Part 1: Statement on quality from the Managing Director of Marie Stopes UK

Marie Stopes UK is part of Marie Stopes International, a global independent provider of sexual and reproductive health services. We live by our global mission statement: “Children by choice, not chance”.

Our priority is to ensure clients receive safe, high-quality, effective, compassionate and clinically-led care. As a charitable organisation providing care on behalf of the NHS, producing a Quality Report ensures public accountability for the care we provide.

We continually strive to improve health, reduce inequalities, safeguard and provide accessible and convenient services for our clients. We are committed to ensuring a timely service, evolved through a cycle of continuous quality improvement.

Marie Stopes UK provides most of its services on behalf of the NHS and aspires to deliver the best possible family planning, sexual and reproductive health services. Our services are critical to ensuring adequate provision within our sector, particularly since most of these services are now delivered by the independent sector free at the point of delivery on behalf of the NHS. We also play a key role in contributing to the wider health agenda, particularly in relation to public health, health and wellbeing, prevention programmes and safeguarding.

In 2018/19 we provided termination of pregnancy (abortion) for over 66,500 women and over 5,500 vasectomies in more than 60 locations across England. Our 24-hour helpline, which is available every day of the year at our OneCall support Centre in Bristol, answered over 315,840 calls.

Every client who accessed our termination of pregnancy services during 2018/19 was offered counselling; 4.3% of our clients took up this offer. Of those who received counselling, 70.2% decided to proceed with treatment.
The governance of our organisation is rooted within our UK Divisional Board. This is a sub-committee of the Marie Stopes International Board which has ultimate responsibility for oversight of the organisation. All our Executive Management Team members contribute to the organisational cycle of quality improvement through their respective departments. Strategic objectives are delivered through senior leadership ensuring operational and quality assurance management with an integrated approach to delivery of care.

The reporting year has been one of stabilisation for the organisation following two years of inspection and scrutiny by the Care Quality Commission (CQC) between 2016 and 2017. We have continued to evolve and strengthen the organisation over the year, with improved governance and a cycle of continuous quality improvement resulting in better operational systems and processes.

During 2018, our organisation was subject to inspections by the CQC as part of their normal inspection programme at our Centres in Maidstone, Essex and Manchester. All inspections received a ‘good’ rating overall reflecting the significant efforts made organisationally to improve quality and governance. Indeed, Maidstone Centre was the first abortion clinic in the country to receive a CQC rating since the change in regulations; it was very pleasing to have been rated ‘good’ across all domains. In November 2018, the London Support Office was inspected by the CQC to follow up on recommendations made after a Regulation 17 Good Governance Warning Notice received in the summer of 2017. This notice related to an inspection undertaken in February 2017. The inspection report published in early 2019 confirmed the lifting of the Improvement Notice, recognising the implementation of effective measures to strengthen our governance processes, providing improved levels of assurance.

Our relationship with the CQC has now reverted to a business as usual arrangement and we are appreciative of all the support they have provided in identifying improvements from previous inspections.

During the reporting year, we further strengthened our Executive Team with the substantive appointment of a new Director of Nursing in October 2018 who has implemented a comprehensive nursing programme. This has four key areas; i) Improved clinical standards which focus on delivering outcome based clinical effectiveness and audit processes.

This includes review of the client’s clinical pathway to provide standardisation and consistency of care across services; ii) The drive to become a clinical employer of choice in our area of specialism, by seeking to raise Marie Stopes UK’s profile through partnering with higher educational institutions. This will support the development of a clinical workforce and culture to attract and retain great healthcare professionals; iii) Creation of a caring culture, through re-enforcing the importance of the client voice and delivering compassionate care focused on respect, privacy and dignity; iv) Leading by example through the development of senior clinical roles such as the Clinical Service Matrons and implementation of effective clinical forums.

The Executive Team is now fully embedded, ensuring integrated working to support our ability to meet all corporate objectives. We have seen continued improvements in strengthening both quality and operational management processes leading to a sustained improvement in our performance, including, (but not limited to) a continuing reduction in the rate of incidents resulting in harm, significant improvements in client waiting times and colleague training compliance. Our mandatory training performance is outstanding with >95% of all colleagues achieving their mandatory training during 2018. Our policy development and review process is also working extremely well with the organisation having reviewed or developed 67 policies during the reporting year.

Clinical improvement has been a key focus during the year. Through task and finish groups, we are strengthening delivery of a range of clinical initiatives, including increased uptake of long acting reversible contraception (LARC) and mental capacity assessments. We expect to improve on our internal processes for disposal and retention of products of conception.

We also commenced a review of our medical and surgical abortion pathways to make recommendations for improved client experience and productivity; we should see the benefits of this review during the coming year. Following the announcement by the government for the support of misoprostol at home for early medical abortion, we introduced this service for eligible women in England. We commenced the pilot in April 2019 and will continue to carefully roll out to all our centres in the subsequent months. This will allow clients to complete their abortion in the privacy and comfort of their own home.

One initiative which has significantly improved the care of our clients is the establishment of our Right Care pathway. Right Care was launched in September 2018 and offers clinical triage to clients with complex health and social issues and promises the ‘Right Care at the Right Time in the Right Place’. Right Care aims to provide a responsive service where required information is gathered and reviewed early in the client journey, clinical decisions are made promptly and the client is treated in the safest and most appropriate environment. This enables our clinicians to make more informed and timely decisions about provision of care, ensuring clients are prioritised accordingly. There is also a focus on identifying clients with mental capacity issues, understanding the need for support prior to their appointment through appropriate assessments, allowing us to take account of individual needs.
We have transformed our ability to produce, analyse and manage our data and information this year. To this end, we improved the ease of reporting ensuring validity and accuracy through the implementation of a data warehouse and a business intelligence application. This has enabled us to improve the validity and effectiveness of our reporting both internally and externally. We also achieved General Data Protection Regulations compliance by the deadline of 25th May 2018. We have since gone on to submit 100% pass against mandatory assertions in the Data Security and Protection toolkit in March 2019. As we continue to strengthen our data management during the reporting year we procured a new client record system. This system is fundamental to delivering our services. We believe this significant investment will be key to continued improvement in our services which will translate into an enhanced experience for clients and staff. We will look to implement the new system in 2020 and as such have included it within our key objectives for 2019/20.

Additionally, there have been great advances made in human resource team wellbeing provision, through e-learning, mental health first aid, team discount scheme, employee assistance programme, and occupational health improvements. All these initiatives support our team to deliver excellent quality care.

We have made significant progress against the priorities set out in our 2017/18 Quality Account and our commitments made in last year’s report. Where we have not achieved a specific goal, this has been incorporated into our plans for 2019/20.

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

I would like to sincerely thank all our colleagues for delivering significant organisational and operational improvements during 2018/19, resulting in safer care. Our team plays an essential role in caring for our clients, offering compassion without judgement and ensuring our clients are supported with their choices. I would also like to thank our key stakeholders and partners for their advice and support to help us make the progress we have.

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

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

Richard Bentley
UK Managing Director
Marie Stopes International
Part 2:
Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement in 2019/20

Marie Stopes UK is building upon the significant progress of last year’s priorities. One of our key areas of focus in the next year will be on developing our information systems to better monitor and analyse our quality and performance against activity. With a new Executive Leadership Team in place, we have agreed a number of quality related objectives:

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

**Effective**
- Further develop clinical effectiveness and audit strategy
- Complete assurance review of all abortion care related NICE guidance
- Improve the uptake of Long Acting Reversible Contraception (LARC) for those women who have requested it at consultation (carried forward from 2017/18)

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

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

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

Progress against these priorities will be monitored by the Quality Sub-Committee quarterly.
2.2 Progress against 2018/19 priorities

Progress against the priorities that we committed to since publication of our 2017/18 Quality Account are set out below. This includes our performance in 2018/19 against each priority and where relevant, our performance in previous years.

Priority 1: Safe

Mandatory Training: compliance of 85% and above

Progress

We have established a strong learning culture throughout Marie Stopes UK and have ‘put the passion back into learning’. Investing in a quality Learning Management System (LMS), branded ‘iLearn’, in May 2019, evidenced the significant improvement made in our overall mandatory training compliance - from 67% in May 2018 to 95.5% in March 2019.

We achieved this month-on-month increase by embedding a learning culture and refining our overall approach to training. iLearn provides us with a platform to accurately track compliance and improve access to education for each and every colleague. It allows real-time visibility of individual compliance and enabled colleagues to take accountability for their learning. iLearn provides an advanced reporting function, which communicates real-time weekly compliance reports to line managers, so they are better able to support their team members with time and resources for training.

In March 2019 our mandatory training compliance rate was 95.5%

New colleagues are fully compliant in all training within their first 12 weeks in role, having completed our ‘iBelong’ Induction Programme. A buddy supports their orientation and line managers have regular, documented review sessions to further facilitate their induction.

Through partnering with higher education institutes we will shortly be incorporating 2nd and 3rd year nursing and midwifery students across the organisation. This will improve the exposure, profile and access to our services, demonstrating our capacity to integrate and co-work with nursing educational institutions. In addition, a robust Preceptorship Programme allows us to support newly qualified nurses and midwives to transition from student status to new qualified nurses and midwives within our service.

A comprehensive review of our Training Needs Analysis (TNA), mandated additional training courses to all colleagues. Further clinical courses were added to the training suite, so that we have assurance that colleagues have the necessary skills to safely and effectively fulfill all elements of their roles. A new iAMCompetent nurse rotation learning scheme has been introduced across the organisation. The aim of this scheme is to enable colleagues to develop transferrable skills that allow them to flexibly work in any centre or early medical unit across the organisation once they have completed iAMCompetent skills assessment.

We have developed a truly bespoke approach to training. Employing two Clinical Educators, we were able to increase our total number of workshops and our flexibility to deliver more courses nationwide, without impacting operational needs. All course content was evaluated and redesigned, using real-life examples from within Marie Stopes UK. We have invested in quality training standards, achieving internal training accreditations with organisations such as TAP® Learning for our Advanced Training Facilitation accreditation and; NSPCC and Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model strengthening our Safeguarding training.

We deliver a blended learning approach. We purchased eLearning development software and upskilled our in-house Learning team to design and develop bespoke, quality e-learning courses, alongside subject matter experts. Courses are now specifically tailored to Marie Stopes UK, in an engaging and interactive way. Our varied delivery methods include face-to-face workshops, e-learning, webinars and individual coaching, to meet all learning needs.

We strive for innovation. In January 2019 Marie Stopes UK was invited to be part of the pilot project for maternity and abortion teams to train to fit sub-dermal implants, without the pre-requisite to sit the online eKA. As an organisation, we embraced this opportunity and are one of the biggest and most committed participants in the current pilot scheme, with a clear plan to enroll approximately 60 nurses by the end of 2019.

We will continue to evaluate and develop our training offering, to exceed expectations and maintain engagement.

Development and delivery of ultrasound Improvement Strategy

Progress

During the reporting year we have designed and commenced implementation of our Ultrasound Improvement Strategy. To support us, we have contracted an ultrasound sonographer who is acting in the capacity of a consultant leading the strategy. Key aims of the strategy are as follows:

• To review and update the Ultrasound Policy and standard operating procedure
• To standardise ultrasound practice relevant to abortion care
• To ensure all equipment is standardised where possible and used consistently
• To ensure all ultrasound operators meet a reviewed standard of practice utilising a reviewed assessment criteria and process
• Development of super users to provide support and mentorship to other operators
• Develop centres of excellence

To date, the Ultrasound Policy has been reviewed and updated. Standard Operating Procedures are currently under review. A new training programme has been developed and implemented. The Head of Ultrasound is now in the process of updating and assessing mentors. All equipment has been reviewed and updated to enable consistent scanning practice. We have identified centres of excellence in Manchester with Ealing to follow.

The impact of these improvements is being monitored on a continual basis through audit and incident reporting.
**Priority 2: Effective**

**Client pathway development:** Complex cases and late presentation for termination of pregnancy.

**Progress**

A new Right Care Triage Service was developed in September 2018. The Right Care team consists of a multi-disciplinary team with the key objectives of responding to the needs of triaged clients with complex clinical and social needs to:

- Reduce delays in treatment for medically complex, late stage and safeguarding clients
- Ensure clients who cannot be treated at Marie Stopes UK are promptly placed with an alternative NHS provider

Right Care specifically meets the needs of clients:

- Identified as having indications that may impact on our ability to provide safe care;
- Identified as having indications that require NHS referral;
- With safeguarding concerns;
- Suspected to have reduced mental capacity;
- Who present after 19 weeks’ gestation;
- Where further advice is required when there is a condition that is not featured on our Pre-existing Conditions Guidelines (advice line).

Since implementation, the team has undergone extensive restructuring to include increased clinical input in the form of specifc Right Care nurses, a Right Care Clinical and Operational Team Leads.

**Improve the uptake of Long Acting Reversible Contraception (LARC) for those women who have requested it at consultation.**

**Progress**

Improvements actions were identified by a LARC task and finish group which reviewed LARC provision in Marie Stopes UK. An additional Contraception and Sexual Health (CaSH) Nurse specialist role was created and has been appointed to support the existing Specialist Nurse and new centre-based CaSH Champion roles. This role will provide mentorship and support to the centre to improve their LARC performance and supports the wider team to focus on contraception provision across all centres and EMUs.

The task and finish group worked closely with the training team to ensure that all LARC training data is collated and promoted to colleagues.

Marie Stopes UK is working closely with the Faculty of Sexual and Reproductive Health in a pilot scheme to train abortion care teams to fit implants and this has already increased our trained fitters.

Since the start of January 2019 to 8th April 2019, we have started 60 colleagues on the pilot training scheme. Of this number, 17 colleagues have successfully completed their training, three have almost completed and 18 have training sessions arranged by the end of May 2019.

**Priority 3: Caring**

**Evidence of practice innovation through Lessons Learnt from complaints management.**

**Progress**

In the last year, we have strengthened the way we learn from complaints by ensuring that themes and trends from complaints are reviewed and discussed at CLIP (Complaints, Litigation, Incidents and Patient Feedback Group) weekly. This enables early identification of any emerging themes and trends which allows for early mitigation. All Centres have adopted the “You said, we did” philosophy, which aims to demonstrate our responsiveness to client feedback and comments. Posters on the wall show key learnings and actions that Centres took in response to reported complaints and feedback.

Key improvements include:

- Improved relationships with NHS providers ensuring ease of access in emergency situations (Bristol)
- Introduction of client call backs in periods of high demand in our call centre (One Call)
- Introduction of centre based conflict resolution training (Bristol)
- Restricted access to retained fetal products (South London)

We are planning to run a contraception awareness week in spring/summer 2019 to increase team knowledge and confidence in counselling for contraception.

LARC clinics are now being run from most of our centres and all centres have been set KPIs to improve their LARC rates as part of their objectives. We will be carrying this objective forward to 2019/20 to allow time to realise improvement from key actions already implemented.

**Priority 4: Responsive**

**Reduction of waiting times to 10 days or less across all gestations.**

**Progress**

A number of actions have been taken to bring additional resource and process to managing our capacity. This includes the introduction of a daily Operational Grip huddle which reviews the daily performance of each centre and their operational capacity, trends and issues. The meeting brings together the regional operational teams and central capacity management capability who work collaboratively to manage capacity and client flow. This has enabled us to bring significant improvements in the number of clients treated and has dramatically improved the length of time that clients need to wait for an appointment.

The following chart demonstrates the improvements in wait times over the period. It should be noted that the wait times reported are based on client choice and do not necessarily reflect the next available appointment which is generally within 10 days. Wait times in the South are well below 10 days whilst times in North and Midlands have reduced albeit surgical waits are currently higher than our target. To this end, we have carried forward into next year’s priorities a target to reduce waiting times for surgical treatment to no more than 10 days.
**Priority 5: Well Led**

**Colleague survey results:** positive net promoter score.

**Progress**
Marie Stopes UK carries out annual Staff Surveys, with the last one being conducted in July 2018. Employee feedback was gathered and communicated to all colleagues on 23rd August 2018. The key results were as follows:

- **94%** feel data security and protection are important for Marie Stopes UK
- **91%** understand the mission of Marie Stopes UK
- **91%** would recommend the services of Marie Stopes UK
- **91%** are interested to hear how Marie Stopes UK is performing
- **90%** understand how my role can contribute to the success of Marie Stopes UK
- **82%** in the last 6 months, my line manager has talked to me about my performance & progress
- **77%** am encouraged to focus on client needs and safety
- **77%** Marie Stopes UK allows me to balance between my work and home life
- **72%** I am provided with necessary training and to do my job effectively
- **71%** I am treated fairly and with respect
- **69%** I believe I have the tools and equipment to do my job effectively
- **61%** I feel that my concerns, views and ideas are listened to at all times
- **60%** I receive praise and recognition when I do good work
- **57%** I would recommend Marie Stopes UK as a great place to work
- **49%** Marie Stopes UK has effective communication throughout the organisation

Following a significant review of the majority of our policies in the reporting year, we are now focusing on improving communication and implementation. We have redesigned the policy approval process to cover six key areas for consultation, awareness, desire, knowledge, ability, and reinforcement. This is reflective of ‘ADKAR’ Change Management which will allow us to involve team members across centres from the beginning of a proposed change, and consider their vital feedback and ideas for how we can shape best practice and service redesign to ensure they work efficiently in our centres. In involving team members, we will increase awareness and desire ahead of the change going live, resulting in a much better reception to these changes when they are officially rolled-out. Policy owners have received Change Management training and robust processes are being reviewed to ensure no policy is approved without it first meeting approval criteria.

We have also addressed the use of email communications. We now discourage emails as a single form of communication for a major change to a policy or any major service delivery change. We are aware individuals must hear a message several times before it sticks, so we have encouraged creativity in communicating to team members. Examples given within the proforma include posters, training sessions, webinars, drop in calls/forums, as ‘any other business’ in CLIP or clinical huddles (every Wednesday and Friday respectively), as protected segments in quarterly Governance meetings, and creating task & finish groups (for big changes). These additional communication platforms are encouraged as they allow for two-way communication and further prompting and discussion and resolution of key concerns.

Email communications are still acceptable, but policy owners are encouraged to use this in conjunction with other methods, and to communicate via email several times (ahead of the change, at ‘go live’, and as follow up). Bulletins are a useful email tool for all three, and can report on findings, progress, and increase likelihood of reinforcement of a change. Such email communications may include regular clinical, safeguarding and lessons learnt bulletins.

Following the survey, organisation action plans were produced by each area of the organisation, to ensure improvements and adapt strategic plans going forward.

Staff Survey action plans are held at Centre level and displayed in the format of ‘You Said’ ‘We Did’, any actions are reviewed on a consistent basis and updates given to staff regularly.

**Performance reviews: 90% of all eligible colleagues.**

**Progress**
All performance reviews are managed through our ‘How Well Am I Doing’ (HWAID) process.

At Marie Stopes UK, our performance management cycle runs in line with our financial year, January 1st – December 31st. This means that prior to, or during January, all colleagues will meet with their line manager to discuss and agree a set of personal objectives for the year ahead. This meeting is the How Well Am I Doing meeting (HWAID). Benefits of the process include:

- Quality time to have a two-way conversation focused on individual performance, training needs and development
- A way of ensuring everyone is aware of the expectations attached to their job role
- An opportunity to look back and celebrate what has been achieved and look forward to what needs to be achieved

Completion and grading of HWAID is tracked through our HR system. To date, we are at 90% completion for permanent employees for the review year of 2018.

**Training and Development: all management colleagues to be enrolled on core management training programme.**

**Progress**
In September 2018, we launched a new, in-house leadership programme - ‘iAspire’. The growth of the individual lies at the heart of the course, raising self-awareness and emotional intelligence by focusing on mindset and perspective. The programme introduces a broad set of management knowledge, empowering our colleagues to effectively lead others and accelerating their growth as a manager.

Throughout the ten-month programme, we cover a core of topics including: leadership, coaching, team work, collaborative working and change management; with the objective that our managers will be able to lead high-performing teams and influence at all levels.

We currently have 71 colleagues enrolled on the programme of which 52% are managers (37 colleagues). Delegate feedback has been excellent - they feel supported to bring live working challenges to the sessions and take away action plans to deliver in their roles.

Cohort two of the programme commences in May 2019 and is mandatory for all managers and optional for team members.
2.3 Statements of assurance from the board

2.3.1 Contracted Services
During 2018/19, Marie Stopes UK provided and/or sub-contracted 135 relevant NHS sexual and reproductive health services. We have reviewed all the data available on the quality of care in 135 of these relevant health services.

2.3.2 NHS Income
The income generated by the relevant Marie Stopes UK health services reviewed in 2018/2019 represents 93% of the total income generated from the provision of relevant health services by Marie Stopes International for 2018/19.

2.3.3 Audits and Confidential Enquiries
During 2018/19 there have been no applicable national clinical audits or national confidential enquiries for us to participate in:

However, in addition to the Compliance Monitoring Programme, Marie Stopes UK has developed a proposed clinical audit schedule for 2019/20 which will focus on the development of audit tools, methodologies and auditing to measure the performance of our clinical policies.

Two internal audits were completed during 2018/19 focusing on:

- Privacy and Dignity Screens in the day room, which demonstrated that unless there is a clinical need to use a privacy and dignity screen, most clients (approximately 95%) do not wish to use a privacy and dignity screen.
- LARC uptake following the roll out of a new iLearn module, which demonstrated that there were still improvements required for centres to achieve the 30% LARC target rate.

The following audits are underway focused on measuring the performance of our:

- Informed consent approach, quality, systems, and processes
- Discharge and transfer approach, quality, systems and processes
- Completion of documentation for clients having early medical abortion services
- Desktop review have been scheduled to audit incidents of transfers, retained product, and ectopic pregnancy
- Right Care Triage Service

During 2018/19 Marie Stopes UK’s extensive database on abortion provision was used for a PhD thesis comparing three different regimes of early medical abortion. This thesis has now been published, and the findings from this research will be shared in an oral presentation to the World Congress in Obstetrics and Gynaecology in London in June 2019.

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

- NHS Airedale, Wharfedale and Craven CCG
- NHS Basildon and Brentwood CCG
- NHS Bath and North East Somerset CCG
- NHS Blackburn with Darwen CCG
- NHS Blackpool CCG
- NHS Bolton CCG
- NHS Bradford City CCG
- NHS Bradford District CCG
- NHS Bury CCG
- NHS Castle Point and Rochford CCG
- NHS Chorley and South Ribble CCG

- NHS East and North Hertfordshire CCG
- NHS East Cheshire CCG
- NHS East Lancashire CCG
- NHS Fylde and Wyre CCG
- NHS Greater Preston CCG
- NHS Herts Valleys CCG
- NHS Heywood, Middleton & Rochdale CCG
- NHS Leeds CCG
- NHS Manchester CCG
- NHS Morecambe Bay CCG
- NHS North Cumbria CCG
- NHS Oldham CCG
- NHS Redditch and Bromsgrove CCG
- NHS Salford CCG
- NHS Somerset CCG
- NHS Southend CCG
- NHS Stockport
- NHS Swindon CCG
- NHS Tameside & Glossop
- NHS Thurrock CCG
- NHS Trafford CCG
- NHS Wakefield CCG
- NHS West Lancashire CCG
- NHS Wigan Borough CCG
- NHS Wiltshire CCG
- NHS Wyre Forest CCG

Agreed CQUIN goals for 2018/19 include the following:

- LARC uptake
- Increase in chlamydia screening
- Increase in early medical abortion uptake
- Quality Improvement and reporting
- Discharge Summary and Audit
- Health Inequalities
- Implementation and embedding of action relating to CQC reports
2.3.4 Duty of Candour
Marie Stopes UK has fully implemented the requirements of Duty of Candour. Incidents relevant for reporting are identified as such and their management tracked through Datix. The numbers of Duty of Candour incidents and complaints are monitored through our Quality Dashboard and reported to the Quality Sub Committee on a quarterly basis.

There were 32 incidents that met the threshold for Duty of Candour application during the year 2018/19. These incidents related to clinical complications as a result of system failure and information governance breaches. All but one were completed within the timeframe of 10 working days of the incident occurring. The one delay was attributed to late identification of the incident which had been reported and investigated as a complaint. However, Duty of Candour was applied as soon as the incident was declared.

2.3.5 Care Quality Commission status
Marie Stopes UK’s services are required to register with the Care Quality Commission and its current registration status is to carry out the following legally regulated activities:
• Diagnostic and screening procedures
• Family planning services
• Surgical procedures
• Termination of pregnancies
• Transport services, triage and medical advice provided remotely
• Treatment of disease, disorder or injury

At the following clinics:
- Marie Stopes Birmingham Centre
- Marie Stopes Bristol Centre
- Marie Stopes Central London Centre
- Marie Stopes Coventry Centre
- Marie Stopes Essex Centre
- Marie Stopes Leeds Centre
- Marie Stopes Maidstone Centre
- Marie Stopes Manchester Centre
- Marie Stopes South London Centre
- Marie Stopes West London Centre

In the summer of 2017, the CQC issued a warning notice in July 2017 for Regulation 17: Good Governance pertaining to their inspection of the London Support Office in February 2017. In November 2018, the CQC re-inspected us against their recommendations from that warning notice. The final inspection notice was published in January 2019 with confirmation that the warning notice had been lifted given assurance of significant improvements made around quality and governance. Additionally, during 2018, the organisation was subject to CQC inspections in its Maidstone, Manchester and Essex Centres. All Centres received ‘good’ ratings overall confirming that the warning notice had been lifted.

2.3.6 Hospital Episode Statistics
Marie Stopes UK did not submit records during 2018-2019 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data as there is no requirement to do so. Abortion data is collected routinely in our own services.

2.3.7 Information Governance
Marie Stopes UK Information Governance Assessment Report overall score for 2018/2019 was ‘Standards Met’ with 100% of mandatory assertions entered via the Data Security and Protection Toolkit submission.

2.3.8 Payment by Results
Marie Stopes UK was not subject to the Payment by Results clinical coding audit during 2018/2019 by the Audit Commission.

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

2.3.10 Speaking up
In its response to the Gosport Independent Panel Report published in June 2018, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). A summary of the concerns and dates when any updates or feedback has been given. “Protected disclosures” can be made where applicable.

Freedom to Speak Up is incorporated in all staff training and development programmes and is included in our new induction programme, ‘iBelong’.

We gather any feedback on our Speaking Up process from those raising concerns. To ensure we triangulate all feedback a report incorporating all concerns raised through all channels including Speaking Up Concerns, external whistleblowing, HR, and direct to our Managing Director is presented to the Executive Team, Quality Sub Committee and the UK Divisional Board.
24

Reporting against core indicators

Given that Marie Stopes UK is a charitable specialist provider, the majority of the core set of indicators using data made available by the Health and Social Care Information Centre (HSCIC) are not relevant to its services. We have, therefore, opted to provide quality performance against our own local indicators. All quality indicators are reviewed at regional and corporate quality and assurance meetings, which follow a highly structured standing agenda.

The dashboard below was first developed in 2017 and continues to be a key part of evidencing how we ensure a continuous cycle of quality improvement and is reviewed monthly and quarterly. As a learning organisation, we continue to foster an open and transparent culture, and encourage our staff to report and share learning so that we continuously improve quality and safety.

Timescale:
Quarter 1 - Apr - Jun 2018
Quarter 2 - Jul - Sep 2018
Quarter 3 - Oct - Dec 2018
Quarter 4 - Jan - Mar 2019

CQC Domain: Safe

Quality Indicator:
Number of Clients

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KPI - Budget

Analysis: The introduction of Simultaneous Administration of Medical Abortion from September 2017 (Q3 2017) saw a greater swing to medical abortion, which has been held just under 70% ever since. There has also been a continued decrease in the number of surgical abortion procedures during 2018/19. There has been a corresponding increase in the number of medical abortions for the same period compared to that reported in 2017/18.

KPI - 60%

Analysis: There has been an overall increase in the EMA Case Mix in in the reporting year. This is due to the availability of simultaneous medical abortion, a reduction in waiting times meaning clients are able to access services quicker, and an increasing client choice to have a medical rather than surgical abortion.

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

<table>
<thead>
<tr>
<th>8.0%</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0%</td>
<td>8.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>4.0%</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2.0%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

KPI - > 4%

Analysis: We have seen an overall decrease in the rate of non-clinical incidents during the reporting period compared to 2017/18. This is due to implementation of several quality improvements initiatives regarding reporting, investigation and learning.

Quality Indicator:
Clinical incidents, by activity (%)

<table>
<thead>
<tr>
<th>8.0%</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0%</td>
<td>6.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>4.0%</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2.0%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

KPI - > 1-2%

Analysis: There was an increase in the rate of clinical incidents reported during 2018/19. The increase in reporting is attributed to continued strengthening of our patient safety culture whereby colleagues are trained and encouraged to report all incidents, and by ensuring that all incidents are reviewed and managed resulting in quality improvement actions being implemented. The clear majority of incidents reported now are ‘no harm’ or ‘near miss’ incidents with the number of moderate to severe harm continuing to decline.

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

<table>
<thead>
<tr>
<th>8.0%</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.0%</td>
<td>6.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>4.0%</td>
<td>4.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2.0%</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Analysis: Majority of incidents related to retained products of conception and failed termination of pregnancy both of which are known complications of termination of pregnancy; and delayed screening for Chlamydia.
## Quality Indicator: Externally reportable incidents (i.e. RIDDOR, ICO, Police), by activity (%)

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>0.04%</td>
<td>0.05%</td>
</tr>
<tr>
<td>Q2</td>
<td>0.03%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Q3</td>
<td>0.02%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Q4</td>
<td>0.01%</td>
<td>0.02%</td>
</tr>
</tbody>
</table>

**Analysis:** There were minimal numbers of incidents meeting the threshold for external reporting. Majority of external notifications were to the Information Commissioners Office (ICO) for information governance breaches following the introduction of the new General Data Protection Regulations in 2018.

## Quality Indicator: Serious Incidents by activity (%)

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>0.06%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Q2</td>
<td>0.08%</td>
<td>0.10%</td>
</tr>
<tr>
<td>Q3</td>
<td>0.06%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Q4</td>
<td>0.03%</td>
<td>0.07%</td>
</tr>
</tbody>
</table>

**Analysis:** We have seen a general reduction in the rate of serious incidents in the reporting year compared to that reported in 2017/18.

## Quality Indicator: Percentage of incidents rated moderate and above

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>1.30%</td>
<td>0.70%</td>
</tr>
<tr>
<td>Q2</td>
<td>0.08%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Q3</td>
<td>0.40%</td>
<td>0.40%</td>
</tr>
<tr>
<td>Q4</td>
<td>0.07%</td>
<td>0.07%</td>
</tr>
</tbody>
</table>

**KPI - 1.5%**

**Analysis:** There has been a continued and sustained reduction in the number of incidents that have been rated moderate and above. The majority of incidents were of low or no harm. This has been achieved by identification and implementation of lessons learnt improving client safety as well as ongoing validation of incident harm grading.

## CQC Domain: Effective

## Quality Indicator: Compliance Monitoring Programme scores

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>91.36%</td>
<td>92.24%</td>
</tr>
<tr>
<td>Q2</td>
<td>33.43%</td>
<td>33.43%</td>
</tr>
<tr>
<td>Q3</td>
<td>93.01%</td>
<td>87.83%</td>
</tr>
<tr>
<td>Q4</td>
<td>93.31%</td>
<td>93.31%</td>
</tr>
</tbody>
</table>

**Analysis:** These are the combined scores for the new audits that started in Oct 2017 and includes: Anaesthetic Policy, Controlled Drugs, Deteriorating Client, Facilities and Cleaning, Fire Identification and Emergency Access, Hand Hygiene, Health and Safety, Information Governance, Informed Consent, Legionella, Medicines Management, PPE and IPC Practice, PPM, PVC, Regulatory Compliance, Safeguarding, Sharps and Waste Management, WHO 5 Steps to Safer Surgery. We have seen compliance scores increase to above 90% in all centres in the reporting year compared to that reported in 2017/18.

## CQC Domain: Caring

## Quality Indicator: Formal complaint rate, by activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>0.06%</td>
<td>0.07%</td>
</tr>
<tr>
<td>Q2</td>
<td>0.10%</td>
<td>0.14%</td>
</tr>
<tr>
<td>Q3</td>
<td>0.08%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Q4</td>
<td>0.05%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>

**KPI - 0.09% - NHS benchmark**

**Analysis:** We have seen a continued and sustained decrease in formal complaints. This has been achieved through improved quality of care, client safety and client experience. Additionally, more focus on mitigating the reasons for informal complaints has driven down formal complaints.

## Quality Indicator: Complaints response rate against patient negotiated timescale

<table>
<thead>
<tr>
<th>Activity</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Q2</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Q3</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Q4</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**KPI - 75%**

**Analysis:** All formal complaints were responded to within the expected timescales of 20 working days.
### CQC Domain: Responsive

**Quality Indicator:** Patient feedback response rate

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>30%</td>
<td>28</td>
<td>22</td>
</tr>
<tr>
<td>20%</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>10%</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>0%</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**Analysis:** We have seen our feedback response rate very slightly increase from an average of 25% in 2017/18 to an average of 25.5% in the reporting year. This continues to be driven to ensure a sustained increase during 2019/20.

**Quality Indicator:**
Overall care received was rated “Excellent” or “Very Good”

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>75%</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>50%</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>25%</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>0%</td>
<td>97</td>
<td>97</td>
</tr>
</tbody>
</table>

**KPI - 95%**

**Analysis:** Client experience rates remain consistent to those reported last year.

### CQC Domain: Well Led

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

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.10%</td>
<td>0.08</td>
<td>0.07</td>
</tr>
<tr>
<td>0.08%</td>
<td>0.05</td>
<td>0.06</td>
</tr>
<tr>
<td>0.05%</td>
<td>0.07</td>
<td>0.06</td>
</tr>
<tr>
<td>0.03%</td>
<td>0.04</td>
<td>0.06</td>
</tr>
<tr>
<td>0.00%</td>
<td>0.02</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Analysis:** Duty of Candour compliance has been consistently above average. Gaps in compliance are due to delay in establishing contact with the client which has been due to client’s choice. One related to delayed reporting of an incident which was initially reported as a complaint.

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

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>81</td>
<td>85</td>
</tr>
<tr>
<td>50%</td>
<td>85</td>
<td>88</td>
</tr>
<tr>
<td>25%</td>
<td>53</td>
<td>53</td>
</tr>
<tr>
<td>0%</td>
<td>65</td>
<td>70</td>
</tr>
</tbody>
</table>

**KPI - > 85%**

**Analysis:** We have seen a significant increase in mandatory training compliance in the reporting year improved by easier access to training through the introduction of our new online training programme.
Part 3: Other information

3.1 Scope of Services Delivered

Marie Stopes UK has been providing sexual and reproductive healthcare services in England since the organisation was founded in 1976. In the UK, we are best known for our high-quality termination of pregnancy services, which are used by over 66,000 women a year. In 2018 around 96% of the women we saw had their termination of pregnancy treatment funded by the NHS. Additionally, we support women and men with their reproductive options, offering family planning advice, counselling, and vasectomy service respectively. We provide our treatment through our network of local clinics and community-based services all over the UK offering the following NHS services:

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Abortions in England/Wales</td>
<td>N/A</td>
<td>197,533</td>
<td>190,406</td>
<td>191,014</td>
<td>190,092</td>
</tr>
<tr>
<td>MSI MA</td>
<td>45,294</td>
<td>34,387</td>
<td>35,955</td>
<td>33,101</td>
<td>27,524</td>
</tr>
<tr>
<td>MSI SA</td>
<td>22,408</td>
<td>27,889</td>
<td>28,313</td>
<td>35,401</td>
<td>36,586</td>
</tr>
<tr>
<td>MSI Vasectomy</td>
<td>5,532</td>
<td>4,914</td>
<td>4,150</td>
<td>3,091</td>
<td>3,042</td>
</tr>
<tr>
<td>MSI Abortion Calls</td>
<td>393,343</td>
<td>431,198</td>
<td>354,583</td>
<td>339,614</td>
<td>302,115</td>
</tr>
<tr>
<td>MSI VAS Calls</td>
<td>19,136</td>
<td>19,027</td>
<td>13,248</td>
<td>10,520</td>
<td>10,386</td>
</tr>
<tr>
<td>MSI Telephone Counselling</td>
<td>6,115</td>
<td>4,452</td>
<td>3,654</td>
<td>3,572</td>
<td>3,757</td>
</tr>
</tbody>
</table>

3.1.1 One Call and Right Care

One Call is the contact Centre for Marie Stopes UK. It provides a centralised booking and call Centre service and is open 24-hours a day, 7 days a week, 365 days a year. One Call is the first point of call for all our clients and takes bookings for appropriate Centres in the UK. One Call also provides a central booking service to specific CCGs providing appointment support and information to clients for other providers, including other independent services and acute hospitals.

In 2018 One Call handled 315,840 calls and provided the following service to our clients:

- Appointments for NHS and private clients
- Answer all calls for Marie Stopes UK Centres
- Liaison with all UK Centres regarding client care and queries
- General information about services and termination of pregnancy treatment options
- Centralised booking for non-Marie Stopes UK Centres, including bookings into local hospitals for other providers
- Centralised counselling team offering pre and post-treatment support
- Centralised test results administration team
- Confirmation of appointments by letter, email, or SMS text
- Answer all calls for Marie Stopes UK Centres and clinics when they are closed
- Centralised 24-hour nursing team who deal with pre-and post-treatment calls
- Handling all client queries in the event of a medical contra-indication and liaising with client's GP accordingly
- Pre-assessment consultations for all eligible clients, operational 7 days a week. In 2018 the team handled 82,788 consultations

One Call has a dedicated Governance Partner who is the custodian of local dashboards, audits, and quality review and monitoring. Following the last CQC inspection in September 2017, all team members are trained to level 2 safeguarding as a minimum, with an increased number of team members trained to level 3 and 4. One Call has also appointed a Clinical Services Manager who is our Safeguarding lead and supports our nursing and clinical referrals teams. One Call was subsequently inspected again in 2017 and received a report which had it been rated would have been equivalent to a CQC rating of ‘outstanding’.

Right Care was launched on 3rd September 2018. It was developed to ensure that medically and socially vulnerable complex clients are identified promptly and triaged and managed through a multi-disciplinary team, ensuring improvements in efficiency, safety and client experience. Right Care aims to ensure the ‘Right Care at the Right Time in the Right Place’.

Call handlers identify and triage all clients who require further support due to health and social needs. Health conditions are usually identified through consultations and/or health assessments at the call centre, using the ‘Pre-Existing Conditions’ guidelines. A multi-professional team consisting of doctors, nurses, and safeguarding named professionals work closely to make decisions regarding appropriate provision of care. This may be within Marie Stopes UK or by referral to the NHS. Right Care also liaises closely with external agencies such as NHS secondary care providers and GP’s to ensure that information is gathered for Marie Stopes UK doctors to make decisions around provision of care. There is a focus on working with clients with mental capacity issues, ensuring they can receive support prior to their appointment and to ensure that where mental capacity is diminished, decisions are made in the client’s best interests.
As mentioned earlier in this report, we have seen a decrease in waiting times as a result of the introduction of Right Care, as well as evidence of very good examples of sensitive care provided to very vulnerable clients with safeguarding and/or mental health concerns.

### 3.1.2 Marie Stopes UK Surgical Locations - Centres

Marie Stopes UK centres provide comprehensive termination of pregnancy care, including both medical and surgical abortion. Medical abortion is offered up to and including gestations of 9 weeks and 6 days (represented as 9+6) in Centres and 9 weeks and 3 days in Early Medical Units, while surgical abortion is offered up to gestations of 11+6, 13+6, 19+6 or 23+6, depending on local facility constraints. As part of our comprehensive care, these services include:

- Pre-and post-abortion counselling
- Pre-operative assessment
- Screening for sexually transmitted infections (STIs) as part of client’s abortion treatment
- Provision of post-abortion contraception, with an emphasis on long-acting reversible contraception (LARC)
- Medical or surgical evacuation of retained products of conception (ERPC) for failed procedures

Some Marie Stopes UK surgical Centres also provide vasectomy services.

Clinical safety and the management of medical emergencies are governed by a suite of clinical policies, including the Marie Stopes UK Abortion Policies, Anaesthetic Policy, various Infection Prevention and Control (IPC) policies, and the Policy on the Management and Resuscitation of Deteriorating Clients. We continuously monitor policies due for review and currently we have no policies outside of their review date.

Implementation of these policies and adherence to various safety standards is monitored through an electronic Compliance Monitoring Programme, which is comprised of a series of surveys completed bimonthly or quarterly by local clinical leads. This programme produces RAG-rated scores, and prompts clinic management to log actions in their Service Improvement Plans for any non-compliance identified. This self-reported compliance is triangulated by six monthly peer and expert-led Supportive Quality Reviews, and results and actions are also monitored quarterly through Local and Regional Integrated Governance Meetings. Also, monitored through these meetings are rates of clinical outcomes, complications, emergency transfers, and serious incidents, all tracked via a monthly Integrated Dashboard. These indicators are tracked by centres, and by surgeon, to identify any outliers.

Clinical incidents are reported via Datix, and reviewed weekly during CLIP (Complaints, Litigation, Incidents and Patient Feedback) conference calls chaired by the Head of Quality and Governance and attended by all Centre managers and subject experts across the organisation. During these calls, incident data is validated, and themes, trends and serious incidents are identified, along with any actions required to mitigate or the need for further investigations.

Lessons learned are disseminated to clinical teams each week, and often discussed in team meetings. Trend analysis through CLIP has led to several quality improvement initiatives and changes in practice. Through the work of this group we have seen increased reporting with a significant reduction in the level of harm. For example, we have seen a continued reduction in the rate of incidents graded moderate harm or above by 95% from 1.25% of incidents reported in 2017/18 to 0.07% of incidents reported in 2018/19. Clinical risks are also recorded on Datix in its risk module and are monitored quarterly through Local and Regional Integrated Governance Meetings. From performance monitoring undertaken quarterly, we have seen an improvement in the identification and management of clinical risks with a corresponding reduction in high rated risks.

Supportive Quality Reviews were strengthened in October 2018 to provide better support for Centres to ensure improved client safety. These internal peer led inspections are based on the CQC’s model of inspection and led by a multidisciplinary team of senior specialist experts joined by support from a representation from a buddying centre, looking at all domains of quality and safety. The inspection framework ensures that all practices within the Centres including clinical, non-clinical, incident management, risks, operations and delivery are reviewed. Areas requiring improvement are fed-back to the Operations Manager and Clinical Services Matrons on the day verbally, followed by a written report. Improvement actions are added to the centre’s Local Service Improvement plan and monitored monthly. We have received positive feedback from centres who have found the impartial identification of risks and support required helpful for improvement.

### Compliance of training attendance by colleagues is more than 95%.

To strengthen the incident reporting and management process, and to ensure timely investigation and preventative mitigation, we have introduced a serious incidents panel whose purpose is to review all incidents and to ensure that timely and robust investigations are carried out, with key learning identified to inform practice. We have also committed to fully investigate through root cause analysis all significant incidents that do not meet serious incident criteria to ensure we fully identify any lessons learnt, implement actions and reduce reoccurrence.

Finally, clinical team members receive annual Basic, Immediate, or Advanced Life Support (BLS, ILS, or ALS) training appropriate to their role. Registered Nurses and Midwives working in surgical treatment and recovery also receive training on the Management of Clients Undergoing Anaesthesia, and on the identification and management of hemorrhage. Unannounced emergency simulations take place at each surgical site quarterly, and results are fed back to local, regional, and corporate clinical managers. Compliance of training attendance by colleagues is more than 95%. In addition, we have carried out a review of our approach to the management of haemorrhage, in order to identify any need for improvement where relevant. In our Centres we have also adopted a similar approach to that used by the ‘1000 Lives Improvement’ initiative, which is the national improvement service for NHS Wales delivered by Public Health Wales.
A nursing improvement plan was developed in September 2018, and whilst work has begun to deliver against the plan, most of the benefits and improvements will not be realised until 2019/20. To date, we have improved and strengthened clinical leadership, the nursing structure has been reviewed to remove the two regional matrons and replace them with eight Centre level Clinical Service Matrons, supported by Clinical Team Leaders. This change was also supported by a uniform review which delivered the findings of the Francis Report (2013), and ensured that clinical grades of nursing staff are distinguishable. Colleagues within the new roles have been supported through the delivery of whole day workshops to explore the function of the role. The senior clinical team also have a weekly end of week clinical huddle, and access to an internal social media platform to enable a supportive senior leadership culture to be developed.

Providing a strong clinical leadership voice has also been further strengthened by the introduction of Registered Nurse and Midwife and Healthcare Assistant forums held with the Director of Nursing/Chief Nurse and through the development of a joint medical and nursing directorate clinical bulletin. The bulletin is sent to all staff and is an opportunity to provide updates on strategy, policy and procedure, identify lessons from recent incidents and provide a communication cascade from the senior clinical leaders.

3.1.3 Vasectomy Centres
Vasectomy satellite centres are Marie Stopes UK clinics run from within GP Practices or hospital outpatient units. The teams are trained to provide an effective vasectomy service under local anaesthetic only. We currently have 17 vasectomy satellite centres across the UK. Two of these (Wakefield and Pontefract satellite vasectomy clinics) are directly linked to our Leeds main centre. The remaining 15 satellite centres have a dedicated Registered Manager, who leads the service remotely from Bristol One Call centre. These teams are all supported by the Vasectomy Administrative Team, a Clinical Team Leader and Governance Lead.

All vasectomy centres are audited on a six-monthly basis using a bespoke audit tool created by the Quality and Governance Leads and the Vasectomy leadership team, the results of which are fed into an action plan used to drive forwards service improvements. Any issues highlighted by these audits are discussed at a weekly call with the Vasectomy Registered Manager, Clinical Team Leader and Governance Lead, and are addressed via a separate action log which is continuously monitored.

Quality is monitored through responding to complaints and incident reporting by all satellite teams. Following any incidents debriefs are held the next working day, to identify any process amendments that may be implemented, and to establish contributory and root causes.

We have already increased our trained Nexplanon implant fitters with 12 staff qualifying between January to March 2019

3.1.4 Sexual Health Service
We have in place a continuous programme to train all nursing staff to fit sub-dermal and intrauterine contraception according to the Faculty of Sexual and Reproductive Health standards and are proud to have been invited to be part of a pilot scheme to support staff in abortion and maternity services to be trained to fit implants. Working closely with the Nexplanon training team we aim to train 60% of our nurses and midwives during this pilot which runs for the whole of 2019. We have already increased our trained fitters with 12 staff qualifying between January to March 2019.

The long acting reversible contraception (LARC) task and finish group has reviewed long acting removable contraception provision in Marie Stopes UK. An additional Cash Nurse specialist role was created and has been appointed to support the existing specialist nurse and new roles of Centre-based Cash Champion have been created. This team will focus on contraception provision across all Centres and EMUs.

We are planning to run a contraception awareness week in Spring/summer 2019 to increase staff knowledge and confidence in counselling for contraception.

We are running dedicated LARC lists at three sites currently aimed primarily at women who have a medical abortion and therefore may not have access to LARC at the time of their treatment.
### 3.2 Quality Assurance

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

#### 3.2.1 Integrated Governance Committee (IGC)

The IGC is attended quarterly by the organisation’s Executive Management Team and senior management. It provides assurance to the Marie Stopes UK Divisional Board (as a sub-committee of the Marie Stopes International Board) that there are robust systems, structures, processes, and accountabilities in place for identifying and managing significant risks facing the organisation, including but not limited to: strategic, operational, functional, clinical, and non-clinical risks.

The IGC receives assurance in the form of integrated governance reports from Marie Stopes UK Regional IGCs for review and recommendations and ensure adequate resources are made available to deliver safe, effective, caring, and responsive services in line with the HSCA 2008, Regulated Activities Regulations 2014, and the CQC Fundamental Standards of Quality and Safety.

#### 3.2.2 Quality Sub-Committee (QSC)

Chaired by the Medical Director and attended quarterly by members of the Executive Management Team and senior management and clinicians, the QSC is a formal sub-committee of the Integrated Governance Committee. The QSC is accountable to the IGC. The QSC is delegated to gain assurance on the management, monitoring, performance and improvement of clinical quality. The QSC has delegated authority to establish agreed actions and make recommendations to the IGC and Executive Team (EMT) in relation to reported or identified clinical risks and to monitor and ratify clinical policies, guidelines and operating procedures. During 2018, the QSC delegated driving activity, monitoring and reporting through the following Sub-groups:

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

The QSC reported to the IGC through the following:

- QSC minutes;
- Reports and recommendations on significant issues and concerns;
- Any other matters that the QSC considers is necessary to escalate.

Information correct as of May 2019
3.2.3 Clinical Effectiveness Group

The Clinical Effectiveness Group Chaired by our Director of Nursing provides clinical leadership and forms part of the Marie Stopes UK framework for development and delivery of safe quality services. To develop and follow a cyclical framework for informing, changing, and monitoring practice, including:

- Ensuring that there are robust arrangements in place for continuously improving clinical effectiveness throughout Marie Stopes UK to inform service improvements and by ensuring compliance with statutory duties
- Review the delivery of best practice/research and audit through implementing and monitoring against national and local standards, guidelines and evidence to ensure best practice across Marie Stopes UK
- Support the development of performance indicators to monitor clinical effectiveness across Marie Stopes UK
- Providing strategic direction of the Marie Stopes UK 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 as relevant
- Evaluating the impact of changes to practice and effectiveness through regular monitoring, evaluation, and research including client and staff (medical, nursing, operational) engagement

To improve clinical practice and standards, several clinical policies and processes the Clinical Effectiveness Group has been re-launched with revised Terms of Reference and underpinned by a new Clinical Effectiveness Strategy which seeks to:

- Ensure robust clinical effectiveness mechanisms
- Develop a culture of learning and development
- Develop Evidence based practice
- Develop research and innovation

A key part in the delivery of the clinical effectiveness strategy has been the development and implementation of an improved ‘NICE Guidance Monitoring, Review and Implementation Policy’ which ensures Baseline Compliance Reviews are undertaken and approved for all applicable and potentially applicable standards and guidance. As such a review of all previously published guidance and standards has been undertaken as part of the implementation of the policy, whilst improved process enables robust reporting of compliance with NICE Guidance and the number of outstanding actions to be delivered.

A Clinical Effectiveness and Audit Policy has been developed with a robust system to register and monitor the outcomes of clinical audit including relevant national audits and enquiries. A Clinical Audit schedule for 2019/20 has been developed and approved. Other policies which have been reviewed and further developed include:

- Chaperone Policy
- Privacy & Dignity Policy supported by audit on the use of privacy screens
- Approved Visitors Policy updated to meet the requirements of Saville recommendations

3.2.4 Information Governance Steering Group

The Information Governance (IG) Steering Group is to assist Marie Stopes UK in dealing consistently with the many different regulatory requirements and central guidance on how information is handled and monitored, ensuring compliance with the Data Security and Protection Toolkit. The SIRO is the Chair of the IG Steering Group which meets quarterly to review information governance (IG) activities. The Caldicott Guardian (Marie Stopes UK’s Medical Director) is an active contributor to the IG function, helping to ensure that client confidential data are always fairly and lawfully processed in line with legislation and the 7 Caldicott principles.

During the reporting period, the main achievements made in this area were as follows:

- Enabled best practice IG and GDPR as business as usual by embedding key GDPR requirements into ongoing business processes, such as privacy by design and data protection impact assessments.
- Implementation and completion of an Information Asset Mapping Tool enabling ongoing production of a Records of Processing Activity for GDPR compliance.
- Introduction of IG Link roles, enhanced roles at Centre level promoting, embedding and ensuring best practice. Enabling local level control.
- Placed an outsourced Data Protection Officer.
- Recruited an Information Governance and Compliance Coordinator to support the Head of Information Governance and the regulatory compliance of Marie Stopes UK.

- Head of IG and Compliance Co-coordinator were certified with GDPR foundation qualification.
- The Marie Stopes UK Data Security and Protection Toolkit was submitted successfully 30 March 2019, and ‘Standards Met’ status achieved with all 100 mandatory assertions answered.
- The development of a Centre electronic survey that continuously monitors the quality of our information governance management by staff.
- Cyber Essentials Certificate achieved for another year, Cyber Essentials Plus procurement is currently being explored to strengthen Marie Stopes defense.
- Information Governance mandatory training statistics across Marie Stopes remains high at 97%.
- Adoption of NHS Mail email usage has upgraded to the encrypted version to further enable our clients’ data to remain safe during transmission.
- USB ports across Marie Stopes technology is being deactivated to enhance security to our network and sensitive information.
- A Subject Access Request Log was launched to capture statistics and monitor performance on incoming data requests across Marie Stopes.

There have been five Information Commissioner’s Office (ICO) reportable incidents during this reporting period, all have now been closed by the ICO.

No ICO complaints have been received and no ICO enforcement action has been taken against Marie Stopes.
3.25 Medicines Management Group
Chaired by our Clinical Director and attended by clinicians and senior management, this quarterly group assures best practice in the handling, storage, prescription, and administration of all medicines in line with legislation and/or licensing requirements. The group monitors all medicines management incidents ensuring best practice.

In the reporting year, the following was achieved:
- Development of strategy for non-medical prescribers and audit tool.
- Development of medicine storage and security; and controlled drugs audits.
- Review of Breastfeeding policy to ensure medicine management contradictions included.
- Review and approval of medicines and emergency drugs formulary.
- Procurement of over labelled medicine for clients to take home.
- Development of Operation Department Practitioner role to include administration of medicines.
- Received quarterly controlled drugs reports.
- Review of Medicines Management Policy.
- Introduction of medical abortion second tablet at home – this went live in April 2019.

3.26 Safeguarding Group
Chaired by the Director of Quality and Governance, the Safeguarding Group provides strategic direction and a single operational function for the organisation in relation to Safeguarding. This group assured both the QSG and IGC, above, that there are effective controls and monitoring in place to ensure best practices are fully embedded across the entire organisation.

It thereby provides assurance that legal requirements and national guidance are incorporated into the organisation’s processes, meeting the requirements of our CQC registrations, and that we work with local partners to assure the safety of adults and children across all our services. Changes that have been seen from 2018-2019 include:
- Safeguarding Structure with an identified Executive Lead, Named Doctor and Named Nurse for Safeguarding Children and Adults all now in post. Safeguarding Leads exist within all Marie Stopes UK Centres and work alongside the Named professionals to provide support to all staff members.
- Change of location of Named Nurse from London Head Office to One Call in Bristol to aid the transformation of the safeguarding service at point of initial triage, within Right Care, as well as throughout the UK Centres. This led to a new Named Nurse for Safeguarding coming into post in November 2018.
- Development of Level 3 safeguarding training as a bespoke package for Marie Stopes UK. Awaiting NSPCC accreditation in 2019.
- Introduction of the NHS Safeguarding mobile phone app in Marie Stopes UK Centres.
- A new mental capacity policy (written by the Named Doctor) was ratified in March 2019. The policy supports Marie Stopes UK clinicians in the assessment of clients with capacity concerns and is responsive to the reduced capacity for termination of pregnancy care that can be offered within the NHS for such clients. The policy has seen an increased offer for clients and their supporting agencies where capacity issues would ordinarily have caused delay and distress.
- Multi agency work has been a key topic for 2018-2019. Marie Stopes UK have been involved with Modern Slavery Practitioners, Domestic Violence Services, Solicitors/ Judges, Police, Psychiatric Practitioners to name but a few. These have all been to ensure excellent care for clients.
- Partnering with a major UK charity to develop an early intervention service for domestic violence, child sexual exploitation (CSE) and gangs for clients in 2019.
- Completion of Section 11 audit (Children)
- Completion of Safeguarding Assurance framework (Adults)
- Reviewing all current safeguarding policies and developing seven policies in line with changes to safeguarding structure (roles and responsibilities) and National guidance
- Implementation of Safeguarding Dashboard to monitor KPIs
- PREVENT Training (Workshop for Raising Awareness for Prevent) e-learning
- Implementation of action plans following Domestic Homicide Review including introduction of CSE Screening tool/Domestic Abuse tool DASH risk assessment to flag up severe domestic violence to MARAC
- Representation by Yvonne Neubauer, Associate Clinical Director, at 10 Downing Street as part of International Women’s Day as recognition of her work around female genital mutilation
- Training of all Safeguarding Leads to be Safeguarding Supervisors at their Centres
- Training Safeguarding leads on CSE Superheroes and female genital mutilation (FGM) (six modules) to become FGM Health Advocates for their Centres

All safeguarding incidents identified are reported via Datix so themes, trends and lessons learned are shared in CLIP meetings weekly to promote consistency nationally.

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

The purpose of CLIP is to provide a contemporaneous overview of all complaints, litigation, incidents, and patient feedback (including compliments and issues) to ensure the correct investigation, and remedial action takes place. It also aims to identify on a continual basis all emerging themes ensuring any material risks are identified for inclusion on the appropriate risk register for onward management and action.

The group meets weekly and can be joined by anyone in the organisation remotely. CLIP’s aim is to develop our staff to critical thinking, investigation, and to ensure cross-organisational learning and proactive risk management.

Duties include:

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

CLIP is regularly attended by centre managers, clinical leads, and subject matter experts across the organisation. Through the weekly monitoring it provides, lessons learned from individual incidents are often shared (for example, how to manage complex safeguarding cases, how to prevent IG breaches, and how to use clinical equipment safely). Minutes of these lessons learned are disseminated to clinical teams each week, and often discussed in team meetings.

In addition, trend analysis through CLIP as led to several quality improvement initiatives and changes to practice. For example, to name a few:

• Based on review of the management of clients whose gestation is found to be over the legal limit for termination, a Continuing Pregnancy Flowchart was developed and disseminated, to ensure effective safeguarding and antenatal care referral and follow-up. Continued monitoring through CLIP has found the management of such cases has improved.
• After a trend in medicines errors was identified (largely a failure to electronically sign for the administration of drugs), a Medicines Management Workbook and Training were developed and implemented.
• Upon the identification that vasectomy surgeons were regularly opting to operate above established upper limits for blood pressure, the management of hypertension in our vasectomy service was reviewed, and a new policy agreed at the next doctors’ forum.
• Discussion of serious incidents involving haemorrhage in CLIP led to the development of specialised haemorrhage training and drills. Review in the three months following implementation found a 72% reduction in estimated blood loss during haemorrhage, and significant improvements in adherence to evidence-based haemorrhage management protocols. Today, the vast majority of postoperative bleeding is controlled on site, and rarely exceeds the threshold for obstetric haemorrhage, improving safety and reducing emergency transfers.
Annex 1:
Statement from commissioners

We are delighted to note the huge improvement Marie Stopes International (MSI) has made in the quality of service they provide and the result of the CQC inspections of MSI sites in 2018, where all the domains of quality were rated as ‘good’, which reflected the significant work that has been done by the organisation in the reporting year.

The 2018/2019 Quality account covers data to reflect at least the last two reporting periods, to delineate the progress made against set priorities. The target areas that were not fully met were highlighted and prioritised for the next reporting year 2019/2020. We note that the Quality Account clearly sets out the priorities for 2018/19 and how this has been measured against the previous year- 2017/18, in order to highlight the progress made in the reporting year. The Quality Account also clearly states what the priorities are for improvement for 2019/2020, which is the next reporting year.

We commend the openness and transparency, which MSI has demonstrated in the previous year, giving details of incidents, safeguarding referrals, complaints and compliments. We also note that MSI has reviewed their governance process and we hope that this will be further strengthened in the year ahead, in order to maintain the stability achieved in the last year.

We acknowledge that in November 2018, the London Support Office was inspected by the CQC, to follow up on recommendations made after a Regulation 17 Good Governance Warning Notice was issued in 2017. We are pleased to hear that the CQC has now lifted the Improvement Notice, recognising the implementation of effective measures which were put in place to provide improved quality assurance. We are aware that the CQC has recently visited the West London Clinic, which serves a significant number of NWL CCGs clients and we are eager to find out the outcome of their inspection in the 2019/2020 Quality Account.

Following a review of your medical and surgical abortion pathways for improved client experience and productivity, we look forward to the progress update in 2019/20 Quality Account.

We are pleased to know that MSI has commenced a pilot service following the change in the abortion legislation for the support of giving clients the second tablet (misoprostol) to take within the confines of their home, for early medical abortion. We would encourage MSI to continue to review their safety netting and safeguarding processes for children, young people and adults who use the service in light of the new legislation; to give clients misoprostol to self-administer at home.

The introduction of the Right Care Pathway in September 2018 for clients with complex health and social issues is laudable as clients are now offered clinical triage at the right time and in the right place.

We note that MSI demonstrated partnership working with relevant stakeholders and has been part of the pilot project for maternity and abortion teams to train to fit sub-dermal implants. The CCG looks forward to seeing the outcome of the plan to enrol up to 60 Nurses by the end of 2019.

We note the plan for ultrasound improvement strategy and we are keen to read about progress in the next Quality account.

We note that MSI has created an additional Contraception and Sexual Health (CaSH) Nurse Specialist role and has also appointed to the role. It is envisaged that this newly created role will provide support to the service and improve the LARC performance. The CCG is keen to see an improvement in the uptake of LARC in the reporting year 2019/2020.

In light of the result of the staff survey, we are encouraged by the approach MSI has taken to ensure staff are appropriately supported in their respective roles and we look forward to seeing an improved outcome.

We recognise the hard work of your staff across the service and are pleased to see that the quality of service has improved year on year and that MSI is committed to continuous quality improvement in all quality domains.

The NWL CCGs look forward to continuing to work with you to monitor the progress against the 2019/2020 through the Contract Review Meetings, which will provide assurance of continuous quality improvement for the North West London Population.

Yours sincerely

Diane Jones
Chief Nurse & Director of Quality
NWL Collaboration of Clinical Commissioning Groups
Annex 2:

Statement of directors’ responsibilities for the quality report

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

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

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

The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and 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 2018 to March 2019
Papers relating to quality reported to the board over the period April 2018 to March 2019
Feedback from commissioners dated 03/07/2019
Marie Stopes UK Annual Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 18th April 2019

The Marie Stopes UK national colleague survey July 2018
The Quality Report presents a balanced picture of Marie Stopes UK’s performance over the period covered.

The performance information reported in the Quality Report is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.

The Quality Report has been prepared in accordance with Monitor’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board:

Date: 03.07.19
Richard Bentley,
UK Managing Director

Date: 03.07.19
Simon Cooke,
Chair of UK Divisional Board
and CEO of Marie Stopes International