

QUALITY ACCOUNT

2023 - 2024



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PART 1 MANAGING DIRECTORS UPDATE

MSI Reproductive Choices UK is part of MSI Reproductive Choices, one of the world's leading sexual and reproductive healthcare organisations, providing and advocating for abortion and contraception across 36 countries and six continents, supporting 93,000 clients with sexual and reproductive healthcare every day.

As part of our mission, we partner with governments and civil society in many countries to deliver reproductive choice, and in 2023, that equated to supporting 93,000 people daily. In England & Wales, we had almost 700,000 client interactions and treated over 100,000 individuals.

2023/24 was another tough year for sexual and reproductive health (SRH), but MSI Reproductive Choices UK responded yet again in magnificent fashion in the face of the manifold challenges experienced by providers. Our progress in recent years has gone from strength to strength and the organisation has become more resilient, enabling many clients to access our services in a way which suits them. We have grown the number of colleagues – both clinical and non-clinical – to support more clients across the country and we have provided career pathways and development opportunities for those who want to grow with the organisation. I am very proud of our colleagues, how they respond daily in a compassionate and caring way daily to the growing number of people who turn to us for their care.

During the year, we established three key priorities to ensure we maintained focus on access and quality. These priorities were (1) Maintain & Protect (2) Innovate & Transform (3) Expand our Impact. We managed to achieve all these organisational priorities by safely maintaining and growing capacity to serve the growing demand for services, through leveraging our investment in digital, improving our pathways and finally by setting up new abortion, vasectomy and contraception services to meet clients' needs and address healthcare inequality.

The national abortion statistics for 2022, which were only published this year, show the number of abortions in England and Wales are rising, that trend has continued for MSI UK in 2023/24. More needs to be done from a national public health policy perspective to better understand the changes of attitude and behaviours towards contraception and how the healthcare system, at all levels, can better support individuals to make informed choices about how they manage their reproductive health.

MSI UK has world leading experience in supporting governments and systems around the world with reproductive choice strategies and we shall use our experience, data and learnings to support a better national approach towards contraception.

Despite the significant growth in demand for our services, I am very proud that we have maintained the highest levels of quality driven by evidence and clinical best practice. Our commitment to client-centred care remains one of our strengths and our weekly quality and outcomes focused meetings are used to great effect to understand our performance and spread learning.

We have continued to work collaboratively with NHS England to support improvement in abortion services nationally. We are very grateful for the support our colleagues at NHS England have given to improve conditions across the sector. We are also very grateful to our Integrated Care Board (ICB) commissioning colleagues who have worked under extremely challenging financial and operating conditions, with whom we have worked collaboratively to understand the issues which prevail and establish solutions, ensuring their patients are treated safely and in a timely fashion. I am also very pleased that work we have carried out in collaboration with NHS England over the last two years to achieve sustainable funding is now coming to fruition. Not only is sustainable funding essential for the day-to-day running of services, it also allows us to make judicious investments to ensure the future of abortion care.

At MSI UK we have made significant progress to address the shortage of suitably trained surgeons in the country. We have worked at a local level across several regions to train surgeons in surgical abortion. This is essential work, as it is often difficult for doctors to obtain training within their main NHS setting for a wide range of systemic reasons. However, for surgical abortion to remain an option, we see it is a key part of our mission to deliver this training so that we can promote choice for our clients.

We are very proud to have supported this initiative through the year and in one location, Bristol, our efforts have supported the creation of a new NHS specialist service being created in the region – hopefully the first of many across the country.

Our advocacy colleagues have also been very busy this year. We are disappointed that despite being passed into law, Safe Access Zones have still not been implemented around our clinics because of delays implementing the legislation, but we continue to press for their national roll out. We have also seen more criminal investigations into women who have had an abortion during recent times. Whilst the number of such incidents are very small, they are traumatic for the individuals concerned and our organisational position is we believe abortion laws need to be brought up to date and that abortion care should be decriminalised. Equally, whilst most people in the UK are pro-choice, there is still a vociferous minority who are trying to restrict abortion in our country – we must stand up for the right to choose, as any erosion of these rights will make accessing abortion even more difficult; we must take heed of what has happened in the US and ensure we protect choice on this side of the Atlantic.

In summary, this has been another strong year for MSI Reproductive Choices UK. We treated more clients than ever before, but while maintaining the shortest waiting times in the sector and a strong client safety record. Once again, I am very proud of our achievements and want to thank all stakeholders for their support and most importantly want to thank our colleagues for their enduring commitment and passion for our mission.

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



Richard Bentley
UK Managing Director,
MSI Reproductive Choices

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

2.1 PROGRESS AGAINST 2022/23 PRIORITIES

We've made substantial progress against the priorities we set for 2023/24. You can see our performance in each area below, including, where relevant, performance in previous years as well.

Priority 1: Treatment within ten working days of booking

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

Achieved overall:

Our performance in this area has been commendable. Across all termination of pregnancy (ToP) clients, 89.8% received treatment within ten days.

Notably, 99% of clients opting for telemedicine medical abortion (TMA) and 95.86% of face-to-face medical abortion (MA) clients received treatment within the targeted ten days.

While the provision of surgical treatment within the same timeframe stands at 35.5%, it's important to note that this figure does not fully represent our capability. Many clients choose to delay their treatment due to personal commitments, such as childcare arrangements, work obligations, or holidays.

To address and enhance our performance further, we are actively focusing on optimising our Surgical Treatment Outpatient Pathway through the Surgical Revolution Project. This initiative aims to streamline processes and improve efficiency.

Additionally, we are redesigning our reporting mechanisms to provide more detailed insights into wait times at each stage of the client pathway. This will enable us to pinpoint and rectify delays promptly. Moreover, the introduction of a 'clock-stop' function will accurately reflect client wait times based on the earliest available appointments. This enhancement ensures a more precise understanding of our service delivery timelines.

Abortion treatment highlights

89.8% of termination of pregnancy clients received treatment within ten days

99% of telemedicine medical abortion clients received treatment within ten days

95.86% of face-to-face medical abortion clients received treatment within ten days



Priority 2: Costs to match care

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

Achieved overall:

As of March 2024, we're proud to report that we've exceeded expectations. Our year-to-date ratio stands at 23.2%, surpassing our targeted 24% and reducing costs per treatment by 7%.

This achievement supports our organisation's financial health and sustainability. By managing costs effectively, we're not only able to provide high quality care but also ensure our long-term sustainability. It's a testament to our commitment to delivering quality healthcare while being mindful of our resources.



Priority 3: Boost retention

We improve the retention of our colleagues – KPI 80%

Achieved overall:

Our commitment to improving the colleague experience and benefits is unwavering, represented by our colleague experience roadmap designed to evaluate initiatives. Over recent years, we have been dedicated to shaping a better colleague experience and enriching the lives of our team members. See following page graphic.

We have committed to conducting exit interviews with 80% of departing colleagues to draw valuable insights for ongoing improvement across the organisation.

Annual surveys are conducted to gather comprehensive feedback on the experiences of our MSI UK colleagues, which in turn inform the ongoing development of our colleague experience roadmap.

Our investment in our workforce is evident through initiatives like our annual roadshows and colleague celebration events, which foster a stronger MSI UK community.

Priority 4: Aim for outstanding

We aim to achieve at least a ‘Good’ or ‘Outstanding’ rating overall when inspected by our regulators, the Care Quality Commission (CQC)

Achieved:

Following a CQC inspection of the South London Centre in May 2023, where a Good overall rating was achieved, there has been no further inspections.

We continue to assess our Centres through Supportive Quality Assurance Reviews (SQAR), with all Centres having a review completed by the end of the year.

During 23/24, SQARs were completed within all regions including Sussex, Essex, West London, Southwest, Northwest, Yorkshire and South London. Learning and improvement actions have been shared with local management teams and added to their local service improvement plans.

We have reviewed our SQAR framework 2024 to ensure it is inclusive of the CQCs Quality statements and the new single assessment framework.

COLLEAGUE EXPERIENCE ROADMAP

In order to support our iBelong Principles we have been on a journey of continuous improvement for many years, as you can see, we've done a lot, but there is still more to do and we're committed to reviewing even more in 2024 and 2025.



- Mental Health First Aiders
- 5% Pension Contribution
- £1k Salary Sacrifice Bike Purchase Scheme
- £7k Season Ticket Travel Loan
- Systems and Technology Investment
- Annual contribution towards eye test and glasses
- Employee Assistance Programme

- Colleague Roadshows & Celebrating Success Events
- Nurse/Midwife & CCC Competency Frameworks
- Transparent Pay Bands, 50% of colleagues positively rebanded
- Christmas Recognition Vouchers
- Hybrid-working introduced for suitable RN/M & CCC Roles
- Corporate Colleague inductions for all new colleagues
- Long Service Recognition
- iBelong principles launched

- 5% Average Annual Salary Increase
- Worldwide Westfield Health GP Line
- Blue Light Card Subscription
- Business Update Communication MS Teams Channels
- Treatment Centre Refurbishment Programmes
- Structured corporate induction reflection and support for all new colleagues
- LEAP (Lead, Engage, Accelerate Performance) Management Development programme commenced

- 4% Average Annual Salary Increase
- Reviewed and adjusted salary bandings
- New HR System: Dayforce
- Birthday Annual Leave
- Your Suggestions
- International Placement Opportunities
- Monthly Well-Being Webinars delivered by external experts
- Menopause support group
- Long Service Perks
- Instant Recognition & Incentives Framework

- Annual Leave**
WATCH THIS SPACE
Buying & Selling Holiday, entitlements
- Personal Leave**
WATCH THIS SPACE
Maternity, Miscarriage, Adoption & Family Events (Births/Deaths/Marriages)
- Salary Sacrifice**
WATCH THIS SPACE
Private Medical, Car Leasing
- Payment Rates**
WATCH THIS SPACE
Bank Holidays, Weekends, Out of Hours, Additional Responsibility & Travel Allowances
- Dayforce**
WATCH THIS SPACE
Salary Wallet
- Electric car charging points**
WATCH THIS SPACE

IBELONG PRINCIPLES

Resilience
Reach full potential

Courageous
Recognise & reward

Accountable & Inclusive
Work as one team

Client Centred
Tools to do the job

Mission Driven
Proud of our place of work

2.2 PRIORITIES FOR IMPROVEMENT

We've agreed the following quality objectives for 2024/25 to build upon the significant progress achieved in 2023/2024:

Priority 1: Making it easier to access treatment

Since the last reporting year, we have seen an increase in demand for vasectomy and abortion treatment. This demand has been seen across all regions and increased further by taking on new contracts.

We aim to open two more regional treatment centres in different regions. This will make it easier for people to get the care they need and reduce inequalities in care provision. It will also mean less travel time to access vasectomy and abortion treatment, which will improve client experience while also helping to reduce carbon emissions.

KPI – Open two new regional treatments



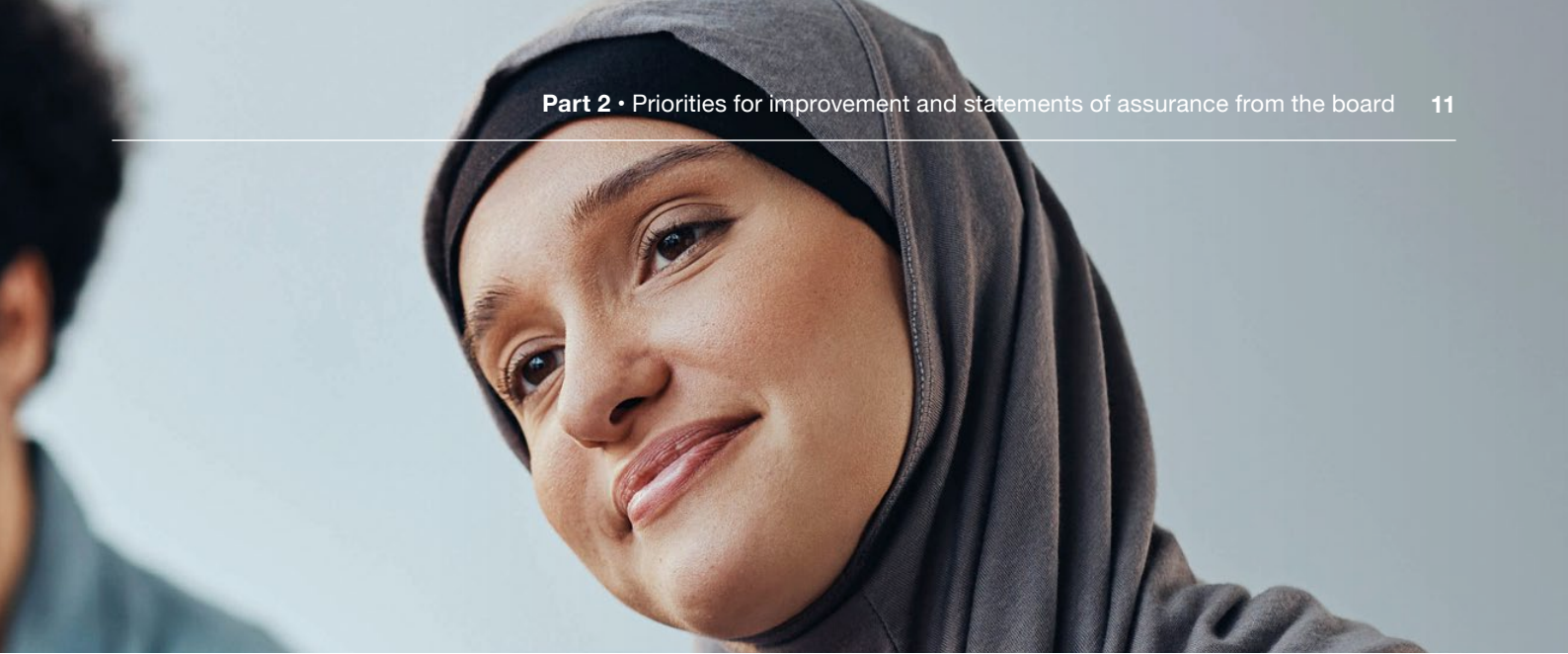
Priority 2: Expedite treatment access and improve outcomes

We have seen a continual increase in the number of referrals received for vasectomy treatment.

Our objective is to streamline the process for accessing vasectomy treatment and reduce current wait times. Initiatives include improved waiting list management to ensure clients can access their nearest regional treatment centre and implementing a new streamlined booking process to reduce the need for second consultations and increasing capacity. We will also run vasectomy (VAS) focus weeks across regional treatment centres to increase activity. To support this, we will develop a new Access Policy which will stipulate that clients will be referred to their GP if they Do Not Attend (DNA) two or more of their appointments allowing faster access to other clients.

We will conduct a thorough review of practices and outcomes to mitigate known clinical risks associated with vasectomy procedures, thereby enhancing the effectiveness and safety of the treatment.

KPI – 85% of clients receive vasectomy treatment within 18 weeks of booking



Priority 3: Enhancing colleague satisfaction

We've made strides in enhancing our colleagues' experience over the past three years, and we are committed to further advancements. By continuously refining their experience and benefits through the development of our colleague roadmap, we aim to position ourselves as an employer of choice, attracting and retaining top-tier talent. Our aim here is to improve our retention rates to not only ensure consistency in delivering high-quality care but also enable us to redirect resources previously allocated to training new recruits towards enhancing other aspects of our services for the benefit of our clients.

KPI – Colleague retention >80%

Priority 4: Enhancing client pathway for surgical abortion

According to Required Standard Operating Procedures (RSOP) guidance, clients should ideally receive their consultation within five days, followed by treatment within the subsequent five days. While we have achieved this for medical abortion, we face greater challenges with surgical treatment. Our focus here is to meticulously analyse our performance data to pinpoint the reasons behind treatment delays and identify at which stage they occur.

We recognise the importance of clients having the flexibility to choose the timing of their treatment, which may not always align with the contact to consultation to treatment windows. It's imperative to distinguish and account for delays beyond our organisational control when assessing our performance. This approach ensures a more accurate depiction of our waiting time performance and facilitates better scheduling of future appointments and capacity.

KPI – 85% of clients are offered surgical abortion treatment within ten working days of contact



2.3 STATEMENTS OF ASSURANCE FROM THE BOARD

During 2023/24, MSI UK provided 130 relevant NHS sexual and reproductive health services – ranging from Integrated Care Board, Trusts, and Local Authority to Sexual Health Provider contracts

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

2.3.2 NHS income

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

2.3.3 Audits and confidential enquiries

During 2023/2024, there have been no applicable national clinical audits. The most recent 'MBRRACE-UK report' (2023) published on the 12th October 2023 of the MBRRACE-UK 'Saving Lives, Improving Mothers' Care report' for 2023 has not identified any lessons that can be learned for the services delivered at MSI UK; however, the 'Comparing the care of Asian and White women whose babies died report' published in 2023 and updated in January 2023 has identified differences in care between the two groups studies. MSI UK is committed to better understand if such differences in care exist in its own services and will explore this further in 2024/25.

MSI UK commitment to high quality safe services is supported by our clinical audit program (see table on following page). Outcomes from clinical audits have led to changes to how clinical services are delivered to ensure constant evolution of clinical practice in-line with lessons learnt from incidents and data collated.

2.3.4 Research and innovation

MSI Reproductive Choices is the leading global provider of reproductive health services. During 2023, we supported 23.3 million women and girls with contraception and safe abortion care across 36 countries. Our best practice experience and evidence data from the UK contribute to improving best practice and developing information to enable reproductive choice around the world.

Over the past year, MSI UK colleagues have featured in international conferences and publications, including a winning oral presentation at the Royal College of Obstetricians and Gynaecologists (RCOG) World Congress 2023 and an article in The Lancet (February 2024) 'Reducing patchiness in abortion care in the UK'.

2.3.5 Duty of Candour

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

Incidents relevant to reporting are identified, and their management is tracked through our electronic incident reporting system, Datix®. All Duty of Candour incidents and complaints are monitored through our quality dashboard and reported quarterly to our Integrated Governance Committee.

There were 17 incidents that met the threshold for Statutory Duty of Candour application during 2023/24. All but three were related to clinical complications.



DURING 2023
23.3 MILLION
PEOPLE ACCESSED MSI'S SEXUAL AND REPRODUCTIVE HEALTHCARE

Audit	Aims and Objectives	Sample Criteria	Outcome
Did not proceed (DNP) with treatment: Early Medical Abortion	To review DNP cases and whether decision making was supported by the existing policy. Identify any improvement areas to support best practice.	During the quarter, a review of all DNPs will be undertaken using the existing medical records. All notes in DNPs of interest will be reviewed.	The audit evidenced that referrals to 'Right Care' were appropriate and identified opportunities to improve training for referrals to early pregnancy units regionally.
Did not proceed (DNP) with treatment: Surgical Abortion	To review DNP cases and whether decision making was supported by the existing policy. Identify any improvement areas to support best practice.	During the quarter, a review of all DNPs will be undertaken using the existing medical records. From each centre, 20 client records will be randomly picked and reviewed over the quarter.	The audit evidenced that DNP rates were lower than the previous year and identified opportunities to improve the Did Not Proceed Standard Operating Procedure following a review with the Clinical Director of Anaesthesia.
Did not proceed (DNP) with treatment: Long-Acting Reversible Contraception (LARC)	To review DNP cases and whether decision making was supported by the existing policy. Identify any improvement areas to support best practice.	During the quarter a review of all DNP reasons will be undertaken using the clinical notes. The DNPs for all clinical reasons will be looked at and reviewed.	The audit identified that DNPs were lower than the previous year and coding for DNP reasons required improvement. Feedback was shared with teams involved.
Vasectomy Infections	To monitor infection rates in clients to highlight any themes or trends and any required actions.	A review of all confirmed surgical site infections.	The audit identified that whilst the rate of confirmed infections was below the threshold of 2% organisationally, higher rates of infection were seen in the North & East Midlands region. As a result of this audit, an infection risk assessment was introduced. Clients are now being advised to use an antibacterial wash (Octenisan) five days before their procedure and the introduction of an Infection Risk assessment to understand each client's risk factors prior to procedure to support post-op advice and care. During 2024 we will compare the data to review the effectiveness of these initiatives.
IUD Local Anaesthetic	To identify if we are providing local anaesthetic to enough clients and identify if any further action needs to be taken e.g., training, changes to Maxims.	One month's data selected at random.	The audit evidenced that standards for offering and providing local anaesthetic were met.
Pain relief for Dilapan	To identify if we are providing local anaesthetic to enough clients and identify if any further action needs to be taken e.g., training, changes to Maxims.	One month's data selected at random.	The audit confirmed that clients were routinely offered local anaesthetic before insertion of osmotic dilators and additional pain relief options were not required.
Right Care Referrals	The overall aim is to have a high standard of Right Care documentation and medical reviews so that clients are treated safely, appropriately and efficiently at MSI UK.	Early Medical Abortion Physician (EMAPs) who carry out Right Care referral reviews should assess a random selection of their Right Care reviews to review if their documentation and outcomes meet the appropriate standards.	The audit identified good practice in documentation and appropriate referrals. A reminder was shared to ensure clients are reviewed for both Early Medical Abortion (EMA) and Surgical to avoid the need for a second referral.
The Early Warning Score (TEWS)	To review the implementation of TEWS in support of identification and response to clinical deterioration. Identify any variation in practice and set out recommendations for improvement where required.	During the quarter, a review of records will be undertaken. From each centre, 20 TEWS forms will be randomly picked and reviewed over the quarter.	As a result of this audit, the TEWS form layout was changed to support improved documentation. Feedback and additional training was provided to teams to ensure weight and BMI are both recorded on the form.

2.3.6 Care Quality Commission status

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

- Diagnostic and screening procedures
- Family planning services
- Surgical procedures
- Termination of pregnancies including telemedicine for early medical abortion
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder, or injury
- Transport services, triage, and medical advice (One Call only)

At the following centres:

- MSI Reproductive Choices Brighton and Hove Regional Treatment Centre
- MSI Reproductive Choices Bristol Regional Treatment Centre
- MSI Reproductive Choices Essex Regional Treatment Centre
- MSI Reproductive Choices Leeds Regional Treatment Centre
- MSI Reproductive Choices Maidstone Regional Treatment Centre
- MSI Reproductive Choices Manchester Regional Treatment Centre
- MSI Reproductive Choices Central London Regional Treatment Centre
- MSI Reproductive Choices South London Regional Treatment Centre
- MSI Reproductive Choices West London Regional Treatment Centre
- MSI Reproductive Choices National Patient Support Centre One Call

During 2023/2024, our South London Centre attained a 'Good' rating in the 'Safe' and 'Well Led' domains, gaining a 'Good' overall.

No enforcement actions against MSI UK and no warning notices were issued by the CQC during 2023/2024, and we were not asked to participate in any special reviews or investigations during the reporting period.

2.3.7 Hospital Episode Statistics

In the 2023/2024 period, MSI UK engaged Secondary Uses Services to be included in the Hospital Episode Statistics. Presently, we are in the process of submitting Vasectomy activity data from chosen contracts, encompassing both outpatient and outpatient procedures.

Looking ahead to the 2024/2025 period, MSI UK is committed to expanding our data contributions by including Termination of Pregnancy activity from select contracts. This initiative aims to encompass outpatient, inpatient procedure, and surgical data, thereby enriching the depth and breadth of our submissions.

2.3.8 Information Governance

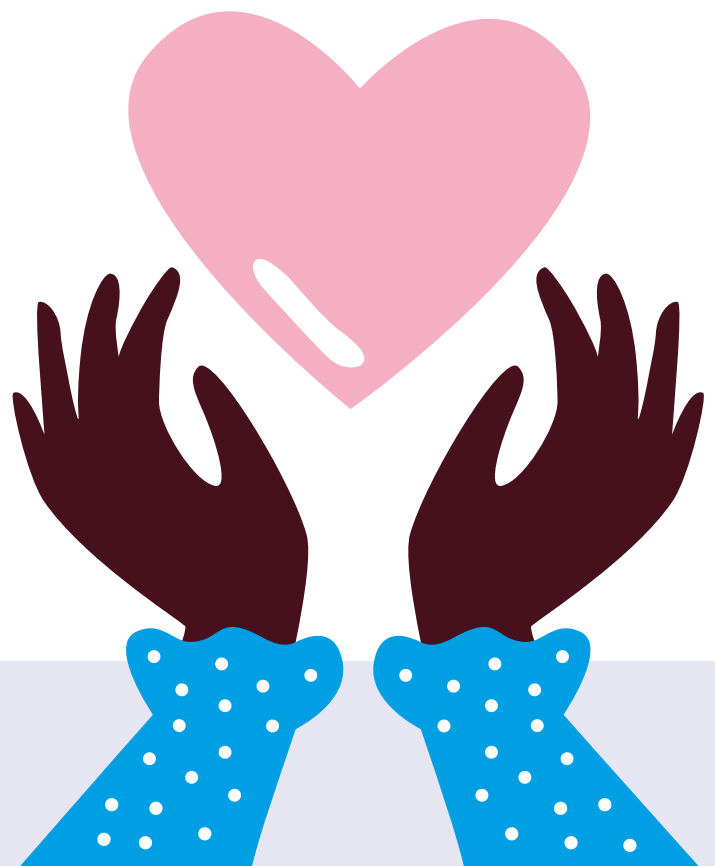
Our Information Governance Assessment, completed via the Data Security and Protection Toolkit has achieved 'Standards Exceeded' for a fifth year in a row.

2.3.9 Payment by Results

MSI UK was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2023/2024.

2.3.9 Learning from Deaths

No client deaths have been attributed to care provided by MSI UK during the reporting period.





We strive to create an environment where speaking up is not only encouraged but valued as an integral aspect of our organisational culture.

2.3.10 Freedom to Speak Up

Aligned with the NHS Improvement Freedom to Speak Up Guidance, our commitment is to foster a safety culture devoid of bullying and harassment, where our colleagues feel empowered to voice concerns and contribute suggestions for improvement. We have implemented a comprehensive Speaking Up Policy to uphold this commitment, detailing the confidential process for raising concerns and outlining our investigative procedures.

All colleagues can access our MSI UK Speaking Up Guardians, who provide confidential support, advice, and guidance. Prominent posters across our centres inform individuals of the Guardians' availability and the process for raising concerns. Freedom to Speak Up principles are included in our colleague training, development programs, and iBelong induction program.

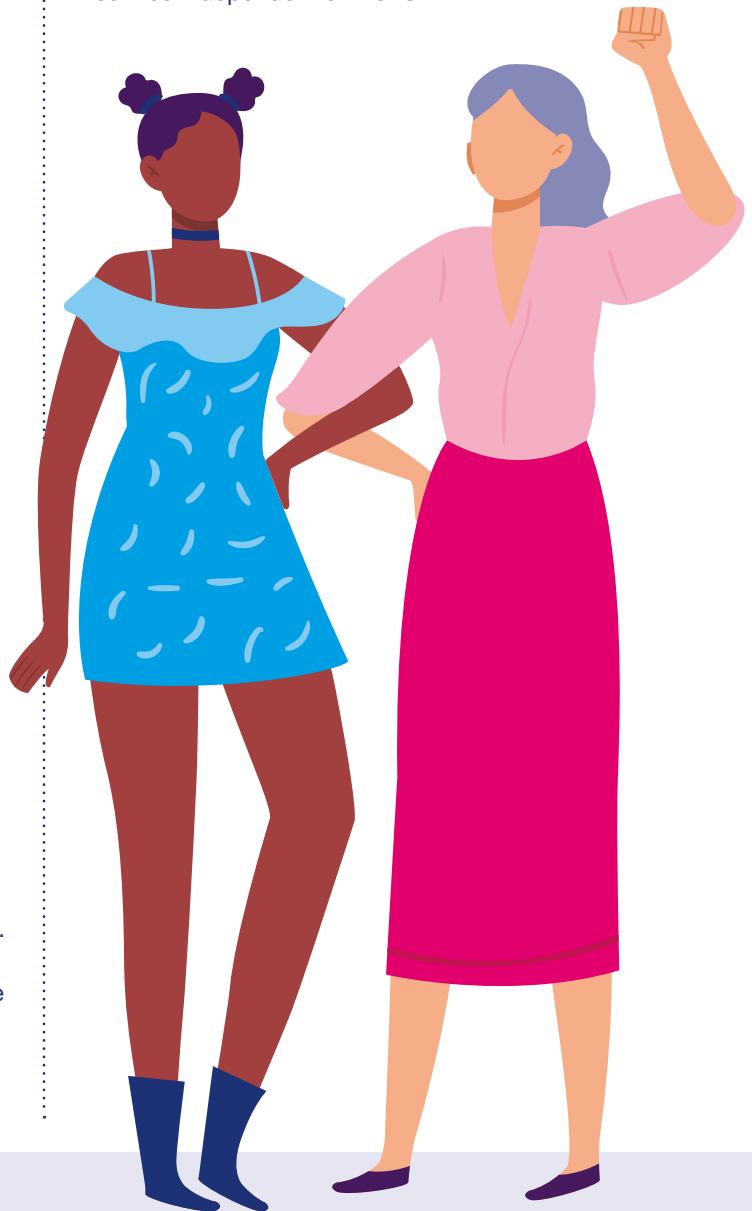
Concerns raised through our Speaking Up Policy are recorded, ensuring confidentiality and detailing key information such as the date of receipt, confidentiality requests, a summary of the concern, and any updates provided. Additionally, we accommodate protected disclosures where applicable. In the reporting year, we addressed ten instances of colleague concerns, resolving each satisfactorily. All concerns are reported to our Divisional Board.

To enhance our Speaking Up initiative, we expanded our team to include five Speaking Up Guardians representing various roles within our organisation. This expansion aims to break down any barriers hindering individuals from speaking up by providing diverse and accessible points of contact. Our Speaking Up Guardians engage in regular presentations during inductions and will host a 'Town Hall' event to further introduce themselves. Additionally, we disseminate further information through posters in clinics and a dedicated Teams Channel.

We are confident that our proactive approach empowers colleagues to speak up and ensures their voices are heard. By continually refining our processes and expanding our support network, we strive to create an environment where speaking up is not only encouraged but valued as an integral aspect of our organisational culture.

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

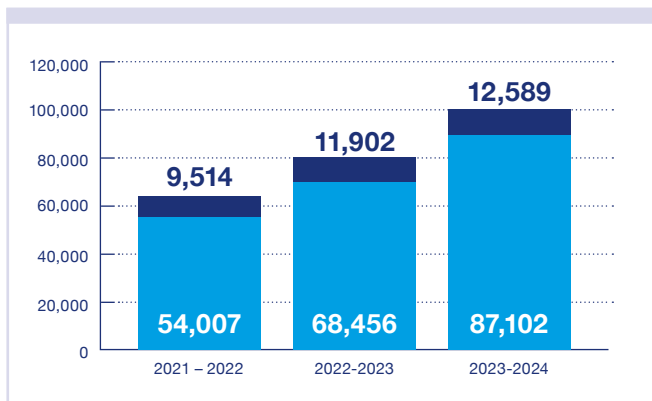
- Our line managers and executive directors
- Our incident reporting system, Datix®
- Our managing director with responsibility for whistle-blowing
- SafeCall is a free, external, confidential speaking-up service independent of MSI UK.



2.4 REPORTING AGAINST CORE INDICATORS

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

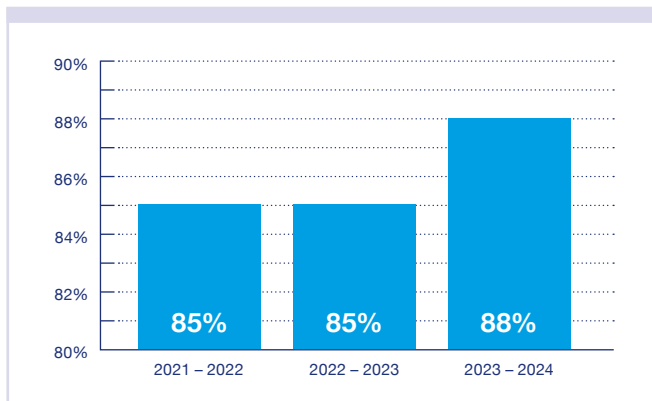
CQC Domain: Safe



Number of clients

KPI – Planned activity

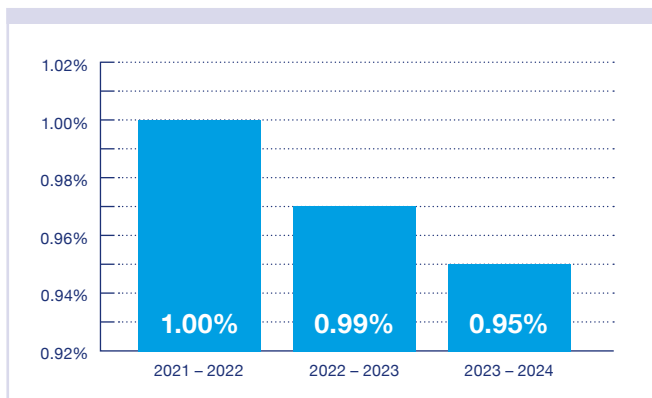
Analysis: In the last year, we’ve seen a significant rise in the number of early medical abortions (EMAs) conducted, accompanied by an increase in surgical abortions.



Early medical abortion (EMA) case mix

KPI – 80%

Analysis: We continued to see an increase in the number of surgical abortions last year, however, we increased our EMA case mix ratio. We achieved this by launching an additional telemedicine hub in Brighton & Hove.

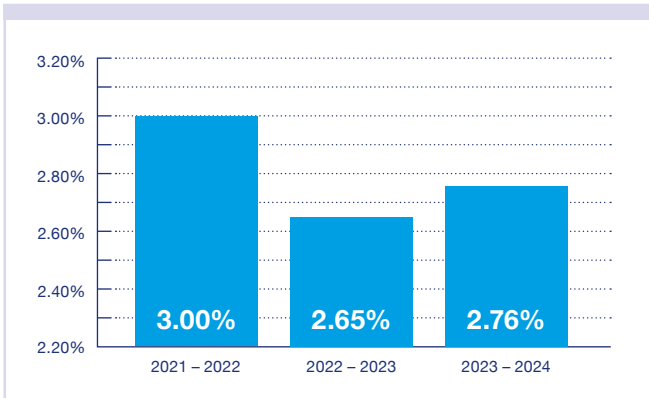


Non-clinical incident reporting rate

KPI – > 4%

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

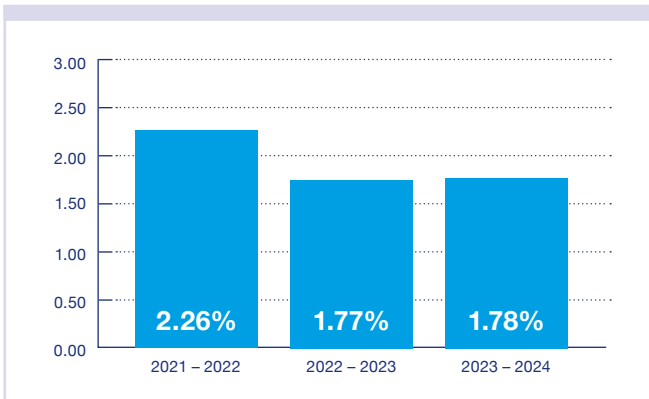
Timescale



Clinical incident reporting rate

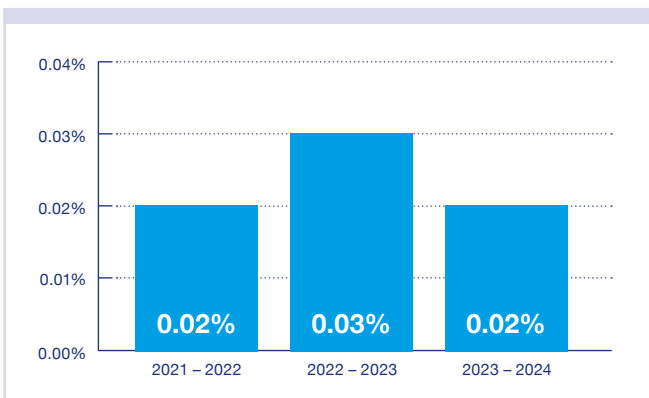
KPI – > 2% of total number of clients treated within the reporting year

Analysis: We embrace an open and learning culture to ensure we have opportunities to learn from clinical incidents and enhance client safety. This year we have maintained an incident reporting rate greater than 2% and attribute the small increase to improved surveillance and reporting of vasectomy related infections.



Clinical complication rate (sub-set of clinical incidents)

Analysis: Most incidents reported related to retained products of conception and failed termination of pregnancy, both of which are known complications of abortion and are discussed with clients during the informed consent process. Clinical outcomes are monitored both locally and organisationally through our termination of pregnancy outcome dashboard.

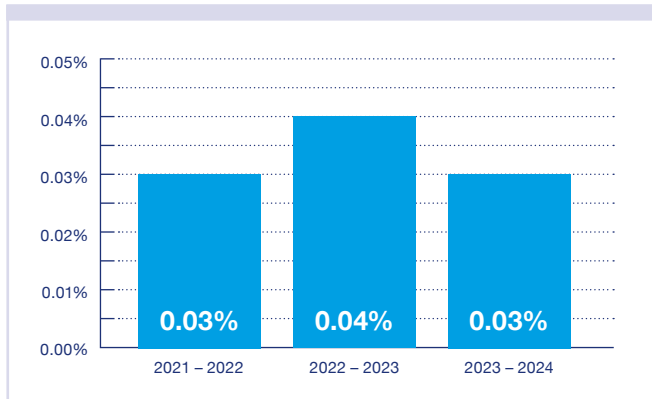


Moderate and above incident rate

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

Analysis: We have seen a small decrease in the rate of incidents rated as ‘moderate or above’ from the previous year. The numbers remain extremely low (21 incidents out of over 109,000 treatments) and include known clinical complications. We undertook root cause analysis investigation of any incident scoring ‘moderate or above’ regardless of whether this was a serious incident to strengthen controls to prevent reoccurrence, leading to improved clients’ safety and outcomes.

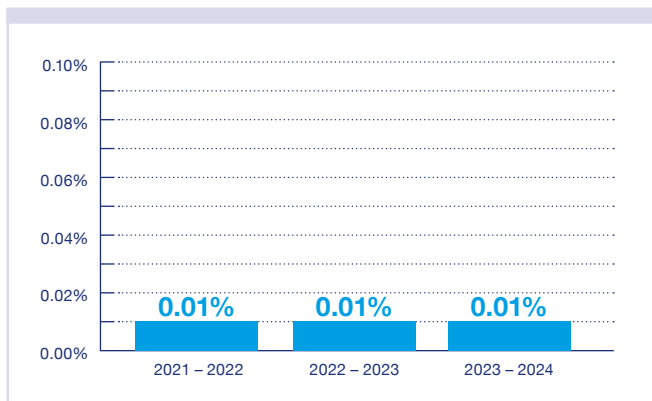
CQC Domain: Safe continued...



Externally reportable incidents

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

Analysis: The number of incidents meeting the threshold for external reporting remains incredibly low compared to the number of clients we care for. All reported incidents are reviewed weekly to ensure they are graded correctly and appropriate actions, including external referrals, are taken.

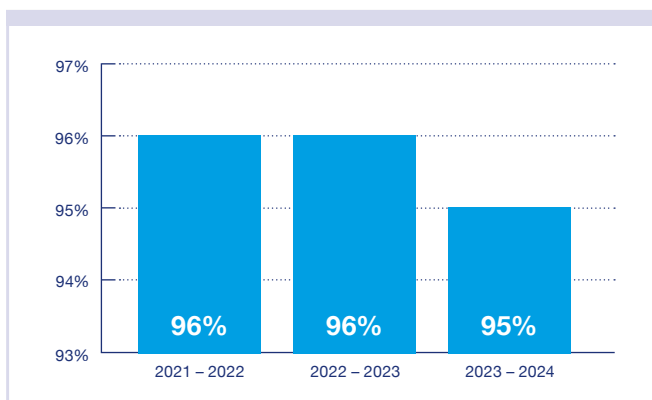


Serious incident rate (by activity)

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

Analysis: We’ve continued to see very few serious incidents (5 out of over 109,000 treatments) in the reporting year and the serious incident reporting rate is less than 0.01%. We can attribute this to continual improved quality of care through early identification, reporting, timely investigations and organisational learning and clinical pathway improvements resulting in safer client care and outcomes. All incidents reported are reviewed by a multidisciplinary team on a weekly basis to ensure that they are graded correctly, and 72-hour reports were completed for all potential serious incidents. We hold panel review meetings, attended by subject matter experts, where the information is discussed and analysed, and next steps are agreed.

CQC Domain: Effective

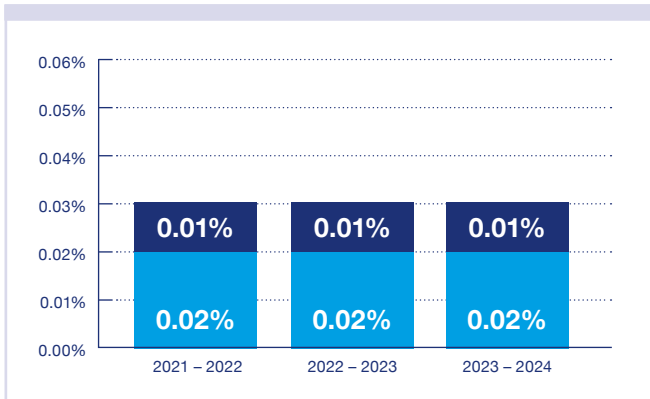


Compliance monitoring programme scores

KPI – <85%

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

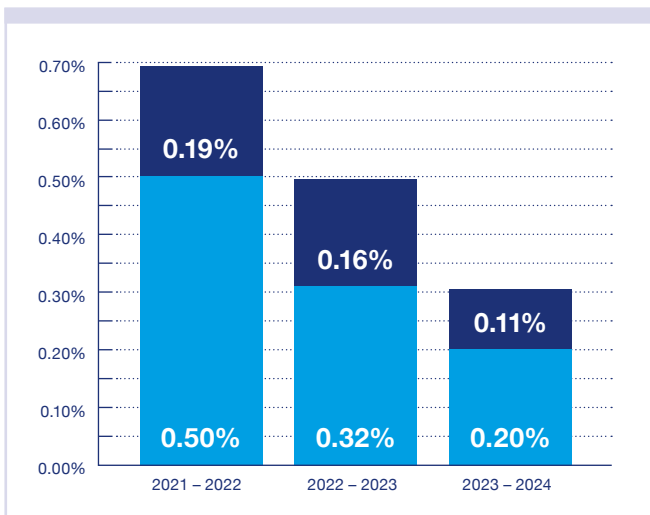
CQC Domain: Caring



Formal complaint rate (by activity)

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

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

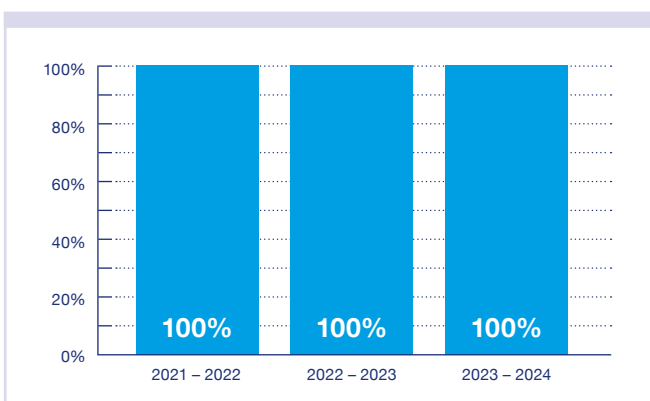


Informal complaint rate (by activity)

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

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

■ Not upheld ■ Upheld and partly upheld

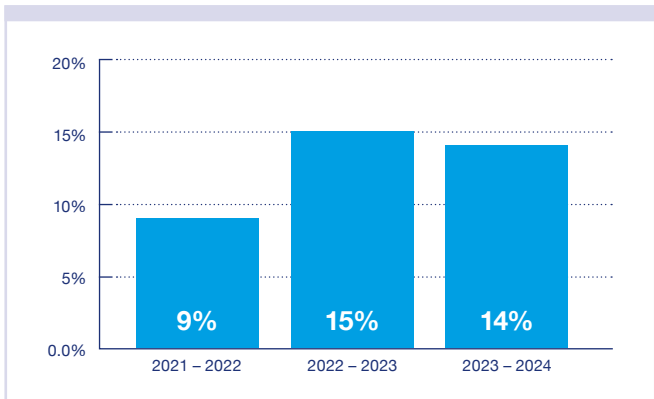


Complaints response rate against client negotiated timescale

KPI – >75% of the total number of clients treated within the reporting year.

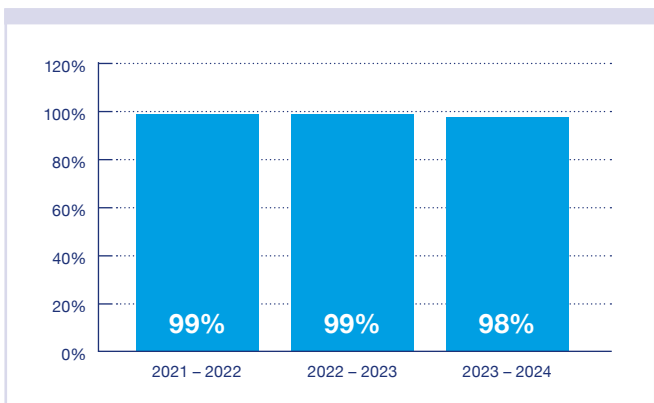
Analysis: As per previous years reported, we responded to all formal complaints within the expected timescale of 20 working days throughout the reporting period.

CQC Domain: Responsive



Client feedback response rate

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



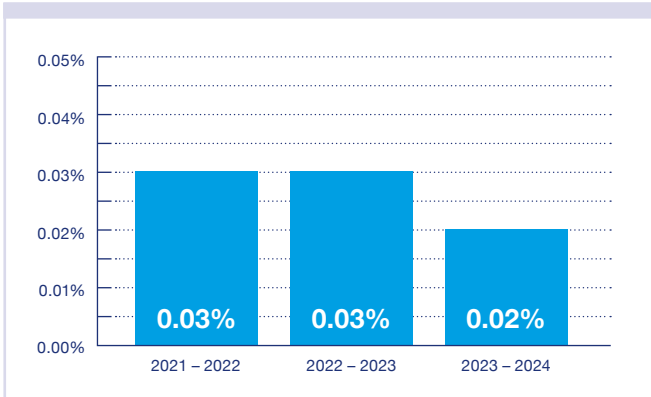
Overall care received was rated ‘excellent’ or ‘very good’

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

Analysis: Client experience rates have remained consistent with previous years and are in line with the improvements we’ve made to the quality of care and information provided. In addition to the overall client experience, 98% of clients told us they were treated with dignity and respect.

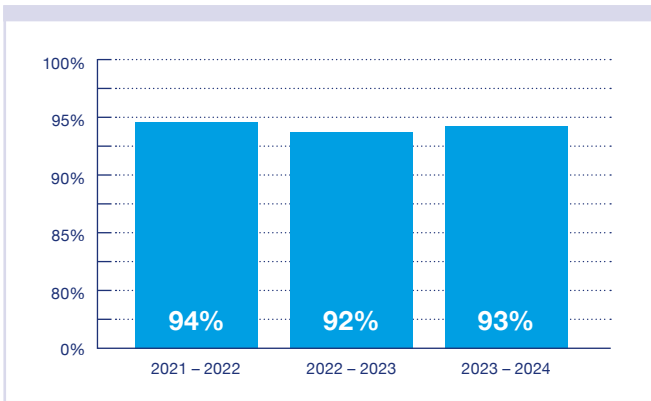


CQC Domain: Well led



Incidents where Duty of Candour was exercised (by activity)

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



Mandatory training rate

(including contracted and sessional colleagues)

KPI – > 85%

Analysis: There is a small increase in training compliance in the last year which we have achieved through a robust induction programme for our onboarding colleagues. Our online training platform reminds colleagues of training they need to complete and provides managers with better oversight locally.



PART 3 OTHER INFORMATION

3.1 SCOPE OF OUR SERVICES

MSI UK has been providing sexual and reproductive healthcare services in England since our charity was founded in 1976. In the UK, we're best known for our high-quality abortion services, which were chosen by over 100,000 clients in the reporting year (April 2023 to March 2024), of which around 99% had their treatment funded by the NHS.

We also support people with their reproductive options, offering contraception advice and providing treatment through our network of services throughout the UK, offering the following NHS-funded services:

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



	2023	2022	2021
Total abortions in England/ Wales	Awaiting publishing	251,377	214,869
MSI medical abortion	82,363	62,979	52,087
MSI surgical abortion	12,114	11,746	8,254
MSI vasectomy	9,227	7,150	2,822
MSI abortion calls	368,571	415,682	371,870
MSI VAS calls	15,299	16,697	15,994
MSI telephone counselling appointments	6,601	5,252	4,998



3.1.1 One Call and Right Care

One Call is our centralised booking service and operates seven days a week from 7am to 6pm. Our advice line for clinical queries is open 24/7. Our webchat service for general support and online booking operates with live agents Monday to Friday 8am to 6pm, and Saturday and Sundays from 8am to 4pm.

One Call is the first point of contact for all our clients and takes bookings for our centres across the UK via various channels, including webchat, online booking, or phone. During this reporting year, One Call continued to develop and enhance our cloud-based technology adding additional access/contact channels into the service following the system implementation in 2022. These enhancements included a new Interactive Voice Response (IVR) set up which ensures interactions are filtered through to the right department or skilled team member improving the first call resolution and overall client experience. A key quality enhancement made in 2023 was the addition of the quality auditing functionality within the telephony system allowing all calls to be micro sampled for tone, phrases and compliance.

One Call Bristol continues to be our largest call centre location, but headcount continues to grow in our smaller hubs across the country. The increased resource enables us to respond to the current and growing demand. Hybrid working for our One Call employees is a key employee benefit/attraction with most working from home up to 80% of their working week. 2023 saw a retention rate of 83% higher than the contact centre average. This provides an additional level of resilience, a much wider population for recruitment and overall employee satisfaction.

With the continued growth in client demand and resources required to service that demand, we also strengthened our management structure with the recruitment of a highly experienced Contact Centre Manager in October 2023.

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

In the reporting year, One Call handled 261,162 inbound calls which is a slight reduction on previous years even though overall treatment volumes are up, demonstrating the shift in client choice to the online booking platforms. To this end, 69,524 Webchats and 110,213 forms were also completed. The introduction of 'text relay' has also resulted in clients choosing and being able to cancel/rebook via their text or email service.

One Call also provided the following services:

- Appointments for NHS and private clients seeking abortion, vasectomy, or contraception appointments
- Centralised booking for non-MSI UK centres, including bookings into local hospitals for other providers
- General information about services and abortion treatment options via phone and webchat
- Support to all centres regarding client care and queries
- Confirming appointments by text, email and letter when requested
- A centralised 24-hour clinical practitioner team consisting of registered nurses and midwives dealing with pre- and post-treatment calls
- A centralised counselling team offering pre- and post-treatment support 7 days a week
- A centralised test results administration team, providing test results to all clients after sexually transmitted infection (STI) screening
- Through our Right Care team, managing all client queries in the event of a medical contraindication and liaising with clients' General Practitioners.
- Pre-assessment consultations for all eligible clients, seven days a week throughout the year

IN THE REPORTING YEAR, OUR ONE CALL CONTACT CENTRE HANDLED

261,162 CALLS



One Call has a dedicated quality assurance team led by a senior operations manager and supported by a Quality and Governance Business Partner who oversees its quality management, including local dashboards, audits, quality reviews and monitoring. All One Call colleagues are trained in Level 2 Safeguarding as a minimum, with some colleagues, including call handlers, trained in Levels 3 and 4. One Call also has a clinical matron and two clinical team leaders who support our post-treatment nursing and Right Care teams.

As most of our team members work in a hybrid manner, we have many quality controls enabled by the technology, such as call and screen recording, risk assessments and the use of advanced quality checking with artificial intelligence set up to monitor sentiment analysis, core alert words and other key performance indicators. This runs alongside weekly in-depth call reviews performed by our senior agents and coaches.

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

During consultations, clients share their medical history so that we can safely identify complex medical needs or pre-existing conditions. Our decision support tool, the Pre-existing Conditions (PEC) Guidelines, assists our agents in making referrals to the Right Care team. So far this year, about 10% of clients referred for consultations have required Right Care services. The Right Care team collaborates closely with medical professionals at MSI UK and the clients' GP to determine if they can be treated or if an NHS referral is needed.

For NHS clients, our key performance indicator is to minimise treatment delays during Right Care reviews. We aim for over 90% of referrals to receive an NHS pre-screen within 72hrs and a decision for NHS placement. We then follow up and await NHS confirmation.

There are factors which increase delays, including NHS hospital delays in confirming appointments and difficulty contacting clients to discuss the need for NHS placement or consent for onward referral. For Apr 2023 – Mar 2024, 8% of all consultations completed were referrals into Right Care with around 8% of these cases resulting in an NHS referral.

Our One Call safeguarding team, led by a Safeguarding and Complex Care Lead, manages all queries and alerts related to safeguarding identified at booking. We work closely with external agencies and our centres to ensure effective safeguarding before consultation. These cases are complex and often require multiple referrals for appropriate care.

3.1.2 MSI Reproductive Choices UK – Centres

MSI UK treatment centres provide high-quality abortion care, including medical and surgical abortions.

Face-to-face medical abortion is offered up to and including gestations of 9 weeks and 6 days (9+6) in all our treatment centres. Telemedicine medical abortion (TMA) is offered to eligible clients up to 9+6 from four TMA 'hubs' in our Manchester, West London, Maidstone and Brighton treatment centres. Surgical abortion is offered up to gestations of 23+6 in London West, Southwest, Essex, South London, South Coast Manchester and Leeds and 13+6 in Maidstone with surgical services coming in Oxford and South Yorkshire by the end of 2024.

Our regional governance teams provide invaluable support to local management by facilitating the production of comprehensive quality reports and supporting thorough incident investigations.

As part of our comprehensive care, standard services in our treatment centres include:

- Screening and follow-up of safeguarding concerns
- Screening for sexually transmitted infections (STIs) as part of a client's abortion treatment and well-being
- Pre-operative and perioperative assessments
- Provision of post-abortion contraception, ensuring clients' contraception of choice
- Pre- and post-abortion counselling
- Medical or surgical evacuation of retained products of conception (ERPC) for failed procedures
- A 24-hour aftercare telephone line serviced by registered nurses
- Eight of our MSI UK surgical centres also provide vasectomy services

We maintain rigorous oversight of quality and governance through quarterly Local Integrated Governance Meetings held at each Regional Treatment Centre. These sessions serve as platforms for monitoring clinical outcomes, complications, emergency transfers, and incidents, all of which are meticulously tracked using an integrated governance dashboard. Each centre monitors these metrics to promptly identify any areas requiring further attention.

Our regional governance teams provide invaluable support to local management by facilitating the production of comprehensive quality reports and supporting thorough incident investigations. Moreover, we foster a culture of shared learning by encouraging cross-regional dissemination of insights gleaned from incidents, enabling us to put in place necessary improvements across our services.

Our Compliance Monitoring Programme findings are subjected to regular review and analysis during these meetings. Any actionable insights aimed at enhancing audit outcomes are duly documented within our centres' Local Service Improvement initiatives.

The recent introduction of an information board within treatment rooms signifies a significant advancement in patient care and safety. This tool offers readily accessible information pertaining to BMI, allergies, contraception, and rhesus status, facilitating a holistic understanding of each patient's medical history. Beyond enhancing team communication, it empowers informed decision-making regarding treatment plans and interventions.

Similarly, the implementation of a swab count board is another new initiative. Particularly during emergencies or transfers, maintaining an accurate count of swabs and monitoring estimated blood loss (EBL) are imperative for ensuring patient safety and optimal outcomes. With a dedicated swab count board, team members can efficiently track swab usage, monitor EBL, and ensure the meticulous management of materials before, during, and after procedures. This not only elevates the standard of patient care but also fosters seamless communication with external healthcare stakeholders such as acute NHS trusts and ambulance services.

In summary, these controls not only improve patient safety and care quality but also streamline team communication and coordination, thereby enhancing the evaluation and management of patient conditions.

Early medical abortion by telemedicine

Abortion by telemedicine allows clients to take early medical abortion (EMA) tablets, mifepristone and misoprostol, in the comfort of their own homes without the need to visit a clinic. The client needs to be sure that their gestation is under 10 weeks' as well as meeting all other clinical, safeguarding and legal eligibility.

The telemedicine appointments and assessments are conducted via telephone with a Registered Midwife or Nurse. Clients need to meet a set of eligibility criteria which encompass the medical, safeguarding and legal aspects to ensure that the risks of telemedicine EMA are kept very low. The criteria are kept under regular review and changes are made based on risk assessments, gathered data and learning from the small number of incidents that occur.

Within the last year, to improve clinical safety and outcomes, the following amendments have been made to the criteria:

- Clients who have used emergency hormonal contraceptive pills within the last 3 months require an ultrasound scan to reduce the risk of ectopic pregnancy or being later than their expected gestation from the disruption to their menstrual cycle
- Those who have had an abortion within the last 3 months require an ultrasound scan – this is to establish this is a new pregnancy and rule out any risk that the previous EMA treatment had failed, which could mean the client is past the EMA time limit or have retained products of conception. A positive test may also be reflective of no current pregnancy if the pregnancy test is still detecting remnants of the previous pregnancy and therefore by scanning the client, unnecessary treatment is avoided
- Clients who change their last menstrual period (LMP) date between the booking and treatment consultation are carefully questioned to understand why this change has occurred (occasionally an administrative error). If there is any ongoing doubt, dates are then confirmed with an ultrasound scan
- If clients provide an LMP 3 weeks or under they require a scan appointment as this LMP does not reflect an accurate gestation due to the process of embryology. Additional questions are also asked to clients who provide an LMP between 3+1 and <4 weeks to ensure that their LMP matches their dates and cycle length

The rate of being a later than expected gestation has remained extremely low and the changes made to the criteria are to ensure this is maintained. The rate has remained between 0.02-0.03% which is below the level of 0.04% that is benchmarked as the expected rate based on medical evidence. The annual rate of ectopic pregnancy for telemedicine clients remains low at 0.02%.

A review of the telemedicine service has occurred in Q1 of 2024 and the following is being launched in April 2024 and throughout the year:

- Increase the level of call quality monitoring with the addition of peer review
- Changes to the Compliance Monitoring Programme (CMP) audit and telemedicine competency
- Audit the use of Genesys for telemedicine calls
- Monitoring of call length
- Telemedicine Standard Operating Procedure detailing the whole telemedicine pathway
- Quarterly meetings with the external pharmacy, Chemist4U who provide the postal medication
- Changes within MAXIMS to aid colleagues in carrying out checks and providing information during telemedicine calls

3.1.3 Vasectomy and contraception services

In October 2023, we launched our Vasectomy Transformation Strategy, building upon the operational changes from the last reporting year. A fundamental aim of this strategy involves consolidating our hub and spoke model of 24 satellite clinics into eight Regional Treatment Centres, a move anticipated to bolster operational resilience, capacity, and service quality. This consolidation enables improved senior management oversight and an increase in registered nurses/midwives to support service delivery. Delivery of the strategy has already achieved a comprehensive review of nursing roles, responsibilities, training, review of standard operating procedures and policy. The envisaged outcome is a reduction in waiting times and service cancellations, alongside improvements in clinical effectiveness.

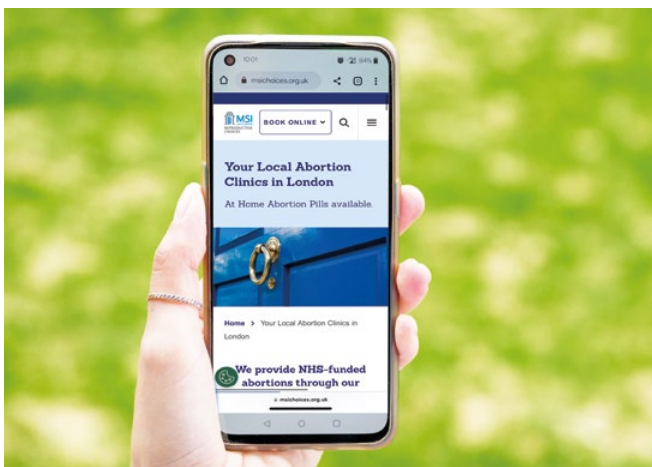
Our network of services now operates from these eight Regional Treatment Centres, providing efficient services under local anaesthetic. Our last CQC inspection resulted in an overall rating of 'Good,' with an 'Outstanding' commendation for being 'Well Led,' reflecting our steadfast dedication to effective leadership and organisational excellence. Looking ahead, our vasectomy services will undergo joint inspections with abortion services at each Regional Treatment Centre rather than as a service on its own.

Through the consolidation of services into our larger and better equipped regional treatment centres with improved clinical oversight and environment control, we are expecting a further improvement of our clients' overall experience. All team members involved in the vasectomy care are continuously educated through our purposely designed face to face and online mandatory training modules. Compliance rates for mandatory training are continuously monitored and are conditional for the continuity of our surgeons working through practising privileges with us.

We're proud to report consistent growth in our vasectomy services, with over 9,733 (+17% v Last Year) clients treated in the reporting period (Apr 23 – Mar 24). To meet increasing demand nationwide, we're actively recruiting surgeons and maintaining strong partnerships with Integrated Care Boards (ICBs). Collaborating closely with the Association of Surgeons in Primary Care (ASPC), we continually refine our clinical policies and guidelines to ensure best practices.

Our robust monitoring and reporting mechanisms track post-vasectomy complications, including infections, haematomas, and short- and long-term pain, on a quarterly basis. Early indications following the implementation of our Vasectomy Transformation Strategy show a reduction in complications from January to March 2024 compared to the same period in 2023.

Our overall complication rates (including infection, haematoma, and pain) have been consistently within the national benchmarks, and we are continuously looking at ways to improve them: Some recent examples include the review of the antiseptic solution in use to match NICE recommendations, the introduction of the antiseptic wash as a measure aimed at reducing the post operative infection rates, and a Post Operative Care Policy to improve the management of early and late complications.



Our contraception services are led by highly qualified nurses and midwives registered with the Faculty of Sexual and Reproductive Health (FSRH). All nurses and midwives undertake training in contraception as part of their clinical induction equipping them with the knowledge and skills to offer a wide range of contraceptive methods, including long-acting reversible contraception (LARC), at all points of the client journey.

We support colleagues to progress through the FSRH diploma, which means we have experts in contraceptive provision across the organisation who work within the centres to provide day-to-day advice to the nurses and midwives.

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

During the reporting year the process of where implants were fitted changed from the treatment room to first stage recovery or later in the client's journey following a STOP. This ensured the colleagues siting the implant were given the time to focus and ensure the client was comfortable before proceeding with the implant process. It was identified during the LARC audit that some colleagues felt pressured due to time constraints of the list flow. Moving this process away from the treatment room improved colleagues confidence.

In addition to providing contraception to those following abortion, we also have five sites that provide independent contraception to clients who live within the contracted areas. This has allowed us to expand our contraception provision and facilitates greater opportunities for training in LARC.

In March 2024, we have kicked off our Contraception Strategy where the focus will be on better understanding client behaviours and choices around contraception with the aim of improving our service provision in this respect. We will report on progress in our 2024-25 Quality Account.

3.2 QUALITY ASSURANCE

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

Our weekly Complaints, Litigation, Incidents, Client Feedback and Safeguarding Group (CLIPS), is chaired by our Quality and Governance Business Partners.

This group continues to evolve, with delegates attending via teleconference from across the organisation, and usually includes an executive director and all centre clinical leads.

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

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

Three serious incidents were reported during the contract year. Two related to the vasectomy service: Surgical Site Infection (severe harm) and Health & Safety, burn injury during treatment (moderate harm). The third serious incident was a perforated uterus during surgical abortion. Key corporate actions from lessons learnt from significant incidents during 2023/24 included the following:

- Reviewing and updating Vasectomy Policy, Standard Operating Procedures and training
- Development of a vasectomy infection risk assessment

Patient Safety Incident Response Framework (PSIRF)

PSIRF replaces the NHS Serious Incident Framework 2015 and is a significant shift in the way NHS and providers of NHS services respond to patient safety incidents for learning and improvement. A project team was established in October 2022 to support the transition. The team analysed two years of patient safety data and the PSIRF Standards to define the response policy and plan. These were approved by our lead ICB Kent and Medway in February 2024, following consultation with ten other ICBs. PSIRF went live on the 25 March 2024. MSI UKs [policy](#) and [plan](#) are published on our website.

We have successfully implemented new learning responses including SWARM huddles, After Action Reviews, Multi-disciplinary Team Reviews and Patient Safety Incident Investigations. To ensure we have the resilience and skills to facilitate new learning responses, each region has two trained learning response leads and a Patient Safety Incident Investigator. Organisationally, additional subject matter experts have completed Patient Safety Investigations including two appointed Patient Safety Specialists. We have a Patient Safety Partner to support and contribute to safety data and processes including investigation oversight, learning and improvement work. Incidents and examples of good care are reported directly on to NHS England's national platform 'Learn from Patient Safety Events' via our incident management system Datix®.



Nursing and Midwifery: delivery of nursing and midwifery strategy

Our Nursing and Midwifery Strategy concluded in October 2023, and focused on developing competencies in four key areas as outlined:

- **Ultrasound scanning:** We met our target of 75% competency among established nurses and midwives for first-trimester scanning. Despite workforce growth, we are maintaining this competency level. Our ongoing efforts now focus on ensuring a tailored number of nurses and midwives in each centre are competent in second-trimester ultrasound
- **Post-treatment care:** We have significantly surpassed our target of 75%, ensuring that we are able to run nurse/midwife-led post-treatment lists in every Regional Treatment Centre
- **Contraception services:** We're aligned with NICE Guideline (NG140) Abortion Care, offering clients their contraception of choice. Our aggregated target for implant and coil-trained nurses and midwives has been consistently met and sustained. Our current focus is ensuring regional treatment centres meet their specific targets in this regard
- **Cervical preparation:** While cervical preparation has typically been doctor-led, we've achieved and sustained our aggregated target of 80% for Dilapan-trained nurses and midwives. Now, we are focusing on ensuring all regional treatment centres meet their individual targets in this essential aspect of care

These competencies have become integral to our standard monitoring procedures, with all regional treatment centres accountable for their continuous achievement. They underpin service delivery resilience, maintain continuity of care, and foster the career progression of our nurses and midwives, and we continue to monitor our performance in all the above areas.

Nursing and midwifery: launch of our Nursing and Midwifery Retention Strategy

As part of our strategic approach, we've prioritised recruitment and retention by boosting colleague engagement and fostering an organisational culture that values our workforce. This aims to ensure we make our organisation an excellent place to work. Taking this one step further for 2024/2025, we have embarked on a new Registered Nurse/Midwife Retention Strategy, the strategy will be focusing on four key elements that affect retention within the organisation:

- **Training:** Evolving the training framework to allow autonomous decision-making at regional level so each treatment centre can plan which skills they require for service delivery and tailor the development plans of their workforce to reflect this
- **Nursing and midwifery:** Implementing robust induction plans and agreed development pathways which are underpinned with effective supervision and support to ensure colleagues feel valued
- **Well-being:** Introducing new initiatives which complement and support colleagues to remain well and engaged within the workplace, these initiatives have included 'day-off' for your birthday and the international placement programme
- **Effective data review:** Implementing a new HR platform has enabled effective reporting will allow for easier oversight of colleagues' objectives and goals. The platform enables colleagues to engage with their own attendance record empowering them to manage their annual leave. Further evolutions of the platform are planned which will enhance the users experience further

Moreover, we plan to integrate further technological advancements into our clinical practices to enhance our capabilities.

Clinical Care

Our comprehensive policies and standard operating procedures are designed to uphold our commitment to safeguarding all clients accessing our services. These protocols are compliant with industry standards, including the Intercollegiate Document for Safeguarding and the Safeguarding Accountability and Assurance Framework. Annually, we conduct a thorough analysis and provide transparent reporting on our safeguarding performance through our dedicated [Annual Safeguarding Report, Safeguarding Report 2023 \(msichoices.org.uk\)](#), ensuring assurance, accountability and transparency in our service delivery.

To adhere to best practices, we offer and provide professional counselling services to all clients both before and after treatment. Counselling is optional and ensures that there are no obstacles preventing access.

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

After treatment, our specially trained nurses provide support to clients and offer guidance through our 24-hour telephone line. If necessary, we can schedule follow-up assessments at our Regional Treatment Centres for additional medical intervention or if urgent, refer clients to emergency services.

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

MSI Reproductive Choice has significantly invested in the reporting year, with the introduction of new ultrasound scanners across the organisation to ensure we are aligned with the Royal College of Radiologists best practice guidance for maintenance and replacement of ultrasound machines. These new machines have been well received by the workforce and have many benefits for client safety, including the safe identification and treatment of very early pregnancies.

The organisation remains committed to providing the highest standards in ultrasound services. Our nurses and midwives undertake a CASE accredited ultrasound course in first and second trimester dating. Each centre has dedicated ultrasound mentors to provide support during the practical training. Ongoing communication between the mentors and the Clinical Excellence Lead for Ultrasound allows for monitoring of progress and the provision of ongoing support. To expand the provision of ultrasound services across the organisation, regular scan mentor training is facilitated to support more trainees.

The Clinical Excellence Lead for Ultrasound delivers the post-treatment training programme to enable clients with post-abortion complications to be seen in a timely manner. Targets of numbers of trained colleagues needed to provide services in each regional treatment centre were allocated at the start of the year and these have been exceeded. We have also reviewed our policies and guidelines to ensure a clearer, more standardised approach to management of complications and client concerns following both medical and surgical abortion.

Yearly audits take place to ensure colleagues practice in accordance with our Ultrasound Policy. If any areas for improvement are identified, an ultrasound supervision session takes place prior to re-audit. During the reporting year, we have continued bi-weekly ultrasound drop-in sessions facilitated by the Clinical Excellence Lead for Ultrasound to discuss common and complex cases. The sessions have been well received, and recordings from previous meetings are available for all colleagues to access. There are also extra courses available on our online training platform.



Carbon Net Zero and Sustainability

MSI UK has committed to achieving Net Zero for its UK value chain by 2045 and Net Zero for its Scope 1 and 2 emissions by 2035. This commitment was formalised in March 2023 when MSI UK joined other independent healthcare providers in signing a pledge to achieve net zero emissions by 2035 and net zero supply chain by 2045.

To this end, we engaged the services of Gemserve to support us in development of our Carbon Reduction Plan which will take us on our journey to achieve net zero emissions.

Our strategy to delivery this plan includes developing a Carbon Net Zero Strategy, a project management approach, and an associated governance framework. Progress will be driven and monitored by a newly established Sustainability and Carbon Net Zero Group. This group will lead, monitor, support, and oversee efforts to integrate sustainability practices into our daily operations and achieve the carbon reduction targets outlined in our Carbon Reduction Plan as detailed on the right:

Scope 1 and 2 emissions:

- 45% absolute reduction by 2028, from 2022 baseline of 255 tCO₂e
- Net Zero by 2035 – this is at least a 90% absolute reduction with carbon removal scheme in place equivalent to the residual emissions

Scope 1, 2 and 3 emissions together:

- Reduce the carbon intensity per client treatment (consultations plus procedures) by 30% by 2027 and 50% by 2030, from a 2022 baseline of 54 kgCO₂e
- Reduce our total Scope 1, 2 and 3 carbon emissions by 80% by 2039 to less than 877 tCO₂e from a baseline of 4,385 tCO₂e in 2022
- Achieve Net Zero for all emissions by 2045 – this is at least a 90% absolute reduction with carbon removal scheme in place equivalent to the residual emissions

We look forward to reporting progress in next year's Quality Account.





3.3 ORGANISATIONAL DEVELOPMENT

During the reporting year, our Clinical Education team implemented several training initiatives to enhance the skills and knowledge of our colleagues. Together with the Learning and Development Team, a Corporate and Clinical Induction was produced to streamline the process for new starters, creating a cohort style introduction to the organisation and providing team members with the skills required to begin their MSI UK career pathway.

We introduced three Advanced Practice Development links to provide one to one competency support and assessments to our team members, as well as delivering quarterly Mandatory Training sessions across all regional treatment centres. Their impact has increased clinical competence and confidence within clinical skills and have supported team members to advance through the competency bandings. In addition, the Advanced Practice Development links have supported preceptees with their clinical skills and transition from student to qualified professional.

Our training compliance rate in May 2024 was 94% and has remained consistent in compliance through the addition of new mandatory modules such as Learning Disabilities and Autism training. In 2024, we transitioned our mandatory e-Learning modules to be aligned with those within the NHS.

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

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

By December 2023, we supported 16 colleagues to complete training as Professional Nurse/Midwifery Advocates. This ensures all colleagues can access supervision when they need it. In addition, Quality Improvement Projects have been included within our 'iProgress' career development pathways. In 2024 we commenced Revalidation Sessions for nurses and midwives to attend and receive support and discuss the requirements for their application.

We continued to offer pre-registration nursing student placements, elective Midwifery student placements and Medical Student Observational placements. We welcomed pre-registration students from various universities and supported the education and training of future healthcare professionals.

In addition, we delivered several lectures providing education of Abortion laws and services to Midwifery and Medical Students, including a lecture to celebrate International Day of the Midwife.

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

Colleague feedback

Throughout the reporting period, we conducted a survey in September 2023. Our commitment is to actively seek feedback from our colleagues to continuously enhance the working environment for the benefit of both our colleagues and our clients.

The increase in our overall Net Promoter Score (NPS) from 36% in March 2023 to 37.62% in September 2023 shows that results continue to trend positively for MSI UK, with more supporters than detractors. According to Global NPS benchmarks, scores above 50 are considered good, and scores above 70 are exceptional. While there is room for improvement, our results are heading in a positive direction.

In November 2023, we held an in-person awards event which included recognition for long service, the ABCD colleague award, colleague of the year, manager of the year, clinician of the year, medical practitioner of the year, a team of the year, and outstanding contribution. We received an overwhelming response from colleagues who attended the event, with many expressing their enthusiasm for the next one in November 2024.

Some of the comments received included:

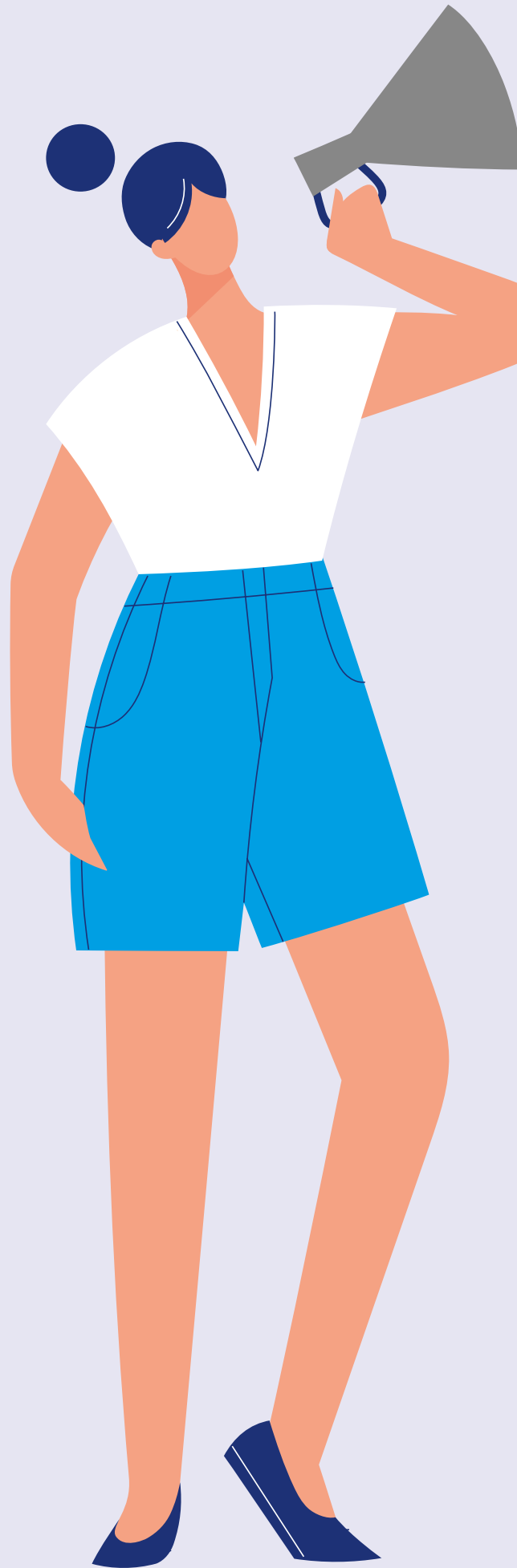
“

“I love, love, loved the venue. The food was fantastic. The lighting and audio were on point and the Music was out of the park! Simply magnificent”

“It was certainly an enormous amount of fun and just such good vibes from everyone from start to finish. It certainly didn't feel like a usual corporate event!”

“The venue was fantastic, the DJ and Sax, the food, the atmosphere – but of course my favourite thing about the event was cheering for our award winners! I loved hearing everyone's stories and why they were nominated, it made me feel so proud to work for a company who would showcase our colleagues in this way.”

“Thank you so much for your efforts, I can't wait for next years!”



We've also taken steps to enhance our colleague feedback process by adopting the Net Promoter Score (NPS) format for our last survey in March 2023. We are pleased to report that our aggregated NPS score was a positive 36%. This indicates that MSI UK has more supporters than detractors, which is a promising result. As per Global NPS benchmarks, scores above +50 are considered good, and scores above +70 are exceptional. We are excited to launch our next NPS survey in September 2024.

Some results included:

+93

I would recommend
MSI UK Services

+75

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

+94

I know what my work
responsibilities are

+92

I am trusted to do my job

+87

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

+84

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

+83

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

+38

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

+42

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

+37

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

+31

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

+28

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

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

3.4 GOVERNANCE

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

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

Seeks assurance on the safe delivery of the annual business plan, monitoring operational, clinical, medical and financial effectiveness

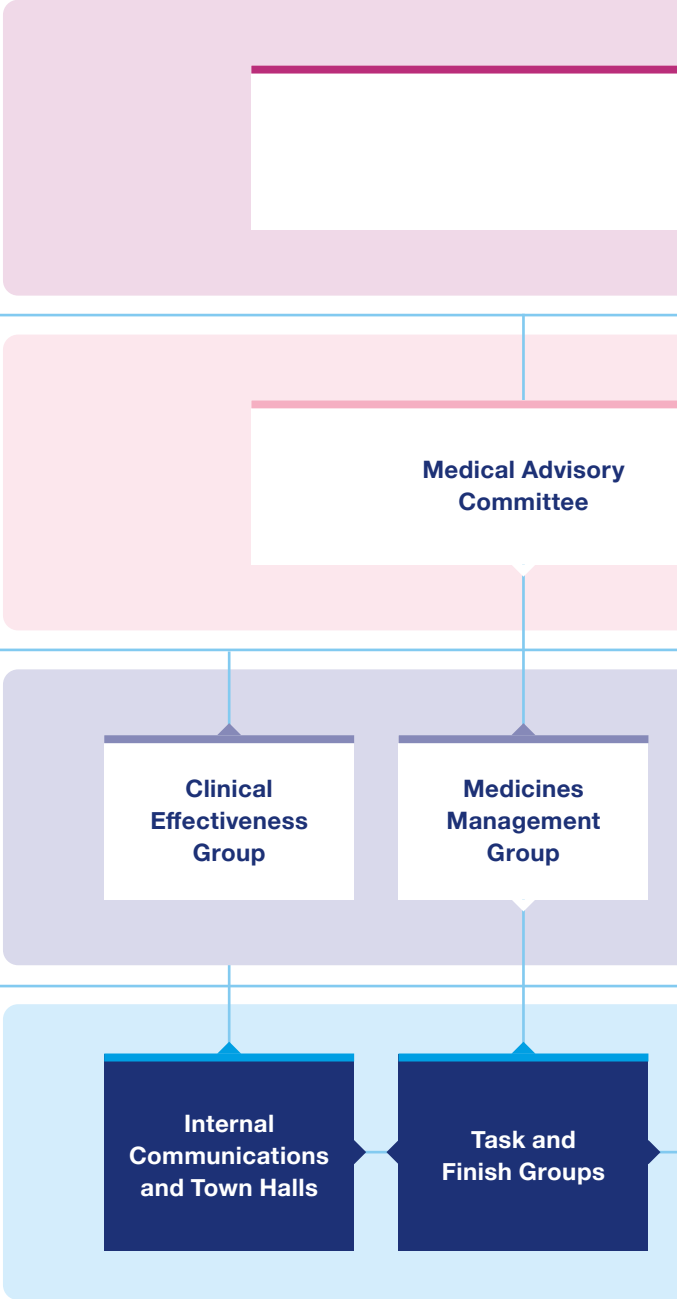
Leadership Business Performance Meeting

Reviews and approves new and reviewed policies, procedures, guidelines, publications in line with legislation, national guidance and best practice

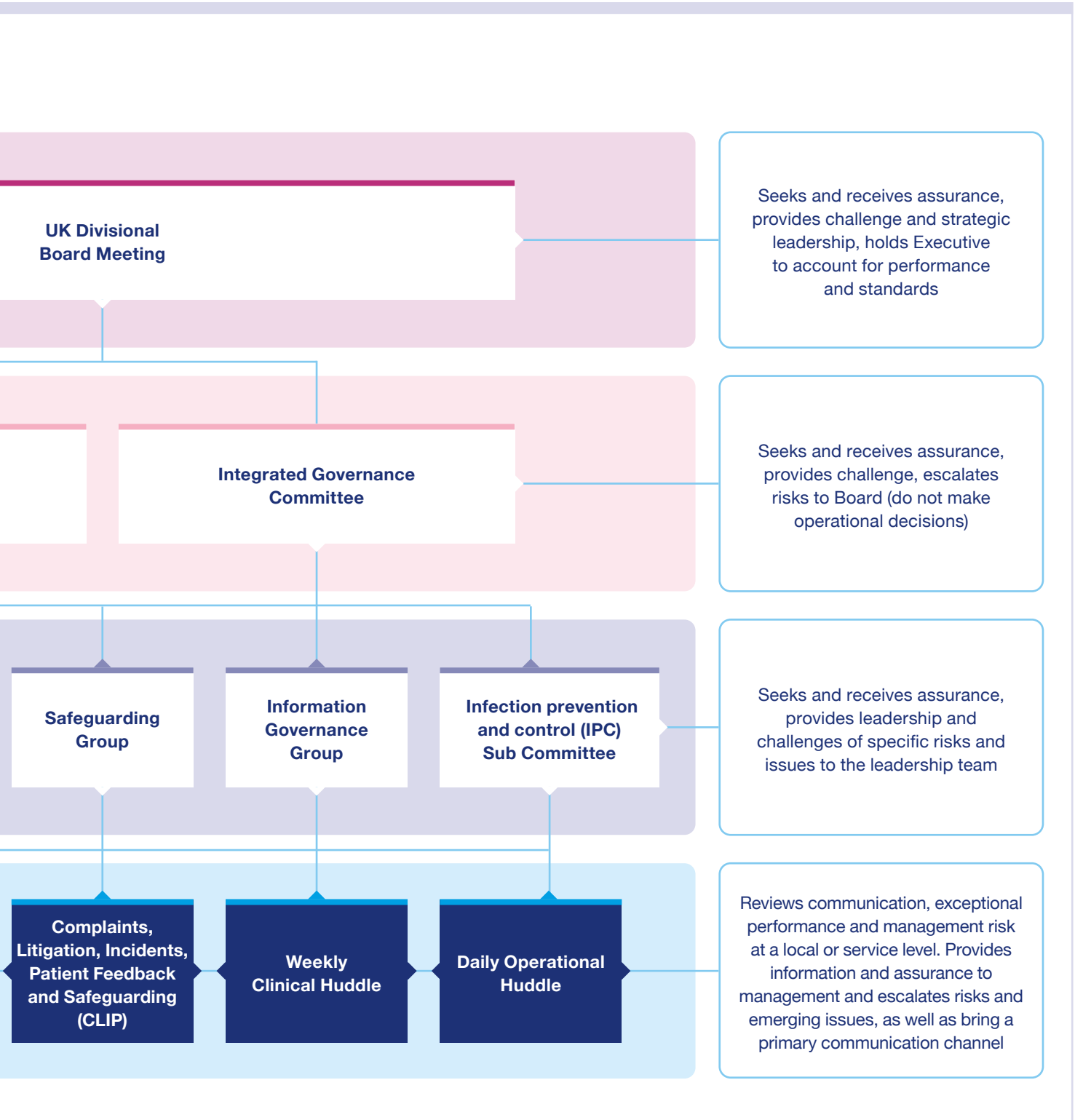
Policy Approved Group

Reviews and acts on local (centre) level governance, quality and other performance measures, producing exception items for review at the Integrated Governance meeting

Local Governance Meetings



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



3.4.1 Divisional Board

Reporting to the MSI Reproductive Choices Board, the UK Divisional Board is an executive committee which acts as an oversight and governance body under the chair of the global chief executive. Our Divisional Board is accountable for all aspects of governance, oversight and assurance of clinical standards and the financial and operational deliverables of MSI services in the UK.

The UK Divisional Board also:

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

The following were submitted to the MSI UK Divisional Board in the reporting period:

- Annual Complaints Report – Quarter 2
- Quality Account – Quarter 2
- Safeguarding Annual Report – Quarter 2
- Controlled Drugs Report – Quarter 3
- NHS Counter Fraud Authority – Quarter 3
- Data Protection Toolkit Submission – Quarter 3
- Gender Pay Gap Review
- Responsible Officers Report – Quarter 3
- IPC Annual Report – Quarter 1
- Data and Compliance DPO Report
- Client Equality and Diversity Strategy Annual Report – Quarter 4
- Colleague Equality and Diversity Strategy Annual Report – Quarter 4
- Annual Conflicts of Interest Register – Quarter 1
- Speaking Up Guardian Report – Quarterly

3.4.2 Medical Advisory Committee

The Medical Advisory Committee, chaired by an independent advisor to the Divisional Board, provides a forum for discussing issues specifically relevant to medical colleagues within MSI UK.

Our Medical Advisory Committee:

- Supports improved communication and provides an opportunity to express and explore views and concerns
- Aims to ensure issues relating to developing clinical strategy and the strategic direction of MSI UK can be discussed by medical colleagues
- Promotes clinical innovation, clinical informatics and ‘critical friend’ advice to the executive management team and the Divisional Board in relation to the triangulation of key monitoring information, implementing recognised national guidance, and considering or proposing opportunities for clinical audit and research within MSI UK’s field of expertise
- Provides assurance that the performance and practices of clinical colleagues meets acceptable national and international standards by regularly reviewing the MSI UK dataset relating to any deaths, unplanned transfers to NHS hospitals, adverse clinical incidents and Never Events, or surgical site infection rates following vasectomy
- Monitors and ratifies clinical policies, guidelines, and operating procedures
- Reviews the operation of the practicing privileges framework to ensure we comply with the best practice recommended in the Paterson enquiry and subsequent reports

Integrated Governance Committee (IGC)

Chaired by an independent advisor to the Divisional Board and attended quarterly by members of the executive management team, senior management, and clinicians. The Integrated Governance Committee (IGC) is accountable to the Divisional Board and is delegated to:

- Gain assurance on the management, monitoring, performance, and improvement of clinical quality
- Establish agreed actions and make recommendations to the Divisional Board and Executive Management Team in relation to reported or identified clinical risks
- Receive integrated quality and governance assurance reports and minutes from MSI UK Governance Meetings for review and recommendations
- Receive assurance on compliance with regulatory duties relating to safeguarding children and vulnerable adults
- Promote the involvement of client, carers and representatives concerning their healthcare by regularly reviewing client engagement and learning from complaints
- Monitor and ratify policies, guidelines, and operating procedures



During 2023/24, the IGC delegated work planning, monitoring, and reporting through the following sub groups:

- Infection Prevention and Control Sub-Committee
- Clinical Effectiveness Group
- Information Governance Steering Group
- Medicines Management Group
- Safeguarding Group
- Policy and Document Approval Group
- The IGC reported to the Divisional Board through its minutes, its Quality Assurance report, other reports and recommendations on significant issues and concerns and any other matters it considered necessary to escalate

3.4.5 Infection Prevention and Control Sub-Committee

The Infection Prevention and Control (IPC) Committee is a subcommittee of the Integrated Governance Committee. It reports on infection prevention and control to the Divisional Board and is chaired by our Infection Prevention and Control Consultant Adviser.

This sub-committee assures the Integrated Governance Committee and Divisional Board that controls, and monitoring are in place to ensure safe IPC practices are fully embedded within all clinical and non-clinical services.

The sub-committee offers professional interpretation and guidance to rigorously check standards/guidelines/instructions and compliance with external organisations and regulators such as the Care Quality Commission (CQC), National Health Service England (NHSE), United Kingdom Health Security Agency UKHSA, National Institute for Health and Care Excellence (NICE), Royal College of Obstetricians and Gynaecologists (RCOG), Human Fertilisation & Embryology Authority (HFEA), and Faculty of Sexual & Reproductive Health (FSRH), while also ensuring all MSI Reproductive Choices UK practices fulfil the overarching legislation of The Health and Social Care Act 2008.

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

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

- Reviewed/discussed IPC Quarterly Reports and Annual Report, which incorporates compliance with the ten criteria in relation to infection prevention and control within the Health and Social Care Act 2008 (updated December 2022)
- Reviewed/discussed the Corporate IPC Annual Plan & Gap Analysis Framework, which also incorporates compliance to the ten criteria in relation to infection prevention and control within the Health and Social Care Act 2008 (updated December 2022)
- Reviewed the IPC Strategy
- Reviewed the Supportive Quality Annual Review (SQAR) and Annual IPC Environmental and Clinical audit data
- Reviewed Compliance Monitoring Programme IPC-related audits and results
- Reviewed policies and SOPs as required
- Reviewed IPC risks on the Risk Register and IPC-related Adverse Events
- Reviewed and implemented new guidance in relation to all relevant aspects of Respiratory Infection including COVID-19 as disseminated via NHSE and UKHSA
- Reviewed and implemented new guidance in relation to all relevant aspects of IPC as disseminated via NHSE and UKHSA
- Reviewed IPC alerts relevant to the organisation
- Reviewed IPC training, competencies and compliance, including training for new IPC Leads re; i-progress to Proficient IPC Lead Programme (commenced for a period of 6 months to enhance knowledge, confidence, and competence of centre IPC Leads)
- Reviewed Flu/COVID-19 vaccines and disseminated relevant information in raising awareness of the benefits of vaccines/boosters, data obtained via a Microsoft line list for collating data on colleagues Flu and COVID-19 vaccination status
- Reviewed surveillance data inclusive of surgical site infections and outbreaks and discussed investigation results
- Reviewed Antimicrobial Stewardship
- Reviewed decontamination, waste, and water management including Legionella audit results

3.4.6 Clinical Effectiveness Group (CEG)

The Clinical Effectiveness Group (CEG) is a subgroup of the Integrated Governance Committee and is chaired by our Head of Nursing and Midwifery and associate head of Nursing and Midwifery.

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

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

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

The CEG meet quarterly, and standard agenda items include clinical audit monitoring and presentations, infection, prevention, and control standards updates, review of clinical pathways, clinical education, effective clinical standards, and client experience. Clinical audits conducted during 2023 were identified from the development of the 2023/24 audit plan and included did not proceed with treatment (DNP) EMA, did not proceed with treatment (DNP) Surgical, did not proceed with treatment (DNP) LARC. IUD Local anaesthetic and pain relief audit, the early warning score (TEWS) and medicines management (Please see 2.3.3). The improvement actions from these audits are continuously monitored by our centres and through the CEG.

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

The CEG also reviewed several clinical policies and practice during 2023/24, including our:

- Mifepristone for cervical preparation pathway
- Recognition And Management of Acute Asthmatic Exacerbation Standard Operating Procedure (SOP)
- Management Of Seizures SOP
- Intrauterine Contraception After Abortion Policy
- Management Of Spontaneous Miscarriage Following Cervical Preparation Policy
- Management of Post-Treatment Care Policy
- Ultrasound SOP



3.4.7 Information Governance Steering Group (IGSG)

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

Our Senior Information Risk Officer (SIRO) is the chair of the IGSG, which meets regularly to review our information governance (IG) activities. The Caldicott Guardian (MSI UK's Associate Clinical Director for Surgical Abortion) actively contributes to the IG function and liaises closely with our Data Protection Officer (DPO), helping to ensure our clients' confidential data is fairly and lawfully processed, in line with the data protection legislation and the eight Caldicott principles.

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

- Continuing to incorporate best practices required by the UK GDPR (General Data Protection Regulation) and data protection requirements into our business processes, such as data protection by design and default, including data protection impact assessments for projects and processes involving client information
- Producing the MSI UK Data Security and Protection Toolkit, which is nearing completion, with the aim of achieving 'Standards Exceeded' for the fifth year in a row
- Ensuring that mandatory information governance training statistics across MSI UK remain high and incorporating a bespoke role specific data protection and information governance training programme
- Ensuring unannounced visits to centres continue to conduct supportive quality reviews (SQARs) to support best practices, including data protection and information governance
- Improving cyber-security awareness internally through planned educational programmes and colleague testing.
- Continuation of our established deletion and destruction orders for electronic and paper-based records in line with the GDPR requirements.
- Reviewing policies and standard operating procedures, updated to include changes to best practices
- Conduct regular audits through the privacy officer role to govern our safeguarding team's Summary Care Record (SCR) access, and more recently the roll out of the SCR to select clinical team members in our centres to improve the client journey

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

3.4.8 Medicines Management Group

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

In the reporting year, the group achieved the following:

- Oversaw the development and implementation of patient group directives (PGDs) so that trained nursing and midwifery colleagues can provide medication (e.g., contraceptives) without the client having to wait for a doctor's prescription
- Reviewed compliance with external safe and secure handling of medicines and training
- Reviewed all medicines management incidents and risks to identify corporate learning opportunities and improvements
- Developed and reviewed policies and SOPs to support medicines processes
- Provided oversight and ensured adherence to relevant Medicines Alerts
- Provided antibiotic stewardship updates
- Revised the Medicines Management Audit Proforma, which forms part of our Compliance Monitoring Programme
- Reviewed and updated our formulary to ensure that it aligns with best practices for our services, ensuring cost-effective procurement accordingly



3.4.9 Safeguarding Group

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

This group provides assurance to the Integrated Governance Committee that effective controls and monitoring are in place to fully embed safeguarding best practices across the organisation. Safeguarding Group meetings have invited representation from external safeguarding designates from ICBs, who provide additional challenge and scrutiny. The group also ensures that legal requirements and national guidance are incorporated into our processes, meeting the requirements of our CQC registrations and that we collaborate with local partners to assure the safety of adults and children across all our services.

In the reporting year, the group:

- Reviewed and developed the following policies, pathways and SOPs:
 - Continuing Pregnancy Policy
 - Did Not Attend Policy
 - Domestic Abuse Policy
 - Managing Safeguarding Allegations Against Colleagues Policy
 - Safeguarding Adults, Children and Young People Policy
 - Care and Referral of Children under-13-years-old SOP
 - Digital Safeguarding and Malicious Content SOP
 - Internal Requests and Safeguarding Referrals SOP
 - NHS Referrals for Clients with Known Safeguarding and/or under-16-years-old SOP
 - Young Persons SOP
 - Children Looked After and Care Leavers Factsheet
 - Continuing Pregnancy Factsheet
 - Non-Fatal Strangulation/Suffocation Factsheet
 - Trauma-Informed Factsheet
 - Young Carers Factsheet
- Oversaw the integration of the role of Advanced Safeguarding Practitioner in 7 out of 9 regional treatment centres. These centres have high levels of safeguarding activity and serve clients from diverse demographics who often present with multiple and complex disclosures. The Advanced Safeguarding Practitioners (ASP's) role is to support all activities necessary to ensure our service meets its statutory responsibilities to safeguard and protect children, young people, and adults. Having an ASP in these centres has provided many benefits, including:
 - Continuity of care for vulnerable clients
 - Increased autonomy for the ASP
 - Advanced support available in the centre (ASP will be Level 4 trained)
 - Improved partnership working
 - Increased training/engagement/supervision (ASP will be trained in supervision)
- Oversaw the introduction of the position of Deputy Named Nurse. These additions are essential to bolstering our capacity and ensuring improved governance, performance and management support as we anticipate expanding service provision. The Deputy Named Nurse role is a strategic position within the Corporate Nursing Team that provides expert advice and support to colleagues on protecting and safeguarding vulnerable individuals. The role is focused on seeking national assurance that our activities support our service to meet its statutory safeguarding responsibilities. The Deputy Named Nurse is directly line-managed by the Named Midwife to ensure objectives are aligned with our organisational strategy.
- Received assurance of our reviewed Level 3 training to better reflect the disclosures seen within the organisation. The course content now includes increased resources related to trauma-informed practice, care-experienced young people, child criminal exploitation, and reproductive coercion. Using real case studies and scenarios, created modules, that reflect safeguarding situations colleagues are likely to encounter in their roles. This supports colleagues in applying these safeguarding concepts in real life so that our clients receive the highest standard of care and support during their time with us. Mandatory modules available include:
 - Child Sexual Exploitation
 - Documentation in Safeguarding
 - Female Genital Mutilation
 - Modern Slavery and Human Trafficking Intelligence
 - Safeguarding in Gypsy Romany Travelling Communities
 - Safeguarding Vasectomy
 - Trauma-Informed Practice
- Received assurance of an additional category to our incident reporting system, Datix. The 'Deviation from Safeguarding Policy' category provides insight into gaps in practice related to internal policies and procedures. These are raised and discussed at our weekly CLIPS meeting to share lessons learned and consider any mitigations required. Incidents reported under this category include:
 - Incomplete safeguarding proformas
 - Internal Requests and Safeguarding Alerts not added to the client record
 - Safeguarding incidents not reported on Datix.
 - Delayed follow-up



- NHS England granted MSI UK access to the Child Protection – Information Sharing (CP-IS) via NHS Spine, marking a significant advancement in our safeguarding capabilities. This development underscores the effectiveness of our audited utilisation of the Summary Care Record aspect of NHS Spine, demonstrating a balanced approach with robust justification

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

For further information of our safeguarding data and assurance please refer to our [Annual Safeguarding Report 2023](#).

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

MSI UK reports clinical incidents on Datix® and reviews them weekly during CLIPS conferences or virtual calls. Our quality and governance business partners lead these meetings, with support from governance facilitators and attendance from representatives from all regions and various subject experts. CLIPS provides a contemporaneous overview of all complaints, litigation, incidents, client feedback (including compliments and issues) and safeguarding.

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

CLIPS duties include:

- Reviewing all complaints, litigation, incidents, client feedback, and significant safeguarding concerns reported within the last week to agree on scoring, investigative approach, actions, and learning responses
- Identifying any significant incident that should be escalated as a 'serious incident'
- Identifying emerging themes and risks to ensure they are added to the appropriate Risk Register.
- Identifying any incidents or complaints that have the potential to become a legal claim
- Ensuring any immediate remedial action for identified complaints, litigation, incidents, client feedback and safeguarding that improves the client experience
- Seeking assurance from managers on closed incidents
- Identifying those significant events that should be externally reported and/or escalated to the executive management team

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

- A review and update of our telemedicine criteria and process
- Improved STI testing and reporting process
- A review and update of management of spontaneous miscarriage policy
- Introduction of a vasectomy infection risk assessment integrated into our electronic client record system

ANNEX 1 STATEMENT FROM COMMISSIONERS

Our ref: SO/SB
Please contact: Sarah O'brien
Email: sarah.obrien19@nhs.net
Personal assistant: Una Atton
Email: una.atton1@nhs.net

13th June 2024



Level 3, Christ Church Precinct
County Hall
Fishergate Hill
Preston
PR1 8XB

Tel: 0300 373 3550
www.lancashireandsouthcumbria.icb.nhs.uk

To:
Richard Bentley
UK Managing Director
MSI Reproductive Choices

Re: MSI Reproductive Choice UK Quality Account 2023/24 – Stakeholder Feedback
Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Board (LSCICB) welcomes the opportunity to review and comment on the MSI Reproductive Choice UK (MSI) Quality Account 2023/24. LSCICB would like to thank MSI for preparing this Quality Account, developing future assurance priorities, and acknowledging the importance of quality.

Commentary provided in this response letter relates to services commissioned by LSCICB as well as acknowledging key programmes of improvement work that MSI has undertaken during 2023/24 and resulting outcomes, where available. We have a continued commitment to commissioning high quality services from MSI and take seriously their responsibility to ensure that patients' needs are met by consistent and high standards of safe care, provision of effective services and that the views and expectations of patients and the public are listened to and acted upon.

LSCICB are pleased with the progress made against priorities set out for 2023/24, including work to ensure patients are seen and treated timely. We welcome the planned focus on optimising the surgical treatment outpatient pathway which should help to further improve the provision of surgical treatments carried out within ten working days of booking.

Although national clinical audits are not applicable to the services provided by MSI, LSCICB are encouraged to see that nationally published reports are considered in helping to identify learning and improvements that could be made to services and look forward to seeing the analysis of 'care differences experienced between ethnic groups'. MSI have completed a range of local audits and it is positive to read how the outcomes are being utilised to understand and improve service provision and the importance that clinical effectiveness has within the organisation.

It is positive to see a focus on staffing with improvements reported in staff survey results and a commitment to respond and learn from staff feedback. MSI report compliance against mandatory training and LSCICB are glad to see that modules relating to learning disabilities and autism have been included, to allow recognition and understanding of these client groups so that reasonable adjustments are able to be made to services. LSCICB are encouraged with the introduction of speak up guardians, aligned to Freedom to Speak Up, empowering staff to voice concerns and contribute suggestions for improvement.

MSI has a good patient safety culture with staff encouraged to report incidents and there is evidence of learning through incidents being embedded within the organisation. LSCICB are happy with MSI's approach to implementing the Patient Safety Incident Framework (PSIRF) and embracing the learning responses to learn from patient safety events.

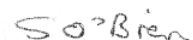
Patient Satisfaction remains positive and LSCICB are pleased to see a reduction in formal complaints with actions taken to make improvements as a result of feedback displayed through 'You said, we did'. LSCICB would encourage MSI to continue their efforts to improve client feedback response rates in order to maximise patient feedback.

The MSI Quality Account provides an open account of the achievements made in the past year, areas for improvement and describes the priorities for 2024/25 which includes making it easier to access treatment, a focus on staff satisfaction and staff retention rates and enhancing surgical abortion treatments offered within ten working days.

Ultimately, this work will culminate in improved services, experience, and outcomes for patients, with a continued focus on patient safety.

LSCICB appreciates the amount of work involved in producing this account and values the opportunity to comment, acknowledging the contribution to public accountability in relation to quality and enhancing the provision of safe and effective care.

Yours sincerely



Sarah O'Brien

LSCICB Chief Nursing Officer

ANNEX 2 STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY ACCOUNT

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

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

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

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and subsequently released supporting guidance where relevant
- The content of the Quality Report is consistent with internal and external sources of information, including:
 - Board minutes and papers for the period April 2023 to March 2024
 - Papers relating to quality reported to the board over the period April 2023 to March 2024
 - Feedback from commissioners dated 13th June 2024
 - MSI Reproductive Choices UK Annual Complaints Report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 9th August 2023
 - The MSI Reproductive Choices UK colleague feedback surveys between April 2023 and March 2024
 - The Quality Report presents a balanced picture of MSI Reproductive Choices UK's performance over the period covered
 - The performance information reported in the Quality Report is reliable and accurate

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Report has been prepared in accordance with NHS England's requirements 2023/24 and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report

To the best of their knowledge, the directors confirm that they have complied with the above requirements in preparing the Quality Report.

By order of the board:



Richard Bentley,
MSI Reproductive Choices
UK Managing Director



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



**REPRODUCTIVE
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