Analysis: Most incidents reported relate to retained products of contraception and failed termination of pregnancy, both of which are known complications of abortion.

Quality Indicator:
Externally reportable incidents
 (i.e. RIDDOR, ICO, Police), by activity (%)



Analysis: There were minimal numbers of incidents meeting the threshold for external reporting. Most external notifications were CQC reportable transfers and safeguarding concerns, which were reported to the police.

Quality Indicator:
Serious Incidents by activity (%)

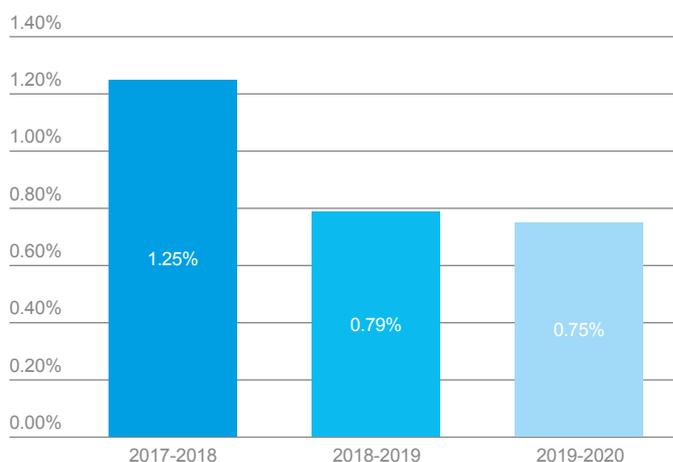


KPI - < 0.1%

Analysis: We have seen a sustained reduction in the rate of serious incidents in the reporting year compared to 2018/19. We can attribute this to improved quality of care through early identification, reporting, timely investigations and organisational learning.

We have seen a sustained reduction in the rate of serious incidents in the reporting year compared to 2018/19.

Quality Indicator:
Percentage of incidents rated moderate and above



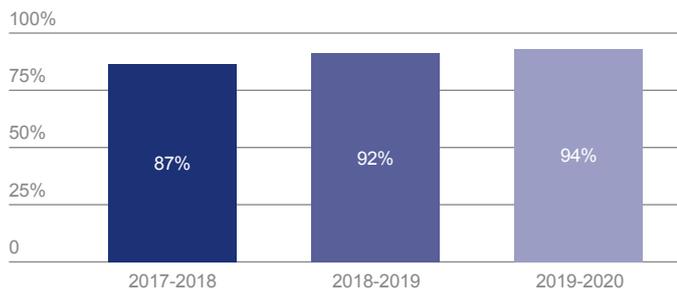
KPI - 1.5%

Analysis: There has been a sustained decrease in the number of incidents reported scoring 'moderate and above', with most incidents now reported as 'no harm' or 'near misses'. We have achieved this by undertaking root cause analysis of any incident scoring 'moderate and above', regardless of whether it is defined as a 'serious' incident. This has helped us identify lessons learnt and make changes where needed, leading to improved client safety and outcomes.

There has been a sustained decrease in the number of incidents reported scoring 'moderate and above', with most incidents now reported as 'no harm' or 'near misses'.

CQC Domain: Effective

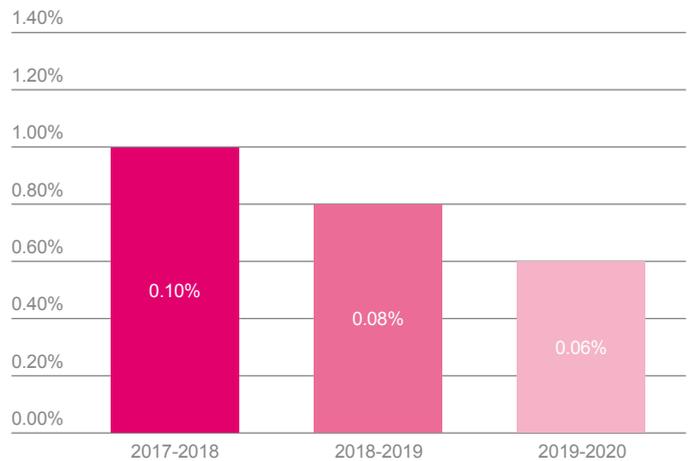
Quality Indicator: Compliance Monitoring Programme scores



Analysis: These are the aggregated scores for the monthly audits carried out in our Centres, showing to what extent our teams are complying with our policies and standard operating procedures. Since introducing these audits in 2017, we have seen an increase year on year in compliance. Our specialist leads review all audits regularly, working with our Centres, to ensure they reflect any changes to our policies and processes.

CQC Domain: Caring

Quality Indicator: Formal complaint rate, by activity

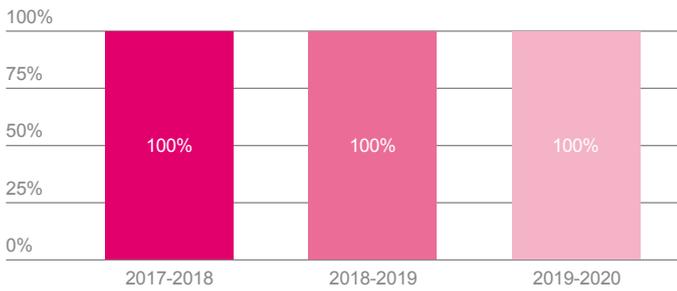


KPI - 0.09% - NHS benchmark

Analysis: Over the last three years, we have seen a continued fall in the number of formal complaints, thanks to our improved quality of care, improved safety and better client experience. We have also focused more on understanding the reasons for informal complaints and putting those right, as well as giving clients more information so they know what to expect from their treatment and manage their expectations accordingly.

The number of formal complaints has continued to fall, thanks to our improved quality of care, improved safety and better client experience.

Quality Indicator: Complaints response rate against patient negotiated timescale

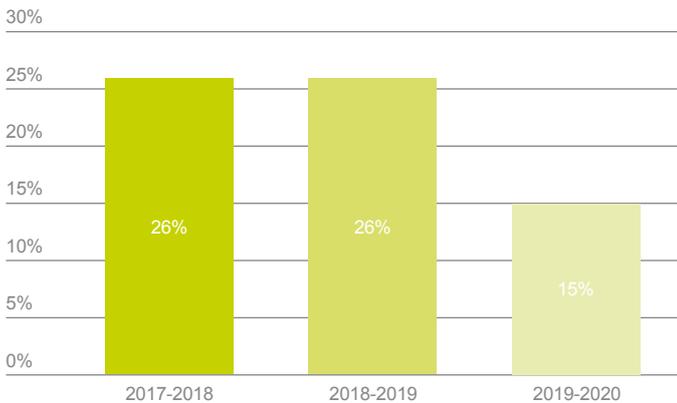


KPI - 75%

Analysis: As per previous years reported, we responded to all formal complaints within the expected timescales of 20 working days throughout the reporting period.

CQC Domain: Responsive

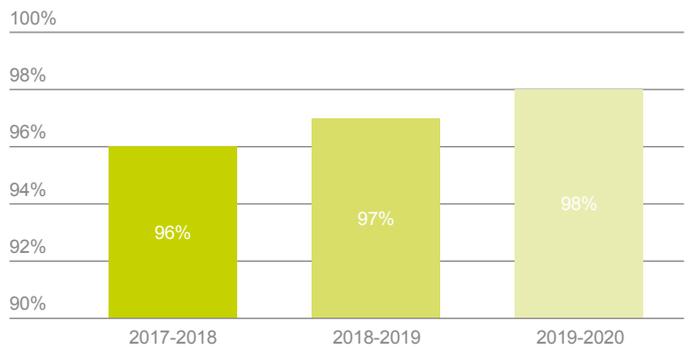
Quality Indicator: Patient feedback response rate



Analysis: Our client experience response rate dropped in the reporting year when we changed our platform for collecting client feedback to IWGC. We now ask clients for feedback via a link to a digital feedback form, rather than on a paper form. We anticipated an initial drop in response rate as a result of some connectivity issues in our Early Medical Units. With the recent introduction of telemedicine in early April, clients are also able to leave feedback via a link we send them. As we do more to promote the need for feedback, we anticipate response rates will go up.



Quality Indicator: Overall care received was rated 'Excellent' or 'Very Good'



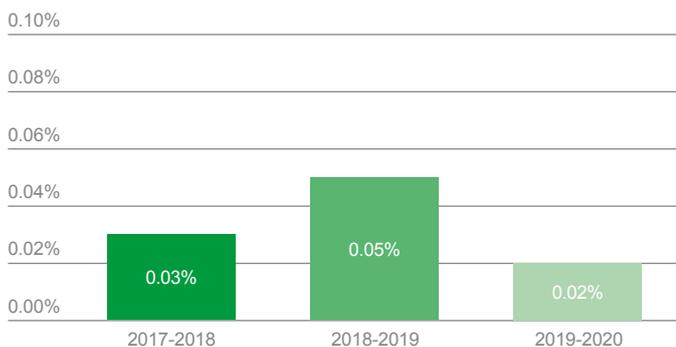
KPI - 95%

Analysis: Over the last three years, our client experience rates have improved year on year, in line with the improvements we have made to our quality of care, client safety and client experience.



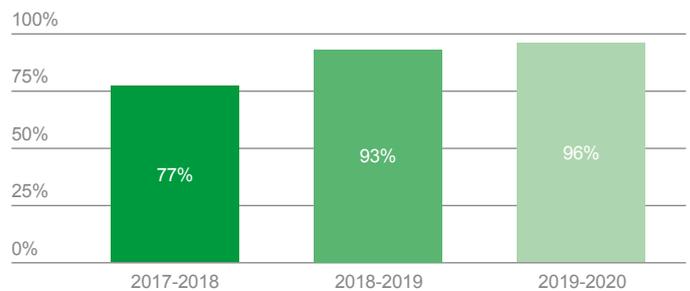
CQC Domain: Well Led

Quality Indicator: Incidents where Duty of Candour was exercised, by activity (%)



Analysis: We have seen fewer incidents, this reporting year, where we have been required to exercise Duty of Candour. Our reporting of Duty of Candour incidents against reporting deadlines has been consistently above average. Gaps in compliance were due to late identification of an incident, with Duty of Candour being applied as soon as the incident was declared. The second case wasn't applied as we were unable to establish contact with the client.

Quality Indicator: Mandatory Training Rate (incl. Contracted & Sessional Colleagues)



KPI - > 85%

Analysis: Over the last three years, we have seen a year on year increase in colleagues completing their mandatory training, thanks to easier access via our online training platform. This reminds colleagues of training they need to complete and gives managers better oversight locally.

Part 3:

Other information

3.1

Scope of our services

Marie Stopes UK has been providing sexual and reproductive healthcare services in England since the organisation was founded in 1976. In the UK, we are best known for our high-quality abortion services, which were used by over 61,000 clients in the reporting year (April 2019 to March 2020), of which around 97% had their abortion funded by the NHS. We also support people with their reproductive options, offering family planning advice and providing treatment through our network of local clinics and community-based services all over the UK, offering the following NHS services:

- Termination of pregnancy
- Contraception
- STI Testing
- Counselling
- Vasectomy

Overall summary of Marie Stopes UK activity (January-December 2019)

	2019	2018	2017	2016	2015
Total Abortions in England/Wales	Q3 2020	Q3 2019	197,533	190,406	191,014
MSI MA	45,827	45,294	34,387	35,955	33,10
MSI SA	17,290	22,408	27,889	28,313	35,401
MSI Vasectomy	5,901	5,532	4,914	4,150	3,091
MSI Abortion Calls	319,470	393,343	431,198	354,583	339,614
MSI VAS Calls	21,002	19,136	19,027	13,248	10,520
MSI Telephone Counselling Appointments	6,309	6,115	4,452	3,654	3,572

3.1.1 One Call and Right Care

Our One Call Support Centre, our centralised booking and call centre service, is open 24/7, 365 days a year. One Call is the first point of contact for all our clients and takes bookings for our Centres and Clinics across the UK.

One Call also provides a central booking service for specific CCGs, providing appointment support and information to clients for other providers, including other independent services and acute hospitals.

In the reporting year, One Call handled 304,651 calls and provided the following services to clients:

- Appointments for NHS and private clients seeking termination of pregnancy, vasectomy or a sexual health appointment (booking, changing, cancelling)
- Centralised booking for non-Marie Stopes UK centres, including bookings into local hospitals for other providers
- General information about services and abortion treatment options
- Liaising with all UK Centres regarding client care and queries
- Confirming appointments by letter, email or text
- Answering all calls for Marie Stopes UK Centres and Clinics when they are closed
- A centralised 24-hour nursing team dealing with pre-and post-treatment follow up calls
- A centralised counselling team offering pre-and post-treatment support
- A centralised test results administration team who provide test results to all clients after STI screening
- Handling all client queries in the event of a medical contra-indication and liaising with clients' GPs

- Pre-assessment consultations for all eligible clients, seven days a week throughout the year.

In the reporting year, our One Call Support Centre handled 304,651 calls. One Call is the first point of call for all our clients and takes bookings for our Centres across the UK.

One Call has a dedicated governance partner who oversees their quality information, including local dashboards, audits, their quality review and monitoring. All One Call colleagues are trained in Level 2 Safeguarding as a minimum, with some colleagues including call handlers trained to Level 3 and 4. One Call also has a Clinical Team Manager who supports our nursing and Right Care referral teams.

Right Care is the process we use to identify, triage and help us manage medically and socially vulnerable complex clients promptly and effectively. Through Right Care, we aim to ensure the 'Right Care at the Right Time in the Right Place', working as a multi-disciplinary team to improve our efficiency, safety and client experience for this group of clients.

If a client has any health conditions, we identify these through consultations and/or health assessments via One Call, using our Pre-Existing Conditions Guidelines (PEG). A multi-professional team, consisting of doctors, nurses and safeguarding named professionals, work closely to decide on the appropriate care for each client, whether that is care provided by us or a referral to the NHS or another service.



3.1.2 Marie Stopes UK Surgical Locations - Centres

Marie Stopes UK Centres provide high quality abortion care, including medical and surgical abortions. Medical abortion is offered up to, and including, gestations of 9 weeks and 6 days (represented as 9+6) in Centres and Early Medical Units. Surgical abortion is offered up to gestations of 11+6, 13+6, 19+6 or 23+6, across our Centres depending on local facility constraints.

As part of our comprehensive care, our standard services in our Centres and EMUs include:

- Screening and follow up of safeguarding concerns
- Screening for sexually transmitted infections (STIs) as part of a client's abortion treatment and wellbeing
- Pre-operative and perioperative assessments
- Provision of post-abortion contraception, with an emphasis on long-acting reversible contraception (LARC)
- Pre-and post-abortion counselling
- Medical or surgical evacuation of retained products of conception (ERPC) for failed procedures
- A 24-hour aftercare telephone line, serviced by registered nurses
- Some Marie Stopes UK Surgical Centres also provide vasectomy services.

We are also doing more now to look at how we work with clients with mental capacity issues, to make sure they receive adequate support before their appointment and, where mental capacity is diminished, that decisions are made in their best interests. Right Care has an appointed Right Care Safeguarding and Complex Care lead who deals with the most complex cases and liaises closely with external agencies and our Centres.

We have seen performance improved in:

- A decrease in incidents where the clients did not proceed (DNP) with their treatment
- Cases as a result of missing information reduced to 4% (against our 11% target) achieved in March 2020
- In the reporting year 66% of all complex cases were reviewed by a doctor within two working days of allocation compared with 54% when first implemented in late 2018

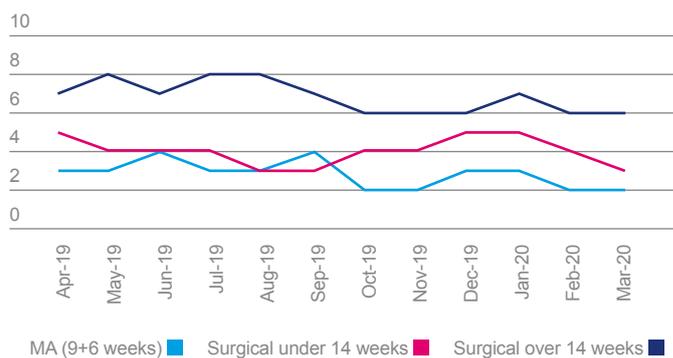
Through Right Care, we aim to complete any NHS referral within two working days of deciding to refer a client on. Since monitoring started in November 2019, we achieved this in 59% of cases. This can be attributed to a lack of capacity in the NHS to accommodate women presenting in late gestation, rather than sub-optimal management by the Right Care Team.

The Government has amended the approval for the class of place where abortion drugs can be administered for the second stage of early medical abortion, which has permitted the use of Misoprostol in a woman's home. Marie Stopes UK adopted this initiative early in 2019, firstly as a pilot and then rolling it out across the organisation. This initiative has made it possible for women to take Misoprostol at home where they have chosen this as their preferred option.

We oversee quality and performance in this area through local integrated governance meetings held monthly at each Centre. At these meetings, we monitor clinical outcomes, complications, emergency transfers and incidents graded at moderate harm or higher, tracked by a monthly dashboard. These indicators are tracked by each Centre to identify any areas of exception. Regional governance teams support our management teams locally to produce quality reports, investigate incidents and make any necessary changes by sharing lessons from incidents across the regions. Results from our Compliance Monitoring Programme are monitored and analysed through these meetings, and actions identified to improve audit outcomes logged on our Centres' local service improvement plans.

During the reporting year, we have seen a continued decrease in average waiting times for both medical and surgical treatment. During 2019, we were able to offer appointments within ten days, in line with Procedures for the Approval of Independent Sector Places for Termination of Pregnancy, RSOP 11 Waiting Times.

Average MSUK wait times 2019-20 (Days)

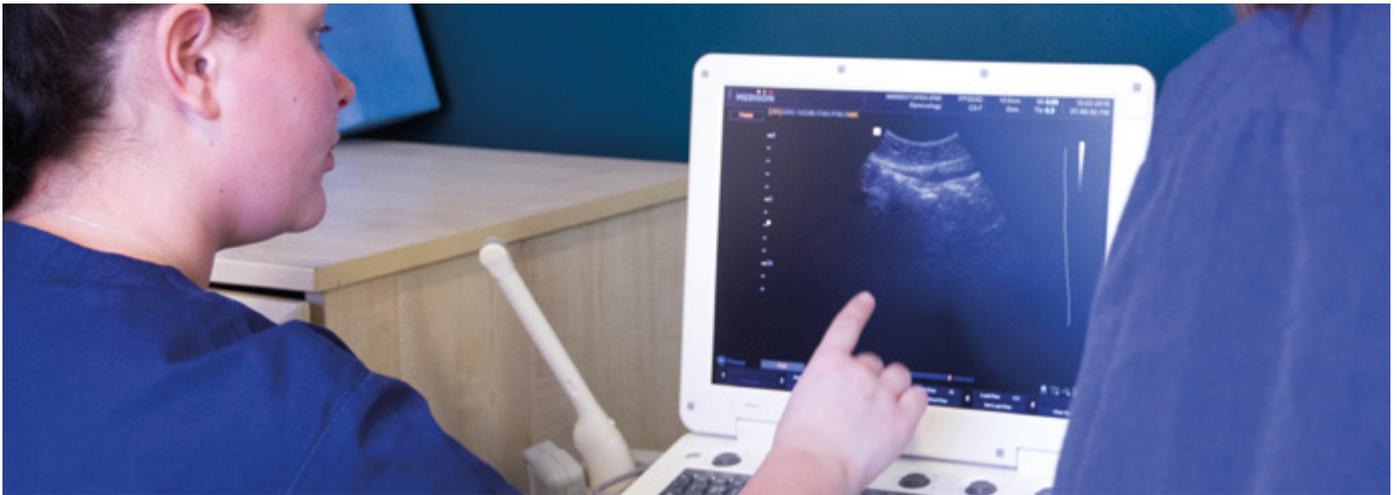


We have seen a continued decrease in average waiting times for both medical and surgical treatment. During 2019, we were able to offer appointments within ten days.

3.1.3 Vasectomy Centres

Vasectomy Satellite Centres are Marie Stopes UK Clinics run from within GP practices or hospital outpatient units. Our Vasectomy teams are trained to provide an effective service under local anaesthetic only. We currently have 20 Vasectomy Satellite Centres across the UK. Three of these (Wakefield, Hemsworth and Pontefract Satellite Vasectomy Clinics) are directly linked to our Leeds main Centre.

The remaining 17 Satellite Centres have a dedicated Registered Manager, who leads the service remotely from our Bristol One Call Centre and travels to the sites when needed. These teams are all supported by our Vasectomy Administration Team, a Clinical Services Matron and a Governance Lead.



Our Vasectomy Centres are audited every six months, using a bespoke audit tool created by our Quality and Governance Leads and the Vasectomy leadership team. Any issues highlighted by these audits are discussed on a monthly call with the Vasectomy Registered Manager, Clinical Services Manager and Governance Lead, and addressed through a Local Service Improvement Plan which is continuously monitored.

Our Satellite teams monitor our response to complaints and incident reporting. Significant incidents are reviewed the next working day, to identify any changes we can make to improve our processes and establish contributory and root causes.

Post-operative complications are monitored and reported via Datix® and our Medical Advisory Committee. Complication rates such as infections are reported quarterly to highlight and address trends per Centre and per surgeon.

Our Vasectomy service monitors monthly, any complaints received. Improvements identified feed into the Vasectomy Local Service Improvement plan and are acted upon as soon as possible. An example of this was an amendment to our consultation script to include the lifting of children and pets in our post-vasectomy heavy lifting guidance.

For the last two years, our Vasectomy Management Team has sent out a bespoke colleague satisfaction questionnaire specifically for sessional Vasectomy colleagues working from our Satellite Centres. Following these surveys, we sent out a 'You Said We Did' communication, outlining any actions taken as a result of colleague feedback. This included, for example, a change to how we manage breaks during lists so colleagues receive adequate rest time.

During 2020, we also developed an interactive eLearning module on our Vocal Local distraction technique.

Our Vasectomy service continues to grow and we are committed to standardising the service and making sure our sessional colleagues have all the support they need to provide the highest quality care. This has led to our main and Satellite Centres working collaboratively as result of assurance visits from the Head of Vasectomy Services and the Clinical Services Matron.



3.1.4 Sexual Health Service

We have a programme in place to train all our front-line nursing and midwifery colleagues to fit sub-dermal contraception according to the Faculty of Sexual and Reproductive Health (FSRH) standards. We have also trained a Contraception and Sexual Health (CaSH) Champion in each main Centre to fit intrauterine contraception (IUC). This means that clients who request an IUC after a medical abortion are able to return for this service.

We run Long Acting Reversible Contraception (LARC) lists at four sites, primarily for women who have a medical abortion and therefore may not have access to LARC at the time of their treatment.

In February 2020, we launched a new half-day training session, Essential Contraception for Abortion Providers for all our client-facing nurses and midwives. This training will also be offered to colleagues in other services as part of our new training programme.

As part of our clinical competency assessments, we have introduced CaSH competencies for all new starters and these will be rolled out further across the service over the next year.

We are training all our front-line nursing and midwifery colleagues to fit sub-dermal contraception and have trained a Contraception and Sexual Health Champion in each main Centre to fit intrauterine contraception.

3.2

Quality Assurance

We are committed to improving the quality of patient care for our clients and to build on our capacity to maintain high standards, including how we deal with poor professional performance.

We report any incidents and client complaints using Datix®. All colleagues receive training and support to make sure they know how to do this properly, and that we can carry out any investigations and mitigation appropriately. Clinical risks are also recorded on Datix® and monitored monthly through local integrated governance meetings and quarterly through our Quality Sub Committee and Medical Advisory Committee.

Our weekly forum, which reviews all incidents and client complaints (CLIP) and is chaired by our Associate Director of Nursing and Head of Quality. This forum has evolved throughout 2019/20, with delegates taking part in each forum via teleconference from across the organisation. The forum reviews any complaints, litigation, incidents, patient feedback and significant safeguarding issues reported onto Datix® the previous week. The meeting identifies any themes and trends emerging and pulls out key learnings that inform our action plans for mitigating future incidents.

We have continued to see a reduction in the level of harm reported: in 2019/20 0.75% of incidents reported resulted in moderate and severe harm compared to 0.79% during 2018/19. Any incidents graded as resulting in moderate and / or severe harm are discussed by a Serious Incident Panel, to ensure we carry out robust and efficient investigations and use what we learn from those incidents to inform our practice.

We are committed to fully investigating all significant incidents, including those that don't meet serious incident criteria, to identify any lessons, implement actions and reduce the risk of them happening again.

We have continued to see a reduction in the level of harm reported: in 2019/20, 0.75% of incidents reported resulted in moderate and severe harm compared to 0.79% during 2018/19.

Key corporate actions from lessons learnt from serious incidents during 2019/20 include the following:

- **Safeguarding:** Update of MSUK Continuing Pregnancy Factsheet to include advice for clients considering adoption and a referral pathway for One Call telephone agents into the safeguarding team should a client be considering adoption.
- **Perforated Uterus:** Update of Abortion Policy to address reference to gold standard NICE Guidelines in regard to cervical preparation, and including the risk of using larger sized cannula on lower gestation abortions clarifying extra precautions to be taken. Revised Ultrasound Policy to ensure scanning operator has a basic level of training to support the surgeon during surgical abortion.

- **Missed ectopics:** Development of audit programme to monitor colleague competencies and compliance with policy; Development of educational programme for all scanning practitioners; Full review of Ultrasound Policy; Development of ultrasound algorithms to support scanning practitioners during training.

Our clinical safety and practice is governed by various policies and standard operating procedures, which are reviewed and updated to align with national and local guidelines.

To ensure our teams comply with our policies and procedures, we have a well-established continuous monitoring programme (CMP), which includes clinical and non-clinical surveys to measure colleagues' understanding and implementation of key policies and procedures.

All Centres carry out self assessments, analyse their findings and implement their own improvement action plans. The self assessment results are triangulated with information such as complaints and reported incidents. The individual improvement plans are reviewed quarterly at monthly Local Integrated Governance meetings and feed into our Quality Subcommittee, a subgroup of our Divisional Board.

To support our continual improvement of quality and client safety, we introduced a Peer Supported Quality Review programme in late 2017, which is now well established. These interval peer-led reviews are based on CQC's model of inspection and led by a multidisciplinary team of senior specialist experts, with support from a 'buddy centre'. The inspections review all areas of quality and safety for both our clinical and non-clinical practice. Improvement actions identified are added to Centres' local improvement plans and monitored weekly.

Manchester Centre: “Everything was perfect and the staff are lovely”

Our nursing and midwifery colleagues are led by the Associate Director of Nursing and Head of Quality, supported by seven Clinical Services Matrons and specialist nurses. Our nurse leadership team holds a weekly 'clinical huddle', to further strengthen and develop clinical leadership. This is a supportive forum where the nurses share learning from clinical practice and communicate on any new or emerging risks both nationally and locally. The forum has been useful in promoting consistency of clinical practice across the organisation and has helped us manage change by creating awareness and capability, both crucial components of quality improvement. Initiatives from the forum have also led to the development of several new clinical policies and procedures such as our Professional-led Discharge Policy.

Year 2019/20 has seen the strengthening of our nursing and midwifery colleagues' profile, with an emphasis on building the clinical voice and demonstrating practice aligned to the six core values of Caring, Compassion, Competence, Communication, Courage and Commitment (6Cs). We have encouraged and supported our nurses and midwives to be proactive in identifying the key areas they need to build on, in line with the competencies required in clinical practice, and to seek support to enable this to happen. We also launched our iProgress career development programme to help with succession planning and colleague retention, particularly with helping to retain our Clinical Team Leaders (CTLs), who are aspiring to become Clinical Matrons. The programme is helping CTLs prepare for clinical leadership posts, and is being supported by our dedicated clinical educators.

To ensure a strong focus on safeguarding of all clients accessing our services, we have policies for the safeguarding of adults, children and young persons, aligned to an intercollegiate framework (including the Mental Capacity Act 2005). These set out our lines of intervention, clear referral pathways, a supervision structure for our Centres and the safeguarding training we have in place for all colleagues.

We have trained and skilled counsellors offering counselling to all clients who require this service, both pre and post treatment.

We assess all clients at the start of their treatment journey against our Pre-Existing Conditions (PEC) Guidelines to check they are eligible for safe treatment with us. In addition, using our Right Care Pathway, we make sure all clients with identified complex needs have their care coordinated appropriately. This could mean identifying other treatment options or referring a client to another organisation.

At post treatment follow up, our nurses are trained to assess clients over the phone and to provide advice via our 24-hour telephone advice line. Clients can be booked back into our Centres for further assessment and other medical intervention if needed, or referred onward if emergency services are the safer option.

We use data to continually improve client safety and identify where we can make improvements. Clinical outcomes such as episodes of haemorrhage, emergency transfers and serious incidents are captured through a performance dashboard. This information is reviewed through our Clinical Effectiveness Group, Medical Advisory Committee and Local Integrated Governance Meetings with outputs reported to our Quality Sub Committee and Divisional Board.



Our well-established programme of clinical audits have helped us to identify key areas for improvement, to share good practice and make standards more consistent.

Client feedback is essential in helping us improve our client experience and to make sure the care we provide is compassionate and in line with what clients want. Clients can now leave feedback for us on an electronic tablet at the point of care or via a digital link if they prefer to feedback after discharge. Positive feedback is then shared with our teams and any issues flagged and added to the relevant Centre's Service Improvement Plan, to be addressed at a local level.

South London Centre:
“Very clear, attentive and non-judgemental staff”

3.3

Organisational development

Over the last few months, our Clinical Education team has been working on a number of training initiatives, including:

- Face-to-face in-house mandatory training
- Supporting centre management with mandatory and best practice training
- Developing a framework for training and assessing clinical competencies
- Pre-registration nursing student practice placements
- A bespoke preceptorship programme to support newly qualified practitioners in their first clinical post
- A suite of clinical career development pathways to help with recruitment and retention.

In 2019, we achieved over 95% mandatory training compliance across the organisation every month – peaking at 98% at the start of Q2. Our robust reporting system on iLearn provide Centre and Regional managers weekly compliance reports, and instant ‘at-a-glance’ oversight of their colleagues’ training. Our Clinical Education team visit Regional Centres regularly throughout the year to support Centre management to identify training needs and arrange additional training sessions as needed to improve and maintain compliance.

In 2019, we achieved at over 95% training compliance across the organisation every month – peaking at 98% at the start of Q2.

The Clinical Education team now provides the following training courses in-house:

- Safeguarding Level 3,
- Consent with Capacity,
- Manual Handling Level 2,
- Basic Life Support, Conflict Resolution and Child Sexual Exploitation (CSE) and Domestic Abuse, Stalking and Harassment (DASH) Assessments.

The team also runs clinical skills workshops, including a Haemorrhage Workshop and Live Birth training. Providing these courses inhouse enables us to be more responsive to Centre needs; ad-hoc courses are often arranged to meet local need and minimise operational impact.

The autumn saw the re-launch of our clinical competency framework: ‘iAmCompetent’. This framework allows Centres to check colleagues’ clinical knowledge and skills through formative assessments and a more holistic approach to assessing skills. This framework is supported by our Clinical Competencies Framework Policy, which sets out our competency assessment process and ensures the right people are gaining the right skills.

In September 2019, we welcomed our first pre-registration nursing students from King’s College London into our West London Centre on a six-week clinical practice placement. The students were supported in practice by nurses and midwives in the Centre, who had completed practice assessor training with King’s College London. The academic year continued with two more students in West London in January 2020, and we have had overwhelmingly positive evaluations from both cohorts. Students from both cohorts have expressed a wish to work with Marie Stopes UK, and one has recently been employed to work as a sessional healthcare assistant during her studies.

This initiative has attracted interest from the nursing press, and our student placements have been covered very favourably in articles in the Nursing Standard, and most recently, the RCN student magazine.

Alongside our work with students, the end of the year brought the launch of our new preceptorship programme: 'iBelong Preceptorship'. This six-month programme was launched in December 2019 and is a bespoke package to support newly qualified practitioners in their first clinical role. We currently have four preceptees (three midwives and a nurse), who meet for monthly study days. The programme covers: clinical skills for abortion care, transition from student to newly qualified, emotional resilience and mental toughness, a quality improvement project, challenging behaviours and conflict resolution, human factors and leadership. We were very proud to showcase this programme at the recent King's College London Nursing and Midwifery Fair and are now working to recruit the next cohort of newly qualified practitioners into Marie Stopes from the autumn.

Finally, the Clinical Education team has launched 'iProgress to Clinical Team Leader' – the first in what we hope will be a suite of career development pathways for nurses and midwives in our Centres. We currently have 14 members on the programme and the launch day was highly evaluated. Colleagues on this programme will now work through a range of activities designed to support their progression to clinical leadership, supported by their line managers and the Clinical Education team.

We are continually reviewing our Training Needs Analysis to ensure our training meets the requirements of the NHS Key Skills Framework, as well as complying with mandatory and statutory training. All Marie Stopes UK clinicians providing care are required to receive training and competency sign off commensurate with their roles.

Colleague feedback

Our colleague engagement score has consistently stood at 3.5-3.7 out of 5 (against a key performance indicator of 3.5) since the introduction of our new Perkbox Insights system in June 2019. Of all colleagues, 15% responded initially and we have been working to improve the response rate since then. By January 2020, this figure had risen to over 20% and reached its highest level of 26% in February 2020.

The heat map at the foot of the page shows the scores by driver. We are focusing on communication, reward and recognition and career opportunities to improve colleague engagement during 2020/21.

To support the improvement initiative, we are streamlining our communication at a corporate level into one main weekly bulletin update. Engagement has also become a talking point in the Centre monthly meetings to increase awareness. We hope to improve on reward and recognition through the Marie Stopes Stars bi-annual recognition programme and also with reminder emails of the perks colleagues are entitled to through Perkbox, alongside their pulse email engagement surveys. Lastly, the iProgress scheme is our first of many internal succession planning schemes, that should increase our career opportunities score.

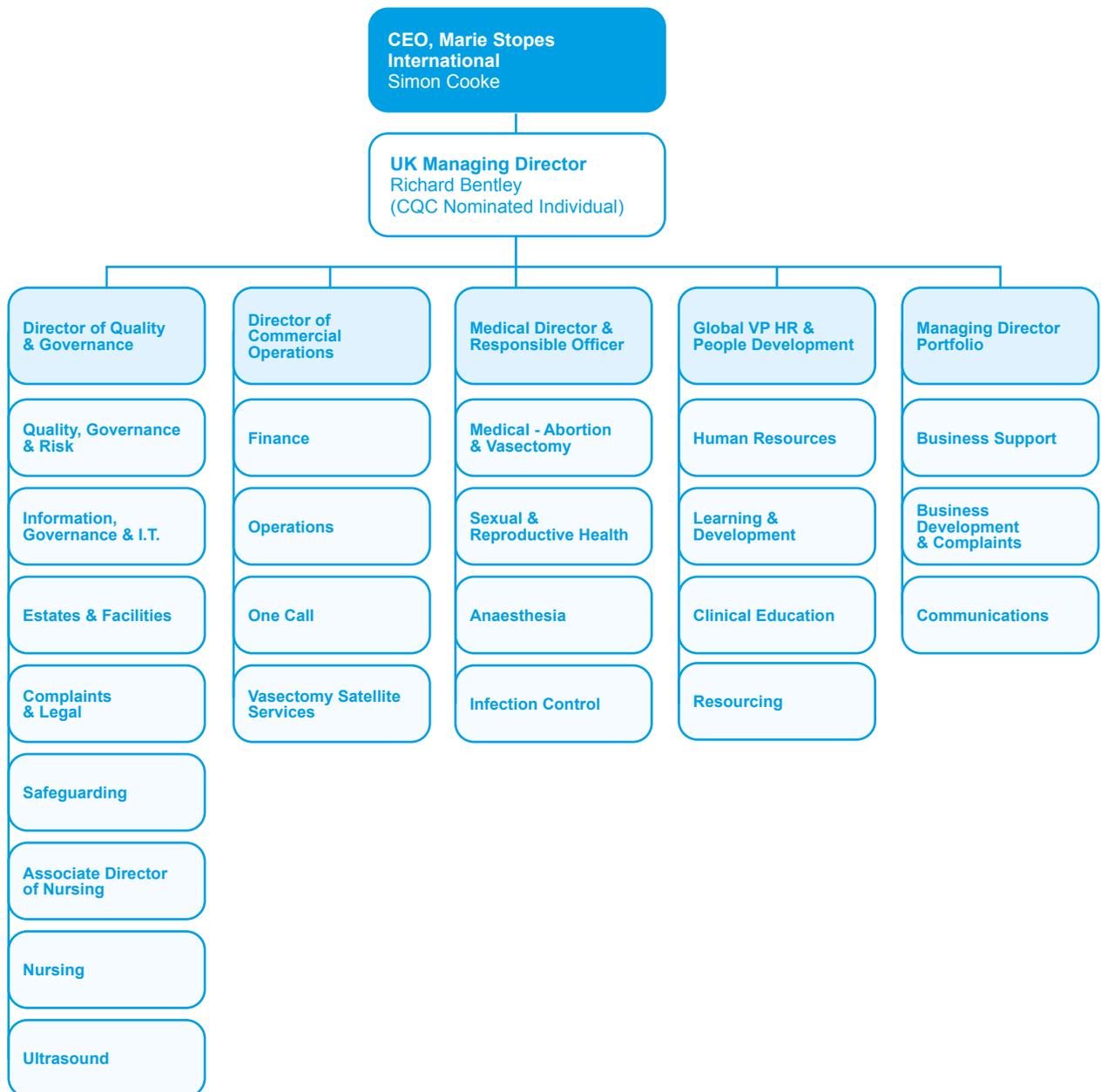
Heatmap - All Teams



3.4

Governance

We are committed to monitoring and assuring the quality of our services, in line with Care Quality Commission standards and associated Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion). Our Governance Structure below assures our UK Board and International Board accordingly:



Information correct as of February 2020

3.4.1 Divisional Board

Reporting to the Marie Stopes International (MSI) Board, the UK Divisional Board is an Executive Committee that acts as an oversight and governance body under the chairmanship of the Global Chief Executive. Our Divisional Board is accountable for all aspects of governance, oversight and assurance of clinical standards, and the financial and operational deliverables of MSI services in the UK.

The UK Divisional Board also:

- Considers strategic issues and risk to the extent that they apply to our UK operations
- Has overall governance responsibility for delivering our UK healthcare business and establishing our UK strategy
- Oversees UK operations, namely the safe, effective care of all clients of MSI who are treated in the UK
- Ensures competent and prudent management, proper procedures for adequate accounting and other records and systems of risk management and internal control, and complying with regulatory obligations.

3.4.2 Medical Advisory Committee

Chaired by an independent advisor to the Divisional Board, the Medical Advisory Committee (MAC) provides a forum for discussing issues that are specifically relevant to medical colleagues within Marie Stopes UK.

Our Medical Advisory Committee:

- Supports improved communication and provides an opportunity to express and explore views and concerns
- Aims to ensure issues relating to developing clinical strategy and the strategic direction of Marie Stopes UK can be discussed by medical colleagues

- Promotes clinical innovation, clinical informatics and 'critical friend' advice to the Executive Management Team and the Divisional Board, in particular, in relation to the triangulation of key monitoring information, implementing recognised national guidance, and considering or proposing opportunities for clinical audit and research within Marie Stopes UK's field of expertise
- Provides assurance that the performance and practices of clinical colleagues meets acceptable national and international standards by reviewing regularly the Marie Stopes UK dataset relating to: any deaths, unplanned transfers to NHS hospitals, adverse clinical incidents and Never Events, or surgical site infection rates following vasectomy.

3.4.3 Finance and Operations Sub-Committee (FOSC)

Chaired by the Director of Commercial Operations, the duties of the FOSC include, but are not necessarily limited to:

- Developing and monitoring of MSUK's operational, financial and commercial strategy
- Reviewing our operational performance
- Reviewing our quarterly financial reports
- Considering proposed business cases and recommendations for all business units
- Reviewing opportunities and threats from all business units and actions or escalations required
- Reviewing and proposing new business opportunities
- Ensuring key actions are progressed and delivered as a result of any request of the Executive Management Team.

The FOSC receives assurance and exception reports from key operational and business managers.

3.4.4 Quality Sub-Committee (QSC)

Chaired by an independent advisor to the Divisional Board, and attended quarterly by members of the Executive Management Team and senior management and clinicians, the QSC is a formal sub-committee of the Divisional Board.

The QSC is accountable to the Divisional Board and is delegated to:

- Gain assurance on the management, monitoring, performance and improvement of clinical quality
- Establish agreed actions and make recommendations to the Divisional Board and Executive Management Team in relation to reported or identified clinical risks
- Monitor and ratify clinical policies, guidelines and operating procedures.

During 2019/20, the QSC delegated driving activity, monitoring and reporting through the following sub-groups:

- Clinical Effectiveness Group
- Infection Control Group
- Information Governance Steering Group
- Medicines Management Group
- Safeguarding Group
- Policy Approval Group.

The QSC reported to the Divisional Board through its minutes, our Quality Assurance Report, other reports and recommendations on significant issues and concerns and any other matters the QSC considers necessary to escalate.

3.4.5 Clinical Effectiveness Group (CEG)

Chaired by our Associate Director of Nursing and Head of Quality, our CEG provides clinical leadership and forms part of the Marie Stopes UK framework for developing and delivering safe quality services. The CEG develops and follows a cyclical framework for informing, changing and monitoring practice, including:

- Ensuring there are robust arrangements in place for continuously improving clinical effectiveness throughout Marie Stopes UK to inform service improvements and ensure we comply with our statutory duties
- Reviewing best practice and research
- Auditing by implementing and monitoring against national and local standards, guidelines and evidence to ensure best practice across Marie Stopes UK
- Supporting the development of performance indicators to monitor clinical effectiveness across Marie Stopes UK
- Providing the strategic direction of our clinical audit programme
- Obtaining evidence internally from regular monitoring and evaluation externally from published studies, systematic reviews, clinical guidelines and national standards
- Implementing evidence-based practice by informing policy, developing protocols and conducting training
- Evaluating the impact of changes to practice and effectiveness through regular monitoring, evaluation and research including client and colleague (medical, nursing, operational) engagement.

Bristol Centre:

“Very friendly and helpful with everything I needed to know”

One of the key projects for CEG this year was to set up a task and finish group to review the NICE Guidance on Abortion Care (NG140), published in September 2019. The group carried out a gap analysis and identified areas where we needed to amend our practice, specifically in relation to: abdominal ultrasound scanning, rhesus testing and prophylactic antibiotic prescribing for early medical abortion.

We also reviewed our programme of clinical audits in 2019/20 to ensure the number was manageable and robust, and helping to benefit clinical effectiveness and client outcomes. We carried out audits on: how we manage a client who is clinically deteriorating, records management in our Medical Abortion Pathway and our medicines management practice. The audits have been useful in identifying key improvement areas, as well as helping to share good practice and improve consistency.

The CEG also reviewed and approved several clinical policies during 2019/20, including our:

- Safer Surgery Policy, which was developed to support the implementation of the WHO Safer Surgery Framework to support our surgical pathways
- Informed Consent Policy, which has been aligned with our Mental Capacity Policy
- Registered Professional-led Discharge, which provides discharge principles and a pathway for the appropriate level of registered professionals to facilitate (as part of a multidisciplinary team) client discharge effectively, timely and safely across all our sites



- Over 19-Week Pathway protocol to support how we manage clients at over 19 weeks' gestation, where a treatment appointment isn't available at the nearest Centre within two weeks
- Venous Thromboembolism Proforma, updated in line with NICE guidance
- Misoprostol at Home Standard Operating Procedure (SOP), amended to include the EMA limit of 9+6 in all EMUs
- Young Persons SOP, updated to include the changes for mandatory counselling for young people, and telephone consultations for 16 and 17 year olds
- Family Friendly Policy, updated to include details of the Parental Bereavement Act and guidance on in vitro fertilization and surrogacy arrangements for colleagues
- Pre-existing Guidance, reviewed and updated to ensure we follow evidence-based practice wherever possible.

3.4.6 Information Governance Steering Group (IGSG)

The IGSG's role is to help Marie Stopes UK manage the many different regulatory requirements and central guidance on how information is handled and monitored, and to ensure we comply with the Data Security and Protection Toolkit.

Our Senior Information Responsible Officer is the Chair of the IGSG, which meets quarterly to review our information governance (IG) activities. The Caldicott Guardian (Marie Stopes UK's Medical Director - in the reporting year) is an active contributor to the IG function, helping ensure our client confidential data is fairly and lawfully processed, in line with legislation and the seven Caldicott principles

During the reporting period, the IGSG supported us specifically with:

- Bringing best practice GDPR and data protection requirements into our business processes, such as privacy by design and data protection impact assessments
- Our Cyber Essentials Plus certification, which we achieved in October 2019 to strengthen our defence against cyber crime
- Establishing enhanced IG link roles at Centre level, to promote, embed and ensure best practice.
- Enabling local level control of data security and protection
- Bringing our Data Protection Officer role in house, assigned to our Head of Information Governance; GDPR training has been undertaken by the team to support this
- Submitting the Marie Stopes UK Data Security and Protection Toolkit successfully on 30 March 2020, and achieving 'Standards Exceeded' status with all mandatory assertions answered
- Information Governance mandatory training statistics across Marie Stopes remaining high at over 95%
- Upgrading NHS Mail email to the encrypted version to improve the safety of our clients' data
- Deactivating USB ports across Marie Stopes technology to improve the security of our network and sensitive information
- Using a Subject Access Request Log to capture statistics and monitor performance on incoming data requests
- Migrating our network connection to NHS applications successfully, in line with mandatory requirements, from N3 to Health and Social Care Network (HSCN), giving us improved and more secure IT access. NHS Digital approached Marie Stopes and created a talking heads video at our sites to demonstrate the early adoption of HSCN, along with a supporting case study
- Marie Stopes UK being selected as the first sexual health, contraceptive and reproductive provider to pilot the Summary Care Record
- Mobile devices being controlled by InTune mobile device management and our patch management monitored to a high standard, adding another level of security and protection to the personal data we hold.



There have been three Information Commissioner's Office (ICO) reportable incidents during this reporting period; all have now been closed by the ICO.

No ICO complaints have been received and no ICO enforcement action has been taken against Marie Stopes UK.

Essex Centre:
**“Efficient, understanding
and personable staff put
you at ease and explain
everything with detail.
Quick responses and
clinic times”**

3.4.7 Medicines Management Group

Chaired by our Clinical Director and attended by clinicians and senior management, this quarterly group assures best practice in the handling, storage, prescription and administration of all medicines, in line with legislation and/or licensing requirements. The group monitors all medicines management incidents to ensure best practice.

In the reporting year, the group:

- Reviewed our Anti-D Policy in October 2019 and helped develop our iLearn module on prescribing and administering Anti-D
- Reviewed our Medicines Management Policy in March 2020
- Reviewed our Antibiotics Policy
- Reviewed our Controlled Drugs Policy in September 2019
- Developed new Royal Pharmaceutical Society / Royal College Nursing administration guidance
- Developed our Student Nurse Position Statement in relation to administering medicines
- Procured chief pharmacy support.

3.4.8 Safeguarding Group

Chaired by the Director of Quality and Governance, our Safeguarding Group provides strategic direction and a single operational function for the organisation in relation to safeguarding.

This group assures the QSC above, that there are effective controls and monitoring in place to embed safeguarding best practice fully across the organisation. Safeguarding Group meetings have representation from external safeguarding designates from CCGs, who provide additional challenge and scrutiny. The group also ensures that legal requirements and national guidance are incorporated into our processes, meeting the requirements of our CQC registrations, and that we work with local partners to assure the safety of adults and children across all our services.

Leeds Centre: “I didn’t cry and it means a lot because I cry a lot”

During the reporting year, the group helped with and/or had oversight of:

- Developing a working relationship with Brook to design a cyclical pathway for easy referral of vulnerable young people requiring abortion or contraceptive care
- Creating a pathway to improve how we work with other abortion providers in the UK (BPAS, NUPAS and NHS). This work ensures our safeguarding structure remains consistent and effective and provides robust and experienced safeguarding leadership to the organisation
- Ensuring each key Centre has a named Safeguarding Lead, responsible for safeguarding support and management in their area, safeguarding supervision and partnership working with local services
- Ensuring a Named Nurse for Safeguarding is present at the start of our client pathway in our One Call Centre. This has helped us improve our safeguarding processes, including the way we manage a client’s initial contact, creating a culture of early identification of issues, and enabling proactive management before client treatment
- Designing a bespoke abortion Level 3 Safeguarding Training package, which has been in place for a year. This has led to improvements in a number of areas, including: our safeguarding risk assessments and how we use the Signs of Safety Model (Turnell and Edwards, 1999) as a shared language with wider safeguarding partners
- Organising Safeguarding Level 3 training by NSPCC qualified trainers for all relevant colleagues
- Safeguarding and training and development of colleagues at Marie Stopes UK becoming Domestic Abuse, Stalking and Harassment (DASH) risk assessment ‘train the trainers’, and DASH training being delivered to all nurses and midwives completing these assessments
- ‘Spotting the Signs’ (Brook, 2016) Child Sexual Exploitation risk assessment tool being used as an additional risk assessment for vulnerable young people, and ‘Spotting the Signs’ training delivered to all nurses and midwives to enable them to complete these assessments
- Reviewing our Mental Capacity Policy to include resources such as easy access abortion information, factsheets and client passports. The assessment of clients with capacity concerns is fully in place and full training is provided to all assessing healthcare professionals

- Developing new safeguarding policies in response to safeguarding incidents and improving policies to meet the demands of the changing safeguarding landscape in the reporting year; these include Did Not Arrive/ Was Not Brought Policy, Continuing Pregnancy Policy and Domestic Abuse Policy
- Safeguarding Compliance Monitoring Programme (CMP) in place to audit safeguarding effectiveness across the organisation. This gives the Executive Team oversight of how each Centre is performing on areas such as training, multi-agency working, record keeping and awareness of escalation. We use the CMP to pinpoint where support and extra resource is needed specific to each Centre. We have seen an increase in compliance to our safeguarding policy and processes, since monitoring started in Q1/2 2019, when it averaged 84%. For the reporting year, compliance to CMP averaged 92%
- Group safeguarding supervision occurring quarterly for all Centres in 2019, in accordance with our new Safeguarding Supervision Policy
- All Centre Safeguarding Leads undertaking Safeguarding Supervision training as part of our one-to-one safeguarding supervision programme
- Our close working relationship with the Modern Slavery/Human Trafficking Unit on Project Aidant, leading to improvements in how we identify modern slavery/human trafficking. The unit kindly reviewed our training and safeguarding proformas and we supported them in how to respond to high risk clients attending for abortion services when emergency services are called



Exeter Early Medical Unit: “Felt everyone I spoke to were very considerate compassionate and professional”

- Partnership working with Doctors of the World and abortion provision for vulnerable clients seeking asylum
- Partnership working with Barnardo’s to develop an intervention pathway for vulnerable clients
- Ensuring clients at risk who may try and seek abortion care elsewhere are adequately safeguarded
- High profile safeguarding cases and supporting abortion care for some extremely vulnerable children and adults
- Creating a Working with Transgender Clients Policy to help us achieve greater equality in service provision for all our clients
- Developing a Equality Impact Assessment for each Centre, to look more closely at their area demographics and identify opportunities to improve safeguarding support for their clients



- Development of bespoke Vasectomy Level 3 Safeguarding training and a safeguarding proforma to support males accessing care. A male mental health and domestic abuse focus is now being incorporated into our vasectomy care
- Review of our Safeguarding Training Needs Assessment to bring it in line with a 2019 Royal College of Nursing document: 'Safeguarding Children and Young People: Roles and Competencies for Healthcare colleagues -Intercollegiate Document 4th edition (January 2019)'
- Publishing media resources on reproductive coercion.

All safeguarding incidents identified are reported on Datix®, and themes, trends and lessons learned shared in our Complaints, Litigation, Incidents and Patient Feedback meetings weekly to promote consistency across the organisation.

We did a lot of work this year to improve our safeguarding for vulnerable young people, including introducing a 'Spotting the Signs' risk assessment tool and specialist training for all nurses and midwives.

3.4.9 Complaints, Litigation, Incidents and Patient Feedback Group (CLIP)

Clinical incidents at Marie Stopes UK are reported on Datix® and reviewed weekly during CLIP (Complaints, Litigation, Incidents and Patient Feedback) conference calls. These are chaired by our Associate Director of Nursing and Head of Quality Governance and attended by all Centre managers and various subject experts.

CLIP has continued to evolve throughout 2019/20, with up to 30 delegates attending teleconferences across the organisation. During these calls, incident data is validated, and trends and serious incidents are identified, along with any actions to mitigate or further investigate these.

Lessons learned are disseminated to clinical teams each week, and discussed in team meetings. Trend analysis through CLIP has led to several quality improvement initiatives and changes in practice. Through the work of this group we have seen increased reporting, with a significant reduction in the level of harm. For example, from April 19 to March 20, we saw a further 33% drop in the number of incidents graded moderate harm or above, compared to the previous reporting year.



Bournemouth Early Medical Unit: “I felt comfortable, informed and at ease about the appointment and everything going on”

CLIP duties include:

- Reviewing all complaints, litigation, incidents, client feedback and significant safeguarding concerns reported within the last week with a view to agreeing scoring, investigative approach, actions and learnings
- Identifying any significant incident that should be escalated as a ‘serious incident’
- Identifying any emerging themes and risks to ensure they are added to the appropriate Risk Register
- Identifying any incidents or complaints that have the potential to become a legal claim
- Ensuring any immediate remedial actions for identified complaints, litigation, incidents and client feedback that improve the patient experience
- Seeking assurance from managers on closed incidents
- Identifying those significant events that should be externally reported and/or escalated to the Executive Management Team.

In addition, trend analysis through CLIP has led to several quality improvement initiatives and changes to practice, including:

- Establishing if any repeated incidents can be attributed to any colleague in a non-blame approach. This has led to direct training and support, leading to a reduction of similar incidents and near misses. Examples include: medicine management incidents, implant fitting and failed discharge
- Discussing complaints to raise awareness of what is likely to bring dissatisfaction to clients and manage client expectations better
- Enabling managers to log any verbal complaints on Datix® locally, so we can track any themes and trends, and triangulate them with any incidents
- Repeated incidents related to discharge planning leading to the development of our Professionally-led Discharge Policy
- Developing a Safer Surgery Policy as a result of learning from an incident related to a retained swab in the previous reporting year
- Strengthening our safeguarding policies and protocols to support early identification and onward referral of clients requiring support.

Annex 1:

Statement from commissioners

The North West London Collaboration of Clinical Commissioning Groups (NW London CCGs) comprising of eight CCGs has welcomed the opportunity to review your quality accounts for 2019/2020. We note MSI dedication at this time, in the midst of the Covid-19 pandemic to produce the accounts ready for publication.

We can confirm that the 2019/2020 Quality Account covers data to reflect at least the last two reporting periods, which clearly showed the progress made against the set priorities.

We are delighted to read about the Mandatory training compliance across the organisation which is currently at 96% against the organisational set target of 85%.

We note with interest that during this Covid-19 emergency, that MSI has continued to run a comprehensive service to clients, taking on board the new Coronavirus Act 2020 and introducing a telemedicine pathway, ensuring that eligible clients are having treatment at home. We are eager to know the outcome of this initiative, as this will invariably help in shaping future treatment pathways.

Through our triangulation of data and intelligence, we are pleased to note that there is a reduction of incidents which resulted in clients' harm in the reporting year compared to the previous year.

Last year, we learnt that MSI commenced a pilot service following the change in the abortion legislation for the support of giving clients the second termination of pregnancy tablet (Misoprostol) to take within the confines of their home, for early medical abortion. We are pleased to know that following a successful pilot, MSI has now fully rolled this out across all centres, including Early Medical Units (EMU).

We note with enthusiasm your new initiative of having pre-registration nursing students from King's College London into your West London Centre, for their clinical practice placement. This has indeed attracted interest from the nursing press and we are eager to know how this progresses in the year ahead.

We note that you have carried forward the objective to improve the uptake of long acting reversible contraception (LARC) for women who request it at consultation. We anticipate this will improve in the year ahead due to your planned educational support for staff, which will increase operational capacity.

We acknowledge that MSI has an established 'Freedom to Speak Up' structure which encourages staff to raise concerns about quality of care, patient safety or bullying and harassment within the organisation. We have noted a few areas that staff would welcome an improvement following your colleague survey and we would like to see in the coming reporting year 2020/2021, if this has been achieved.

We recognise the hard work of your staff across the service, especially during this difficult time of Covid-19 and would like to see evidence of continued staff support in the year ahead.

The CCG notes that you have improved your IT infrastructure and the quality of service has improved significantly year on year and that MSI is committed to continuous quality improvement in all quality domains.

The North West London CCG looks forward to continuing to work with you to monitor the progress against the set priorities for 2020/2021, which will provide assurance of continuous quality improvement for the North West London Population.

Yours sincerely



Diane Jones

Chief Nurse & Director of Quality

North West London Collaboration of Clinical Commissioning Groups

Annex 2:

Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. As a charitable organisation providing NHS care, we are committed to producing a Quality Report.

Marie Stopes UK has followed guidance issued by Monitor to NHS foundation trust boards on the form and content of our annual Quality Reports (which incorporate the above legal requirements). We have also followed guidance on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of our Quality Report.

In preparing the Quality Report, directors have satisfied themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and subsequently released supporting guidance where relevant
- The content of the Quality Report is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2019 to March 2020
 - Papers relating to quality reported to the board over the period April 2019 to March 2020
 - Feedback from commissioners dated 1st July 2020
 - Marie Stopes UK Annual Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 20th May 2020
 - The Marie Stopes UK colleague feedback surveys between April 2019 and March 2020.

- The Quality Report presents a balanced picture of Marie Stopes UK's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Report has been prepared in accordance with Monitor's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board:



Date: 21.05.2020

Richard Bentley,
UK Managing Director



Date: 21.05.2020

Simon Cooke,
Chair of UK Divisional Board
and CEO of Marie Stopes
International

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Registered company No: 1102208