

Quality Account

2021/2022

MSI Reproductive Choices UK

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Please note: all photos used are for illustrative purposes only.

Part 1:

Statement on quality from the Managing Director of MSI Reproductive Choices UK



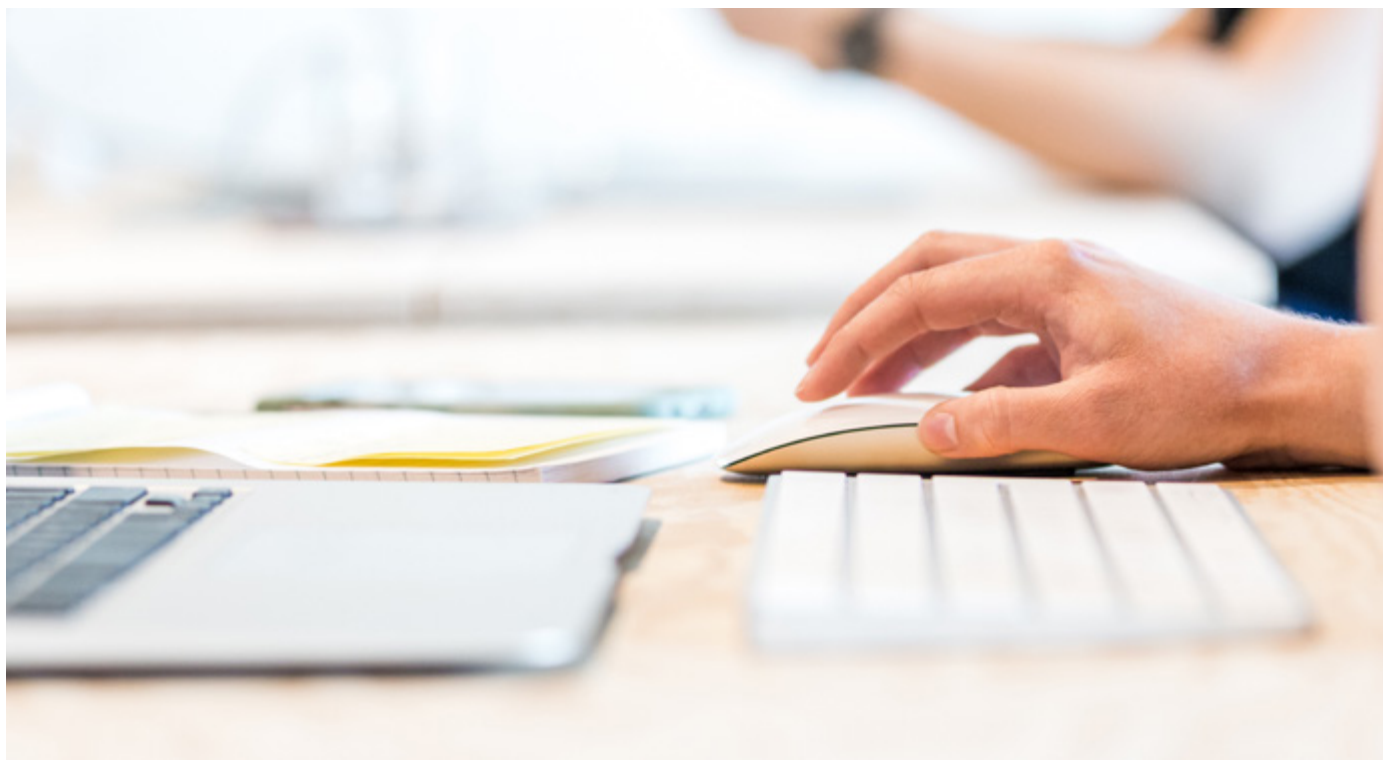
MSI Reproductive Choices UK (MSIUK) is part of MSI Reproductive Choices, a global independent not for profit provider of sexual and reproductive health services. We live by our global mission which is to help people with their sexual and reproductive health, enabling 'Children by Choice, not Chance.' Our priority is to ensure each client who uses our services receives safe, high-quality, effective, compassionate and clinically led care.

2021/22 continued to be a challenging year for healthcare and MSIUK. However, I am delighted that our teams across the country showed great commitment to our Mission, enabling us to support a growing number of clients with their reproductive choices. Our colleagues have been our greatest asset and I am indebted to them and their perseverance through ongoing difficult operating conditions.

Organisationally, our quality journey has continued its positive and transformative trajectory. Our focus on clients' safety, choices and outcomes has meant we have improved access and our main quality measures, delivering safe, effective services across all locations we operate.

We are growing the overall number of clients we treat and were especially delighted to have been awarded the contract to deliver termination of pregnancy services across Brighton and Sussex, mobilising new centres and building a new team of committed healthcare professionals in that region. We have also seen the level of non-contracted activity increase across the country, reflecting the ongoing difficulty in accessing sexual and reproductive health services nationally. At all times we have continued to offer choice, enabling clients to choose where appropriate, to be treated remotely, in person, medically or surgically, in line with national guidelines.

During the year, we also took the opportunity to review our Executive Team structure, appointing a Director of Data and Digital Transformation and we are clearly focused on delivering our digital strategy, which is already demonstrating strong impact. We went live with our new Client Record System (CRS – or EPR – Electronic Patient Record) in July 2021. This was the culmination of two years work and saw a seamless transition from the application which had served us well for the last twenty years.



The new CRS is the foundation of our digital approach, enabling us to collect a wider range of data which we are using to deliver and plan services. We have also leveraged investments we have made in our digital infrastructure, expanding the use of our new telephony application, using a multi-channel approach to communicate with our service users, but also enabling improved access through webchat and automated forms. This approach means our colleagues can spend more time supporting clients who may have more complex needs, rather than filling in forms which add little value.

We have also made changes at our national contact centre One Call, where we have embraced hybrid working which has been enabled by our investment in systems. This has meant we have been able to open remote 'hubs' across the country and widened our recruitment catchment area. This in turn has allowed One Call to handle far more contacts than before using our omnichannel approach.

Of growing concern for us is the pressure which is growing on abortion services nationally due to many years of underinvestment in payment for the services we deliver. A great deal has changed in the sector over recent years, such as the introduction of new NICE guidelines (NG140), as well as the introduction of 'Telemedicine' for abortion care. The lack of a national service specification for abortion care has led to significant variation in the availability of services across the country and growing healthcare inequalities in regions, meaning some clients must travel significant distances to access the care they need. Many of this cohort are also the most vulnerable and they deserve better. We have been instrumental in supporting the development of a new national specification.



Particularly worrying is the lack of surgical provision and underfunding of the surgical pathway nationally. On average, this service across the independent providers, is paid at less than 50% of national tariff. MSIUK raised this and the funding crisis at the Royal College of Obstetricians and Gynaecologists Abortion Task Force meeting in December 2021 and the topic has also subsequently been the subject of discussion with a range of stakeholders, including NHSE, Department of Health and Social Care, CQC and Commissioners. Urgent action on funding is required if abortion care, >80% of which is carried out by independent (mainly charitable) providers on behalf of the NHS, is to survive.

There also needs to be greater focus in the training of surgeons in the specialty, as the number across the country who can operate in this domain is alarmingly low.

Despite these strong concerns, MSIUK has been remarkably resilient throughout the reporting period. We continue to be able to recruit clinicians who are passionate about our mission, and we have been able to respond to the increase in demand we have seen through increasing capacity. In our service, we have seen an increase in demand of >100% for surgical treatments over the last year; we have successfully responded and added capacity, but clearly as mentioned above, this area needs significant structural support and reform to ensure future sustainability.

Overall, I am very proud of the response of our colleagues over the last year; we have changed a great deal for the better but they have stayed the course and from feedback I have received relished the improvements and investments we have made. I would also like to thank stakeholders – commissioners, DoHSC and CQC who have engaged and supported us on our journey.

This Quality Account takes account of all the regulatory requirements of NHS Quality Accounts here relevant. I declare that to the best of my knowledge the information in the document is accurate.

Richard Bentley

UK Managing Director
MSI Reproductive Choices (UK Division)

Part 2:

Priorities for improvement and statements of assurance from the Board

2.1

Progress against 2021/22 priorities

We have made substantial progress against the priorities we set for 2021/22. We have included our performance in 2021/22 against each area and, where relevant, performance in previous years as well:

Priority 1: Safe

Review and address the key causes preventing treatment taking place as previously planned.

Progress

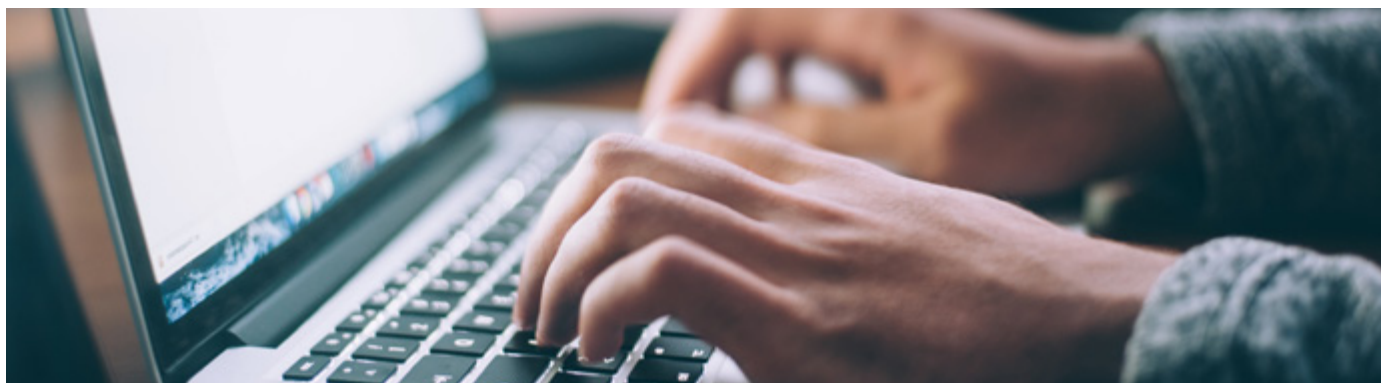
Achieved: We have seen a 5% decrease in the number of avoidable 'did not proceed' (DNP) appointments. We implemented a DNP Standard Operating Procedure to ensure that medical issues are identified early, and referrals are made to our RightCare Team. Using data, client and colleague feedback about our pathways we have amended the ultrasound algorithm and risk assessed those with pain and bleeding on the telemedicine pathway to ensure those clients who need further support or intervention are identified promptly. This has clarified the ultrasound pathway for those without a confirmed Intrauterine Pregnancy (IUP) with low risk for ectopic and increased the number of clients eligible for telemedicine without an apparent increase in the number of ectopic cases.

Priority 2: Effective

Reduce the number of contacts clients have before their treatment, thereby improving access and experience.

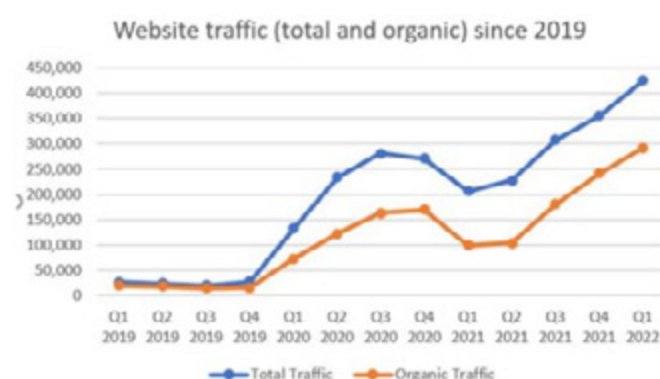
Progress

Achieved: As part of our digital strategy, we have streamlined the client journey to improve service user experience. This includes a live webchat function to allow clients to contact our team members to discuss any questions prior to and during their treatment pathway. During the reporting period, we have also introduced an online booking pathway via our webchat service and website to enable clients to book a consultation appointment without the need for a telephone call. Since the online bookings launched in January 2022, more than 42,000 forms have been submitted. This offers clients greater peace of mind, early information and improved transparency. Additionally, clients can indicate if they are at risk or vulnerable, which alerts our teams to the need for immediate support. If a high gestation is indicated, it is flagged to agents and that individual client's care is expedited accordingly.



When developing the Digital Strategy, we undertook an exercise to establish what our clients wanted from a digitally enabled healthcare provider; the answer was ‘easy access to safe effective care’. Through the digital strategy, we continue to leverage the investments made into our key systems, the main two being our electronic patient record system, Maxims, and the telephony system, Genesys. Our cloud-based technology investment has improved our contact centre systems and processes through the following: implementing hybrid roles for our agents; transferring to multi skilled (multi-channel) competency-based roles; opening contact centres in other parts of the country. Since the implementation of these systems, we have seen significant improvement in the number of contacts with clients with the average in Q4 2021 at 4.2 calls per client, reduced to 3.3 in Q2 2022. There are several factors which have contributed to this decrease: introducing the call back function; increased resources to reduce call loss; the implementation of the online booking form as well as additional support such as capacity planning colleagues working extended hours to enable ‘in call’ solutions. We have listened to what our clients were telling us and this has resulted in a shorter wait time to appointment, meaning fewer clients now call back seeking a sooner appointment.

Our website is continually updated with relevant information and content our clients need, providing links to share my story pages, useful treatment information and client hub pages, which provides information to avoid clients making unnecessary calls. The client hub pages hyperlink is sent after booking which includes treatment information, consent forms and aftercare booklets. We have worked hard to help clients find our service online with relevant keyword campaigns and search engine optimisation; this has resulted in month-on-month website visitor growth. This reporting period saw almost 1.3 million total website visitors, over 800,000 of which were organic visitors demonstrating that the content and information on our website is relevant and providing appropriate information to those seeking help and advice, before contacting us.



Priority 3: Caring

Delivery of our Nursing Strategy to support nurse and midwife led care by augmenting clinical skills and competencies in relation to ultrasound scanning, cervical dilatation, contraception and post abortion care.

Progress

Achieved: We have developed and implemented a Nursing and Midwifery Progression Framework which sets out a pathway of clinical development for our registered workforce from Preceptee to Registered Manager. The framework includes all necessary clinical skills to deliver our services, as set out in the priority above. Through continual monitoring, we ensure our clinical colleagues acquire these skills, so they are delivering high quality nurse-led care. Having a well-trained workforce and effective service planning enables the service to respond to demand in an agile and resilient way.

At the time of reporting, we have made significant progress in ensuring our nurses and midwives are achieving this wide range of clinical skills. For example, currently 81% of our nurses and midwives are implant trained. Overall, we have delivered our planned clinical establishment and have the appropriate level of clinical workforce trained to deliver our services safely and effectively. This has been tested by the increase in activity we have seen during the reporting year, where we have responded immediately putting on additional surgical lists and clinics. As a result, we have also seen a reduction in the use of agency and bank resource, a reduction in the number of cancelled lists and increased agility to respond to unprecedented spikes in demand, without it materially impacting our waiting times.

Priority 4: Responsive

Review our operating model to improve efficiency and sustainability, ensuring we continue to meet the needs of our clients.

Progress

Achieved: In the first half of 2022, we received 85% more referrals from clients than in 2021. As a result our colleagues have responded to the challenge to utilise every available slot to increase access to our services and maintain our wait times.

Phone Consultations: Since August 2021, the organisation was able to take advantage of our new telephony system which allowed our telephone consultations to be conducted by any Client Care Coordinator in any location across the UK. In the first half of 2022, this resulted in a **48%** increase in capacity and enabled our wait time from first contact to consultation to remain **below the 5-day** requirement, despite the **85% increase** in initial client contacts.

Telemedical Treatments: We successfully launched three Telemedicine Hubs in November 2021 within our Manchester, South London and West London Centres and have been able to extend this service to **7 days per week** when demand requires, including weekends and late nights. In the first half of 2022, we were able to increase capacity for our Telemedicine clients by **45%**, with an average wait time of **less than 3 working days** from initial consultation.

Face to Face (F2F) Medical Abortion Treatments: Despite the changing shape of our client demand we maintained our commitment to deliver F2F services through our Regional and Community Treatment Centres, ensuring our clients could receive appropriate and timely care. During the first half of 2022 we treated **2%** more F2F MA clients.

Surgical Abortion Treatments: Demand for our Surgical services during the first half of 2022 increased by **47%**. Despite this increase our overall average wait times were maintained and have been the lowest over the past five years. This has been achieved through a combination of various initiatives including increasing capacity, improving our clinical team's competency skill mix, recruiting additional resource and supporting training of other surgeons from the NHS.

One notable example is where we have addressed the lack of surgical appointments available to clients over 19 weeks gestation nationally and have implemented an 'Expediting Appointments for Clients with a Pregnancy Gestation over 19 weeks' Standard Operating Procedure. This is to ensure there is a standardised procedure for offering clients expedited appointments for telephone consultation, pre-assessment, and treatment, so that no client is forced to continue with an unwanted pregnancy.

Although MSIUK has responded well to the change in demand for our Surgical services, the demand continues to be high and we believe surgical abortion services on a sector-wide UK basis are at risk and are unsustainable at the current levels of remuneration and resources available to the independent providers.

Contraception Services: We established a dedicated Contraception Services Team in January 2022 so that one team is accountable for the delivery of all vasectomy and independent (non-ToP related) Long Acting Reversible Contraception (LARC) treatments. This enabled our Contraception clients to be supported from the point of contact by the same focused team.

Over the past 6 months our Vasectomy treatments have increased by **over 20%** enabling more clients to access this service.



Priority 5: Well Led

Operationalise our new Client Record System, IMS Maxims.

Progress

Achieved: After many months of planning to ensure a seamless transition, our new client record system (CRS), IMS Maxims went live in July 2021 across all locations. Our new CRS (Electronic Patient Records) has allowed us to reduce our reliance on paper notes, forms and assessments. Greater use of electronic clinical notes has contributed to comprehensive client records with client care plans being readily accessible, assisting the quality of care provided to clients. Automatic flagging of actions enables clinicians to authorise medications in a timely manner, improving efficiency and safety. This provides more effective communication amongst our multi-disciplinary teams with instant messaging between teams. Phase 1 of the project is complete and phase 2 has now commenced with a focus to integrate with other client systems. We are also developing an enterprise data warehouse to fully optimise our data quality and digital flow of information. Data from our new platform is now in the data warehouse with automatic submission of reporting to commissioners. Now this is complete, the implementation of self-serve online bookings, eForms and automated messaging has commenced which enables clients to have greater control over their treatment with better interaction with our organisation throughout their treatment pathway and beyond.



2.2

Priorities for improvement in 2022/23

We have agreed the following quality-related objectives for 2022/23, to build on the Good CQC ratings we achieved in our Centres during 2021/22.

Priority One:

In 2022, we will evolve our service in the cloud.

We are dedicated to our clients and work tirelessly to deliver high quality, high impact services that meet their individual needs. Our objective is to improve our client experience by further maximising the effectiveness of our new digital systems.

This will be achieved through the standardisation of our client information, signposting and consistent pathways in all treatment centres and access points (online and call centre). Furthermore, this will be supported through the introduction of business intelligence reporting which enhances decision making, through prioritisation of our resources and our oversight of quality and outcomes.

Our success against this objective will be measured through improvements in operational efficiency thereby improving the client experience.

Priority Two:

In 2022, we will continue to strengthen the resilience of our service.

Our objective is to reshape our service delivery model including resources, accountabilities and skills to ensure better outcomes for our clients.

We will also review our contraception service to eradicate silo working and empower our local management teams to work as one, utilising centre resources and colleague skills to ensure our clients receive a truly accessible and prompt service.

Our success against this objective will be measured by reducing wait times for contraception and improving client experience.

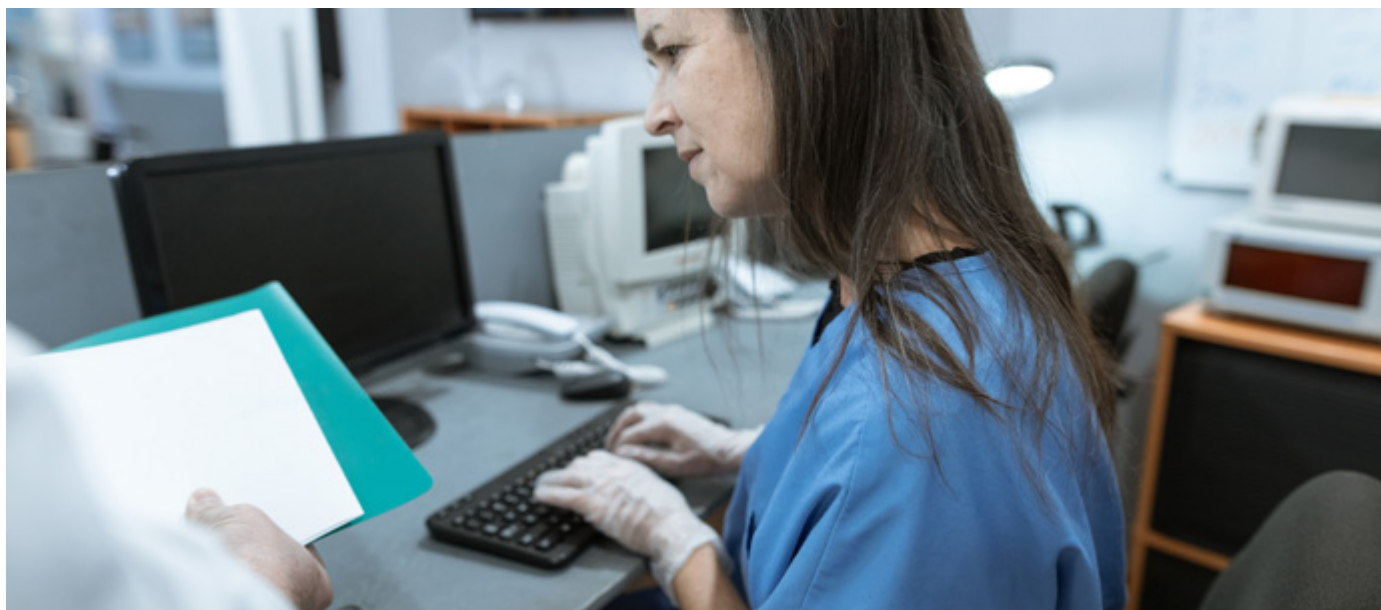
Priority Three:

In 2022 we will ensure we operate with purpose to maximise service choice and availability.

At MSIUK, we believe that with unwavering commitment, we exist to empower people to have children by choice not chance.

We will achieve this by developing an 'undefined' appointment list structure to match the treatment type clients need, with increased flexibility and management of capacity to improve availability and choice for clients.

We will know this has been achieved through a reduction in wait times and our client feedback.



Priority Four:

In 2022, we will drive the “need for speed”.

We are accountable for our actions and focused on results, ensuring long term sustainability and increasing our impact. Our objective is to evolve the nature our colleagues’ service delivery roles, competencies and responsibilities to reflect our multi-channel client pathway.

This will be achieved through the introduction of a new multi-skilled, multi-location, non-clinical support role, the Client Care Co-ordinator (CCC). Individual analysis of each clinical team will be undertaken, defining clear targets for our clinical management teams to lead their teams through the competency frameworks to afford greater flexibility and resilience.

Our success will be measured through the achievement of our internal colleague competency targets.

Priority Five:

In 2022, we will ensure we cultivate our talent – and strive to be known as the employer of choice in the SRH (Sexual and Reproductive Health) sector.

We recruit and nurture talented, passionate and brave people who have the courage to push boundaries, make tough decisions and challenge others in line with our mission. Our objective is to listen to our colleagues’ feedback and improve their experience at work.

This will be achieved through streamlining our objectives setting, performance monitoring and appraisal processes. As well as implementing a clearer, transparent, and equitable salary banding structure. We will be developing key communication routes including Senior Leadership Communication Roadshows and Celebrating Success Events.

To cultivate our talent, we will embed our iBelong (our organisational culture) principles with all colleagues to underpin expectation and improve colleague experience and retention. This will be measured through a reduction in colleague turnover and feedback from colleague surveys.

2.3

Statements of assurance from the Board

2.3.1 Contracted Services

During 2021/22, MSI Reproductive Choices UK provided 132 relevant NHS sexual and reproductive health services.

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

2.3.2 NHS Income

The income from delivering NHS services represents 98% of the total income generated during the review period.

2.3.3 Audits and Confidential Enquiries

During 2021/2022 there have been no applicable national clinical audits or National Confidential Inquiries. However clinical audits were carried out based on the clinical audit plan developed last year. The objective of the plan was ensuring continuous effective care, based on evidenced based practice. The findings and resulting improvement actions are monitored through our Clinical Effectiveness Group (CEG) meetings held quarterly. The clinical audit programme is also continuously reviewed to ensure it is compliant with Healthcare Quality Improvement Partnership (HQIP).

Audits were conducted, specifically, on:

Medicines management:

- The purpose of this audit was to review the handling and use of medications to ensure the Medicines Management Policy and relevant national guidance were being adhered to and to identify any gaps or areas for improvement.
- This audit found medicines were mostly managed appropriately (95% compliance). We identified areas for improvement in key reconciliation and stock management in some locations.
- Improvement actions included the implementation of local standard operating procedures and usage analysis of some medicines to reduce stock levels.

Telemedicine No-Scan Protocol

- The aim of this audit was to review data where telemedicine was not deemed eligible. We reviewed the effectiveness of screening questions in successfully detecting later gestation.
- To determine whether any screening question added no additional value and may therefore be inappropriately excluding clients from accessing telemedicine
- To review the later gestation cases to determine whether in retrospect, there were any errors in applying the screening questions or whether any other aspect of their medical history may have been relevant.
- The review concluded that the rate of treatment with unexpected late gestation remains very low and compatible with the published rate of 0.04%
- Given the exceptionally high accuracy of dating by LMP, and that the error rate of dating by LMP is so low, the screening questions add no value over the client's own dates.



- The exclusion of women who have taken hormonal contraception within the past three months prevents 26% from accessing telemedicine with no benefit demonstrated, and with no additional risk apparent from removing this restriction. This exclusion is not in line with American and RCOG guidelines and is not applied by other major providers in the UK.
- The review resulted in two actions; Ensuring current information (including on website, written information, scripts for healthcare advisors, consent forms) is clear that the risk of inadvertent late gestation is <0.1%, but that if this outcome and risk would be unacceptable to the client, they should have a face-to-face consultation with a scan. Secondly, removing current or past hormonal contraception use as an exclusion criteria for telemedicine.

Record keeping

- The aim of this audit was to provide assurance that client notes and pathways are followed in accordance with our Records Management Policy and in line with expected professional standards. This audit has remained on our clinical audit schedule from the previous year. Recommended actions include developing an additional compliance monitoring audit tool specifically for safeguarding documentation and incorporating additional paper forms onto our electronic client record system, both actions are complete, and the latest audit achieved an overall compliance score of 98%.

The Early Warning Score (TEWS)

- TEWS supports identification and response to clinical deterioration. The purpose of the audit was to identify any variation in practice and set out recommendations where required. Recommendations included targeted training and support where required and adding TEWS discussions to daily huddles and centre team meetings.

Post-Procedure Clinical Outcomes

- The aim of this audit was to review clinical effectiveness and outcomes following surgical abortion and identify any improvement areas to support best practice.
- The review did not identify any learning or actions required. Post-procedure outcomes continue to be monitored through our Integrated Governance Dashboard.

Did Not Proceed (DNP)

- The purpose of this audit was to review cases of DNP on the day of procedure and whether decision making was supported by the existing DNP policy and to identify any improvement areas to support best practice.
- Actions from this review included refining the DNP categories within our client record system to allow improved monitoring of trends and easy identification of unnecessary risk aversion.

Vasectomy Infections

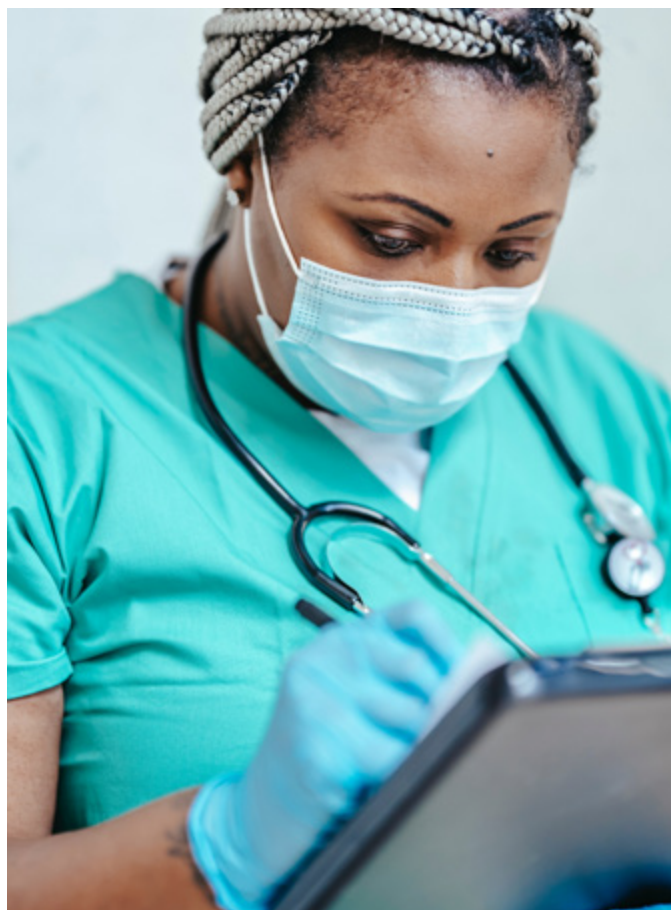
- The aim of this audit was to monitor infection rates and to highlight any trends and the possible need for peer review. Action taken from this audit included reviewing the aftercare advice provided to our clients.

Maidstone Centre:

“Everyone was lovely and understanding and helpful I appreciate everything that was done for me today”

We monitored our practice across the following areas:

- Anaesthetics
- Biomedical equipment
- Controlled drugs
- Covid-19
- Facilities and cleaning
- Fire hazard and emergency access
- Hand hygiene
- Health and safety
- Information governance
- Informed consent
- Legionella
- Management of the deteriorating client
- Medicines management
- Peripheral venous cannula
- Planned preventative maintenance
- PPE (Personal Protective Equipment) and IPC (Infection Prevention Control)
- Quality and governance
- Regulatory compliance
- Risk management
- Safeguarding
- Sharps and waste management
- World Health Organisation – 5 steps to safer surgery
- Vasectomy specific audits
- Community Treatment Centre specific audits



Research

We are the leading global family planning organisation MSI Reproductive Choices. Our practice and data contribute to the latest information and learning on abortion practice around the world.

- MSI have collaborated in a number of multi-centre research projects including Safeguarding, Staff Values and the impact of Telemedicine. Findings of these research projects are expected within the next year.
- Our global Medical Director has co-authored an article for the BMJ on rare complications of vasectomy. The paper is expected to be published in the near future.



**West London Centre:
“I don’t think there’s
anything you could have
done better – everyone
was amazing, I’m so
grateful. Thank you”**

2.3.4 Duty of Candour

MSI Reproductive Choices 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 the 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 quarterly to our Integrated Governance Committee.

There were 18 incidents that met the threshold for Statutory Duty of Candour application during 2021/22. All but one related to clinical complications.

2.3.5 Care Quality Commission status

MSI Reproductive Choices 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 including Telemedicine for Early Medical Abortion
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder, or injury
- Transport services, triage, and medical advice (One Call only)

At the following centres:

- MSI Reproductive Choices Brighton Centre
- MSI Reproductive Choices Bristol Centre
- MSI Reproductive Choices Essex Centre
- MSI Reproductive Choices Leeds Centre
- MSI Reproductive Choices Maidstone Centre
- MSI Reproductive Choices Manchester Centre
- MSI Reproductive Choices South London Centre
- MSI Reproductive Choices West London Centre
- MSI Reproductive Choices One Call

During 2021/2022, the organisation was not subject to any CQC inspections.

There were no enforcement actions against MSIUK from the CQC during 2021/2022. There were also no warning notices issued during this period.

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

2.3.6 Hospital Episode Statistics

MSIUK did not submit records during 2021/2022 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.

2.3.7 Information Governance

Our MSIUK Information Governance Assessment, completed via the Data Security and Protection Toolkit, achieved 'Standards Exceeded' for 2022/2023.

2.3.8 Payment by Results

MSIUK was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2021/2022.

South London Centre:
"The staff were wonderful and made me feel so welcome and supported, a true credit to MSI. Thank you for taking such good care of me"

2.3.9 Learning from Deaths

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

2.3.10 Freedom to Speak Up

In line with NHS Improvement Freedom to Speak Up Guidance, we have a 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 provides details of how we will investigate any concerns.

All colleagues can contact our MSIUK Speaking Up Guardians to receive appropriate confidential support, advice, and guidance. Posters are in place in all our Centres to make sure people are aware of our Guardians and how to raise a concern.

Freedom to Speak Up is incorporated in our colleague training and development programmes and in our induction programme, iBelong.

Any concerns are recorded and held confidentially, documenting 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 2021-2022, there were seven instances of a colleague raising concerns through our Speaking Up Policy all of which were satisfactorily resolved. 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, Human Resources, and direct to our Managing Director, is then presented to the Executive Team and the UK Divisional Board.

Anyone who works (or has worked) for MSIUK 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 MSIUK.

2.4

Reporting against core indicators

As MSIUK is a charitable specialist provider, most of the core indicators which use data from the Health and Social Care Information Centre (HSCIC) are not 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 2021

Quarter 2 - Jul - Sep 2021

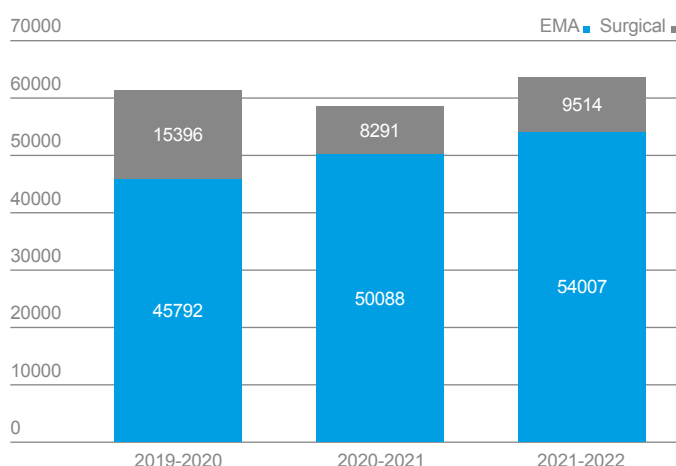
Quarter 3 - Oct - Dec 2021

Quarter 4 - Jan - Mar 2022

CQC Domain: Safe

Quality Indicator:

Number of Clients by abortion treatment type

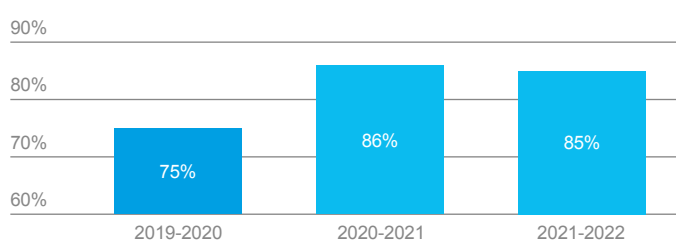


KPI - Planned activity

Analysis: In the last year we have seen a rise in the number of early medical abortions carried out, accompanied by an increase in surgical abortions. Last year we successfully implemented three Telemedicine hubs improving accessibility to Early Medical Abortions to thousands of clients while still offering and increasing our surgical capacity.

Quality Indicator:

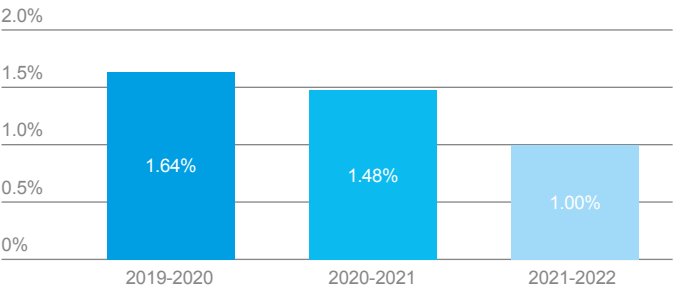
EMA Case Mix



KPI - 60%

Analysis: We have seen an increase in the number of clients presenting at a higher gestation in the last year. This has resulted in a slight decrease in our EMA case mix and has contributed to a higher number of surgical abortions. Although there are many reasons for this, the main one is likely to be more restricted access to care across the NHS and other providers.

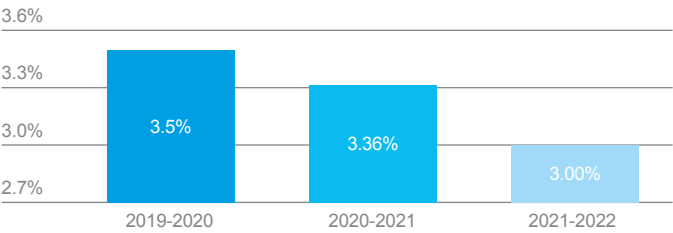
Quality Indicator:
Non-Clinical Incident Reporting Rate



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 monitoring, reporting, investigation, and organisational learning and development.

Quality Indicator:
Clinical Incident Reporting Rate

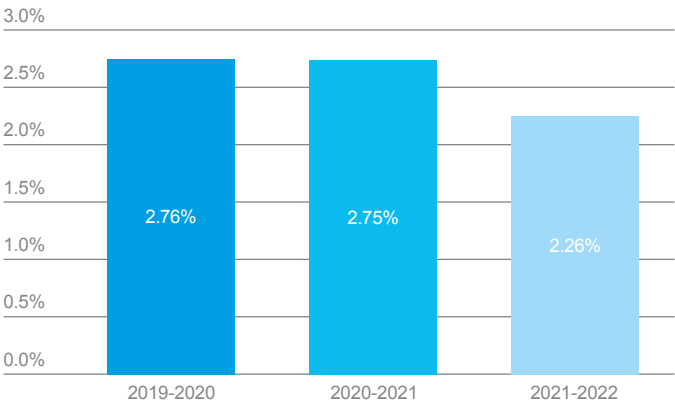


KPI - > 1-2%

Analysis: We embrace an open and learning culture to ensure we have opportunities to learn from clinical incidents and enhance client safety. We have maintained an incident reporting rate greater than 2% and have seen a small decrease in the rate of clinical incidents reported year on year due to continual improvements in our clinical pathways and reducing complications.

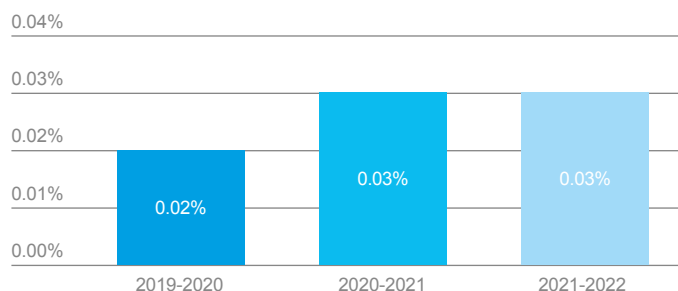


Quality Indicator:
Clinical Complication Rate
(sub-set of Clinical Incidents)



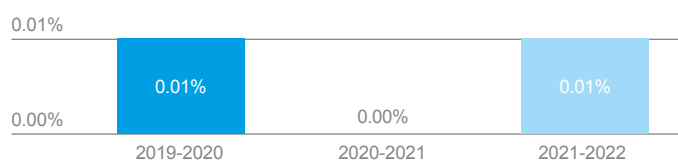
Analysis: Most incidents reported related to retained products of contraception and failed termination of pregnancy, both of which are known complications of abortion and are discussed with clients during the consent process. Clinical complication rates overall have decreased due to improvements within clinical pathways, learning from incidents and the introduction of telemedicine and removal of simultaneous early medical abortion.

Quality Indicator: Externally Reportable Incidents (i.e. RIDDOR, ICO, Police by activity)



Analysis: Incidents meeting the threshold for external reporting remain incredibly low compared to the number of clients. All incidents reported are reviewed on a weekly basis to ensure that they are graded correctly and appropriate actions including external referrals are made. Most external notifications made related to safeguarding concerns which have increased and included reporting to the police.

Quality Indicator: Serious Incident Rate (by activity)

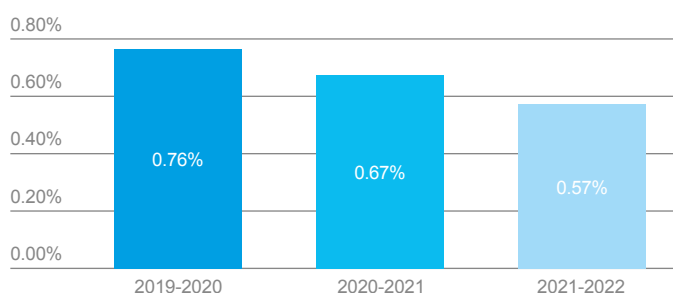


KPI - < 0.1%

Analysis: We have continued to see very few serious incidents in the reporting year in line with previous years. We can attribute this to improved quality of care through early identification, reporting, timely investigations and organisational learning and clinical pathway improvements, resulting in safer client care and outcomes. All incidents reported are reviewed by a multi-disciplinary team on a weekly basis to ensure that they are graded correctly, and 72-hour reports are completed for all potential serious incidents. We hold panel review meetings, attended by subject matter experts, where the information is discussed and analysed and next steps are agreed.



Quality Indicator: Percentage of Incidents Rated Moderate and Above

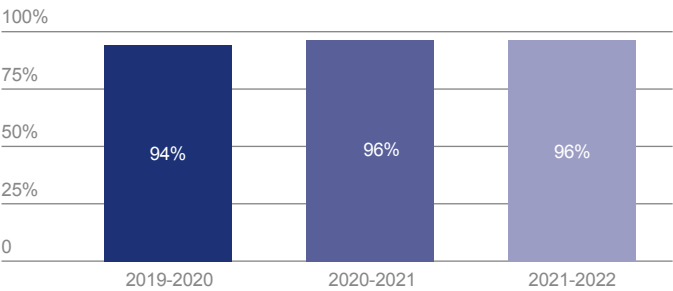


KPI - 1.5%

Analysis: We have further decreased the number of incidents reported scoring 'moderate and above'. This has been followed by a decrease in 'low harm' incidents also with most incidents now reported as 'no harm' or 'near miss.' This has been helped by undertaking root cause analysis investigation of any incident scoring 'moderate and above' regardless of whether it was defined as a 'serious' incident. This has identified lessons learnt to make required changes, leading to improved client safety and outcomes. This has identified lessons learnt to make required changes, leading to improved client safety and outcomes.

CQC Domain: Effective

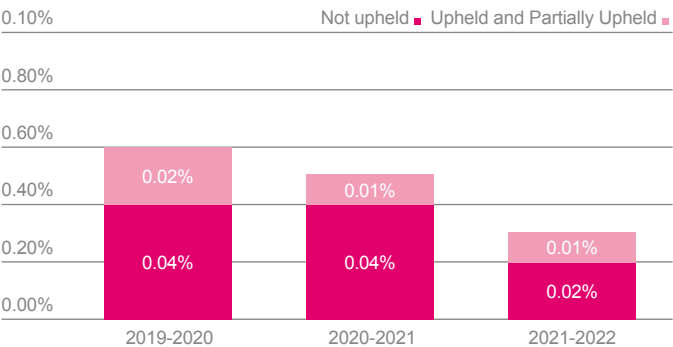
Quality Indicator:
Compliance Monitoring Programme Scores



Analysis: These are the aggregated scores for monthly audits carried out in our centres, measuring our compliance with our policies and standard operating procedures of which high performance has been sustained. Our specialist leads also review all audits regularly, working with our centres, to ensure they reflect any changes necessary to our policies and processes. These audits have helped to improve the quality and safety of our practice across the organisation.

CQC Domain: Caring

Quality Indicator:
Formal Complaint Rate, by Activity

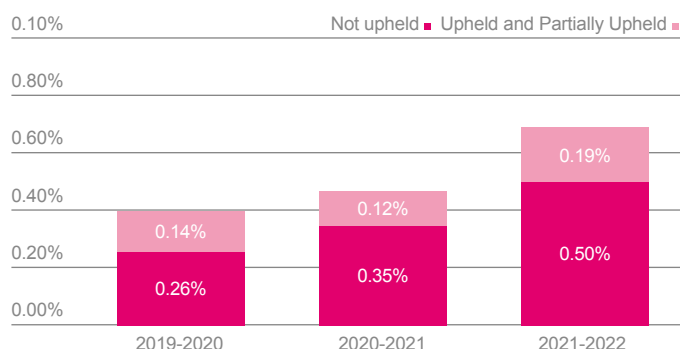


KPI - 0.09% - NHS benchmark

Analysis: Over the last three years we have seen a sustained reduction in the number of formal complaints. This has been achieved through proactive management of informal complaints and client feedback.



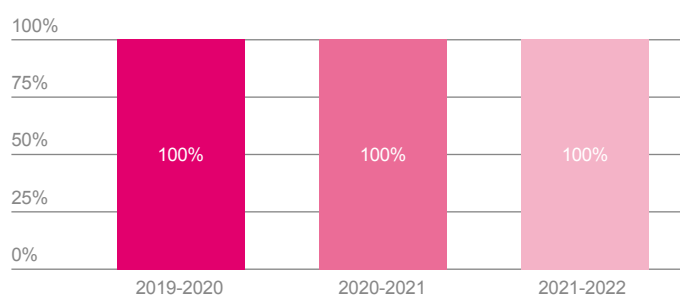
Quality Indicator: Informal Complaint Rate, by Activity



KPI - 0.09% - NHS benchmark

Analysis: We have improved our performance in identifying and recording informal complaints in our centres. We see this as a positive trend which increases our ability to make continual quality improvements and reduce formal complaints. We have worked hard to drive down the reasons for informal complaints and manage clients' expectations better. This is helped by the wealth of information that we now provide for clients through digital links when enquiring about and accessing services.

Quality Indicator: Complaints Response Rate Against Client Negotiated Timescale



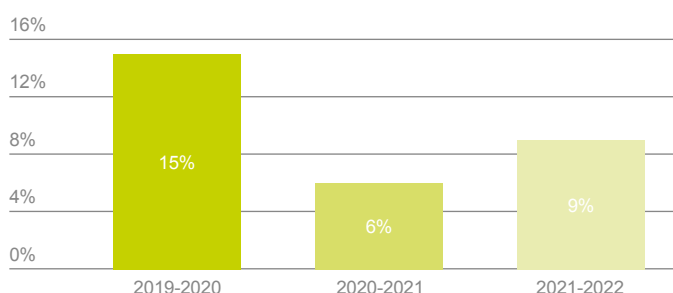
KPI - 75%

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



CQC Domain: Responsive

Quality Indicator: Client Feedback Response Rate

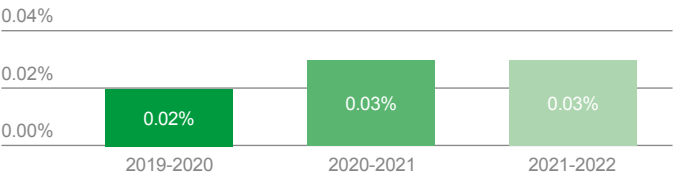


Analysis: The introduction of our telemedicine service contributed to a decrease in our client feedback in the previous year due to a lack of face-to-face contact however our client experience response rate increased in the reporting year due to the implementation of our new client experience feedback digital platform. Our new 'Tell Us About Your Experience' Platform allows clients to leave feedback via an electronic tablet at the time of their appointment in our Treatment Centres or through Quick Response (QR) codes which can be scanned on a mobile device in any of our locations and is provided within telemedicine packages. We display 'You Said, We Did' posters in our Treatment Centres to show changes and/or improvements which have been made as a result of client feedback.



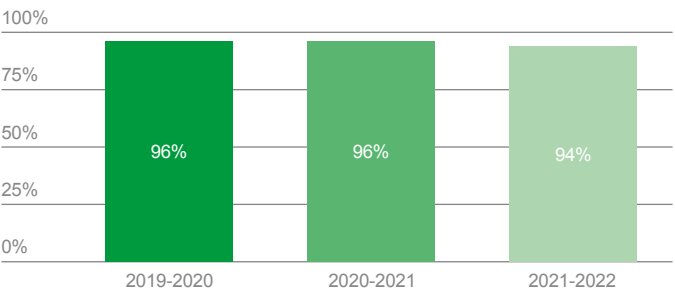
CQC Domain: Well Led

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



Analysis: We have seen few incidents this reporting year where we have been required to exercise Duty of Candour. Our management against reporting deadlines has been consistently above average.

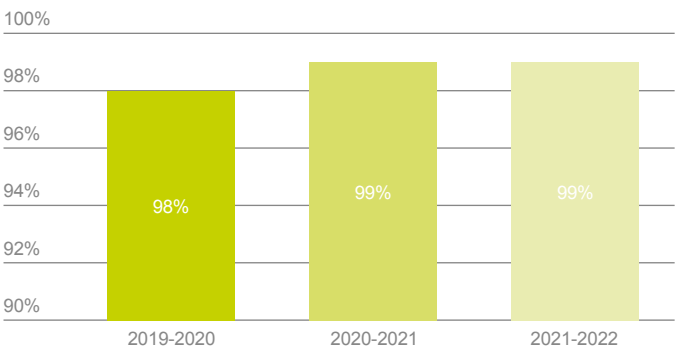
Quality Indicator: Mandatory Training Rate (incl. Contracted & Sessional Colleagues)



KPI - > 85%

Analysis: There was a decrease in training compliance in the last year due to a high number of onboarding colleagues. Our online training platform reminds colleagues of training they need to complete and gives managers better oversight locally.

Quality Indicator: Overall Care Received was Rated 'Excellent' or 'Very Good'



KPI - 95%

Analysis: Client experience rates have remained consistent with the previous year and are in line with the improvements we have made to the quality of care and information provided.

Part 3:

Other information

3.1

Scope of our services

MSIUK has been providing sexual and reproductive healthcare services in England since our charity was founded in 1976. In the UK, we are best known for our high-quality abortion services, which were used by over 63,500 clients in the reporting year (April 2021 to March 2022), of which around 98% 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 services throughout the UK, offering the following NHS funded services:

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

Overall summary of MSI Reproductive Choices UK activity (January-December 2021)

	2021	2020	2019	2018
Total Abortions in England/Wales	214,869	210,860	209,519	205,295
MSI MA	52,087	48,521	45,827	45,294
MSI SA	8,254	9,975	17,290	22,408
MSI Vasectomy	2,822	4,647	5,901	5,532
MSI Abortion Calls	371,870	298,650	319,470	393,343
MSI VAS Calls	15,994	15,718	21,002	19,136
MSI Telephone Counselling Appointments	4,998	4,606	6,309	6,115

3.1.1 One Call and Right Care

Our One Call booking service operates seven days a week from 7am to 8pm, and our advice line for clinical queries is open 24/7. Our webchat service for general support and online booking operates with live agents Monday to Friday 8am to 8pm and 8am to 4pm on weekends. One Call is the first point of contact for all our clients and takes bookings for our Centres across the UK via various multi channels, including webchat, online booking or phone.

One Call also provides a central booking service for several 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 309,076 calls, 100,000 web chats and from January 2022 processed over 42000 online bookings and provided the following services to clients:

- Appointments for NHS and private clients seeking abortion, vasectomy, or other sexual health appointments
- Centralised booking for non-MSIUK centres, including bookings into local hospitals and for other providers
- General information about services and abortion treatment options via phone and webchat
- Liaising with all centres regarding client care and queries
- Confirming appointments by letter, email or text
- Answering all calls for centres 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 sexual transmitted infection (STI) screening
- Handling all client queries in the event of a medical contraindication and liaising with clients' General Practitioner.
- Pre-assessment consultations for all eligible clients, seven days a week throughout the year.

In the reporting year, our One Call Support Centre handled 309,076 calls.

One Call has a dedicated Quality and Governance team who oversees their quality management, including local dashboards, audits, quality reviews 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. One Call also has a Clinical Matron who supports our Post-treatment Nursing, Safeguarding and Right Care 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 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 (PEC) Guidelines. 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.



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. There is a Safeguarding and Complex Care lead who works closely with the Right Care team and manages the most complex cases, liaising closely with external agencies and our Centres. We also have a Named Doctor and Named Midwife for Safeguarding who provide support and expertise in safeguarding issues. We have seen a significant increase in safeguarding referrals within the last year due to the pandemic.

We have set ourselves a key performance indicator that 90% of Right Care referrals requiring NHS placement should be completed within two working days of the decision to refer.

We have seen performance improve throughout the last two years:

- 75% achievement in 2020
- 92% achievement in 2021

Factors which reduce target attainment include NHS hospital delay in confirming appointments and difficulty contacting clients to discuss the need for NHS placement, and consent for onward referral.

One Call introduced a new webchat service in 2020 which has been helpful in supporting those who were most vulnerable during the pandemic and beyond. This is monitored by a dedicated team, with safeguarding knowledge and support by the safeguarding lead, and allows us to reach those who are in situations which make it unsafe for them to speak with us on the phone.

An Under 18 Safeguarding Project was undertaken in 2020 to ensure all under 18 year old clients are safeguarded by One Call. Following this, we have since increased and improved on training and support materials for our teams and created daily and weekly audits. We are now assured that 100% of under 18s are safeguarded from first contact with One Call.

One Call has implemented a new Genesys phone system and undergone a PC refresh, which has also allowed the Post-Treatment Nursing Team to be issued laptops to enable working from home during the pandemic. The new system has allowed us to offer more secure phone line coverage in the event of sickness or unplanned leave of our colleagues.

3.1.2 MSI Reproductive Choices UK - Centres

MSIUK Treatment 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 all our Treatment Centres. Surgical abortion is offered up to gestations of 23+6 in West London, Bristol, Essex and Manchester, 21+6 in Leeds, 18+6 in South London and Brighton and 13+6 in Maidstone.

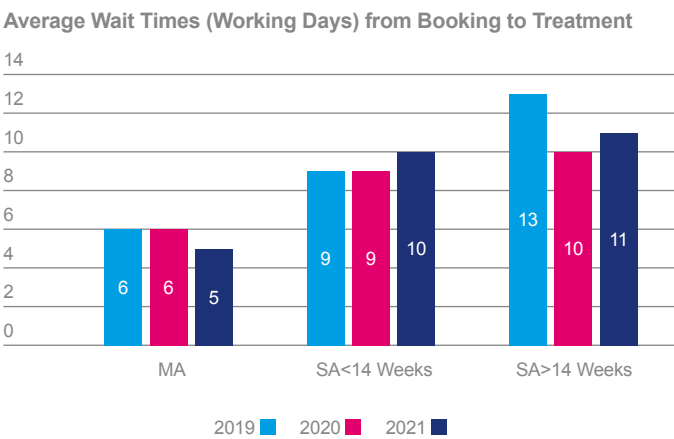
Brighton Centre: “Everyone was so lovely”

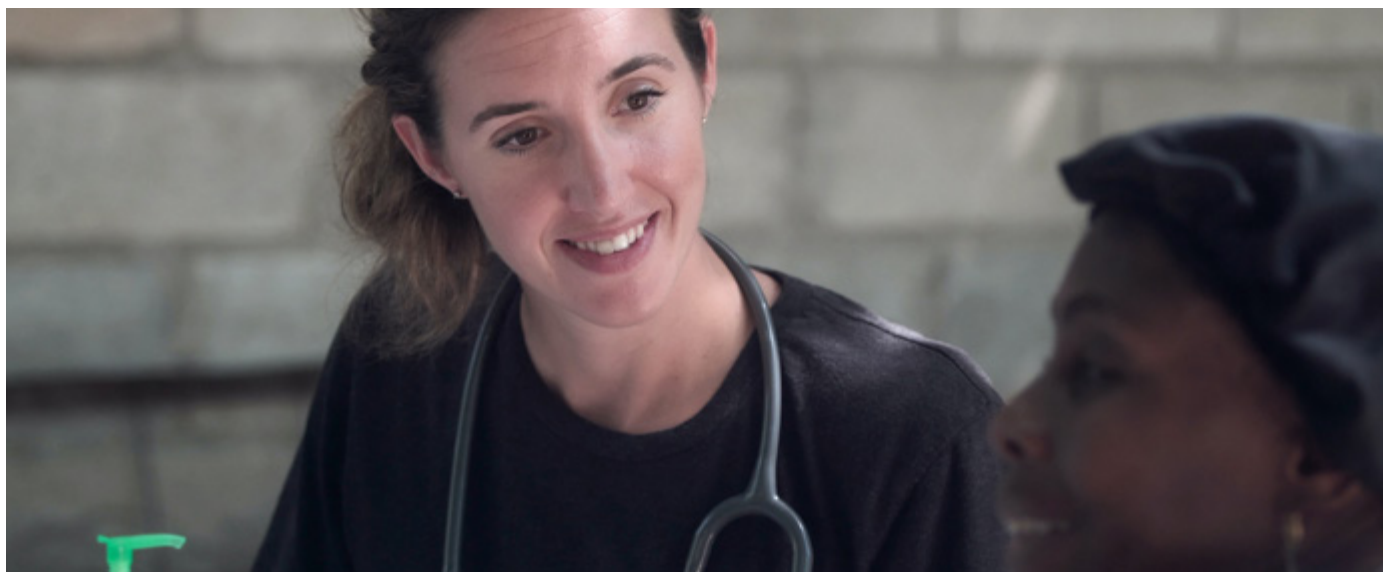
As part of our comprehensive care, our standard services in our Treatment Centres include:

- 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, ensuring clients’ contraception of choice
- 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 MSIUK Surgical Centres also provide vasectomy services

We oversee quality and governance through Local Integrated Governance Meetings held quarterly at each Centre. At these meetings, we monitor clinical outcomes, complications, emergency transfers and incidents, tracked by an integrated governance 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 are logged on our centres’ Local Service Improvement Plans.

During the reporting period, we were able to offer all initial appointments for consultation within five days, in line with Procedures for the Approval of Independent Sector Places for Termination of Pregnancy, RSOP 11 Waiting Times. We saw a decrease in average overall waiting times for medical treatment. Whilst surgical wait times are longer, they have been mostly maintained within 10 days of first contact. Where this was not the case, this has been due to client choice and increased demand for surgical abortion (see 2.1 EMA casemix).





Abortion by Telemedicine

Abortion by Telemedicine is a process whereby clients can take both early medical abortion tablets (misoprostol and mifepristone) in the comfort of their own home, without the need to first attend a hospital or clinic, providing they are under 10 weeks' gestation, and clinically eligible.

Clients can seek abortion care and attend all appointments and assessments via telephone or video call, with medication available to be posted to their home address or collected from a local centre. This removes the need for clients to have a scan, relying on them to provide their own details of menstruation and contraception use to estimate gestation of pregnancy.

The telemedicine process was enabled through a government Temporary Approval Order (Department for Health and Social Care, 2020) which was granted at the beginning of the COVID-19 pandemic. The telemedicine process was launched within MSI on the 7th of April 2020. The telemedicine process has continued throughout 2021/22 and is a revolutionary, client-centred change in the delivery of abortion care. We are delighted that the UK government voted to keep the option of at home abortion care permanently on 30th March 2022.

3.1.3 Vasectomy Centres and Contraception services

Vasectomy Satellite Centres are MSIUK Centres run from within General Practitioner practices or hospital outpatient units nationally. Our Vasectomy teams are trained to provide an effective service under local anaesthetic. We currently have 21 Vasectomy Satellite Centres, as well as delivering services in seven of our main centres across the UK.

In January 2022, our Vasectomy service developed into the Contraception service, and the team are now responsible for both Vasectomy and standalone Long Action Reversible Contraception (LARC) services. Alongside our Vasectomy centres, we also have six satellite and three main LARC centres.

MSIUK Contraception services has a dedicated Registered Manager, who leads the service from our Bristol One Call Centre and travels to the sites as required. These teams are supported by our Contraception Administration Team, a Clinical Services Matron, two regional Clinical Team Leaders, a Lead Surgeon for Vasectomy and a Quality and Governance Partner.

To support our new contraception service, we have recruited a dedicated contraception team. This has allowed us to commit to standardising the service and ensure all our colleagues have the support they need to provide high quality care, as well as the appropriate training and access to consistent support networks and line management.

All Vasectomy Centres are audited on a calendar basis, based on how often they run a list, using a bespoke compliance monitoring tool. Any improvement opportunities identified through these audits are discussed at monthly management meetings and reported through the governance structure via quarterly local integrated governance meetings. Actions are tracked on a Local Service Improvement Plan which is continuously monitored. We are working on strengthening our compliance monitoring programme for all contraception sites as part of the new contraception service structure.

The Contraception Management Team and Quality and Governance Partner respond and monitor complaints and incident reporting. Significant incidents are reviewed within one working day, to identify any required changes which can be made immediately to improve our processes and establish contributory and root causes. Again, any improvements identified are tracked on the Contraception Local Service Improvement Plan.

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. We have seen an increase in our infection rates after review of reporting classification categories. We have closely monitored infection rates and although we have seen a small continuous increase, it has remained below our 5% threshold. We are able to monitor outcomes by Surgeon and Centres.



We have identified an opportunity to initiate an aftercare review project which is running over the next 12 months. This will allow us to review all our known clinical complications and the care we provide.

Throughout 2021/22, we continued to develop our safeguarding processes. We updated our Safeguarding Proforma to include a more in-depth review. Within the last year we have seen two transgender clients seek treatment through our vasectomy service. This initiated a review of our Transgender Policy and training. Following this we have reviewed and updated all our safeguarding policies to ensure they are inclusive of all our clients.

3.2

Quality Assurance

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

We report any incidents and client complaints onto our risk management database, Datix®. All colleagues receive training and support to ensure they know how to do this properly, as well as how to carry out any investigations and action appropriately. Clinical and operational risks are also recorded on Datix® and monitored monthly through our governance structure.

Our weekly Complaints, Litigation, Incidents, Client Feedback and Safeguarding Group (CLIPS) reviews all incidents and client complaints and is chaired by our Quality and Governance Business Partners. This Group continues to evolve, with delegates attending via teleconference from across the organisation. The Group reviews any complaints, litigation, incidents, client feedback and significant safeguarding issues reported onto Datix® the previous week. The meeting reviews any themes and trends emerging, identifying key learnings to reduce recurrence. Centres regularly present feedback from significant incidents and lessons learnt from their investigation to ensure cross-organisational learning.

We have continued to see a reduction in the level of harm reported: in 2021/22 0.57% of incidents reported resulted in moderate and severe harm compared to 0.67% in 2020/21 and 0.76% during 2019/20.

Any incidents graded as moderate or above harm are discussed by a Serious Incident Panel, where we carry out robust and efficient investigations and use learnings to inform safer practice.

We are committed to investigating all significant incidents, including those which do not meet serious incident criteria, to identify any learning and continuously improve quality of care.

We have continued to see a reduction in the level of harm reported: in 2021/22 0.57% of incidents reported resulted in moderate and severe harm compared to 0.67% in 2020/21, and 0.76% during 2019/20.



We had no severe incidents in the reporting period. Key corporate actions from lessons learnt from significant incidents during 2021/22 included the following:

Fetal Anomaly Pathway: We have undertaken a review of our pathway for clients accessing our abortion services due to fetal anomaly. Actions taken under this review include updating our client information leaflets, introduction of dedicated fetal anomaly leads within all our Centres and allocated private waiting areas.

Management of Pregnancy Remains: We reviewed our policy and created three standard operating procedures to ensure clear guidance is available in all scenarios; routine MSI management, Client collection and Police collection. Separate storage space has been implemented in all Centres for pregnancy remains managed outside of routine management.

Cervical Laceration: We have reviewed and updated our cervical suture packs across the organisation.

Nursing and Midwifery

Our nursing and midwifery workforce is led by our Director of Nursing, Midwifery and Quality, supported by eight Clinical Service Matrons and four specialist nurses. Leadership consistency is achieved through senior nurses' forums including the weekly Clinical Huddle and clinical supervision activities throughout the year.

With the aim of developing our service to become more nurse and midwife led, a Nursing and Midwifery Strategy was developed in 2020. This three-year strategy is ensuring opportunities for our nurses and midwives to gain more advanced skills and opportunities for an extended scope of practice and care in line with latest NICE Guideline (NG140) Abortion Care.

Our Sexual Health training programme is shaped by the Faculty of Sexual and Reproductive Health (FSRH) guidance and a focus on supporting clients to receive their preferred method of contraception. To this end, we are driving a plan for our nurses and midwives to be able to fit intrauterine contraception (IUC) and sub-dermal contraception (implants). In the last year we have made substantial progress in this area meeting our targets for ensuring all established nurses/midwives can fit implants.



To this end, the Strategy develops key competencies in four key areas as outlined below by 2023:

- Ultrasound scanning to legal limit:** To support face-to-face appointments in all our centres, we aim to have 80% of our established nurses and midwives competent in 1st trimester scanning, with nurses from each centre competent in 2nd trimester and post treatment scanning. We are making good progress working towards our target for all established nurses and midwives by 2023.
- Contraception:** Aimed at supporting compliance with the latest NICE Guideline (NG140) Abortion Care, which advocates clients attending for termination of pregnancy are offered the contraception of their choice. We are training our colleagues to ensure they have skills and competencies in all forms of contraception. In addition, we aim to have centre agreed minimum numbers of nurses and or midwives per centre who are competent in fitting intrauterine contraception devices (coils) by the end of 2023.
- Cervical preparation using osmotic hygroscopic dilators:** Although cervical preparation is practised, this is very much doctor led. We will develop nurse and midwifery skills to adopt this practice with the ambition of having centre agreed minimum numbers of nurses and/or midwives per centre competent to insert dilators by the end of 2023.
- Post treatment care:** We want to enhance nurse and midwife led support for our clients accessing our follow up services. The competencies required for these services not only include the ability to give quality information, advise and refer as appropriate, but also the skills to assess and treat women with clinical complications following the procedure. The strategy aims to ensure these services can be provided locally by training at least four nurses and/or midwives in each centre.

Other areas being addressed by the strategy are recruitment and retention through enhancing colleague engagement and making our organisation a great place to work and leveraging technologies and advancements in clinical practice.

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 and a supervision structure for our Centres, supported by safeguarding training for all colleagues.

In line with NICE Guideline (NG140) Abortion Care we have professional counsellors offering counselling to all clients who opt for this service, both pre and post treatment.

Manchester Centre: “The service was amazing and I felt really safe, can’t think of anything that could have been done better”

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 needed.



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 assurance reported to our Integrated Governance Committee and Divisional Board.

Our Sexual Health Service Lead Nurses are Faculty for Sexual Health Registered and have supported training in line with the regulatory requirement for training in Essentials for Contraception for Abortion Providers. We have also increased capacity and capability across our centres by supporting a progressive approach which equips our nurses and midwives to be champions for contraception. This enables the provision of contraception, (particularly Long-Acting Reversible Contraception) to be fitted immediately following abortion or at a later preferred date.

In addition to post abortion contraception, last year saw MSIUK establish standalone contraception services in England. These services are independent of our abortion services and have supported the uptake of contraception for the public where accessing contraception in primary care has been a challenge during the COVID-19 Pandemic. These services have also been used to support training for our nurses and midwives and Primary Care colleagues.



Ultrasound training is also a priority for MSIUK. As our nurses and midwives progress in building their competencies, they complete an ultrasound training course with AECC University College which is accredited by the Consortium for the Accreditation of Sonographic Education (CASE). We work closely with the university to ensure that sufficient courses are available for MSIUK to utilise. In the reporting period, six ultrasound courses were booked, each offering spaces for 12 students. The Clinical Service Matrons nominate trainees to attend these courses and places are then offered prioritised by service delivery needs. Assessments usually take place approximately 4-6 months after attendance on this course.

The ultrasound department is currently comprised of the Head of Ultrasound Services, Lead Sonographer and Regional Ultrasound Mentor. Each centre has their own ultrasound mentors who support training in 1st and 2nd trimester ultrasound. Regular meetings are held with the mentors to provide updates and feedback on trainees' progress.

The post-treatment training programme continues to be delivered by the Lead Sonographer. Individual centres have identified the number of trained staff they require to be able to deliver this service. Training has been helped by the introduction of post-abortion drop-in clinics in three of our clinics. This has increased training opportunities and reduced the rate of appointments not attended.

Yearly audits take place to ensure staff are practicing in accordance with our Ultrasound Standard Operating Procedure. If any areas for improvement are identified, an ultrasound supervision session takes place prior to re-audit. 2021-2022 has seen the introduction of bi-weekly ultrasound drop-in sessions facilitated by the Lead Sonographer to discuss both common and complex cases in MSIUK. The sessions have been well received and recordings from previous meetings are available for all staff to access. In addition to the drop-in sessions, three new ultrasound courses have been added to our online learning platform to enhance ultrasound training across the organisation.

3.3

Organisational development

During the reporting year, our Clinical Education team worked on several training initiatives, including:

- Supporting the implementation of the Nursing and Midwifery Strategy
- Virtual mandatory training in response to the COVID-19 pandemic
- Covid safe face to face mandatory training where virtual training was not possible
- Supporting centre management with mandatory and best practice training
- Developing a framework for training and assessing clinical competencies
- Pre-registration nursing student practice placements
- First Year Medical Student observational 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.
- Implementing a new model of clinical supervision based on A-EQUIP
- Introduction of new values-based training for all colleagues
- The roll out of human factors training for all colleagues
- Developing a team of Practice Development Links in each clinical area



We achieved over 93% mandatory training compliance across the organisation every month peaking at 95% in May 2021. Despite the challenges of the COVID-19 pandemic, the Learning and Development team has ensured consistency in compliance by using innovative virtual learning methods to deliver training. This has been highly evaluated with many colleagues stating that they would like the option to continue with virtual learning once COVID-19 restrictions were lifted.

Our robust reporting system on iLearn provides 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 managers to identify training needs and arrange additional training sessions as needed to improve and maintain compliance.

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
- Child Sexual Exploitation (CSE) and Domestic Abuse, Stalking and Harassment (DASH) Assessments.
- Emergency Simulation
- Haemorrhage Workshop
- Human Factors
- Values Clarification and Attitude Transformation
- Provider Share Workshops
- Quarterly mandatory training days ran by the local Practice Development Link Nurse/ Midwife

Our inhouse courses enable us to be more responsive to local needs with additional courses often arranged to meet ad-hoc needs and to minimise operational impact.

The clinical competencies framework 'iAmCompetent' continues to be used within all our clinical settings. Compliance is now monitored through the Nursing and Midwifery Strategy with all centres working to achieve specific key performance indicators.

This framework allows centres to check colleagues' clinical knowledge, skills and behaviours through formative assessments. This framework is supported by our Clinical Competencies Framework Policy, which sets out our competency assessment process and ensures the right colleagues are gaining the right skills.

Throughout 2021, we continued to welcome pre-registration students from King's College London, University of West London, Manchester University, Manchester Medical School, and the University of West of England. Students are supported in practice by nurses and midwives who have completed practice assessor training. We have had overwhelmingly positive evaluations from all students. Several students have expressed a wish to work with MSIUK, and we have been able to support them to work as sessional healthcare assistants during their studies.

Following on from the success of our 2019 cohort of Preceptorship colleagues, we welcomed our third cohort in 2021. The success of the 'iBelong Preceptorship' has been recognised by becoming a finalist in the Nursing Times Workforce Awards 2020. This six-month programme has continued to be delivered using a virtual model of teaching so newly qualified colleagues can continue to be engaged in the programme during the global pandemic. 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
- Leadership

In 2021, our 'iProgress' career development pathways continued to grow from strength to strength. Also recognised by becoming a finalist for the Nursing Times Workforce Awards 2020, this initiative has had a positive impact on colleague engagement and retention. We now offer several pathways which include:

- iProgress to Clinical Team Leader
- iProgress to Clinical Services Matron
- iProgress to Clinical Education
- iProgress to IPC Lead

We started in early 2020 with 14 colleagues enrolled on the 'iProgress to Clinical Team Leader' programme and have grown this to 58 colleagues enrolled across all programmes. This equates to 41% of our nursing and midwifery workforce who are committed to furthering their career at MSIUK. The success of this programme can also be demonstrated by:

- Six colleagues now promoted to Clinical Team Leaders with a further three on secondment
- Eight colleagues now working one day a week as Practice Development Links within their clinical area.
- 100% pass rate for those who sat their Online Theory Assessment exam as part of iProgress to Contraception and Sexual Health Lead. Despite a short break in programmes due to the Covid 19 pandemic, these have been successfully rolled out for a second cohort of practitioners.

In April 2021, we presented our 'iProgress' success at the RCN Education Conference.

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 requirements. All MSIUK clinicians providing care are required to receive training and competency sign off commensurate with their roles.

In November 2021, we sourced training places for 13 colleagues to complete Professional Nurse/Midwifery Advocate (PNA/PMA) training. By the end of 2021, two colleagues had completed their training, five were currently in training and six were waiting to commence their training in early 2022. By the end of March 2022, all nominated colleagues had commenced training with a further three of the 11 trainee PNA/PMA successfully passing their course. This brings a total of five qualified PNA/PMA's practicing within MSIUK. Access to this training has enabled the organisation to review the provision of clinical supervision and implement a new model of Clinical Supervision at the end of 2021.

Colleague feedback

In the reporting year, the way we collected colleague feedback changed from previous years as Perkbox discontinued its 'Insights' feedback tool. We therefore developed and launched an in-house colleague survey which will be run in September (for Q2 and Q3) and March (for Q4 and Q1) of each year.

A focus of the last two years has been to increase colleague response rates which was 26% in February 2020 and ranged from 22%-33% between April 2020 and March 2021. We are pleased to say since introducing our in-house feedback tool the response rate increased to 37% in the September 2021 survey and was 38% in the March 2022 survey. Below shows the summary of responses in our March 2022 survey. These will be communicated to our colleagues, along with responses to their suggestions for improvements in a 'you said, we did' style in Q2 2022. In addition, the centre specific feedback is being shared with the teams at the Roadshows in May 2022.



Our Colleague Survey Results

97% of colleagues know what their work responsibilities are

97% feel their role makes a difference to clients

96% would recommend MSIUK services

92% feel trusted to do their job

84% believe we operate in a diverse & inclusive culture, where all colleagues are treated with respect

83% have access to information and regular communications

82% feel they can show initiative and make suggestions for workplace improvements

81% agree that they have the tools and training required to fulfil their job role

78% agree their line manager encourages their development and gives clear feedback on performance

Previously, it was suggested that MSIUK could do more to recognise its colleagues and so in 2021 we launched our colleague recognition scheme called the ABCD awards, which stand for going 'Above and Beyond the Call of Duty'. This resulted in a celebration of success in December's Town Hall. 23 colleagues were nominated resulting in four group winners and one overall winner who all received gift vouchers, badges and certificates.

Additionally, developing a long service appreciation scheme was part of our corporate objectives in 2021. Following feedback in previous years, we also celebrated our long serving colleagues in the celebration of success Town Hall and introduced an increased annual leave allowance for our colleagues who reached 10 and 15 years of service. The following numbers of colleagues all had a special mention in the town hall:

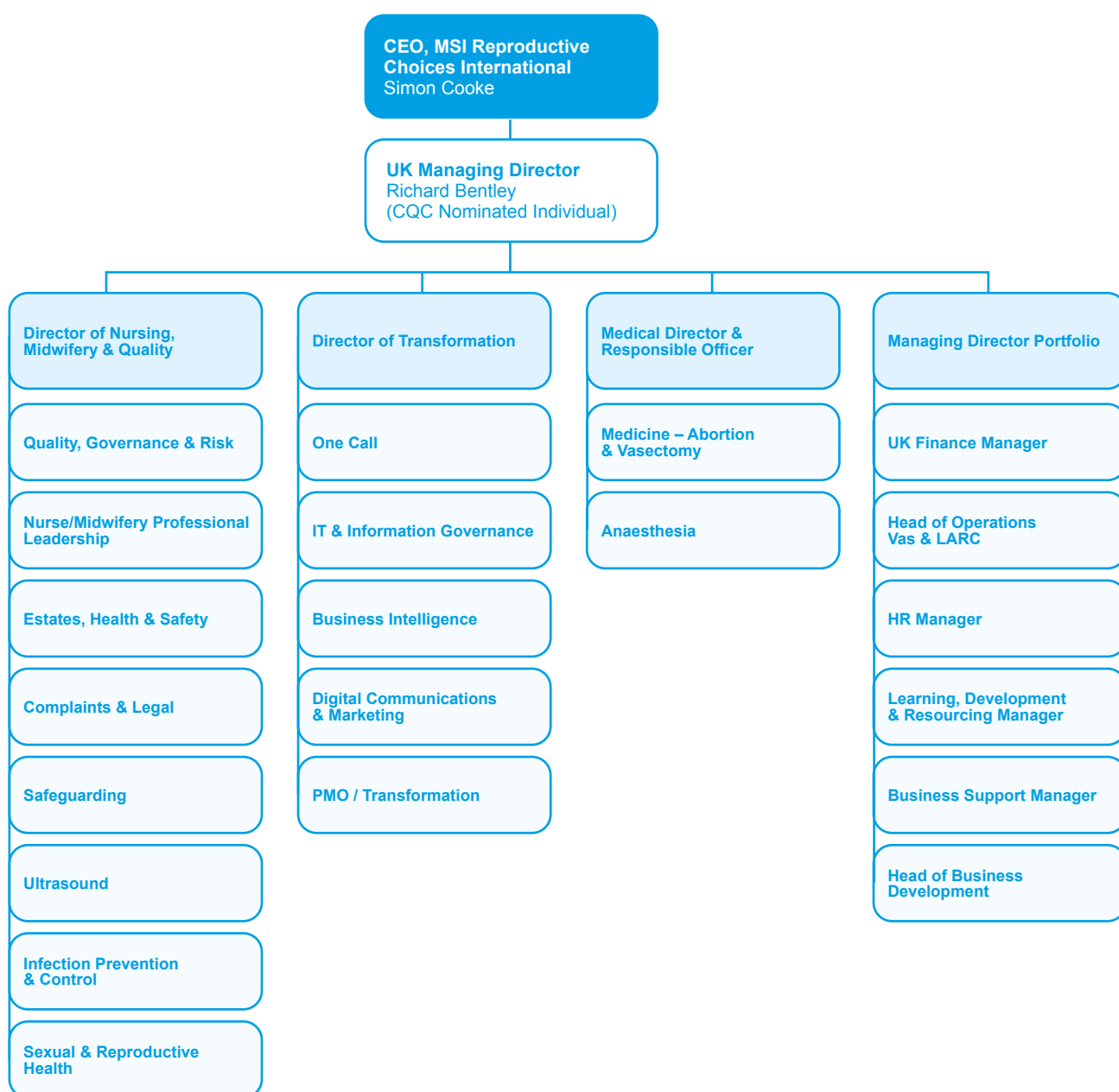
Years of Service	Number of Colleagues
5-9 years	82
10-14 years	48
15-19 years	31
20-24 years	8
25-30 years	2
31-39 years	1
40-49 years	1

We continue to participate in the wider charity MSIUK Reproductive Choices Global Stars Awards which takes place bi-annually.

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).



Information correct
as of June 2021

The governance of MSI Reproductive Choices UK sits within our UK Divisional Board, a subcommittee of the MSI Reproductive Choices International Board, which has definitive responsibility for how we operate as an organisation. Our Executive Team contributes to our organisational cycle of quality improvement through their respective departments. The Executive Team continuously monitors and ensures we deliver on our strategic objectives, over-seeing operations, quality assurance and our integrated approach to delivery of care.

Our Governance Structure on the previous page assures our UK Divisional Board and International Board accordingly.

3.4.1 Divisional Board

Reporting to the MSI Reproductive Choices Board, the UK Divisional Board is an Executive Committee which acts as an oversight and governance body under the chair 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 provides a forum for discussing issues that are specifically relevant to medical colleagues within MSIUK.

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 MSIUK 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 relation to the triangulation of key monitoring information, implementing recognised national guidance, and considering or proposing opportunities for clinical audit and research within MSI UK's field of expertise
- Provides assurance that the performance and practices of clinical colleagues meets acceptable national and international standards by regularly reviewing the MSIUK dataset relating to any deaths, unplanned transfers to NHS hospitals, adverse clinical incidents and Never Events, or surgical site infection rates following vasectomy.
- Monitor and ratify clinical policies, guidelines, and operating procedures.

3.4.3 Integrated Governance Committee (IGC)

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 Integrated Governance Committee (IGC) 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
 - To receive assurance on compliance with regulatory duties relating to safeguarding
 - children and vulnerable adults
 - To promote the involvement of client, carers and representatives concerning their healthcare by regularly reviewing client engagement and learning from complaints.
- Monitor and ratify policies, guidelines, and operating procedures.

During 2021/22, the IGC delegated work planning, monitoring and reporting through the following sub-groups:

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

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



3.4.4 Clinical Effectiveness Group (CEG)

The Clinical Effectiveness Group (CEG) is a subgroup of the Integrated Governance Committee and is co-chaired by our Associate Clinical Director of Early Medical Abortion and LARC and our Associate Clinical Director of Surgical Termination

CEG aims to translate new initiatives and research on quality and clinical excellence through evidence-based clinical guidelines and care pathways. CEG supports evidence-based decision making on behalf of MSIUK, to ensure that treatments result in the best possible clinical outcomes for clients.

Additionally, the group helps to ensure that services we provide are evidenced based and are consistent with national guidance and best practice. CEG develops and follows a cyclical framework for informing, changing, and monitoring

- Ensuring there are robust arrangements in place for continuously improving clinical effectiveness throughout MSIUK 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 MSIUK
- Supporting the development of performance indicators to monitor clinical effectiveness across MSIUK
- 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:

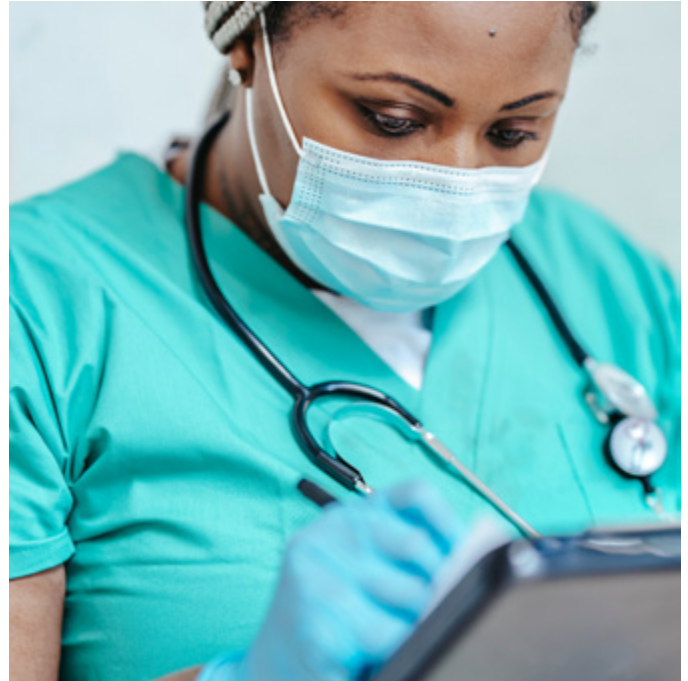
“Everyone was so lovely, I felt so incredibly cared for and comfortable the entire time”

The CEG meet quarterly, and standard agenda items includes clinical audit monitoring and presentations, infection, prevention, and control standards updates, review of clinical pathways, clinical education, effective clinical standards, and client experience. Clinical audits carried out during 2021 were identified from development of 2020/21 Audit Plan and included records management, vasectomy infections, did not proceed with treatment (DNP), the early warning score (TEWS) and medicines management (Please see 2.3.3). The improvement actions from these audits are continuously monitored by our centres and through the CEG.

As a standing agenda item. CEG continues to review compliance against relevant NICE Guidance supported by our NICE Guidance Compliance and Monitoring Policy which sets out our process for monitoring, evaluating, implementing, and reporting in relation to NICE Guidance and Quality Standards, to ensure continual improvement in quality against evidence based best practice. This ensures clients receive the best and most appropriate treatment and care, resources are not wasted by inappropriate treatment and care and, that there is equity through consistent approach in the delivery of care.

We continuously benchmark our services against NICE Guidance (NG140) Abortion Care which had six key quality standards. We met all standards as follows:

- **Statement 1 - Healthcare commissioners and providers work together to make abortion services easy to access:** We have continued to work with the NHS Clinical Commissioning Groups and other provider organisations to meet this standard, including through our implementation of Telemedicine, NHS referrals and transfers of care, and safeguarding.
- **Statement 2 Women who request an abortion are given a choice between medical and surgical abortion to take place up to and including 23+6 weeks' gestation (legal limit):** We offer abortion of choice to clients who attend our services up to legal limit. All clients who require our services have the choice of attending any of our centres for their treatment. MSIUK has the flexibility to arrange appointments to meet the needs of the clients as required.
- **Statement 3 Women who decide to go ahead with an abortion have the option to have the procedure within 1 week of assessment:** We saw a decrease in the average overall wait times for medical treatment. Whilst surgical wait times are longer, they have been mostly maintained with appointments being offered within 1 week from assessment. Clients with pre-existing medical conditions are identified early in the treatment journey and referred to the Right Care Team for focused clinical assessment. Client history is obtained from General Practitioners and an assessment of relevant clinical information is completed by a doctor. Clients who are deemed high risk for MSI treatment are promptly referred to a suitable NHS abortion service, usually within two working days.



- **Statement 4 Women having a medical abortion up to and including 9+6 weeks' gestation are given the option to take misoprostol at home:** We implemented Misoprostol at home in 2019 following the government's approval order to enable women have second tablet at home, ensuring a safe and comfortable environment. This pathway is still in place but mainly superseded by Telemedicine as the pathway of choice where both Mifepristone and Misoprostol at home can be taken subject to eligibility.
- **Statement 5 Women having an abortion who want contraception to receive their chosen method before discharge, either at the time of their abortion or as soon as possible after expulsion of the pregnancy:** We offer a full range of contraception including Long-Acting Reversible Contraception (LARC) this being supported by our Nursing and Midwifery Strategy to increase the number of nurse and midwives who can promote, offer and provide.

- **Statement 6 Women having an abortion are given advice on how to access care and support after the abortion:** We have a team of nurses providing post treatment care and advice 24/7. Through telephone assessment, using best practice, the nurses give information and advice based on clinical presentation described by our clients. Some clients may be referred to the centre for further intervention or referred externally for any other support where required.

Audits have been useful in identifying key improvement areas and assurance on best practice compliance, as well as helping to share good practice and improve consistency of care.

The CEG also reviewed several clinical policies and processes during 2021/22, including our:

- Fetal Anomaly Pathway
- Management of Pregnancy Remains
- Early Medical Abortion

3.4.5 Information Governance Steering Group (IGSG)

The IGSG's role is to help MSI Reproductive Choices 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 (MSI UK's Associate Clinical Director for Surgical Abortion) 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 eight Caldicott principles.

During the reporting period, the Data Compliance Team has focused specifically on the following:

- Continuing to bring best practice UK GDPR (General Data Protection Regulations) 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 successfully renewed in December 2022, continues to strengthen our defence against cyber-crime.
- Support the Global Information Systems alignment to ISO27001 with a view to be certified in 2023/24.
- Centre based link roles have further been developed alongside new roles. These roles help to support local level control of confidentiality and good information governance.
- Submitting the MSIUK Data Security and Protection Toolkit successfully in May 2022 and achieving 'Standards Exceeded' status for the third year in a row, with all mandatory assertions met.
- Information Governance mandatory training statistics across MSIUK remaining high.
- Upgraded NHS Mail to an encrypted version to improve the safety of our clients' data. We also use our encryption service to ensure that any emails sent to non-NHS.net accounts from an NHS.net account are secure. This is especially beneficial for sending client data to clients who have non-secure email as required by a subject access request.
- Promote the use of the 'Privacy Portal' as a secure messaging service for the transfer of data when clients engage their right to access.

- Ensured that hybrid working is adequately risk assessed to ensure confidentiality and good information governance practices are followed remotely.
- Role based access control management employed for core systems with client records, monitoring compliance for access, role rights and permissions.
- Monitor and treat data quality within core systems with regular audits alongside our quarterly compliance monitoring programme. This was vital in conjunction with the data warehouse project.
- Privacy Officer role conducts regular audits for the governance of the Summary Care Record access by our Safeguarding team.
- There have been three Information Commissioner Office (ICO) reportable incidents during this timeframe. All have been closed by the ICO with no further action taken against MISUK.

No ICO complaints have been received during the reporting period and no ICO enforcement action has been taken against MSIUK.

Essex Centre:
“The staff were amazing and made me feel comfortable and relaxed, and I knew everything that was going on”

3.4.6 Medicines Management Group

Chaired by our Medical 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 achieved the following:

- Reviewed compliance with external safe and secure handling of medicines and training
- Reviewed all medicines management incidents to identify corporate learning opportunities and improvements
- Provided oversight and ensured adherence to relevant Medicines Alerts
- Provided antibiotic stewardship updates
- Revised the Medicines Management Audit Proforma which forms part of our Compliance Monitoring Programme
- Reviewed evidence-based research on pain management and revised management accordingly, particularly for our EMA clients
- Reviewed and updated our formulary in line with best practice for our services ensuring cost effective procurement accordingly

3.4.7 Safeguarding Group

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

This group assures the Integrated Governance Committee there are effective controls and monitoring in place to fully embed safeguarding best practice across the organisation. Safeguarding Group meetings have invited 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.

In the reporting year, the group:

- Reviewed and developed the following policies, pathways and SOPs
 - PREVENT
 - Mental Capacity Policy
 - Did Not Attend/Did Not Proceed Policy
 - Non-booked enquiries SOP
 - Safeguarding Supervision Policy
 - Mental Health Factsheet
 - Under-13 SOP
 - Young Persons SOP
- Worked closely with the Digital Transformation team during reviews and updates of our new client record system, Maxims. We have successfully embedded DASH and CSE assessments on to Maxims, which will further streamline how we safeguard our clients. The vasectomy safeguarding proforma has also now been embedded into the system, which brings our safeguarding assessments in this service in line with our TOP safeguarding resources which have been available on Maxims since launch last year.
- Introduced a new 'Advanced Safeguarding Lead' (ASGL) role piloted at our Manchester Centre. This role was created in response to the ongoing challenges that some of the SGLs have experienced with a lack of protected time in our larger centres. The benefits of having an ASGL include:
 - Continuity of care for vulnerable clients
 - Increased autonomy for the ASGL
 - Advanced support available in centre (ASGL will be Level 4 trained)
 - Improved partnership working
 - Increased training/engagement/supervision

Leeds Centre: “Amazing care from start to finish! I felt so relaxed the whole time”

All safeguarding incidents identified are reported on Datix®, and themes, trends and lessons learned shared in our CLIPS meetings weekly to promote consistency in practice across the organisation.

Brighton Centre: “Everyone was so lovely”

3.4.8 Complaints, Litigation, Incidents, Client Feedback and Safeguarding Group (CLIPS)

Clinical incidents at MSIUK are reported on Datix® and reviewed weekly during CLIPS conference / virtual calls, chaired by our Quality and Governance Business Partners, supported by regional governance assistants, and attended by representation from all centres and various subject experts.

CLIPS provides a contemporaneous overview of all complaints, litigation, incidents, client feedback (including compliments and issues) and safeguarding to ensure the correct investigation, and remedial action takes place. It identifies on a continual basis all emerging themes ensuring any material risks are identified and mitigated.

Lessons learned from reviewed incidents, complaints, feedback and safeguarding are shared with all colleagues and the Executive Team weekly, and often discussed in team meetings. Through the work of this group, we have seen the severity of incidents significantly reduce year on year.

CLIPS 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 action for identified complaints, litigation, incidents, client feedback and safeguarding that improve the client 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

Trend analysis through CLIPS has led to several quality improvement initiatives, improvements, and changes to practice, including:

- Development of our Professionally Led Discharge Policy has led to reduced failed discharges in the centres.
- Development of our Pain Management in an Abortion Care Standard Operating Procedure improving client’s aftercare management and reducing complaints.
- Review of cervical preparation for all surgical clients has resulted in a reduction of unmanageable pain and complications.
- Training in sampling has reduced the number of incidents related to sampling and testing for sexually transmitted infections
- Discussions of trends and themes strengthened by enabling colleagues to address complaints at centre level has reduced the number of complaints reported formally.
- Analysis of trends and themes in safeguarding has led to improved reporting, escalation of safeguarding concerns and strengthened partnership working with external agencies e.g. the Local Authority, Police, and charitable organisations.

Annex 1:

Statement of Directors' responsibilities for the Quality Account

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 Account.

MSI Reproductive Choices 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 Account.

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

- The content of the Quality Account 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 Account is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2021 to March 2022
 - Papers relating to quality reported to the board over the period April 2021 to March 2022
 - MSI Reproductive Choices UK Annual Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated August 2021
 - The MSI Reproductive Choices UK colleague feedback surveys between April 2021 and March 2022

- The Quality Account presents a balanced picture of MSI Reproductive Choices UK's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with NHS England's requirements 2021/22 and supporting guidance (which incorporates the Quality Account regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

By order of the board:



Date: 30.06.2022

Richard Bentley,

MSI Reproductive Choices UK
Managing Director



Date: 30.06.2022

Simon Cooke,

Chair of UK Divisional Board
and CEO of MSI Reproductive
Choices International

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Registered charity No: 265543.
Registered company No: 1102208