



QUALITY ACCOUNT

2015 / 2016

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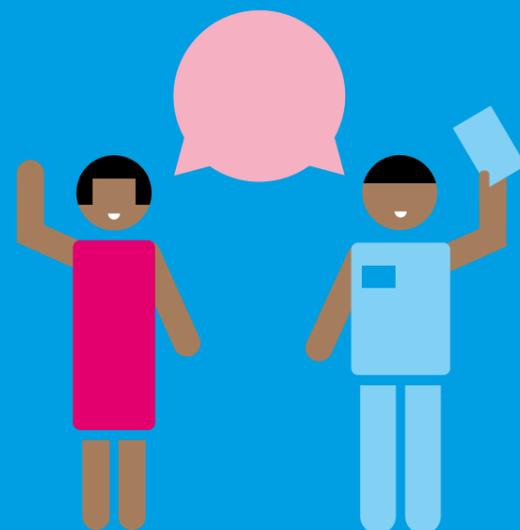
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Statement by Marie Stopes United Kingdom Interim Managing Director

This report focusses on our commitment to ensuring we are delivering the best quality care for our clients. I hope it provides a helpful overview for people interested in knowing more about our work.

Our priority next year is to further develop this report as we continue to invest in our services, listen to women and men who use our services, and those who fund us to provide them.

As ever, I am proud of our staff and the care and compassion they bring to work every day. During the year they have provided abortions for almost 70,000 women in more than 70 locations across England and Northern Ireland. They've carried out 3,091 vasectomies for men in England, and they've answered 350,134 calls through our 24-hour helpline, available every day of the year.

On behalf of the Management Team, I am happy to endorse the data within this report.

Suzanne Ash
Interim UK Managing Director



Introduction, Core Services, and Vision and Values

Embracing the Fundamental Standards and Care Quality Commission's approach to monitoring quality using five key lines of enquiry in addition to Marie Stopes International Partnership Core Values, Marie Stopes UK has through 2015-16 been working to align our processes and organisational structures to best support our clients and teams, with particular emphasis on the following:

Caring

Putting our clients at the centre of everything we do to meet their needs and exceed expectation. Never being judgemental, respecting decisions and ensuring 24hr support to enable more women to have children by choice, not chance.

With thirteen surgical centres and over fifty early medical units, Marie Stopes UK remains an important provider in the UK Independent Sector. In 2015 we had 35.8% share of the whole market and 50% share of NHS funded abortions.

Effective

Achieving measurable outcomes, building effective programmes and changing behaviours in order to have a lasting impact for individuals

During the last year we have been busy with refurbishment programmes to improve our environments and enhance both client and team member facilities. We are looking to replace our current client record system to develop a bespoke electronic client record system that will improve our client's participation in booking appointments and in tandem with this project we have been developing our website and growing our media platforms.

Safe

Key reports: The National Advisory Group on the Safety of Patients in England and Robert Francis review of failings in Mid Staffordshire, play an important role in how we engage with clients, apply an open and honest approach with our clients and apply lessons learn from untoward incidents.

Our share of the market has been steadily growing year on year so we have been expanding our portfolio of early medical units to bring services even closer to the community we are serving and will continue in this process of expansion during 2015-16.

Responsive

Through learning and innovation we will be champions of safe abortion, family planning and reproductive healthcare. We will always commit to delivering accessible local services to women and men who need them.

Our ability to closely monitor the efficiency and effectiveness of team members ensures our training is targeted appropriately to provide the skills and knowledge to support our 'Enhancing Care' projects.

Well-Led

Our clinical, governance and management teams will make sure that our services are client-centred, that we provide value for every pound entrusted to us, and we invest time and resources into our staff teams to deliver the best services possible.

Where can you access our services?

Our Centres and Early Medical Units are managed by three regional teams at the locations shown in the table below, our main surgical centres are shown in bold print. Vasectomy and Health Screening Services are managed by our Specialist Service team.

Marie Stopes UK regularly reviews; using statistical data, Centre locations, ensuring they remain best suited our client's needs. During 2015/16 we opened new Surgical Centres in Telford and Coventry and eleven Early Medical Units.



North

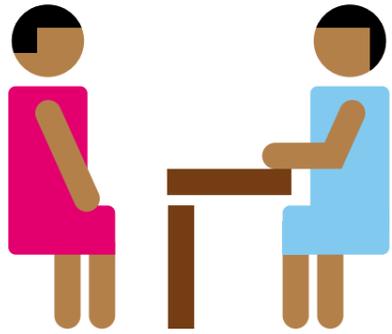
Marie Stopes Leeds	Airedale	Bolton	Manchester	Rochdale
Marie Stopes Manchester	Ashton	Bradford	North Manchester	Scunthorpe
	Under-Lyne	Bury	Oldham	South Shields
	Batley	Huddersfield	Preston	Stockport
	Blackpool	Leeds Central		Wakefield

Midlands

Marie Stopes Birmingham	Bournemouth	Gillingham	Shrewsbury	Avon
Marie Stopes Bristol	Central	Handsworth	Spark Hill	Telford
Marie Stopes Coventry	Birmingham	Nuneaton	Stourbridge	Walsall
Marie Stopes Sandwell	Erdington	Poole	Stratford upon	West Mendip
Marie Stopes Telford				Wolverhampton

Greater London & South East

Marie Stopes Essex	Camberley	Finsbury Park	Ilford	Stevenage
Marie Stopes Central London	Cambridge	Greenwich	Kings Lynn	Thetford
Marie Stopes Maidstone	Croydon	Guildford	Lewisham	Waterloo
Marie Stopes Norwich	Dagenham	Hemel	North Finchley	Watford
Marie Stopes South London	Earls Court	Hempstead	North London	Wembley
Marie Stopes West London	Enfield	Hillingdon	Romford	Wimbledon
	Edgware	Hounslow	Southend	



Vasectomy Services

As well as providing male sterilisation services in our main Centres as identified in the previous table, we also provide this service in the following locations:

Amphill	Milton Keynes
Camberley	North Ormesby
Cambridge	Swindon
Dartford	Tewkesbury
Hartlepool	Wakefield
Isle of Wight	Woking

Consultations and After Care Telephone Services

Our specialist call centre in Bristol 'One Call' provides our booking service, telephone consultations and our 365 day /24hr aftercare support line. Also located at One Call is an experienced Counselling team – all accredited members of BACP - British Association for Counselling and Psychotherapy.

Key Facts

	2015	2014	2013
England / Wales Abortions	Not available	190,092	190,800
MSI MA	33,101	27,524	25,584
MSI SA	35,401	36,586	37,893
MSI Vasectomy	3,091	3,042	3,163
MSI Abortion Phone calls	339,614	302,115	311,862
MSI Vasectomy Phone calls	10,520	10,386	10,852
MSI Telephone Counselling Appointments	3,572	3,757	3,626

Our Visions and Values

Our mission

Children by choice, not chance

Our vision

A world in which every birth is wanted

Our values

Mission driven: With unwavering commitment, we exist to empower women and men to have children by choice not chance.

Client centred: We are dedicated to our clients and work tirelessly to deliver high-quality, high-impact services that meet their individual needs.

Accountable: We are accountable for our actions and focus on results, ensuring long term sustainability and increasing the impact of the Partnership.

Courageous: We recruit and nurture talented, passionate and brave people who have the courage to push boundaries, make tough decisions and challenge others in line with our mission.



What is a Quality Account?

Quality Accounts were introduced by the Health Act 2009 with the aim of demonstrating accountability and showing improvements in the service delivery to the local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

The Expectation:

Quality Accounts are designed to be both retrospective and forward-looking. They look back on the previous year's information regarding quality of services, explaining both where a provider is doing well and where improvement is needed. Importantly, Quality Accounts also provide a forward look, explaining what a provider has identified through practice and audit evidence and/or engagement with clients and employees, as priorities for improvement over the following reporting period and how they will achieve and measure these.

The legal duty to publish Quality Account applies to all providers of NHS-funded healthcare services (whether NHS, independent or voluntary sector), including mental health and ambulance services. Providers of primary care services and NHS continuing care are currently exempt under the regulations. The content is set by the National Health Service (Quality Report) Regulations 2012 and Monitor's detailed requirements for quality reports 2014-2015.

Marie Stopes International, as an Independent Sector registered charity, follows the NHS guidance for our quality report where applicable.

We used the following CQC key lines of enquiry headings within our 2014/15 report:

Caring / Effective / Safe / Responsive / Well-Led

Priorities for improvement 2015/16



2.1 Priorities 2015/2016

Priority 1: Client Centred Services

In a highly specialised and emotionally charged service it is essential we have the client at the focus of our thoughts and actions. We actively ask our clients accessing either our abortion or male sterilisation services to complete a questionnaire to tell us how we have met their expectations. MS UK has engaged an independent company to carry out the analysis and provide quarterly reports. We ask questions on how well we have supported clients from the first point of contact to discharge. MS UK has an impressive level of client satisfaction achieving 96% for this reporting period, but in order to improve on this we need to be better 'listeners' to what they are saying.

The key 'care focussed' questions had a slightly lower rating which is why we have chosen to concentrate on going back to the basics and promote the 6Cs (care, compassion, competence, communication, courage and commitment) initiative as an area for improvement. We need to further embed our Nursing Strategy within the clinical teams and grow our MSI Nurse presence throughout the Centres.

How did we do in 2014/15?

The 6 Cs, first introduced in 2012 remain a positive influence in every day care delivered to our clients. We have seen some small improvements in most areas of care with client confidence particularly high at 98% in the level of dignity and respect shown and the way we answer their questions.

Priority 2: Staff Engagement

With the expansion of our services to a wider community, we have to further develop our clinical teams to enhance their knowledge and skills so that we have flexible, highly skilled, mobile teams delivering an efficient and effective service within our many facilities.

We are not just listening to our clients but also trying to engage more with our team members following our latest staff survey results. We want our team members to feel MS UK is a great organisation to work with and would be happy to recommend as a place of employment

In 2015 we set up an engagement group between senior managers and representatives from all our centres to ensure we give our team members the protected platform to give honest opinions on what is working well or not so well at centre level, share their ideas on quality improvements and ensure the messaging back to their colleagues promotes active change.

How did we do in 2014/15?

The setting up of a training centre in Ealing is progressing well. A new Centre Manager with keen interest in learning and development has been appointed and has been building the knowledge and skills within this Centre team and has led on the development of a new Clinical Practice Guide. We have dedicated surgical training lists for new medical team members to enhance their skills and progress on to higher gestation procedures under the guidance of our Lead Surgeon.

Communications and Engagement Group have been working on improving our nurse retention. A dedicated District team for early medical units, for London and South East region, has been created and the concept is being developed across our other two regions to address the issue around travel expectations. We have further developed our central rota management processes which has improved previous inefficiencies.

Priority 3: Risk Management

Safety has to remain paramount to all our activities. We have seen an escalation in the number of protesters around our Centres that we believe add to our clients' anxieties and we have needed to increase our engagement with local police services to help support both clients and team members. In addition we have introduced a volunteer escort service to our Belfast clients, where we have had a significant problem. Training and awareness of personal safety needs to be further developed within our teams.

We use Sentinel - a risk management system for logging incidents, this allows us to carry out analysis and put processes in place to reduce risks, but we recognise it will only be as good as the information entered, so we are concentrating on improving data quality, timeliness of entries and the 'closing the loop' end results. Our Corporate and local risk registers have been going through a review process and we will be building on these processes during the coming year.

Our London Support Office has started an organisational restructure with the creation of four directorates: Health Services, Operations, Learning & Development and Finance which clearly define responsibility and accountability.

How did we do in 2014/15?

Incident reporting and management of serious incidents has improved with further training and we are moving to a new reporting system later this year that will generate better dashboards to enable closer management at both Centre and Corporate level

- Risk Registers at both local Centre and Corporate level have been reviewed for both design and content
- A Central Referral Team at One Call has been established and working effectively to manage expectations for all clients with pre-existing medical conditions

Priority 4: Managing Client Referrals

Not all clients seeking our help will be suitable to be treated within the services of Marie Stopes United Kingdom and will therefore require an onward referral. We currently have two ways for referrals to be made, either through the dedicated team in our call centre - One Call, or by the team within the Centres or Early medical Units. We have found the referral times can vary between the two methods and this now needs to be addressed.

Our intention will be to start, on a rolling basis, to move all centre based referrals to a centralised system so that by the end of 2015-16 we will have a quick, responsive and reliable method of assisting clients to access treatment in the appropriate facility with one point of contact for GPs, Consultants and clients.

Our clients have also told us that at times they are waiting longer than expected during the day of their treatment. The client information leaflets, website and call scripts have started to be reviewed and this will remain a key priority for 2015-16.

How did we do in 2014/15?

- A centralised referrals system has been enacted and managed through One Call by the referral team
- Our web activity and digital platforms are constantly being monitored and updated by our Marketing team. Through web activity reporting, we have ensured we have listened and responded to clients and during 2016 we have concentrated on providing more supporting information for our Private clients and we now present a more in-depth section for our Irish clients
- Marie Stopes UK are not part of, but do follow guidance set out by NHS England's Information Standard. We are now working more closely with the Family Planning Association to ensure all written information accurate and accessible, and through an audit process of Centres, we are assured our material is fully referenced and up to date. Centralised training attendance matrix is now in place.

Priority 5: Leadership Assurances

SA new UK Executive Board was initiated meeting bi-monthly to give focussed support to the UK sector of Marie Stopes International and receive assurance on compliance to Standards and Regulatory requirements.

Our surgical and early medical centres operate under a hub and spoke system, divided into 3 regions under the leadership of Regional Managers. The Centre functions have during 2014 been further strengthened in terms of administration and organisational activities by the creation of a dedicated team within the London Support Office. This centralisation of functions has enabled easy access to all KPI results and allows comparisons across regions to be made by all the Directorates. At the start of 2015 we moved towards a centrally held and maintained training matrix for all mandatory training attendance that is available for all team members to view on our intranet site. We are further developing this to include full transparency of any training course attendance and will be setting up a matrix for competency sign off.

We changed the format for reviewing governance within the organisation moving to assurance dashboards and an outcomes focus.

During 2014-15 following performance management and regional structure changes we have taken longer than expected to recruit to three CQC Registered Manager posts.

How did we do in 2014/15?

Assurance Dashboards have been introduced in all Centres that feed into our Central Governance Committee

Ongoing Projects from 2015/2016 Accounts

Since 2014 - 2016 we have been working on replacing our Central Record System (CRS) offering a more bespoke and comprehensive medical record and developing an online booking system. Owing to the change of ownership of our Developers Blithe Lillie in 2015 and their subsequent move away from development of bespoke systems, we are now re-engaging with developers to take this key project forward.

2.2 Priorities 2016/2017

Our 2016/17 priorities are set out below and then detailed in the remainder of this section. In each case we have aligned the priority to one of the three quality domains (patient safety, clinical effectiveness and patient experience). Progress during the last year is reported in the section 'priorities for improvement 2015/16' above.

Our ambition for 2016/17 is to have a supportive process in place with all these projects aimed at ensuring teams develop transferrable and sustainable knowledge and skills in order to continue journeys of improvement within the organisation. These are critical skills for the future and working with clients and colleagues across the sectors.

We have set the following priorities for 2016/17. Details of each of these priorities, including the actions planned and how we will monitor our progress throughout the year, are presented below. A quarterly report will be provided to the quality committee.

Priority 1: Listening to women

Objective: We are proud of our client satisfaction rates, but we want to understand in greater detail how we can provide the services women want and need. We'll carry out research with women to gain greater insight into what matters most, and what needs to improve.

Why is this important?

We strive to provide patient-centred services that are accessible to everyone and responsive to the needs of people using them. We can only do that if we listen to what women tell us about their needs, challenges and what's important to them.

What have we set out to achieve?

We'll carry out research to get women's views on abortion services, and use this to make our services the best, most compassionate and caring services we can. We will prioritise these improvements based on what women tell us is most important to them.

What are we going to do in 2016/17?

We will ask 1,000+ women to give us their views, and we'll speak to women using our services too. We'll also speak to our front line staff who have a valuable perspective on what would make our services better for the women who use them. We'll present this research to our management team in Quarter 1, and prepare an improvement plan to be implemented during the rest of the year.

How will we know how we are doing?

Women will be the best judge of how well we're doing, and we'll keep a close eye on what they're telling us through our feedback channels as we implement our improvement plan.

Priority 2: Strengthening our Governance structures

Objective: We want to further improve our assurance "Ward to Board" to ensure all our services are high quality and client-focussed, and that we learn from our mistakes. We will be undertaking a full review of our governance structures and practice this year.

Why is this important?

We want to ensure that safety and quality is embedded in practice and sound governance and structure will provide this.

What have we set out to achieve?

We are focussed on compliance to CQC standards that underpin quality and safety.

What are we going to do in 2016/17?

We are

- recruiting into an improved Governance structure
- focus on incident management
- developing a 3 year Quality Strategy

How will we know how we are doing?

We will know that we are achieving through measuring our performance and feedback from clients

Priority 3: Investing in training

Objective: We will review our training programmes and strengthen our competency frameworks, creating training and development initiatives and opportunities to ensure that MSUK employees and managers have the skills to deliver our plans and do an excellent job for the women and men who use our services. This includes:

- The high levels of mandatory training.
- Increasing investment in front line managers at a supervisor / entry level manager through the introduction of a management development programme.
- Continuing to invest in our senior and mid-level leaders through a leadership development programme.
- Increasing learning opportunities, and supporting revalidation

Why is this important?

Our aim is always to provide the best services for the women and men who use them. We will only achieve this if our staff have the right investment and training to do their jobs. And as a responsible employer, it's our duty to support our staff to do their best, and empower them to fulfil their potential.

What have we set out to achieve?

Responses from the staff engagement survey feedback show that we have a workforce that is passionate, dedicated and proud of the work they do. We want to build on this passion, reducing the areas that make us inefficient and creating a performance culture which delivers our strategic plans. We are looking to create a culture which has:

- Clear accountability – ensuring that everyone understands their role and is accountable for delivering.
- Streamlining our processes with more focus on value added activities that benefit customer satisfaction.
- Focus on the customer with a “client first” approach.

What are we going to do in 2016/17?

Learning and Development

- Clinical Team Leader workshop topic: 1:1 and Supervision training
- Launch Induction programme for clinical staff
- Review of Training Matrix and work with RMs to review gaps especially in e-learning
- OGSM workshops for all line managers
- Talent framework and Succession Planning
- Review corporate induction programme

Engagement

Having an engaged workforce is essential to delivering our business plan as the more engaged our workforce is, the greater the levels of customer service, efficiency and delivery. We will increase our “Happy at Work” engagement score by 10 percent providing a platform for further growth.

How will we know how we are doing?

For each year within the plan we will develop a range of KPIs using a balanced scorecard. KPIs will be set at upper quartile benchmarks in client satisfaction, people, quality & compliance. To include:

- Training compliance statistics showing centre, region and national views
- Management audits showing completion of supervisions and 1:1's
- Employee opinion survey results

Priority 4: Attracting and inducting the best team members

We want to refocus our recruitment campaigns and improve our staff induction programme. We'll attract the right people, and we'll be clear about what we expect and how we'll support them throughout their time with us.

Why is this important?

The healthcare sector faces an increasing challenge for talent. We will position jobs in MSUK as a career choice and will broaden our attraction activity to recruit a more diverse workforce. MSUK will be known as the place to learn and grow your career in healthcare.

What have we set out to achieve?

We will provide attractive salaries to recruit and retain great people to provide exceptional services.

Enhance our employer brand with an increased on-line presence and adopting market leading attraction and selection methodologies.

What are we going to do in 2016/17?

Safer recruitment toolkit – available on Open door

Design new interview questions to include scenario/case studies from the Care and Support Statutory Guidance Chapter 14

Introduce Safeguarding questions to interviews
– develop suite of questions for use

Review the Recruitment Policy to include the changes to the above

Review and update of our induction – producing consistency in local processes

How will we know how we are doing?

The use of the following tools and processes will enable tracking of progress

- Recruitment and on-boarding audits
- Feedback from managers
- Probation reviews
- Exit interview data

Priority 5: Safeguarding

Objective: We want to have competent trained staff to recognise safeguarding issues and to raise the profile of safeguarding within MSI

Priorities for improvement 2016/17

- Raising staff awareness and skills further with the introduction of the Signs of Safety approach across all sites
- Working further with partner agencies to embed learning from SCR's, lessons learnt and best practice
- Focusing further on specific areas such as child sexual exploitation & female genital mutilation, Domestic Violence and Learning Disabilities including Mental Health
- Prevent education to all levels of staff with involvement of the National Prevent lead
- To closer monitor and audit training on all aspects of safeguarding including induction

Why is this important?

- Better Safeguarding outcomes for all
- To prevent, identify and act on all forms of abuse
- Improved patient access and experience to safeguarding
- To empower, engage and provide well-supported trained staff
- To provide easy safe access and communication methods to clients who otherwise would not have any other opportunity at the time
- To ensure with no exception all have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs

What have we set out to achieve?

- To continually develop, monitor and improve our safeguarding activity and service,
- To signpost current and growing skills and knowledge and to give an indication of potentially effective ways of working for all employed, visiting or utilising our services in safeguarding and frontline practice including personalisation and choice.
- To ensure that our policies, procedures, guidance and training meets the requirements expected of our organisation and that of all involved within and utilising our service
- To extend further our partnership working with other agencies such as National and local leads, the Police force and specialist agencies
- Utilise, share and act upon Lessons learnt both internally and externally to continually improve

What are we going to do in 2016/17?

- To provide and embed Supervision further within the national and local structures ensuring that staff are confident and supported in their work with anyone vulnerable.
- To identify staff including staff from different levels to become 'Champions in safeguarding' including for CSE, Domestic violence and FGM
- Rolling out an audit based upon the fundamental standards for safeguarding to be carried out on each site quarterly and monitor the compliance
- To ensure consistency across the organisation on safeguarding
- Communicate more efficiently to all across the organisation regarding safeguarding changes and activities including their participation and responsibilities

How will we know how we are doing?

- Our safeguarding committee will scrutinise and challenge the work our service provides to ensure that safeguarding for all receive consistently high quality services that keep them safe and impact on their well-being.
- We will self-audit on a quarterly basis and review the audits and produce action plans to rectify and address any shortcomings within any area of safeguarding
- We will complete the required Section 11 audit from our partners
- We will review training and compliance for our staff through the learning and development team and the safeguarding team
- We will audit and review all safeguarding incidents monitoring the types and areas where we can implement if required additional resources to manage more effectively
- We will share our safeguarding activity with our partners and receive and act if required upon feedback or recommendations.

What we did not do well 2015-16

- Delay in safeguarding incident reporting
- Compliance with training as required by legislation
- Supervision
- Safeguard communication i.e. sharing of lessons learnt

Training

Our training at the beginning of 2015-16 was not as expected or required, however great improvements have been made and the figures below evidence that we are at an exceptional high rate for safeguard training, including the training of Designated safeguarding leads who are based on sites and within regions.

Level of training	December 2016
No of staff who require level 1 training children and adults	350
No of staff who are compliant with level 1 training children and adults	252
% of staff trained at level 1	72.00%
No of staff who require level 2 training children and adults	324
No of staff who are complaint with level 2 training children and adults	171
% of staff trained at level 2	52.78%
No of staff who require level 3 training	179
No of staff who are complaint with level 3 training	168
% of staff trained at level 3	93.85%
No of staff who require level 4 training children and adults	22
No of staff who are compliant with level 4 training children and adults	21
% of staff trained at level 4	95.45%
% of staff trained on CSE E learning	4.08%
% of staff trained on FGM E Learning	16.33%
% of staff trained on Prevent E Learning	7.27%
% of staff trained on Consent training	90.12%
e-learning	71.43% F2F

2.3 Participation in Clinical Audit

Our Centres complete a programme of audits throughout the year, these include: - medical records, safeguarding, infection prevention and control, hand hygiene, medicines management, health and safety, fire safety and Regulatory Compliance. Audit results form part of each Centre's Quality Dashboards submissions to Corporate Governance.

Participation in clinical research

- Marie Stopes UK has not been involved in any clinical research within this reporting period.

2.4 Commissioning for Quality and Innovation (CQUIN) Payment Framework

In April 2009, the Department of Health launched the CQUIN framework to encourage healthcare providers to share and continually improve how care is provided.

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Our Business Development Team works closely with Commissioners to agree suitable CQUIN targets for our service. Each of the CCGs has slightly differing percentage targets so the information in the below table shows the average of these.

CQUIN	No CCGs with CQUIN target	Average of Target set	Average Acheived	No of contracts where targets have been acheived
LARC	22	42%	43%	9
Surgical Clients leaving with LARC	3	50%	65%	3
Chlamydia	19	66%	53%	6
Under 9 week Medical Procedures	3	40%	78%	3

2.5 Registration with the Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. They register and therefore license providers of care services if they meet essential standards of quality and safety. They monitor licensed organisation on a regular basis to ensure that they continue to meet these standards. MSI is required to register with the Care Quality Commission and its current registration status is fully registered. MSI has no conditions on registration. The CQC has not taken enforcement action against MSUK during 2015/16. MSI has not participated in any special reviews or investigations by the CQC during the reporting period of April 2015/March 2016. To find out more about the CQC, visit www.cqc.org.uk.

Care Quality Commission (CQC) registration

- Marie Stopes UK is required to register with the CQC and must comply with the Health and Social Care Act 2008 (regulated activities) Regulations (2010) and the CQC (Registration Regulations 2009)
- All of our services are registered with the CQC and work to ensure they are compliant with the "Fundamental Standards"
- CQC inspected Bristol Centre in Q3 during the reporting period

2.6 Information Governance Toolkit

- The IG Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. Marie Stopes UK assessment was reviewed and satisfactory. We had no submissions to the Information Commissioners Office (ICO) for this reporting period

Information Governance Toolkit - annual submission

Assessment	Stage	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score	Status
Version 13 (2015-2016)	Published	0	0	27	2	29	68%	Satisfactory
Version 12 (2014-2015)	Published	0	0	25	4	29	71%	Satisfactory
Version 11 (2013-2014)	Published	0	0	17	11	29	79%	Satisfactory

The table below shows the increase in evidence submitted to the IG Toolkit 2016

Increase in evidence 2016

IGT Stations	100	200	300	400
Increase in actual evidence supplies	13	42	35	11
Increase % in evidence supplied	26.5	66.7	53	64.7

Source: NHS Information Governance Toolkit 2016

Performance Indicators



3.1 Quality and Performance Indicators

Marie Stopes UK is committed to continual service improvements and the use of innovation to improve services for our patients and promote high quality, efficient service delivery. We collect and share substantial amounts of information on clinical outcomes, service quality, governance and risk management.

Reporting on exceptions to expected outcomes using dashboard reporting helps us understand the impact of interventions and their effectiveness for patients.

3.2 Other Quality Improvement Indicators

NHS England has requested additional consideration for 2015/16 reporting the information below.

3.2.1 Duty of Candour

Duty of candour is a legal duty on health care providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. It aims to help clients receive accurate and truthful information.

At Marie Stopes UK we follow the protocols and practices for duty of candour.

3.2.2 Staff Engagements

Marie Stopes UK engage with staff to pick up on any areas of improvement within the charity that relates to staff and their roles. This includes the following direct engagement activities as well as through our Communications and Engagement Committee which has representatives across all areas and functions of the charity who meet every three months during the year to raise and discuss issues and initiatives being developed across the organisation.

Staff Engagement Activity

Nurse Survey

In November 2015 we conducted a survey of a sample of MSUK Nurses to understand the areas that needed improvement. The sample included nurses who were currently employed by MSUK who commenced employment after 1st September 2014, and also nurses who left MSUK within the first 12 months of employment. We collected 36 responses out of a sample of 49.

Through the feedback we received the following highlights were noted:

- Top 3 reasons for leaving MSUK
 - Long working hours
 - Rota Management
 - Travelling for work

Pulse Survey

MSUK send out an annual staff satisfaction survey to capture the mood of the workforce on an annual basis. This is done via an online survey so we are able to capture anonymous feedback from staff from different areas of the charity. Here we are able to collate the information overall, as well as by region and by centre. This gives guidance and feedback to individual managers so they can gain insight into the thoughts of the staff.

This year's survey was sent out February 2016, we had 298 responses and the following highlights were noted:

- **Proud to work with us**
 - 80% of the respondents were proud to work at MSUK (15% neither agreed or disagreed)
- **Happy at work**
 - 52% of respondents agreed that it was a good place to work (20% neither agreed or disagreed)
- **They would recommend us**
 - 82% of respondents agreed they would be happy recommending any of the MSUK services (12% neither agreed or disagreed)
- **Committed to MSUK**
 - 69% of respondents agreed they intended to be working for MSUK in 12 months' time (22% neither agreed or disagreed)
- **Believe in MSUK's goals**
 - 90% of respondents agreed they were committed to MSUK's goals (8% neither agreed or disagreed)
- **Happy to help**
 - 91% of respondents agreed they are happy to go the 'extra mile' at work when required (7% neither agreed or disagreed)

Marie Stopes UK during 2015 saw significant business development through successful tendering and this in turn brought about new organisational changes, which took some time to embed. Our team member engagement was affected during this period and this shows in the score for recommending Marie Stopes UK as a good place to work. We repeated the same survey in 2016 and results show improvements in all the key categories

	2013 /14	2014/15	2015	2016
Happy to go the 'extra mile' when required	77%	86%	82.7%	88.9%
Felt committed to MSUK goals	87%	85%	80.4%	88.8%
Are proud to work at MSUK	84%	73%	74.9%	88.8%
Would recommend as a good place to work	67%	68%	59.7%	77.8%

Regional Conferences

In November and December 2015 we held four Regional conferences around the UK where we invited all clinical and centre staff to attend a one day conference in a local location. The agenda for each conference focused on the charity's current position, engaging with the workforce on the ground in the centres and clinics around issues they felt were impacting their work, looking at some new initiatives and celebrating the staff through our Star Awards scheme and a look at the local achievements.

From the collated feedback we received from all four conferences, the following top 5 issues highlighted:

- **Long working hours**
- **Rota management**
- **Induction quality**
- **Management support**
- **Misleading recruitment adverts**

Outcomes

Through the three staff engagement activities above we were able to use the feedback received to review and improve a number of areas that were highlighted.

Nurse Survey

The feedback we received was reviewed by the senior management and the following outcomes were decided:

1. Long hours

- This is below in the Regional Conferences outcomes

2. Rota Management

- This is below in the Regional Conferences outcomes

3. Travelling for work

- As part of our evolving network of clinics it was deemed that pressure on the staff to travel was high. A pilot was put together in London and the South East to develop a District team which was a group of nurses who were happy to travel to our different clinics around the region and work in the Early Medical Units, which meant they may be in a different location day to day. This was a success and the District Team now forms part of our London and South East region. The concept is being currently developed across our other two regions. When recruiting nurses for this role we are explicit both in advertising the role and in their contract that being part of this team means travelling to various locations within their region for work.

Pulse Survey

Through the feedback we received from the pulse survey this was shared with department managers as well as with HR. Key outcomes included:

1. Benefit Scheme

- We wanted to remind the workforce about our benefits that are offered as part of being employed with MSUK. This is currently still in development as we are creating a brand new internal campaign for this scheme.

2. Management Feedback

- Managers were sent all the feedback from the Pulse Survey relating to their centres and areas. These were discussed at local team meetings and local managers developed their own action plans.

Regional Conferences

From the feedback we have received from the clinical regional conferences the senior management team decided to create a quarterly update which was added to our Business Leads insert which was distributed with our quarterly internal magazine to update all staff on the activity around these issues. We agreed that even if there was no update for that quarter we would still ensure an update was issued with information on what the plan was going to be around the top 5 issues.

We have released two issues of the magazine with two updates around the five issues. The third is currently being worked on and due for release by the end of September 2016. The fourth issue and update will be due out in December 2016. So far the updates have been around (see next page):

1. Long working hours

- a. Update Issue 1: Centralising the diaries across the UK through the UK Operations Support Team (OST).
- b. Update Issue 2: Highlighting anyone who is working long hours needs to raise this with their line manager

2. Rota Management

- a. Update Issue 1: Acknowledging this isn't easy but advise staff to read article in our Internal magazine for further advice on this issue.
- b. Update Issue 2: Rotas are now managed by two members of the OST for efficiency. Aims around rota delivery to staff.

3. Induction quality

- a. Update Issue 1: Induction is part of a wider Recruitment plan and acknowledgement this is an area that needs to be addressed.
- b. Update Issue 2: A draft framework is being piloted in South London and HR will be using feedback to amend and improve the induction package

4. Management support

- a. Update Issue 1: Recruitment of the right people to the right roles and information forums and to escalate any areas of concern
- b. Update Issue 2: This is now an agenda point for the Senior Management Team (SMT), and we are developing more structured accountability across the organisations and how to contact them.

5. Misleading recruitment adverts

- a. Update Issue 1: Adverts are part of the wider Recruitment plan and confirmation we have amended our advertising wording and also launched a brand new area of the website as well as LinkedIn where we can clearly highlight Nursing roles within the organisation so that individuals can see what is required when applying.
- b. Update Issue 2: Launch of NHS Jobs. Development of recruitment review for surgeons, doctors and other clinical staff.

Communication and Engagement Committee

The Communication and Engagement Committee is used as a forum for representatives from across all the charity functions to come together and discuss issues affecting their areas.

The aim of the Committee: To do good and positive things to influence activity in the centres/support office to make it a better place to work and to improve motivation and morale.

Two main areas that the Committee focus on are to increase motivation and morale. A flagship initiative to achieve this goal was the Star Awards.

Star Awards: The Star Awards are an internal staff awards scheme to recognise the hard work and excellence of members' of staff as well as those who uphold the MSUK values. Any member of staff can be nominated and they can be nominated by their peers or management. Part of the Star Awards is that we have a Client Choice award, where any member of staff who is personally nominated by a client is also recognised.

Star Awards include:

- All nominees receive a thank you letter from the Managing Director
- All chosen award winners receive £25 gift voucher
- Annual overall winner receives a 2 week placement at one of Marie Stopes International's overseas programmes

Clinical Incidents

The clinical incidents are showing a small increase as local reporting improves through training.

	2014/2015	2015/2016
Total clinical incidents	1282	1352
Percentage of Client Numbers	1.97%	1.47%

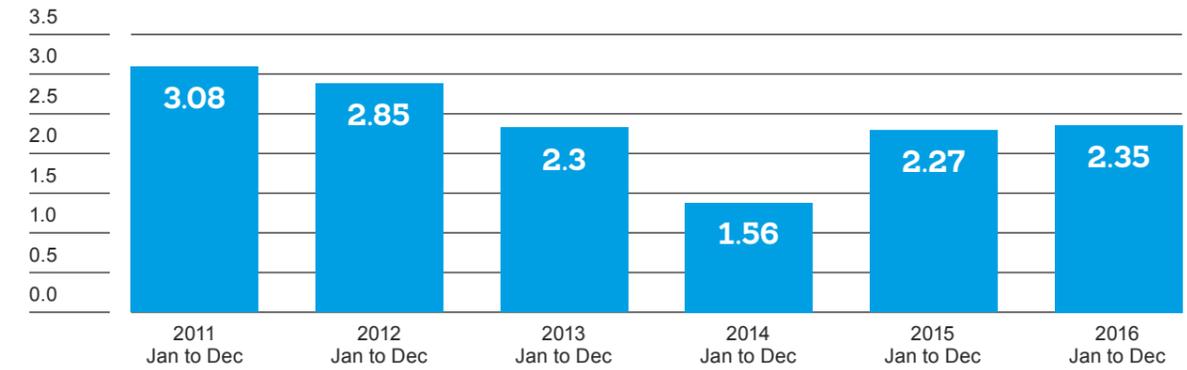
From 2015 we have included reporting on clients presenting with pre-existing medical conditions that Marie Stopes UK is unable to treat and refer on to NHS Services.

Clinical Complications

For the data below, clinical complications refer to continuing pregnancies and retained products of conception.

	2014/2015	2015/2016
Number of Incidents	950	851
Expressed as percentage of clients	1.46%	1.25%

Clinical incident rates



Transfers

Marie Stopes UK has Transfer Agreements in place with their local NHS Trusts to support clinical emergencies requiring ongoing care. Reviews of transfers with the Trust have taken place at Kings Hospital and Birmingham Hospital during 2015 and 2016. Following these reviews a new referral pathway has started to be developed for clients with complicated medical history and a new clinical transfer form has been designed to better suit the needs of the receiving hospital.

2014

21 incidents requiring ongoing care
Of which 2 were for suspected ectopic pregnancy

2015

29 incidents requiring ongoing care
Of which 6 were for suspected ectopic pregnancy

2016

23 incidents requiring ongoing care
Of which 8 were for suspected ectopic pregnancy

Complaints

We have seen a drop in complaints during 2015/2016 from 90 in the previous reporting period to 76 which equates to 0.1%. Of these 27% were fully or partially upheld. All complaints are managed and through our Head of Quality and Customer Services and thorough investigations are always carried to ensure full, detailed responses given back to our clients. Complaints data is reviewed by our Central Governance Committee. As with the last reporting period, issues with treatment and attitudes and care form the main themes for complaints.

Key Themes for Complaints

2015/16	Q1	Q2	Q3	Q4
Treatment	7	3	7	6
Staff attitude/client care	7	1	4	10
Medical team	5	1	2	1
Wait times	6	0	0	3
Retained Products	5	4	1	4

Reporting against Regulatory Requirements

Regulatory Statements for our services 2015-2016

In line with the National Health Service (Quality Account) Regulations 2011, Marie Stopes UK is required to provide information on a range of quality activities.

The Department of Health requires all healthcare providers to safeguard the people who use their services from abuse. The Care Quality Commission outcome statement says: “people who use services should be protected from abuse or the risk of abuse, and their human rights be respected and upheld”.

All Marie Stopes UK team members working within Centres and Early Medical Units complete Level 1 e-learning module for safeguarding children and vulnerable adults on commencement in post. Clinical team members during 2016 have attended training to level 3 for children and vulnerable adults, including Female Genital Mutilation (FGM), Child Sexual Exploitation (CSE) and Prevent Strategy. Marie Stopes UK is supported by an External Safeguarding Consultant.

In summary – safeguarding framework:

- Marie Stopes UK has a Policy and process for carrying out DBS checks
- All candidates undergo DBS checks before commencing employment and re-checked every 3 years
- Marie Stopes UK has revised the Safeguarding Policy for Children and the Vulnerable Adults Policy and updated our Under 18 proforma and introduce children and adults safeguarding passports
- Safeguarding including training on the Mental Capacity Act, is included in induction and mandatory training
- There is a named lead for safeguarding with a comprehensive network of link supports in the Centres
- Safeguarding activity and compliance to training forms part of our quarterly Central Governance Committee papers
- Incidents around safeguarding are investigated and reported to relevant external bodies

Department of Health

Approval of Independent Sector Places for the Termination of Pregnancy under Section 1(3) of the Abortion Act was applied for in July 2014.

The Secretary of State for Health approved (under section 1(3) of the Abortion Act 1967) all Marie Stopes UK centres as a place for the treatment for termination of pregnancy. This approval is valid until 31 July 2018.

How we will ensure ongoing quality

Assurance Framework

Governance is a broad umbrella concept, extending to all relationships between an organisation, its key stakeholders, clients and employees. Although broad, the intention of our Governance Assurance Framework is to evidence and report against the obligations imposed by legal, statutory and/ or other contractual relationships to the day-to-day practicalities of running our charity. It allows us to monitor the achievement of our strategic objectives and to consider whether those objectives have led to the delivery of appropriate, safe and cost-effective services, evidencing internal control when managing and identifying risks.

Our Governance Assurance Framework is owned by our Director of Governance who is responsible for its upkeep and active management. All departments feed into the framework for their areas of responsibility. It is reviewed quarterly at our Governance Committee.

Staff recommending MSI

In our February 2016 Staff Survey, which received 298 responses, 82% of respondents agreed they would be happy recommending any of the MSUK services (12% neither agreed or disagreed).

Infection Prevention and Control (IPC)

RCOG Guideline Section 6.15 Services should offer antibiotic prophylaxis effective against Chlamydia trachomatis and anaerobes for both surgical abortion (evidence grade: A) and medical abortion (evidence grade: C).

Marie Stopes UK complies with RCOG guidelines on use of prophylactic antibiotics and has a very low infection rate of 0.008% against the national rate of 1%. We will continue to follow best practise guidelines for antibiotic use and where possible reduce the risks from over prescribing.

We have a programme of audits covering IPC and hand hygiene. There has been a fall in results in some centres from the last reporting period, however this year the audits have been undertaken by the regional governance assistants and not centre teams. Every centre has an IPC lead /link person to support learning and deliver on corrective actions where identified. Our audits will continue to be reviewed and revised when necessary to embrace changes in practices and standards.

	Birmingham	Bristol	Central	Essex	Leeds	Maidstone	Manchester	South London	West London
IPC	98 ↑	100	81	91	99	96	98	89	99
Hand Hygiene	100	96	83	88	100	87	91	90	92



What our clients say:

Farah – Birmingham

“[After the procedure] I wasn’t feeling anything how I initially thought I would’ve felt, but instead I was happy and normal, and I genuinely believe it’s due to the friendly and professionalism of the staff and atmosphere. All I can say is thank you very much, because you guys really did make life a whole lot easier just by doing the little things in providing an excellent service. Keep it up!”

Charlie – Bristol

“The team at Bristol were fantastic, it must be a very difficult job to do at times, but they were extremely caring, professional and non-judgemental.”

Amy – London

“The treatment I received from, the clinic was brilliant and as scared as I was, the staff were so supportive that it really made a difference to the way I look back on the whole experience.”

Feli – Manchester

“I learnt a lot from this experience and Marie Stopes was very helpful, they take care of every single woman inside, from the start to the finish and they don’t make you feel alone.”

Anon – Leeds

“I received good and reassuring counselling from Marie Stopes, the counsellor made me see that I hadn’t asked for this”

