

QUALITY ACCOUNT 2022 – 2023



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PART 1 STATEMENT ON QUALITY FROM THE MANAGING DIRECTOR

MSI Reproductive Choices UK is part of MSI Reproductive Choices, the leading global, independent, not-for-profit provider of sexual and reproductive health services.

In 2022, MSI made an impact across



six continents and 37 countries



supporting 21 million clients with sexual and reproductive healthcare.

As part of our mission, we partner with governments and civil society in many countries to deliver reproductive choice and in 2022, that equated to supporting 82,000 people every day. In England & Wales, we had almost 700,000 individual client interactions and provided treatment to over 100,000 individuals.

The operating conditions during 2022/23 for UK providers in our sector continued to be demanding. However, building on our progress of recent years, I'm proud that our teams have responded so well, enabling us to meet demand, keep clinics open and deliver excellent outcomes, which this report demonstrates. I remain incredibly grateful to all our colleagues who are remarkable ambassadors for our organisation.

Our key objective during the year has been to maintain and grow capacity across the country, to respond to the mounting pressures on abortion care nationally. This capacity has been twofold: (1) in the form of contact centre team members at our One Call contact centre operation and (2) clinical appointment/treatment capacity for telemedicine consultations, in-person consultations and importantly surgical treatments. Over the last two years, we have recruited an additional 50 nurses and midwives into our clinical teams and the same number for our contact centre operation. We believe this demonstrates remarkable responsiveness, which has helped underpin resilience and quality during exceptionally challenging times.

I would also like to draw attention to the fact that our vasectomy service proposition developed during the year, and we carried out over 8,000 vasectomies. There is growing demand for this form of contraception as access to community-based contraception services throughout the country continues to be challenging.

Our investments in digital continue apace. We continue to develop our client portal and hope to launch this towards the end of 2023. This will transform our client experience for all our services and put clients more in control of their own care. Our systems development will ensure we have checks and balances in place, ensuring care continues to be safe and appropriate. This includes our pioneering safeguarding processes which are proving very effective in protecting the most vulnerable clients.

Our IT systems' resilience and strength were challenged during the year, but again our own specialist systems technicians and those of our partners pulled us through admirably, allowing services to continue uninterrupted and not impacting directly on client care. Again, our significant investment over recent years in our IT infrastructure has been repaid, making our organisation more robust as a result.

Our EPR, which went live in 2021 has also proved to be a sound investment. We're using the data we collect through the system to populate our data warehouse. Combined with our business intelligence tools, this is proving to be a valuable and essential asset in helping us understand our organisation better so we can plan services more effectively. It's particularly useful to load-balance capacity and identify regional variations, which means services can be better planned to meet local needs.

The lack of trained surgeons who can perform surgical abortion across the country has continued to challenge access to surgical treatments for all providers in our sector. MSI UK has been successful in recruiting a handful of individuals who understand the paucity of abortion surgeons nationally, and are committed to enabling choice. Our own skilled surgeons have been instrumental in training colleagues and this initiative is now having a benefit to abortion services nationally, enabling the opening of an NHS abortion specialist care centre in Bristol.

Historically, the level of commissioner funding of NHS abortion services within the independent, predominantly not-for-profit sector, has been an impediment to service evolution and development – especially with the growing levels of complexity and demand. I'm pleased to say that MSI UK has contributed extensively and worked collaboratively with NHSE to improve understanding of abortion care in this country and the challenges it faces. While we recognise the wider health economy is financially distressed, there is an existential threat to our services caused by unsustainable funding levels. We're hopeful the new guidance issued by NHSE to accompany the 2023/24 tariff proposals will be adopted by commissioners and ensure services are sustainably funded in the future.

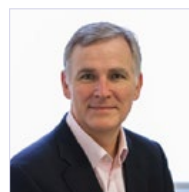
I'm especially pleased that our organisation continues to develop from a quality and governance perspective. We take this very seriously, as ensuring clients do not have to wait and have access to quality care is central to our vision of becoming a trusted provider of SRH services. Therefore, I'm particularly proud that our Manchester Centre achieved an 'Outstanding' rating from the CQC in late 2022 following an unannounced inspection. We aspire for all our centres to achieve this rating and believe it demonstrates the sustainable progress we've made in this regard.

There have been many challenges that abortion care has seen over the last year. Indeed, the seismic change in the US with the reversal of Roe v Wade is a salutary reminder that in this country, we should not take access to abortion care for granted. We remain steadfast in our commitment to making choice possible and believe abortion services in this country should be decriminalised and be treated the same as all other healthcare services. We're at pains to point out that decriminalisation does not mean deregulation. Our positioning paper on decriminalisation articulates our stance and can be read here:

www.msichoice.org.uk/media/3701/decriminalisation-position-paper-2022.pdf

Overall, I'm again incredibly proud of all our colleagues and the contribution they made during 2022/23 to ensuring our services remained open and safe, allowing us to care for a record number of clients. I'd also like to thank our stakeholders – ICB commissioners across the country, the CQC, DoHSC and NHSE for the ongoing support they have provided.

This quality report takes account of all the relevant regulatory requirements of NHS Quality Accounts. I declare that, to the best of my knowledge, the information contained within this report is accurate.



Richard Bentley
UK managing director,
MSI Reproductive Choices

PART 2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 PROGRESS AGAINST 2022/23 PRIORITIES

We've made substantial progress against the priorities we set for 2022/23. You can see our performance in each area below, including, where relevant, performance in previous years as well.

Priority 1: Evolve in the cloud

To strengthen our reputation as a leader in the sector for quality

Progress: Achieved

Our data warehouse and power business intelligence (BI) reporting capability has been developed by our in-house teams to improve online bookings, identify new clients, and monitor operational performance, waiting times and levels of activity, as well as overall capacity utilisation across our clinics. This has contributed to us achieving a CQC rating of 'Outstanding' in Manchester across four domains, with an overall 'Outstanding' rating in September 2022. Additionally, we achieved a CQC rating of 'Outstanding' in the 'Well Led' domain for our vasectomy services, with an overall rating of 'Good' during the reporting year.

As part of our commitment to quality improvement, we've developed and implemented an internal quality and performance rating process across all our centres to compare performance measures and identify opportunities to improve our services.

We've made considerable progress in project management to prepare for the implementation of the Patient Safety Incident Response Framework (PSIRF). We'll use our electronic risk management database to effectively to support implementation, and we're delighted to report that we're currently on track to successfully deliver this project by September 2023.

Our cloud-based contact centre (telephony) software (Genesys) continues to evolve. This initiative has enabled significantly greater resilience in our service, and we've been able to open hub contact centres in different parts of the country to ensure we're not restricted by recruitment challenges by committing to just one location. Our contact centre now operates across four locations and over 80% of the agent workforce are now hybrid workers. This initiative means we can answer calls more quickly, expanding timely access to our services.

This cloud software is globally recognised and in the Gartner Magic Circle quadrant for contact centres. It enables us to manage the quality of our contact centre operation more effectively by reducing manual auditing and allow ongoing call quality checks using in-system automation and artificial intelligence with sentiment analysis. This means we can quality check more agent calls to optimise our call quality by freeing up our more advanced trained agents to focus on the coordination of client care.

We're proud to report that the implementation of our new Electronic Patient System, Maxims has gone exceptionally well. Our Data Quality Score has exceeded expectations, reflecting our commitment to high standards of data management.



Priority 2: Resilience

To invest in innovation and protection of services

Progress: Achieved

We've made considerable progress towards our goal of delivering innovation and investing in our services to ensure we're resilient and have greater protection to deal with unexpected events.

As well as creating additional contact centre hubs to ensure we have sufficient resource to respond to client demand, we've invested in training and development of our contact centre workforce by introducing our new client care coordinator (CCC) roles across all locations. This investment is two-fold: it ensures we have resilience in manpower planning and provides development opportunities for our colleagues to enable career progression, supporting colleague retention.

On the back of our investments in technology and connectivity, we've extended our hybrid working arrangements across the organisation. This means we can recruit more effectively in a competitive workforce market, and can offer greater flexibility in working hours to meet colleague and client needs.

We've also made significant strides to improve the resilience of our pharmacy supply chain. We've partnered with third-party pharmacy suppliers in several ways to maintain the supply of essential drugs and we've introduced a turnkey solution to support our telemedicine operation. This has freed up valuable clinical resources from picking and packing drugs to increasing appointment capacity and providing higher levels of direct client care. There is also a clear SLA in terms of delivery of medicines to clients which provides greater assurance of the final elements of the pathway.

Priority 3: Operate with purpose

We will ensure we operate with purpose to maximise service choice and availability

Progress: Achieved

During the reporting period, we increased the availability of appointments across all areas of operation. Our surgical abortion service saw operating days increase in every region, with Yorkshire, Southwest, and South London also operating at increased gestations.

MSI UK's face-to-face medical abortion service also expanded, establishing new Clinical Treatment Centre locations in response to demand, with Liverpool, Sheffield, and Doncaster among the areas served, providing clients from those areas with choice and improved access. The Telemedicine Medical Abortion (TMA) pathway saw a capacity increase by relocating one of the hubs to our Maidstone Centre, complementing those already established in Manchester, West London and Bristol. This shift resulted in 50% of medical treatments being conducted through the TMA pathway using our team of experienced clinicians, while maintaining capacity and appointment availability for local face-to-face assessment as required by the client. The availability of TMA and F2F had remained a fundamental requirement for us, ensuring the needs of the individual client remain central to our service.

We established three additional vasectomy hubs across the UK to better service demand with local service delivery teams. We've seen record levels of vasectomy clients during the reporting year and mobilised resource to cope with the increase in demand for this valuable form of contraception.

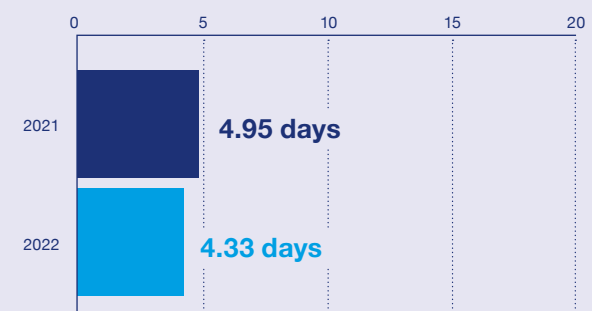
To support increasing levels of client demand, we relaunched our central London clinic, located in the heart of the West End. We extended opening hours, with weekend and evening slots being made available, firmly establishing us as the number one abortion provider in London.

During the reporting period, we were able to offer all initial appointments for consultation within five days of the client contacting us, 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. And while 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 nationally (see 2.1 EMA case mix). Where there's a peak in demand in one centre resulting in waits of over a week, clients are offered the next available appointment at another if they would prefer to travel to access their procedure more quickly. We always ringfence a small number of appointments to ensure we can accommodate last-minute requirements, although managing surgical abortion waiting times has been challenging not just for MSI UK but across the sector as a whole.

Average working days from booking to treatment

Total top



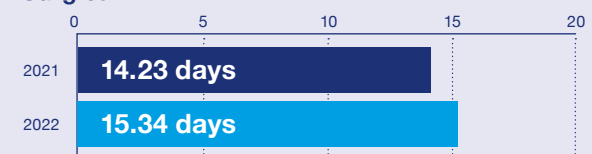
TMA



F2F MA



Surgical



Priority 4: Need for speed

To respond to changes in client demand and activity

Progress: Achieved

In response to evolving client demand, we've implemented several measures. As mentioned previously, we relaunched the central London clinic and, opened new CTCs in Doncaster, Sheffield, and Liverpool. We also began refurbishing our Brighton facility to enhance the client experience. We're pleased to report that despite demand increasing by over 30%, we were able to treat 89% of our clients within ten days, which reflects our commitment to providing an efficient, timely and resilient service. We'll continue to monitor and improve our operations to meet the changing needs of our clients.

Phone consultations

In 2022 we completed 86,980 phone consultations for Termination of Pregnancy out of the 94,983 consultations completed in total. In addition to this 8,003 vasectomy phone consultations were completed.

As mentioned, we continue to leverage our significant investment in technology, enabling us to add resilience for the service by opening multiple contact centre hubs across the country. In these new hubs, 85% of team members take advantage of our hybrid working package, while 76% have received enhanced training. This means more members of our team are able to support all areas of our contact centre operation, enabling far greater flexibility in capacity and improved responsiveness.

Telemedical treatments

The growth in our telemedicine hubs means we've been able to extend this service to seven days per week when demand requires, including weekends and late nights. In the 18 months to March 2023, we were able to treat an additional 82% of our telemedicine clients with an average wait time of less than five working days from initial contact.

Face-to-face (F2F) medical abortion treatments

In the reporting year, despite increasing demand, we maintained our commitment to deliver F2F services through our regional and community treatment centres, ensuring our clients could receive appropriate local and timely care. Over the year, we treated an additional 28% more F2F medical abortion clients.

Surgical abortion treatments

Demand for our surgical services over the reporting year increased by 35%. Despite this increase, our overall average wait times have decreased by an average of three working days. This has been achieved through

a combination of various initiatives, including increasing capacity, improving our clinical teams' competency skill mix, recruiting additional resources, and supporting the training of other surgeons from the NHS.

One notable example is where we addressed the lack of surgical appointments available to clients over 19 weeks' gestation nationally by implementing an "Expediting Appointments for Clients with a Pregnancy Gestation over 19 weeks" standard operating procedure, so that no client is forced to continue with an unwanted pregnancy.

Although we've 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.

Priority 5: Cultivate talent

To be known as an employer of choice in the Sexual and Reproductive Health Sector

Progress: Achieved

To achieve this objective, we implemented several initiatives. We developed a robust staff engagement programme, which includes regular surveys to capture feedback and identify areas for improvement. We also launched a programme of roadshow events, where colleagues could come together as a region to be briefed on organisational progress by our executive team and to ask questions about a range of topics, including pay, development opportunities and service improvement opportunities. In November 2022, we also held a national 'Celebration of Success' event, which brought together over 200 colleagues.

We recognise the importance of colleague retention and have enhanced our career development framework for clinical and non-clinical colleagues. These frameworks provide opportunities for individuals to develop their professional capabilities while improving their earning capacity by adding competencies to their skillset to progress through our pay bands.

Our flexible and hybrid working arrangements offer colleagues a better work-life balance which is attractive to many.

Finally, we introduced new employee benefits including competitive salaries through a comprehensive salary rebanding exercise, as well as a health and wellbeing programme, including access to an EAP and GP services for staff. These initiatives demonstrate our commitment to being an employer of choice in the sexual and reproductive health sector and will help us attract and retain the best talent across the sector.

2.2 PRIORITIES FOR IMPROVEMENT IN 2023/24

We've agreed the following quality-related objectives for 2023/24 to build on the Good and Outstanding Care Quality Commission (CQC) ratings we achieved in our centres during 2022/23.

Priority 1: Treatment within ten

Aim for all clients to receive abortion treatment within 10 working days of booking – KPI 85%

Under the Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy, and as recommended by the National Institute for Health and Care Excellence (NICE), abortion providers are required to meet Required Standard Operating Procedures (RSOPs) which state:

- Clients are offered an appointment within five working days of referral or self-referral
- Clients are offered the abortion procedure within five working days of the decision to proceed
- The total time from access to the procedure should not exceed ten working days

We'll continually monitor our performance to try to ensure clients are treated within 10 days of their referral. Early termination of pregnancy is safer and less invasive, reducing clinical risk, and delaying treatment can significantly impact the client's mental health and emotional wellbeing, as well as timely access to abortion services being a human right. Our duty as healthcare providers is to uphold these rights and ensure that clients receive the care they need promptly, while ensuring that those who need more time to make a decision that is right for them are free to do so without pressure (which is why the KPI is not 100%).

However, at the time of writing (June 2023) the abortion sector is experiencing unprecedented demand, with very limited opportunity to widely increase capacity across providers.

Priority 2: Costs to match care

Our colleague cost ratios are in line with our service demand – KPI 24%

Managing staffing costs is crucial to maintaining a sustainable and efficient organisation. Colleague cost ratios must be kept in line with service demand to ensure that resources are being used effectively and that the quality of care for clients is not compromised. If colleague costs are too high, it can result in financial strain and reduced efficiency, leading to unsustainability or lower quality of care for clients. On the other hand, if staffing costs are too low, it may result in inadequate staffing levels, which can negatively impact the quality of care provided.

To ensure staffing costs align with service demand for abortion, vasectomy and contraception services, we'll carefully monitor service demand and adjust staffing levels accordingly. We'll assess staffing needs and competencies based on factors such as the number of clients, service complexity, and the availability of resources. We'll also consider using part-time or flexible staff, outsourcing certain tasks, or utilising technology to improve efficiency.



Abortion aftercare

It is important that you take all the time you need to look after yourself. We are here to support you. Here are our recommendations to help your recovery after a medical abortion.

You can use any sanitary wear during and after the abortion, but sanitary pads can be easier to check your bleeding.

- Your vagina will clean itself with natural discharge. Do not use a douche or use any soap inside the vagina as this can disrupt the bacteria and increase the risk of infection.
- You may feel light-headed immediately after your abortion. For your safety, don't have a car or drive if you are feeling light-headed.

Priority 3: Grapple turnover

We improve the retention of our colleagues – KPI 80%

Reducing turnover rates is critical to the success of our organisation. High turnover rates can lead to a range of negative consequences, including increased recruitment and training costs, reduced productivity, and a potential decline in the quality of care provided. Retaining experienced staff is essential to improving the quality of care for our clients, which can improve client satisfaction and outcomes.

Improving staff retention also supports a positive work culture and can lead to increased morale and job satisfaction. This, in turn, can lead to increased staff engagement and motivation, which will positively impact the quality of care provided to clients. Creating a supportive and empowering work environment will help attract and retain high-quality staff committed to providing excellent care. This can also help further improve our positive reputation for clients seeking high-quality services as a trusted provider.

We'll explore and implement a range of measures to improve our retention rates, including listening to our colleagues, ensuring their wellbeing needs, and reviewing flexible working to ensure they have a better work-life balance.



Priority 4: Aim for outstanding

We achieve at least a 'Good' rating overall when inspected by our regulators, the Care Quality Commission (CQC)

All our centres are regulated by the CQC and have obtained a 'Good' inspection rating, with our Manchester Centre rated 'Outstanding'. We'll continually strive to attain an outstanding rating in all CQC domains. We aim to continually improve the quality of our services to maintain clients' trust and confidence and ensure our organisation's long-term sustainability. A good quality rating demonstrates we're meeting the required standards of care and are committed to providing safe, effective, and high-quality services to clients. It can help to build trust and confidence among clients, attract new clients and support the growth and development of the organisation. Failing to meet these required standards can lead to enforcement action, reputational damage, and loss of clients.

Meeting a good quality rating requires us to maintain compliance with regulatory requirements and provide the best possible care to clients. The effectiveness of our policies, procedures, and practices, provision of appropriate training and support, and maintenance of accurate and up-to-date records, supported by monitoring key quality and performance KPIs, all help us continually review and evaluate our services – and demonstrates our commitment to providing high-quality services to clients. These things also further strengthen our positive reputation, and contribute to the overall improvement of healthcare services in the sector.

2.3 STATEMENTS OF ASSURANCE FROM THE BOARD

During 2022/23, MSI UK provided 130 relevant NHS sexual and reproductive health services – ranging from Integrated Care Board, Trusts, and Local Authority to Sexual Health Provider contracts

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

2.3.2 NHS income

The income from delivering NHS services represents 99% of the total income generated during the review period.

2.3.3 Audits and confidential enquiries

During 2022/2023, there have been no applicable national clinical audits. The most recent MBRRACE-UK report (2021) did not contain any specific recommendations related to abortion providers. However, the report did highlight the importance of ensuring that all clients have access to high-quality and timely maternity care, including those with complex needs or who may face barriers to accessing care. This is also relevant to abortion providers working with populations facing healthcare barriers. The report also emphasised the importance of effective communication between healthcare providers and clients, which is relevant to all healthcare settings, including those that provide abortion services.

This has been an area of focus for MSIUK. We've worked to improve information provision for our clients through their pathway via our digital platforms, and we proactively address any communication issues raised through our informal complaints processes. We're also undertaking a review of our consent processes to ensure the information on the risks, benefits and alternatives of treatment are known as early as possible in the treatment pathway to ensure our clients are making the right choices for themselves.

Clinical audits were conducted based on the clinical audit plan developed last year. The objective of the plan was to ensure 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).

Our team conducted audits on:

Telemedicine No-Scan Protocol

The aim of this audit was:

- To review data where telemedicine was denied, determining the effectiveness of the 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 there were any errors in applying the screening questions or whether any other aspect of their medical history may have been relevant in retrospect.

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 last menstrual period, and that the error rate of dating by last menstrual period is so low, the screening questions add no value over the client's own dates.
- The exclusion of clients 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 other national guidelines and is not applied by other major providers in the UK.

The review resulted in two actions:

1. Ensuring current information (including on the website, written information, scripts for healthcare advisors, and 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.
2. Removing current or past hormonal contraception use as an exclusion criterion for telemedicine.

The Early Warning Score (TEWS)

TEWS supports the 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, including simulation exercises for the deteriorating client.
- A review of the deteriorating client policy to outline standards for the prevention, recognition, and management of client deterioration.

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. Recommendations included:

- Updating the DNP SOP to provide more clarity around the DNP decision making process
- Further 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. Actions taken from this audit included peer reviews and completion of aseptic non-touch technique passports and the introduction of a vasectomy clinical outcome dashboard.

RightCare

Our Rightcare Team ensure that our clients can be treated within our services or instead require referral to the NHS. The aim of this audit was to monitor documentation and medical reviews within our RightCare pathway to provide assurance that clients are treated safely, appropriately, and efficiently.

The review identified that RightCare reviews are conducted to a high standard with regards to documentation, following guidance and outcomes.



“Felt extremely comfortable, the team were so lovely and made me feel relaxed. They couldn’t have done anything more to make it better.”

Maidstone Centre client feedback

Through our Compliance Monitoring Programme, 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

Management of pregnancy remains

Medicines management

Peripheral venous cannula

Planned preventative maintenance

PPE (Personal Protective Equipment) and IPC (Infection Prevention Control)

Quality and governance

Record keeping

Regulatory compliance

Risk management

Safeguarding

Safeguarding documentation

Sharps and waste management

World Health Organisation – five steps to safer surgery

Vasectomy specific audits

Community treatment centre specific audits

Research and innovation

MSI Reproductive Choices is the leading global provider of reproductive health services. During 2022, we supported 22 million women and girls with contraception and safe abortion care across 37 countries. Our practice and data from the UK contribute to improving safe practice and developing information to enable reproductive choice around the world.

Over the past year, MSI colleagues presented at several academic conferences including:

- Royal Society of Medicine (RSM)
- British Society of Abortion Care Providers (with an award for best poster presentation)
- University of Durham
- Royal College of Obstetrics and Gynaecology (RCOG) World Congress
- International Federation of Abortion and Contraception Professionals conference
- Start Doctors (Dublin)
- We collaborated with several multicentre research projects, including:
 - SACHA trials, led by the London School of Hygiene and Tropical Medicine from a £1m National Institute for Health and Care grant, with MSI's medical director chairing the External Advisory Committee.
 - A grant-funded safeguarding study led by the University of Durham
 - The World Health Organisation development and research training in human reproduction.

And we hosted the Faculty of Sexual and Reproductive Health (FSRH) examination, providing examiners for the faculty.

As well as this, we introduced the novel inhalational analgesic and anti-anxiolytic agent Pentrox to improve the experience for clients needing outpatient procedures. We also brought in a comprehensive Local Anaesthetic Policy to ensure all clients having intrauterine contraception fitted are offered a range of options. A subsequent audit showed that 95% requested at least one type of local anaesthetic, with the most common pain score being 1 out of 10, and 100% rated their care as excellent (96%) or good (4%).

2.3.4 Duty of Candour

Our Duty of Candour policy includes the General Medical Council and Nursing and Midwifery Council's joint statement on professional responsibility in the application of Duty of Candour.

Incidents relevant for reporting are identified and their management is 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 26 incidents that met the threshold for Statutory Duty of Candour application during 2022/23. All but two were 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 Central London Centre
- MSI Reproductive Choices South London Centre
- MSI Reproductive Choices West London Centre
- MSI Reproductive Choices One Call



“All the staff are amazing and caring, you all made me feel at ease and I’m so grateful. Thank you so much, excellent care.”

West London Centre client feedback



“Everything was great, everyone was super kind and caring. I wouldn’t change anything. Thank you very much!”

South London Centre client feedback

During 2022/2023, our Manchester Centre attained an ‘Outstanding’ rating in four out of five domains, gaining an ‘outstanding’ overall. This means we are the first organisation in our sector to receive this rating.

There were no enforcement actions against MSI UK and no warning notices issued by the CQC during 2022/2023, and we’ve not been asked to participate in any special reviews or investigations during the reporting period.

2.3.6 Hospital Episode Statistics

MSI UK is not an NHS Trust and is commissioned outside of the Secondary Uses Services Framework. As a result, we didn’t submit records during 2022/2023 for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

2.3.7 Information Governance

Our Information Governance Assessment, completed via the Data Security and Protection Toolkit has achieved ‘Standards Exceeded’ for a fourth year in a row.

2.3.8 Payment by Results

MSI UK was not subject to the Audit Commission’s Payment by Results Clinical Coding Audit during 2022/2023.

2.3.9 Learning from Deaths

No client deaths have been attributed to care provided by MSI UK 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 investigate any concerns.

All colleagues can contact our MSI UK 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 2022-2023, there were ten 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 MSI UK can also raise concerns through a variety of other routes, including:

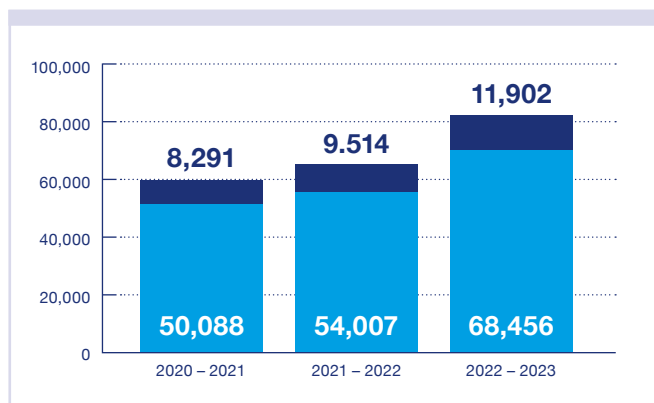
- Our line managers and executive directors
- Our incident reporting system, Datix®
- Our managing director with responsibility for whistleblowing
- SafeCall, a free, external, confidential speaking-up service which is independent of MSI UK.



2.4 REPORTING AGAINST CORE INDICATORS

As MSI UK is a charitable, not-for-profit specialist provider, most of the core indicators using data from the Health and Social Care Information Centre (HSCIC) are not directly relevant to our services. Therefore, we have chosen to monitor our quality performance against our local indicators. These quality indicators are reviewed at our regional and corporate quality and assurance meetings and then reported to our divisional board.

CQC Domain: Safe

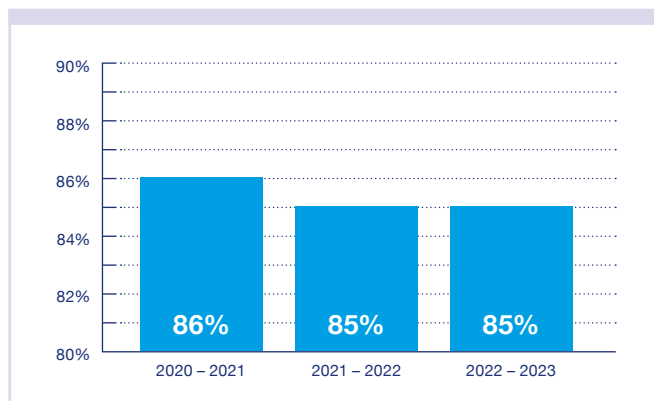


Number of clients

KPI – Planned activity

Analysis: In the last year, we've seen a significant rise in the number of early medical abortions (EMAs) conducted, accompanied by an increase in surgical abortions. Last year we opened a further three telemedicine hubs improving accessibility to early medical abortions to thousands of clients while still offering and increasing our surgical capacity.

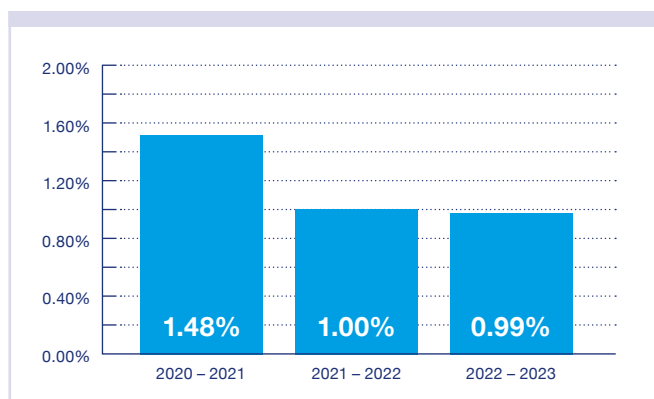
Early medical abortion Surgical termination of pregnancy



EMA case mix

KPI – 80%

Analysis: We continued to see an increase in the number of clients presenting at a higher gestation last year, however, we have maintained our EMA case mix ratio. We achieved this by launching three telemedicine hubs in Maidstone, Manchester, and West London and extending our telemedicine service to 7 days a week, including evenings when demand requires. In addition, we relaunched our Central London Region and opened new CTCs in Doncaster, Sheffield and Liverpool increasing our face-to-face EMA capacity.



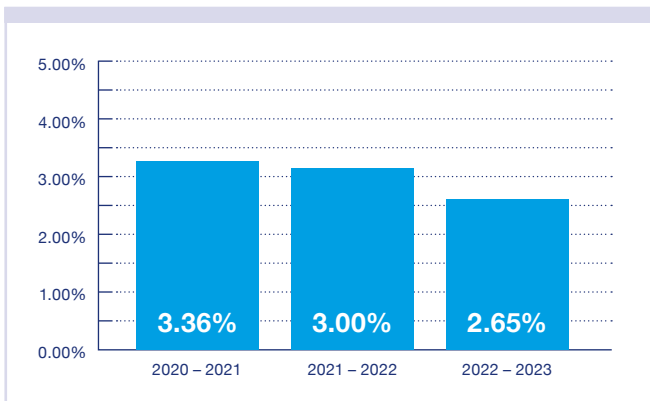
Non-clinical incident reporting rate

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.

Timescale

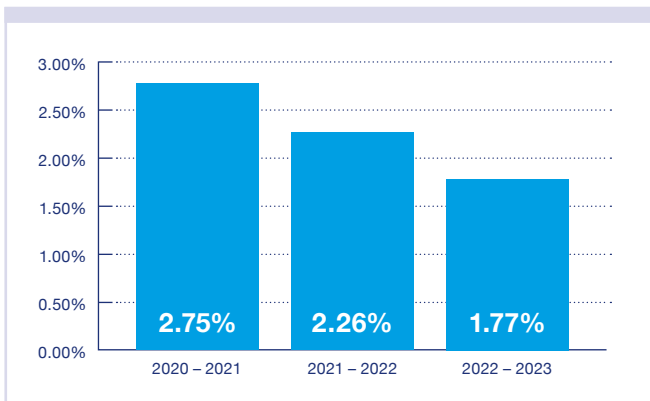
Quarter 1 Apr-Jun 2022	Quarter 2 Jul-Sep 2022	Quarter 3 Oct-Dec 2022	Quarter 4 Jan-Mar 2023
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Clinical incident reporting rate

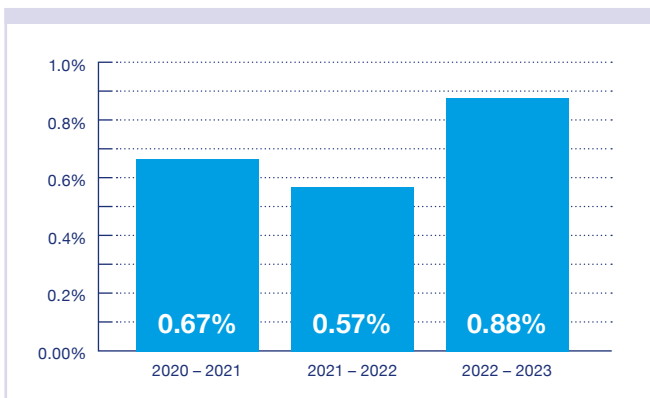
KPI – > 2% of total number of clients treated within the reporting year

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.



Clinical complication rate (sub-set of clinical incidents)

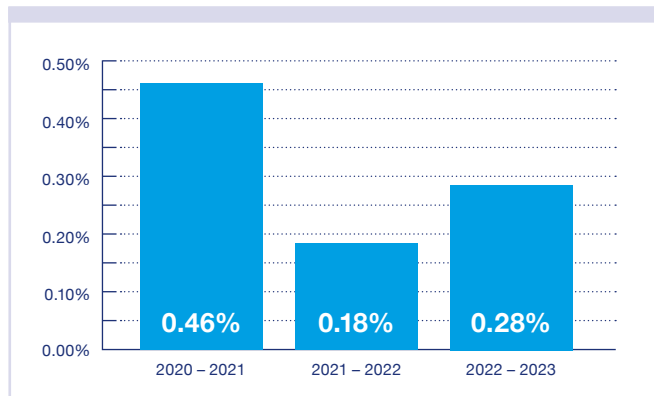
Analysis: Most incidents reported related to retained products of contraception and failed termination of pregnancy, both of which are known complications of abortion and are discussed with clients during the informed consent process. Clinical complication rates have continued to decrease due to improvements within our clinical pathways and treatments.



Percentage of incidents rated moderate and above

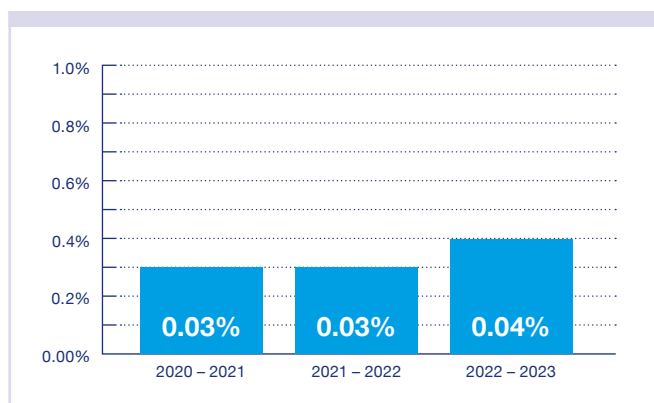
KPI – N/A

Analysis: The number of moderate and above incidents reported in the year remains low, however, the rate increased from the previous year. We attribute this to the increase in our surgical workload, especially at higher gestations. Known clinical complications in this group include haemorrhage, haematoma and uterine perforation and are all investigated regardless of whether they are known clinical complications.

CQC Domain: Safe continued...**Percentage of incidents rated moderate or above** (excluding known clinical complications)

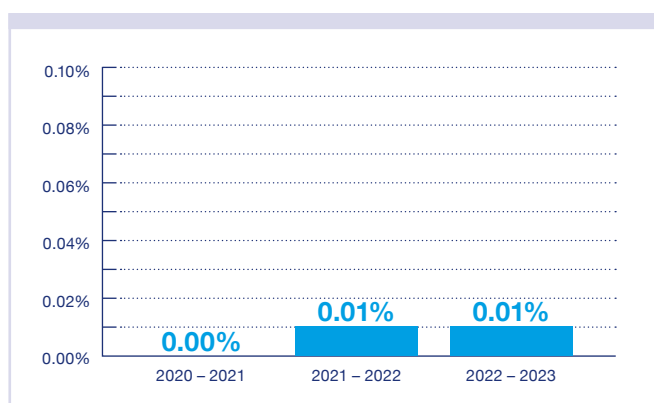
KPI – 1.5% of the total number of clients treated within reporting year

Analysis: We have seen a slight increase in the rate of incidents rated as ‘moderate or above’ from the previous year; however, numbers remain extremely low when compared to client numbers (9 incidents out of over 88,000 treatments). We undertake root cause analysis investigation of any incident scoring ‘moderate or above’ regardless of whether this is a serious incident to strengthen controls to prevent reoccurrence, leading to improved clients’ safety and outcomes.

**Externally reportable incidents**

(i.e. RIDDOR, ICO, Police, by activity)

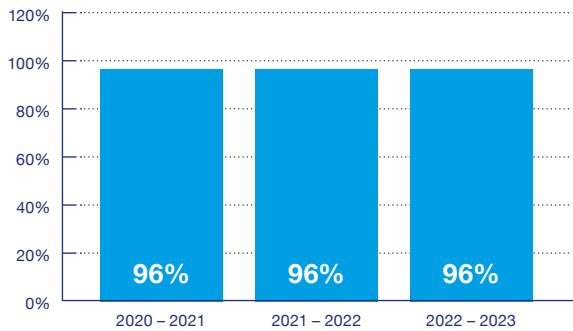
Analysis: Incidents meeting the threshold for external reporting remain incredibly low compared to the number of clients. All incidents reported are reviewed on a weekly basis to ensure that they are graded correctly and appropriate actions, including external referrals, are made. Most external notifications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

**Serious incident rate** (by activity)

KPI – < 0.1% of the total number of clients treated within reporting year

Analysis: We’ve 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 multidisciplinary 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.

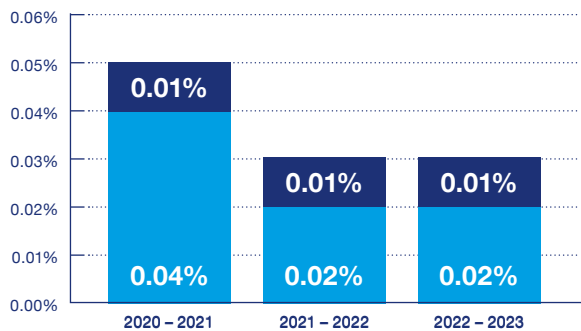
CQC Domain: Effective



Compliance monitoring programme scores

Analysis: These are the aggregated scores for monthly audits conducted 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.

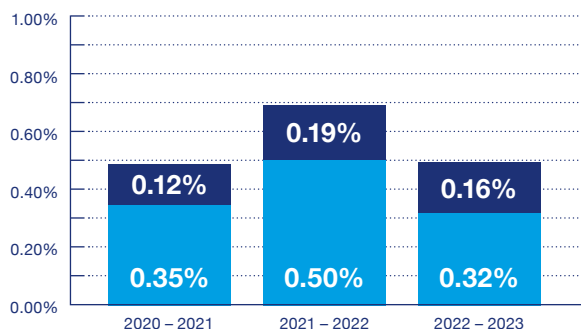
CQC Domain: Caring



Formal complaint rate (by activity)

KPI – <0.09% of the total number of clients treated with reporting year

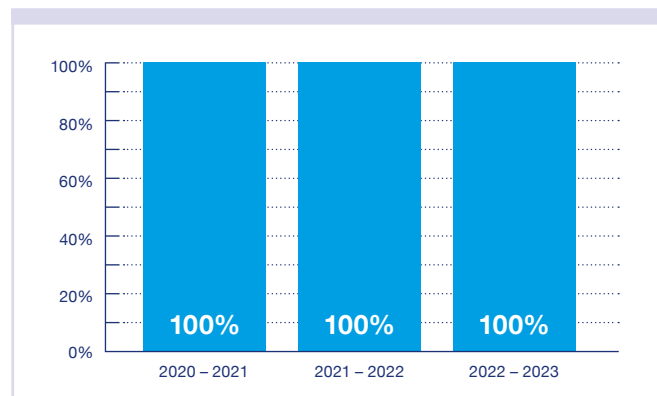
Analysis: Through our proactive management of informal complaints and client feedback we've continued to see very few formal complaints in the reporting year. Complaint themes and lessons learnt are shared in our weekly Complaints, Litigation, Incidents, Patient Feedback and Safeguarding (CLIPS) Group ensuring we identify opportunities to improve client care and satisfaction.



Informal complaint rate (by activity)

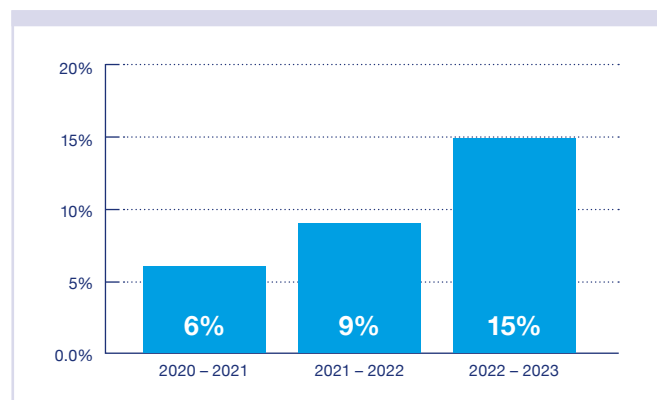
KPI – 0.09% – NHS benchmark of the total number of clients treated with reporting year

Analysis: We have seen a significant reduction in the number of informal complaints compared to the previous year. We've continued to improve our performance in identifying and recording informal complaints in our centres which now include digital channels, such as the NHS website, Google listings, social media comments or direct messages, live chat satisfaction survey and stories clients can submit on our website. We see this as a positive trend which increases our ability to make continual quality improvements and further reducing formal complaints. We've worked hard to drive down the reasons for informal complaints and manage clients' expectations better. This has been helped by the wealth of information that we now provide for clients through digital links when enquiring about and accessing our services.

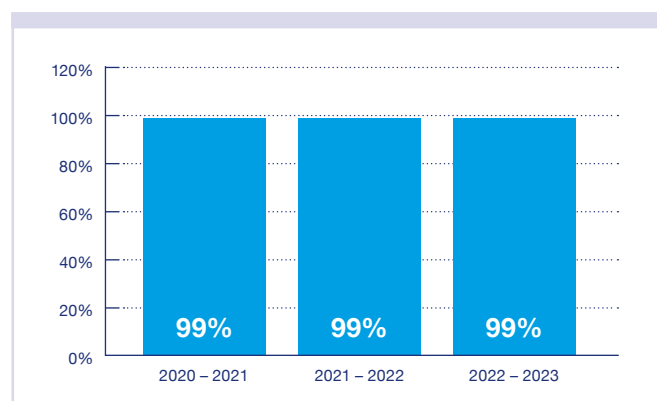
CQC Domain: Caring continued...**Complaints response rate against client negotiated timescale**

KPI – 75% of the total number of clients treated with reporting year

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**Client feedback response rate**

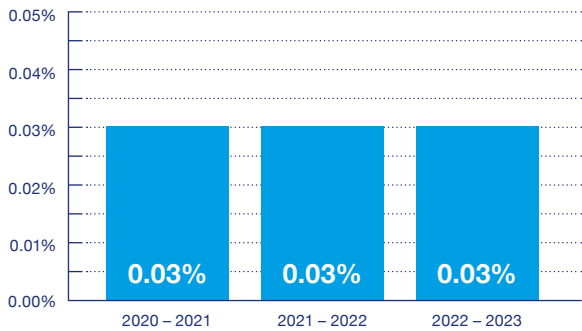
Analysis: Our 'Tell Us About Your Experience' feedback questionnaire allows clients to leave feedback via an electronic tablet at the time of their appointment in our treatment centres or through quick response (QR) codes which can be scanned on any mobile device. The QR codes are displayed on posters in our centres, provided within telemedicine packages and are part of our treatment and aftercare booklets. We also display 'You Said, We Did' posters in our centres to show changes and/or improvements we've made because of client feedback.

**Overall care received was rated 'excellent' or 'very good'**

KPI – 95% of the total number of clients treated with reporting year

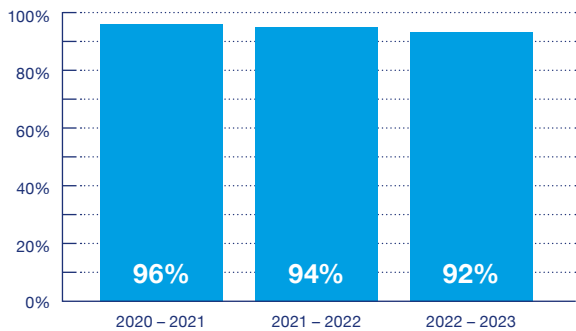
Analysis: Client experience rates have remained consistent with previous years and are in line with the improvements we've made to the quality of care and information provided.

CQC Domain: Well, Led



Incidents where Duty of Candour was exercised (by activity)

Analysis: We've seen few incidents this reporting year where we've been required to exercise Duty of Candour. We exercise Statutory Duty of Candour for all incidents resulting in moderate or above harm regardless of if they are known clinical complications. Our management against.



Mandatory training rate

(including contracted and sessional colleagues)

KPI – > 85% of the total number of clients treated with reporting year

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



PART 3 OTHER INFORMATION

3.1 SCOPE OF OUR SERVICES

MSI UK has been providing sexual and reproductive healthcare services in England since our charity was founded in 1976. In the UK, we're best known for our high-quality abortion services, which were used by over 80,500 clients in the reporting year (April 2022 to March 2023), of which around 99% 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



	2022	2021	2020
Total abortions in England/ Wales	TBC	214,869	210,860
MSI MA	62,979	52,087	48,521
MSI SA	11,746	8,254	9,975
MSI vasectomy	7,150	2,822	4,647
MSI abortion calls	415,682	371,870	298,650
MSI VAS calls	16,697	15,994	15,718
MSI telephone counselling appointments	5,252	4,998	4,606

3.1.1 One Call and Right Care

One Call is our centralised booking service and operates seven days a week from 7am to 8pm. 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 Saturday and Sundays from 8am to 4pm.

One Call is the first point of contact for all our clients and takes bookings for our centres across the UK via various channels, including webchat, online booking, or phone.

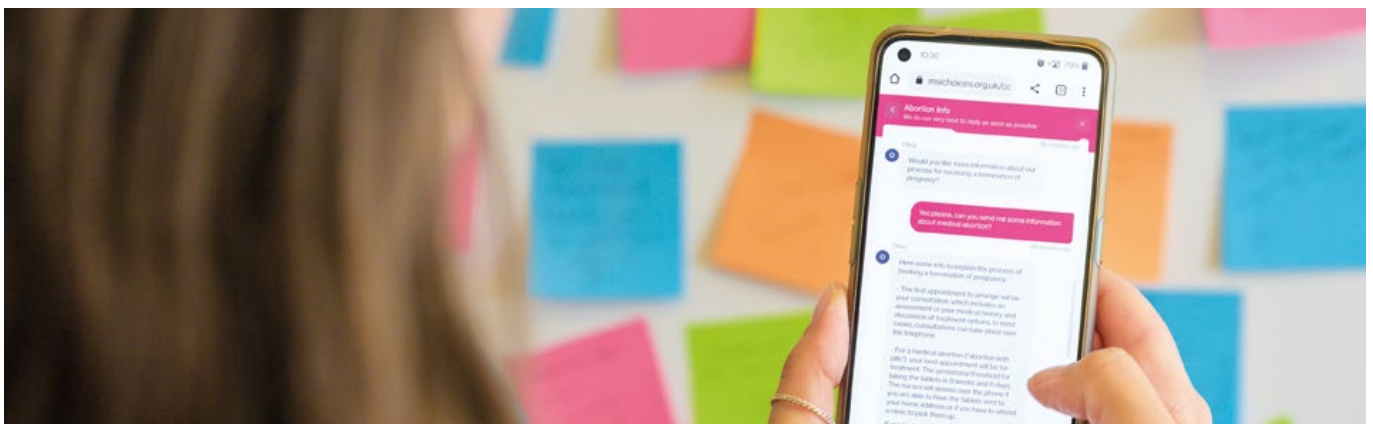
During 2022, One Call made significant investment and improvements in the systems being used including enhancements to telephony and IT infrastructure, allowing for the implementation of hybrid working and evolving our static Bristol contact centre site to five locations across the country. This helps provide an additional level of resilience, a much wider population for recruitment and an increase in our retention and overall employee satisfaction.

One Call continues to invest in its cloud-based Genesys phone system, adding helpful features to the way clients' access to the service, such as allowing the client to request a call back within two hours, information on how long the wait will be in the queue, and consolidating steps in the booking and phone consultation, by blending this into one call, enabling a shorter wait for treatment. We've also enhanced our interactive voice response (IVR) solution with a dedicated post-operative line which routes directly to the clinical practitioner team, removing the need for clients to speak to an agent or request a call back.

One Call also provides a central booking service for several Integrated Care Boards (ICBs), providing appointment support and information to clients for other providers, including other independent services and acute hospitals.

In the reporting year, One Call handled 432,379 inbound calls, 138,563 web chats and processed 97,3516 online bookings (from January 2022). It also provided the following services to clients:

- Appointments for NHS and private clients seeking abortion, vasectomy, or other sexual health appointments
- Centralised booking for non-MSI UK centres, including bookings into local hospitals for other providers
- General information about services and abortion treatment options via phone and webchat
- Consulting with all centres regarding client care and queries
- Confirming appointments by text, email and letter when requested
- A centralised 24-hour clinical practitioner team consisting of registered nurses and midwives dealing with pre- and post-treatment 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
- Through our Right Care team, managing all client queries in the event of a medical contraindication and liaising with clients' General Practitioners.
- Pre-assessment consultations for all eligible clients, seven days a week throughout the year.



IN THE REPORTING YEAR, OUR ONE CALL SUPPORT CENTRE HANDLED

432,379

CALLS



One Call has a dedicated quality assurance team and is supported by a Quality and Governance Business Partner which oversees its 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 in Levels 3 and 4. One Call also has a clinical matron and two clinical team leaders who support our post-treatment nursing and Right Care teams.

Over 85% of the One Call team choose to work in a hybrid way. Controls enabled by the technology, such as call and screen recording, risk assessments and the use of advanced quality checking with artificial intelligence are set up to monitor sentiment analysis, core alert words and other key performance indicators.

The Right Care team manages clients with complex medical conditions, ensuring timely and appropriate care. Our goal is to provide the right care, at the right time, and in the right place.

During consultations, clients share their medical history so that we can safely identify complex medical needs or pre-existing conditions. Our decision support tool, the Pre-existing Conditions (PEC) Guidelines, assists our agents in making referrals to the Right Care team. So far this year, about 8% of clients referred for consultations have required Right Care services. The Right Care team collaborates closely with medical professionals at MSI and the clients' GP to determine if they can be treated or if an NHS referral is needed.

For NHS clients, our key performance indicator is to minimise treatment delays during Right Care reviews. We aim for over 90% of referrals to receive a clinical lead review and a decision for NHS placement within two working days. We continue to achieve this despite a 19% increase in overall activity in 2022 compared to 2021.

There are factors which reduce target attainment on occasion, including NHS hospital delays in confirming appointments and difficulty contacting clients to discuss the need for NHS placement or consent for onward referral. For 2022, 11,538 referrals were made into the Right Care team with just over 15% of these cases resulting in an NHS referral.

Our One Call safeguarding team, led by a safeguarding and complex care lead, manages all queries and alerts related to safeguarding identified at booking. We work closely with external agencies and our centres to ensure effective safeguarding before consultation. In the past year, there has been a significant increase in safeguarding cases, with an average of 500 more cases per month in this reporting year compared to last year. These cases are complex and often require multiple referrals for appropriate care.

3.1.2 MSI Reproductive Choices UK – Centres

MSI UK treatment centres provide high-quality abortion care, including medical and surgical abortions. Face-to-face medical abortion is offered up to and including gestations of 9 weeks and 6 days (9+6) in all our treatment centres. Telemedicine medical abortion (TMA) is offered to eligible clients up to 9+6 from three TMA 'hubs' in our Manchester, West London, and Maidstone treatment centres. Surgical abortion is offered up to gestations of 23+6 in West London, Bristol, Essex and Manchester, 21+6 in Leeds and South London, 18+6 in Brighton and 13+6 in Maidstone.



“From start to finish I have felt fully supported, everyone has been so attentive and I have felt so comfortable.”

Brighton Centre client feedback

As part of our comprehensive care, 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 MSI UK surgical centres also provide vasectomy services.

We maintain quality and governance oversight through quarterly Local Integrated Governance Meetings held at each centre. During these meetings, we keep track of clinical outcomes, complications, emergency transfers and incidents, all of which are monitored through an integrated governance dashboard. Each centre carefully monitors these indicators to identify any areas of concern.

Our regional governance teams offer local support to our management teams, helping them to produce quality reports and investigate incidents. We also encourage our teams to share lessons learned from incidents across regions, enabling us to make necessary changes and improve our services.

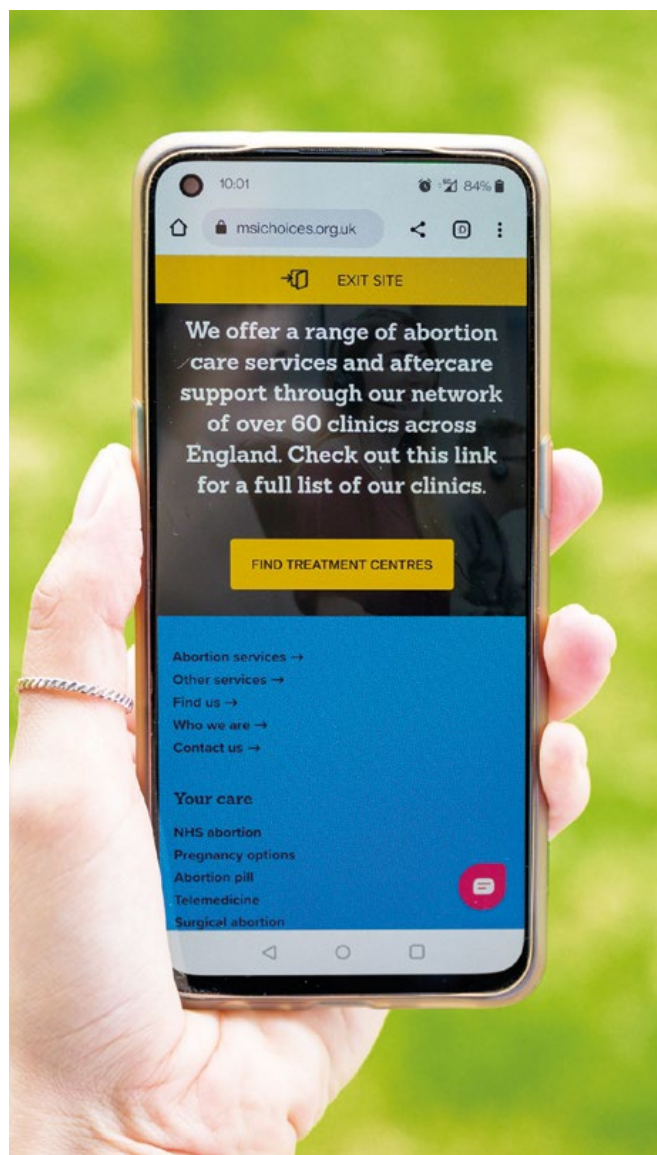
The results from our Compliance Monitoring Programme are regularly monitored and analysed during these meetings. Any actions that are identified to improve audit outcomes are then logged in our centres' Local Service Improvement.



Abortion by telemedicine

Abortion by telemedicine allows clients to take early medical abortion tablets (misoprostol and mifepristone) in the comfort of their own homes without the need to visit a hospital or clinic, provided they are under 10 weeks' gestation and clinically eligible.

All appointments and assessments, including for those seeking abortion care, can be conducted via telephone or video call. Clients provide details of their cycle and menstruation to estimate the gestation of their pregnancy. Anyone who meets the safety criteria can then have medication posted to their home address or collect it from a local centre. This eliminates the need for clients to have an ultrasound scan.



Spotlight on our Manchester Centre

In 2022, MSI Reproductive Choices UK (MSI UK) achieved a significant milestone as our centre in Manchester became the first abortion service in the sector to be rated 'outstanding' by the Care Quality Commission (CQC). The CQC praised many aspects of the service, including the focus on individual needs, accessibility, waiting times, and openness to feedback from clients and colleagues.

MSI UK takes pride in being recognised for our safeguarding efforts. Across MSI UK, we prioritise getting safeguarding right and incorporate it into all aspects of our operations. In Manchester, we've built upon this commitment by introducing an advanced safeguarding nurse who provides support to clients from their initial consultation throughout their treatment and beyond.

The CQC also praised our Manchester Centre for its community engagement, such as our collaboration with gender-based violence and mental health charities, and our appropriate involvement with the police or social services. Not only do we provide high-quality abortion care, but we actively strive to protect our clients' wellbeing and human rights even after they have completed their treatment.

The most gratifying praise from the CQC, however, was for MSI UK's team members themselves. The CQC found that team members treated clients with compassion, considering individual needs and ensuring that services are accessible. Between April and June 2022, MSI UK received 128 compliments, including statements such as "Staff are amazing at their job" and "There is nothing that could have been done better."

This recognition does not come as a surprise, as the dedication of MSI UK's colleagues shines through every day. The report revealed that team members feel supported and valued, enabling them to remain focused on meeting clients' needs.

All MSI UK clinics are now rated either good or outstanding. This achievement is particularly noteworthy considering the challenging circumstances in which we operate. The demand for services is unprecedented, with our Manchester clinic treating 17,090 clients in 2022, compared to 8,166 in 2019. Additionally, abortion providers face funding disparities, workforce challenges, and an uncertain economic climate.

Despite these obstacles, MSI UK has consistently found innovative ways to effectively utilise resources, motivate team members, and consistently exceed expectations. We remain committed to our goal of ensuring that anyone in need of or seeking an abortion can access the high-quality care they deserve. We'll continue our efforts until this vision becomes a reality.

3.1.3 Vasectomy centres and contraception services

Due to the growth of our vasectomy (VAS) and standalone contraception services, we have integrated these into our largest centres to ensure more effective regional management and staffing. Our network of services utilises a hub (three regional treatment centres) and spoke (25 VAS community treatment centres) model, with many local services run from within General Practitioner practices or hospital outpatient units nationally, staffed by trained teams who provide an effective service under local anaesthetic.

Before implementing this restructure, our vasectomy service was inspected by the CQC (Care Quality Commission) and achieved an overall rating of 'Good', with an 'Outstanding' rating in the 'Well Led' domain. This accomplishment underscores our commitment to effective leadership and organisational excellence.

Our vasectomy service has experienced consistent growth, with over 7,000 clients treated in 2022. To meet the increasing demand for our services nationwide and maintain our collaboration with Integrated Care Boards (ICBs), we have proactively recruited surgeons and nurses. We work closely with the Association of Surgeons in Primary Care (ASPC) in developing and reviewing our clinical policies and guidelines. Our vasectomy policy provides clear guidance on our practices, while our pre-existing conditions (PEC) guidelines offer specific recommendations for managing clients with various co-morbidities commonly encountered in our practice.

We closely monitor and report post-vasectomy complications, including infections, haematomas, and short- and long-term post-vasectomy pain, on a quarterly basis. All clinical complications are reported through our incident reporting system, Datix®, overseen by our governance team. The vasectomy department actively participates in the weekly CLIPS (Complaints, Litigations, Incidents, and Patient Safety) meetings and provides regular reports to the Medical Advisory Committee (MAC) on a quarterly basis.

Early in 2022, we observed a slight increase in post-vasectomy infection rates, which prompted us to improve our monitoring processes and review the classification categories for reporting.

These increased rates were driven by increased vigilance and reporting but have consistently remained below our threshold of 5%. Both clinical managers and the Quality and Governance Partners monitor infection rates and trends per centre and per surgeon. Hand hygiene measures undergo rigorous scrutiny through our compliance monitoring audits conducted in our main centres and satellite units. We employ a contemporary infection tracker,



and our clinical services matrons ensure compliance while the vasectomy aftercare advice leaflet clearly outlines instructions for clients post-procedure. Any outliers identified through our monitoring processes trigger further audits for centres and peer reviews for surgeons.

Our rates of haematoma, short- and long-term post-vasectomy pain have remained within the expected range and have been compared against Association of Surgeons in Primary Care (ASPC) audits and national benchmarks.

In 2022, we undertook a comprehensive review of our post-vasectomy semen analysis processes to align with national practices. This review was supported by our external advisor from the ASPC, resulting in a change to the post-vasectomy testing process from 12 weeks to 16 weeks. This updated testing pathway will facilitate the vasectomy clearance process while enhancing the experience for our clients.

The restructuring of our vasectomy service in 2023, with the establishment of three hubs, will contribute to continuous improvement in the quality of our service delivery. We will benefit from increased engagement and input from our three dedicated vasectomy clinical service matrons, along with the implementation of advanced quarterly clinical monitoring huddles.

3.2 QUALITY ASSURANCE

We are committed to improving the quality of care for our clients and building on our capacity to

We report any incidents and client complaints to our risk management database, Datix®. All colleagues receive training and support to ensure they know how to do this properly and appropriately carry out any investigations and mitigation. 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, and usually includes an executive director and all centre clinical leads.

We had one severe incident in the reporting period. Key corporate actions from lessons learnt from significant incidents during 2022/23 included the following:

Ultrasound pathway

We have undertaken a review of our policy and pathway and routinely offer transvaginal scan where it is needed, for example at earlier gestations

Management of a deteriorating client

We have reviewed our policy and updated our haemorrhage, cervical suture pack and emergency drug and equipment checklists. We have revised our clinical emergency scribe sheet and clinical emergency transfer form following consultation with our clinical colleagues.

Nursing and midwifery

Our nursing and midwifery workforce operates under the leadership of our executive director of nursing, midwifery, and quality. A head of nursing and midwifery is assisting in this role, along with a team of four corporate specialist nurses and three senior clinical service matrons. To maintain consistent leadership, we facilitate regular forums for senior nurses, including the weekly clinical huddle, as well as various clinical supervision activities throughout the year.

Clinical supervision has been embedded in the organisation for a year and we are seeing improvements in colleague engagement, retention, and wellbeing. We have 13 professional nurse and midwife advocates across the organisation providing restorative supervision in all clinical areas.

Through supervision activities, nurses and midwives are not only reflecting on their clinical practice and development, but also considering quality improvement initiatives in their workplace which improve the colleague or client experience. There have been no key themes which have needed escalating to the senior leadership team and colleagues who have expressed any worries, have been empowered to reach out to their line manager for support when needed.

With the goal of promoting a nurse and midwife-led service, we developed a Nursing and Midwifery Strategy in late 2020, which spans until the end of 2023. This three-year strategy is designed to create opportunities for our nurses and midwives to enhance their skills, broaden their scope of practice, and align their care with the latest NICE Guideline (NG140) on abortion care.

Our sexual health training programme is shaped by the guidance provided by the Faculty of Sexual and Reproductive Health (FSRH). We place a strong emphasis on supporting our clients in receiving their preferred method of contraception. As part of this effort, we are actively training more of our nurses and midwives to fit intrauterine contraception (IUC) and subdermal contraception (implants). Over the past year, we have made considerable progress in this area, successfully meeting our targets to ensure that all established nurses and midwives can fit implants.

maintain exacting standards, including how we deal with poor professional performance.

The group reviews any complaints, litigation, incidents, client feedback, and significant safeguarding issues reported onto Datix® from the previous week. The meeting reviews emerging themes and trends, identifying key learnings to reduce recurrence. Centres regularly present feedback from significant incidents and lessons learnt from their investigation to ensure cross-organisational learning.

A Serious Incident Panel discusses any incidents graded as moderate or above harm, where we conduct robust and efficient investigations and use learnings to inform our practice. We are committed to investigating all significant incidents, including those which do not meet serious incident criteria, to identify any learning.

The Nursing and Midwifery Strategy develops 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 75% of our established nurses and midwives competent to perform first trimester scanning. We have also tailored a number of nurses and midwives from each centre we want to be competent in second trimester and post-treatment scanning. We have now met our target for first trimester scanning and are on track to meet our target for second trimester scanning.
- **Contraception:** Aimed at supporting compliance with the latest NICE Guideline (NG140) Abortion Care, which advocates that 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. We are on track to meet our targets by the end of the year.
- **Cervical preparation using osmotic hygroscopic dilators:** Although cervical preparation is practised, this is very much doctor led. We are developing nurse and midwifery skills to adopt this practice with the ambition of having centre-agreed minimum number of nurses and/or midwives per centre. We are on track to meet our targets by the end of the year.

- **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 include the ability to give quality information, advise and refer as appropriate and the skills to assess, undertake post-treatment ultrasound and treat clients with clinical complications following the procedure. We are on track to meet our targets by the end of the year. We have met our initial target of 75%.

Other areas the strategy addresses are recruitment and retention through enhancing colleague engagement, making our organisation a great place to work, and leveraging technologies and advancements in clinical practice. To ensure a strong focus on safeguarding all clients accessing our services, we have policies and standard operating procedures for safeguarding our clients, aligned to an Intercollegiate Document for Safeguarding and the Safeguarding Accountability and Assurance Framework. Each year we report on our safeguarding performance through our Annual Safeguarding Report.

In line with best practice and to ensure there are no barriers to access non-directive counselling, we have professional counsellors offering counselling to all clients who opt for this service, both pre- and post-treatment.

“All staff have been so welcoming and respectful! I felt very comforted throughout.”

Manchester Centre client feedback



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 contraception services are led by highly qualified nurses registered with the Faculty for Sexual and Reproductive Health (FSRH). They adhere to FSRH standards and provide comprehensive training on essential contraception for abortion care providers to our dedicated nurses and midwives. This training equips them to offer a wide range of contraception methods, including long-acting reversible contraception (LARC), both during the abortion procedure and afterward, based on client preferences.

To ensure efficient access to preferred contraception options, we have implemented a streamlined process for the early fitting of intrauterine contraception following medical abortion. This enables clients to receive their desired contraception promptly.

In response to challenges faced by individuals seeking contraception in primary care due to the COVID-19 pandemic, MSI UK has expanded the availability of stand-alone contraception clinics. These clinics play a vital role in delivering contraception services to the public, as well as providing essential training to our nurses and midwives. We are proud to report that the number of colleagues trained in delivering LARC methods continues to rise steadily.

To maintain the highest standards in ultrasound services, each centre has dedicated ultrasound mentors who provide training in first and second trimester ultrasound. Regular meetings are held with these mentors to track trainees' progress and provide ongoing support. As part of our commitment to improving service accessibility we aim to expand our team, prioritising centres where enhanced service access is desired.

The clinical excellence lead – ultrasound is responsible for delivering the post-treatment training programme. Individual centres have assessed their staffing requirements to ensure sufficient trained staff members are available to deliver this vital service. The introduction of post-abortion drop-in clinics in three of our facilities has proven instrumental in facilitating training opportunities and reducing the rate of missed appointments.

We provide exceptional contraception services, advancing training opportunities, and improving access to care for our clients.

Yearly audits take place to ensure colleagues practice in accordance with our Ultrasound Policy. If any areas for improvement are identified, an ultrasound supervision session takes place prior to re-audit. During the reporting year, we have continued bi-weekly ultrasound drop-in sessions facilitated by the clinical excellence lead – ultrasound to discuss common and complex cases. The sessions have been well received, and recordings from previous meetings are available for all staff to access.

3.3 ORGANISATIONAL DEVELOPMENT

During the reporting year, our Clinical Education team implemented several training initiatives to enhance the skills and knowledge of our colleagues. These included aligning our competency framework with nursing and midwifery pay bandings to facilitate continuous development and introducing a bespoke preceptorship programme to support newly qualified practitioners in their first clinical post.

Our preceptorship programme covers assorted topics, including clinical skills for abortion care, emotional resilience, and leadership. Our “iProgress” career development pathways have positively impacted colleague engagement and retention.

In 2022, we implemented an A-EQUIP model of supervision for all clinical colleagues, and we have supported 13 colleagues to complete training as professional nurse/midwifery advocates. This ensures all colleagues can access supervision when they need it.

We developed a suite of clinical career development pathways to aid the recruitment and retention of all our colleagues. We have also supported several colleagues to undertake apprenticeships in various fields, including Nursing Associate, Adult Nursing, and Advanced Care Practitioner MSc.

We are committed to supporting our colleagues in their career development and offering opportunities for them to expand their knowledge and skills.

We also continued to offer pre-registration nursing student practice placements, medical student observational placements, and mandatory and best practice training to support centre management. We welcomed pre-registration students from various universities and supported the education and training of future healthcare professionals.

To reduce the cost of travel, we developed interactive virtual training sessions and delivered COVID-safe face-to-face mandatory training when virtual training was not possible. Our training compliance rates exceeded 93% across the organisation every month, peaking at 95% in May 2021, and we maintained consistency in compliance through innovative virtual learning methods despite the pandemic.

We used iLearn, our robust reporting system, to provide centre and regional managers with weekly compliance reports and instant ‘at-a-glance’ oversight of their colleagues’ training. Our Clinical Education team regularly visited regional centres throughout the year to support managers in identifying training needs and arranging additional training sessions to improve and maintain compliance.

We consistently use the “iAmCompetent” clinical competencies framework across all our clinical settings and monitor compliance through the Nursing and Midwifery Strategy. Our Clinical Competencies Framework Policy outlines the competency assessment process and ensures that the right colleagues gain the right skills for their roles.



Colleague feedback

During the reporting year, we continued to collect colleague feedback through an in-house survey conducted in September and March of each year. Over the past three years, we have prioritised increasing colleague response rates. The participation rate in September 2022 increased significantly to 50%, and we are delighted to report that in March 2023, we achieved an outstanding participation rate of 81%. This is a testament to our commitment to listening to our colleagues and continuously improving our services. In September, our results were as follows:

Colleague survey highlights

96% feel their role makes a difference to clients/service users (-1%)

94% of colleagues know what their work responsibilities are (-3%)

93% would recommend MSI UK services (-3%)

92% feel trusted to do their job (=)

87% believe we operate in a diverse and inclusive culture, where all colleagues are treated with respect (+3%)

85% can see themselves working for MSI UK in 12 months time (+8%)

84% have access to information and regular communications (+1%)

83% agree that they have the tools and training required to fulfil their job role (+2%)

83% agree their line manager encourages their development and gives clear feedback on performance (+5%)

In November 2022, we held an in-person awards event which included recognition for long service, the ABCD colleague award, colleague of the year, manager of the year, clinician of the year, medical practitioner of the year, a team of the year, and outstanding contribution. Feedback was collected from colleagues regarding the event to identify areas for improvement and highlight successful aspects. Some of the comments received included:

“The fact that we had the opportunity to meet so many MSI colleagues in person, for the first time! and the possibility to spend fun, face-to-face time with my team too.”

“It was a lovely gesture from MSI and nice to meet people who I have only ever spoken to/messed on teams. The HR team had clearly put a lot of effort into the day.”

“Seeing people, I haven’t seen for a while and meeting people I haven’t met in person.”

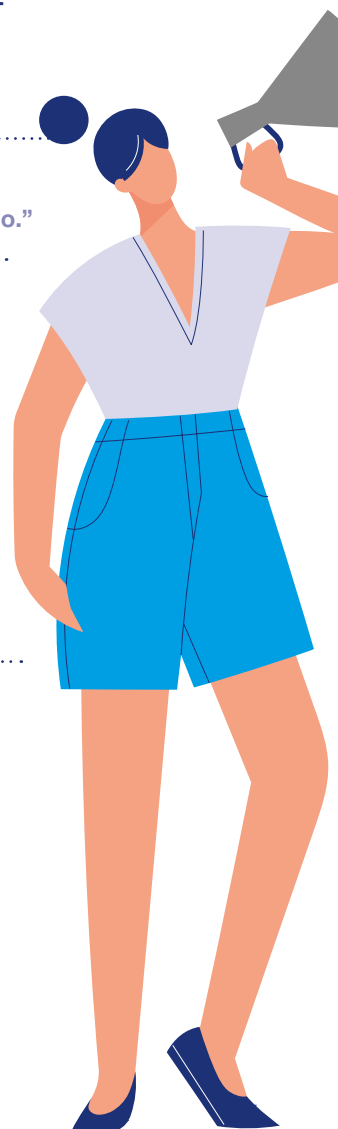
“Getting to see/meet people face-to-face and really feeling part of the organisation (which is hard when working remotely).”

“It was amazing, thanks so much for organising, the DJ and dancefloor too.”

“Very conscious we are a charity; I appreciate this event even more!”

“What I loved the most was meeting colleagues I’ve never met in person and also getting to know them in a friendly relaxed environment (as opposed to work settings). It made all the difference! THANK YOU EVENT COMMEETEE!”

“You did a great job. For a first event it was very well planned. Well done all of you.”



We've also taken steps to enhance our colleague feedback process by adopting the Net Promoter Score (NPS) format for our survey in March 2023. We are pleased to report that our aggregated NPS score was a positive 36%. This indicates that MSI UK has more supporters than detractors, which is a promising result. As per Global NPS benchmarks, scores above 50 are considered good, and scores above 70 are exceptional. Although we have room for

73.5%

I would recommend MSI UK Services

76%

I feel that my role makes a difference to clients and service users

64%

I know what my work responsibilities are

61%

I am trusted to do my job

52%

We operate in a diverse and inclusive culture where all colleagues are treated with respect

41.5%

I have access to information and regular communication that supports me to do my job

40%

My line manager encourages my development and gives me clear feedback on my performance

38%

I would feel comfortable raising a concern through my line manager, a member of the senior leadership team, a speaking-up guardian or the HR Team, and would feel confident that my concern would be managed appropriately

35%

I have the tools and training required to fulfil my job role

31%

I can see myself working for MSI UK in 12 months' time

31%

My team has clear objectives, and we have an opportunity to discuss our progress

28%

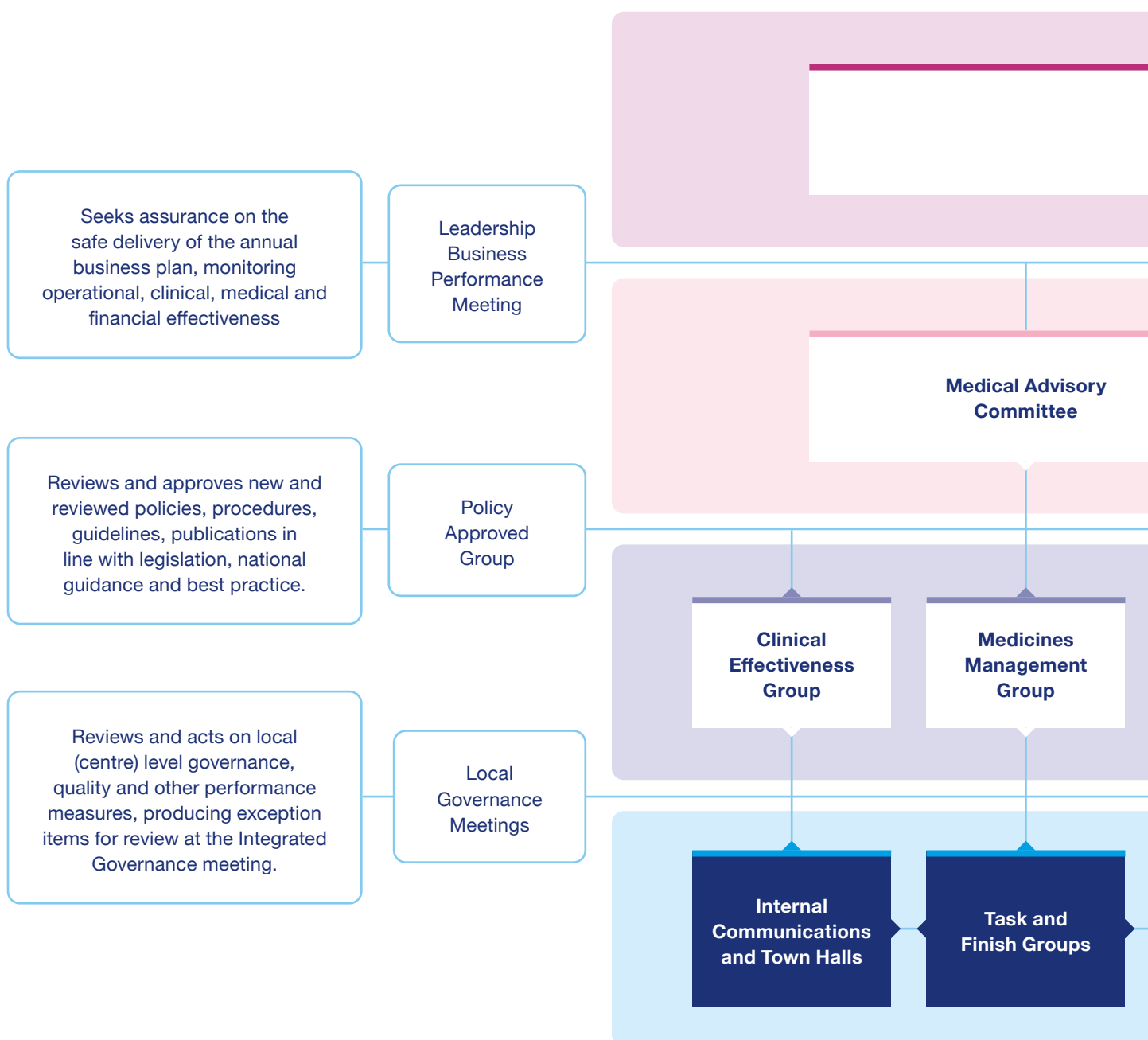
In my role, I am able to show initiative and make suggestions for workplace improvements

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

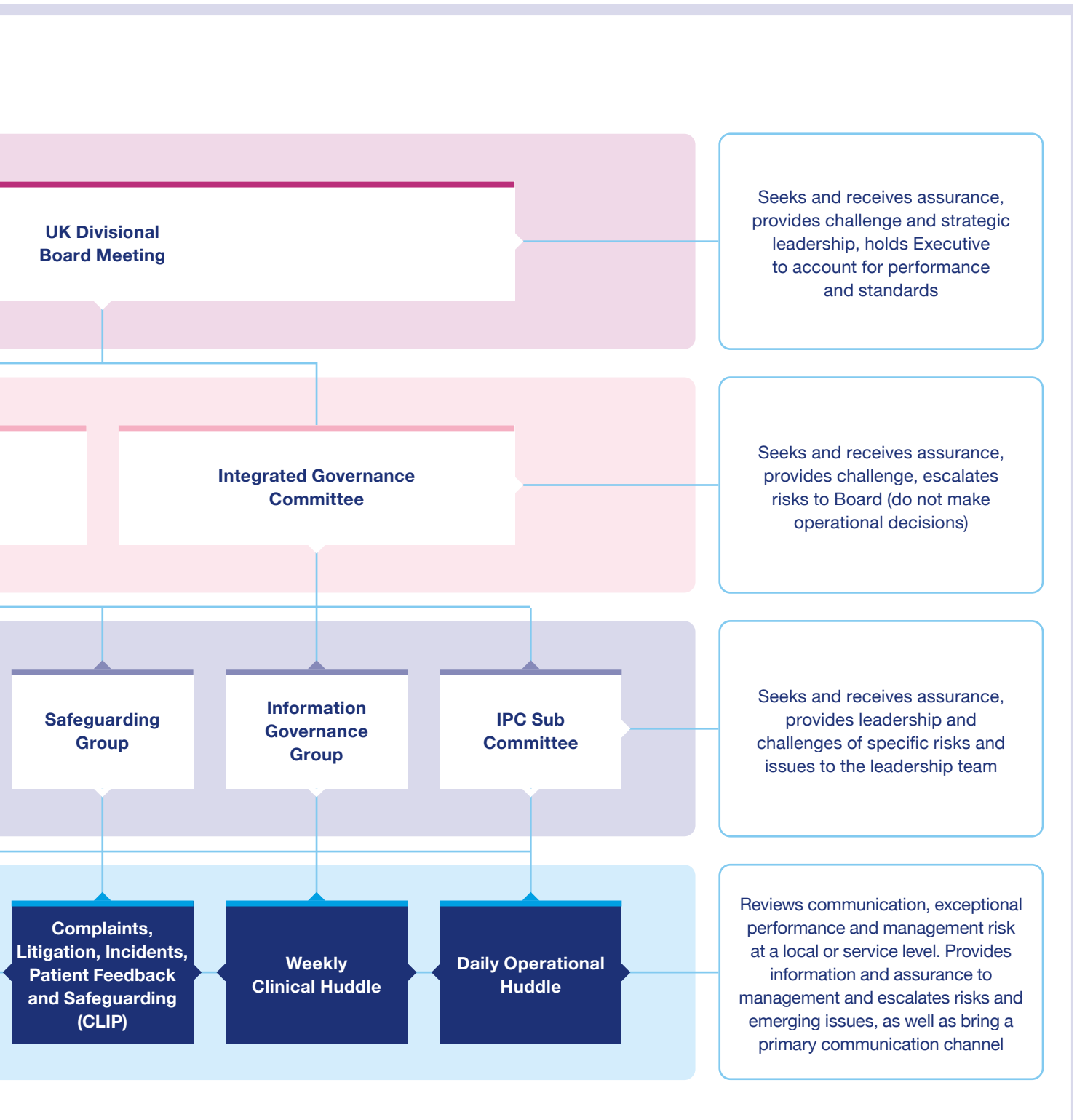
3.4 GOVERNANCE

We're committed to monitoring and assuring the quality of our services, in line with Care Quality Commission standards and associated Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion).

Our governance structure provides assurance to both the UK Divisional Board and International Board.



Our governance is overseen by the UK Divisional Board, which is a sub-committee of the MSI Reproductive Choices International Board and is responsible for our organisational operations. Through their respective departments, the executive team contributes to our quality improvement cycle, which is continuously monitored to ensure we meet our strategic objectives and deliver quality care.



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 MSI UK.

Our Medical Advisory Committee:

- Supports improved communication and provides an opportunity to express and explore views and concerns.
- Aims to ensure issues relating to developing clinical strategy and the strategic direction of MSI UK can be discussed by medical colleagues.
- Promotes clinical innovation, clinical informatics and ‘critical friend’ advice to the executive management team and the Divisional Board in 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 MSI UK dataset relating to any deaths, unplanned transfers to NHS hospitals, adverse clinical incidents and Never Events, or surgical site infection rates following vasectomy.
- Monitors and ratifies clinical policies, guidelines, and operating procedures.
- Reviews the operation of the practicing privileges framework to ensure we comply with the best practice recommended in the Paterson enquiry and subsequent reports.

3.4.4 Integrated Governance Committee (IGC)

Chaired by an independent advisor to the Divisional Board and attended quarterly by members of the executive management team, 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.
- Receive assurance on compliance with regulatory duties relating to safeguarding children and vulnerable adults.
- 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 2022/23, the IGC delegated work planning, monitoring, and reporting through the following sub groups:

- Clinical Effectiveness Group
- Infection Prevention and Control Sub-Committee
- 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.

3.4.5 Infection Prevention and Control Sub-Committee

The Infection Prevention and Control (IPC) Committee is a subgroup of the Integrated Governance Committee, which reports on infection prevention and control to the Divisional Board and is chaired by our infection prevention and control consultant adviser.

This sub-committee assures the Integrated Governance Committee and Divisional Board that controls, and monitoring are in place to ensure safe IPC practices are fully embedded within all clinical and non-clinical services. The sub-committee offers professional interpretation and guidance to rigorously check standards/ guidelines/ instructions and compliance with external organisations and regulators such as the Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE), Royal College

of Obstetricians and Gynaecologists (RCOG), Human Fertilisation & Embryology Authority (HFEA), and Faculty of Sexual & Reproductive Health (FSRH), while also ensuring all MSI Reproductive Choices UK practices fulfil the overarching legislation of The Health and Social Care Act 2008.

Additionally, the committee has oversight of outbreaks and surveillance of Notifiable Diseases, Causative Organisms and Healthcare-Associated Infections (HCAIs) and agrees on the annual infection control audit programme and monitors its implementation.

In the reporting year, the group continued to obtain assurance that IPC was safe and well-led within the organisation via:

- Reviewed IPC Quarterly Report and Annual Report, which incorporates compliance with the ten criteria in relation to infection prevention and control within the Health and Social Care Act 2008 (updated December 2022).
- Reviewed the Corporate IPC Annual Plan & Gap Analysis Framework, which also incorporates compliance to the ten criteria in relation to infection prevention and control within the Health and Social Care Act 2008 (updated December 2022).
- Reviewed policies and SOPs as required
- Reviewed IPC risks on the Risk Register and IPC-related Adverse Events
- Reviewed and implemented new guidance in relation to all relevant aspects of COVID-19 as disseminated via NHSE and UKHSA
- Reviewed and implemented new guidance in relation to all relevant aspects of IPC as disseminated via NHSE and UKHSA
- Review IPC alerts relevant to the organisation, IPC-related audits and results
- Reviewed IPC training and compliance, implementing new Training for IPC Leads – New i-progress IPC Lead Programme commenced for a period of 6 months to enhance knowledge, confidence, and competence of centre IPC Leads.
- Reviewed Flu/COVID-19 vaccines and disseminated relevant information in raising awareness of the benefits of vaccines/boosters, implementing a new Microsoft line list for collating data on staff Flu and COVID-19 vaccination status
- Reviewed surveillance inclusive of surgical site infections and outbreaks and disseminated information on Monkeypox
- Implemented new skin prep solutions due to the discontinuation of Unisept and Trisept used for Vasectomy and surgical abortion skin prep
- Continuing to review Antimicrobial Stewardship, decontamination, waste, and water management



3.4.6 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 MSI UK to ensure that treatments result in the best possible clinical outcomes for clients.

Additionally, the group helps to ensure that our services are evidence-based and consistent with national guidance and best practice. CEG develops and follows a cyclical framework for informing, changing, and monitoring and its key achievements included:

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

“Everything was fantastic. Every member of staff made me feel welcome and comfortable and I can’t thank you guys enough.”

Bristol Centre client feedback

The CEG meet quarterly, and standard agenda items include 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 conducted during 2022 were identified from the development of the 2022/23 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 practices. This ensures clients receive the best and most appropriate treatment and care, resources are not wasted by inappropriate treatment and care, and there is equity through a consistent approach in the delivery of care.

The CEG also reviewed several clinical policies and practice during 2022/23, including our:

- Early medical abortion and consent
- Clinical checklists
- Fetal anomaly pathway
- Contraception pain relief



3.4.7 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 clients' 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 practices required from UK GDPR (General Data Protection Regulations) and data protection requirements into our business processes, such as privacy by design and data protection impact assessments.
- Producing the MSI UK Data Security and Protection Toolkit, which is nearing completion, with the aim of achieving 'Standards Exceeded' for the fourth year in a row.
- Ensuring information governance mandatory training statistics across MSI UK remaining high.
- Ensuring unannounced visits to centres continue to conduct supportive quality reviews (SQARs) to support best practice, including data protection and information governance.



- Improving cyber-security awareness internally through planned educational programmes and colleague testing.
- Reviewing deletion and destruction plans for both electronic and paper-based records.
- Reviewing Policies and Standard Operating Procedures, updated to include changes to best practice.
- Conducting, through the Privacy officer role, regular audits for the governance of the Summary Care Record (SCR) access by our safeguarding team.

There have been no Information Commissioner Office (ICO) reportable incidents during this timeframe. No ICO complaints have been received during the reporting period and no ICO enforcement action has been taken against MSI UK.

“I was made to feel welcome in a judgement free zone and I'd love to give everyone that was a part of my experience a massive thank you for making this so easy and understandable.”

Essex Centre client feedback



3.4.8 Medicines Management Group

Chaired by our medical director and attended by clinicians and senior management, this quarterly group assures best practice in handling, storing, prescribing, and administering all medicines in line with legislation and/or licensing requirements. The group monitors all medicines management incidents to ensure best practices.

In the reporting year, the group achieved the following:

- Oversaw development and introduction of patient group directives (PGDs) so that trained nursing and midwifery staff can provide medication (e.g., contraceptives) without the client having to wait for a doctor's prescription.
- Provided oversight and support on introducing a Pharmacy service to supply Telemedicine medication to clients directly.
- 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 and updated our formulary in line with best practices for our services ensuring cost-effective procurement accordingly.

3.4.9 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 that effective controls and monitoring are in place to embed safeguarding best practices across the organisation fully. 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 collaborate 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:
- Did not attend policy
- Managing safeguarding allegations against staff policy
- Mental capacity policy
- Mental health factsheet
- Non-booked enquiry sop
- PREVENT policy
- Safeguarding adults, children and young people policy
- Safeguarding supervision policy
- Sex selection factsheet
- Worked with the digital transformation steering group to enable clients to register for services and book appointments via an online portal. Due to launch later in 2023, this channel empowers clients to take control of their journey and care with the organisation. With the new system, if flags/alerts are triggered in the client portal, such as the client indicating being at risk, then the client record is allocated to a digital triage team to contact the client directly to ensure appropriate safeguarding.
- Launched our online booking system, which can now be accessed through our website, allowing clients to book appointments and receive support through phone or online channels. This has been a significant improvement as clients can now easily reach out to us for advice while booking an appointment simultaneously, eliminating the need for less appropriate or safe communication methods. Our client contact points are equipped with safety nets, and we continually improve our online booking system as its usage grows. All online booking forms contain mandatory safeguarding screening questions to ensure effective and timely triage and treatment. We aim to review all forms on the same day of contact and provide appointments at the earliest convenience.

Oversaw the introduction of highly skilled and autonomous advanced safeguarding practitioners (ASP) in five centres, after a successful six-month pilot scheme, to ensure improved continuity of care. These centres have high levels of safeguarding activity and serve clients from diverse demographics who often present with multiple and complex disclosures. The ASP's role is to support all activities necessary to ensure our service meets its statutory responsibilities to safeguard and protect children, young people, and adults. Having an ASP in these centres has provided many benefits, including:

- Continuity of care for vulnerable clients
- Increased autonomy for the ASP
- Advanced support available in the centre (ASP will be Level 4 trained)
- Improved partnership working
- Increased training/engagement/supervision (ASP will be trained in supervision)

We have received positive feedback on the ASP role, including during a Care Quality Commission (CQC) inspection of our Manchester centre in August 2022. During their visit, the CQC spent time with the ASP and rated the centre as 'Outstanding', providing the following feedback:

“Safeguarding provision was advanced, commendable in its scope, and evidence based. The team had established an understanding of regional influencing factors in the safeguarding needs that contributed to people who were vulnerable and at risk. The provider’s safeguarding ethos was embedded in all aspects of care, and staff demonstrated this during assessments and treatment. The senior team coordinated additional staff to care for clients with complex safeguarding needs. Colleagues made it clear to clients they would continue to provide safeguarding coordination and support for as long as they needed after clinical treatment.”

- Noted that the number of safeguarding disclosures related to vasectomy has quadrupled since introducing the vasectomy safeguarding proforma in 2022, reflecting our increased efforts to provide awareness, training, and support to our team and clients.
- Ensured that our workforce is equipped with the necessary resources and knowledge to provide effective safeguarding; we reviewed and updated our Safeguarding Supervision policy in late 2022. We also established drop-in sessions and created mandatory safeguarding resources to accommodate our growing team.



“Staff were amazing and I cannot thank them enough for their support. Care is exceptional and nothing was too much trouble, thank you so much!”

Leeds Centre client feedback



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

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

MSI UK reports clinical incidents on Datix® and reviews them weekly during CLIPS conferences or virtual calls. Our quality and governance business partners lead these meetings, with support from regional governance assistants and attendance from representatives 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.

This ensures that the correct investigation and remedial action take place and any emerging themes or material risks are identified and mitigated. Lessons learned from these incidents, complaints, feedback, and safeguarding are shared with all colleagues and the executive team on a weekly basis and discussed in team meetings. Thanks to the work of this group, we have maintained the severity of incidents from last 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 on 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 improves 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.

Facilitating shared learning with centre presentations of key themes, trends and learning from incidents reported. Trend analysis through CLIPS has led to several quality improvement initiatives, improvements, and changes to practice, including:

- Development of the client feedback policy and process.
- A review and update of safeguarding reporting categories to improve data collection and trend analysis.
- Development of pain management policy.
- Clinical audits for IUD insertion and Dilapan.

ANNEX 1 STATEMENT FROM COMMISSIONERS

INDEPENDENT PROVIDERS – MANCHESTER: QUALITY ACCOUNT/ANNUAL REPORT STATEMENT

NHS Greater Manchester Integrated Care (GMIC) commission a number of Independent Services (small providers) to provide NHS services across Manchester.

The Covid19 pandemic had a profound effect on how services delivered care to our patients. Our small providers have worked hard to not only recover and return to routine service delivery but also used learning from the pandemic to improve services (i.e increase in capacity by introducing virtual appointments where safe to do so).

Relationships continue to be productive between this small provider and the GM Integrated Care Quality Team via Contract Review Meetings.

Performance and quality processes are in place and provided information to demonstrate systems to support the quality of this service in line with the following domains:

- Safety
- Patient/User Experience
- Medicines Optimisation
- Infection Prevention Control
- Inclusion

Based on the performance and quality information received throughout the year NHS GM Integrated Care Board can confirm that the service has met contractual expectations.

We look forward to build on our existing relationship with this service and our shared vision to provide safe, high quality care to the people of Manchester as we move into 2023/24.

Please note NHS GM IC is not responsible for verifying data contained within the Quality Account/Annual Report for small providers; that is not part of these contractual or performance monitoring processes.



**Greater Manchester Integrated
Care Board Chief Executive**

ANNEX 2 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. We are committed to producing a Quality Report as a charitable organisation providing NHS care.

MSI Reproductive Choices UK has followed guidance issued by Monitor on the form and content of our annual Quality Account (which incorporates the above legal requirements).

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 Report is consistent with internal and external sources of information, including:
 - Board minutes and papers for the period April 2022 to March 2023.
 - Papers relating to quality reported to the board over the period April 2022 to March 2023.
 - Feedback from commissioners dated 22nd June 2023
 - MSI Reproductive Choices UK Annual Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 16th May 2023.
 - The MSI Reproductive Choices UK colleague feedback surveys between April 2022 and March 2023.
- The Quality Report presents a balanced picture of MSI Reproductive Choices UK's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with NHS England's requirements 2022/23 and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.
- To the best of their knowledge, the directors confirm that they have complied with the above requirements in preparing the Quality Report.

By order of the board:



Richard Bentley,
MSI Reproductive Choices
UK Managing Director



Simon Cooke,
Chair of UK Divisional Board
and CEO of MSI Reproductive
Choices International

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