

# Marie Stopes International One Call

## Quality Report

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Date of inspection visit: 07 September 2017

Date of publication: 28/11/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Overall summary

MSI One Call is operated by Marie Stopes International.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced on 7 September 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

MSI One Call is the main contact centre for all MSI services in the UK. It provides the following: centralised patient booking, telephone consultation pre assessment, post procedure support and advice line and telephone counselling for patients attending any MSI clinics nationwide. MSI One Call is open 24 hours per day, seven days per weeks and is the first point of call for any patients wishing to access any of the clinic services provided at any MSI location.

We regulate termination of pregnancy services, but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of outstanding practice:

- MSI One Call had an outstanding major incident plan. This included the provision of a duplicate call centre site, equipped to provide the most current IT systems required to keep the service running. The alternative site had the ability to be fully functional within two hours, minimising the impact on patient services.
- Patient feedback was sought continuously and analysis of this was completed by an independent, external provider. There was consistent, positive patient feedback that that MSI One Call provided an 'exceptional' service.
- MSI One Call facilitated and supported the provision of independent, qualified clinical counsellors for the benefit of the whole MSI service. The counsellors'

# Summary of findings

provided free, therapeutic therapy sessions to patients' pre and post treatment. The amount of counselling was not limited but based solely on patient's individual needs.

We found the following areas of good practice:

- The lead clinical staff for safeguarding vulnerable adults and children had advanced training, knowledge and experience and provided effective support to all staff at the call centre.
- There was a flexible staff work pattern which enabled the service to have sufficient staff at all times in response to changeable patient call numbers.
- Patients' had their needs risk assessed by staff who understood what processes and policy they were required to follow.
- The building and working environment was secure and promoted patient privacy and staff safety and comfort.
- New staff completed a competency based training course at the start of employment. Systems were in place to provide ongoing staff training and support.
- There was evidence of effective team working and staff had a clear understanding of their own responsibilities and those of colleagues.
- Staff demonstrated a non-judgemental, kind and supportive approach to patients. Staff provided a patient led service; providing information, advice and support based solely in response to what patients called to enquire about.
- MSI One Call supported other MSI services to find interpreters to support with patient appointments.

- The centre was staffed and open 24 hours per day, seven days per week. Patients were offered a choice of treatment options at locations and times to suit them.
- Telephone counselling was offered to all patients who contacted any MSI service nationwide.
- There was a stable senior management team who had appropriate skills, qualifications and experience to provide effective leadership across the whole service.
- Senior staff had a clear understanding of quality and risk management issues related to the service. Action plans were documented and issues were kept under regular review.
- Processes were in place to obtain patient feedback and this was used to make service improvements.
- Staff were kept informed of local and national issues related to their roles. Staff reported a positive working culture and felt supported by senior staff

However, we also found the following issues that the service provider needs to improve:

- All staff should be supported to have in date mandatory training.
- All staff should be supported to have an annual appraisal.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

**Amanda Stanford**

Interim Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Termination of pregnancy

### Rating Summary of each main service

We regulate this service but we do not currently have a legal duty to rate when it is provided as an independent healthcare single speciality service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary. We have a duty to rate this service when it is provided as a core service in an independent hospital.

# Summary of findings

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# Marie Stopes International One Call

## Services we looked at

Termination of pregnancy;

# Summary of this inspection

## Background to Marie Stopes International One Call

MSI One Call is operated, commissioned and funded by Marie Stopes International. MSI clinics provide sexual health information, advice and treatments to approximately 100,000 patients each year. This includes approximately 70,000 termination of pregnancy treatments per year. This represents around a third of all terminations provided in England, the majority of which are for NHS patients. From the 30 June 2017 the Government agreed to pay the costs of consultation and termination of pregnancy fees for women from Northern Ireland.

MSI One Call is provided at Zeta House in Bristol. The service opened in 2000 and is the first point of contact for patients who are considering sexual health treatment through an MSI clinic. MSI One Call provides patient

booking and patient support, including some test results for sexually transmitted infections for MSI services registered nationwide. This included: 12 main MSI clinics, 52 early medical units (satellite clinics linked to a main clinic) and 24 vasectomy services.

The service has had a registered manager in post since 2011.

The service had previously been inspected during August 2016. At this time the service was meeting all standards of quality and safety it was inspected against.

We inspected MSI One Call using our comprehensive inspection methodology. We reviewed data provided at other MSI services to inform this inspection.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, Katharine Lewis and one other CQC

inspector. One of the inspectors had completed specialist CQC training for termination of pregnancy services. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

## Information about Marie Stopes International One Call

MSI One Call is registered to provide the following regulated activities:

- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

During the inspection, we visited all areas of the call centre. We spoke with 10 staff including; registered nurses, managers, reception staff and call operators. With patients' permission, we listened to nine telephone calls. We observed staff update nine patient electronic records.

MSI One Call was open 24 hours per day, seven days per week. Telephone calls were answered or made by trained call operators. The post procedure advice and support line was staffed only by registered nurses.

During a six month period between January 2017 and June 2017, MSI One Call answered on average 30,962 patient telephone calls per month.

Track record on safety

- There were no never events recorded between 1 January 2017 and 30 June 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Incidents had been categorised according to severity in order to distinguish if they had caused: no harm, low harm, moderate harm, severe harm, or death.

# Summary of this inspection

- From 1 February 2017 to 30 June 2017, 129 incidents had been reported which had been categorised as causing no harm or low harm.
- During the same period, four incidents had been reported which had been categorised as causing moderate harm. No other category of incidents had been reported.
- From 1 February 2017 to 30 June 2017, 18 safeguarding referrals had been reported to each identified patient's local authority (lead) safeguarding team.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found the following areas of outstanding practice:

- A robust major incident plan was in place. A replica call centre site was available with access to the same IT service and systems required to maintain the service with minimal disruption to patients'.

We found the following areas of good practice:

- The lead clinical staff responsible for safeguarding had advanced training, knowledge and experience. This person provided effective support to all staff at the call centre.
- The building and working environment was secure and promoted patient privacy and staff safety and comfort.
- There were sufficient numbers of staff to be flexible in response to changeable patient demand and call numbers.
- Patients' had their needs risk assessed by staff who understood what processes and policy they were required to follow.

### Are services effective?

We found the following areas of good practice:

- New staff completed a competency based training course at the start of employment. Systems were in place to provide ongoing staff training and support.
- There was evidence of effective team working and staff had a clear understanding of their own and others responsibilities

However, we also found the following issues that the service provider needs to improve:

- All staff should have been supported to have an annual appraisal.

### Are services caring?

We found the following area of outstanding practice:

- Patient feedback was sought continuously and analysis of this was completed by an independent, external provider. There was consistent, positive patient feedback that that MSI Once Call provided an 'exceptional' service.

We found the following areas of good practice:

# Summary of this inspection

- Staff demonstrated a non-judgemental, kind and supportive approach to patients.
- Staff provided a patient led service, providing information, advice and support based solely in response to what patients called to enquire about.

## Are services responsive?

We found the following areas of good practice:

- MSI One Call supported other MSI services to find interpreters to support with patient appointments.
- The centre was staffed and open 24 hours per day, seven days per week. Patients were offered a choice of treatment options at locations and times to suit them.
- Telephone counselling was offered to all patients who contacted any MSI service nationwide

## Are services well-led?

We found the following areas of good practice:

- There was a stable senior team who had appropriate skills, qualifications and experience to provide effective leadership across the whole service.
- Senior staff had a clear understanding of quality and risk management issues related to the service. Action plans were documented and issues were kept under regular review.
- Processes were in place to obtain patient feedback and this was used to make service improvements.
- Staff had been kept informed of local and national issues related to their roles. Staff reported a positive working culture and felt supported by senior staff.

## Detailed findings from this inspection

# Termination of pregnancy

- Safe
- Effective
- Caring
- Responsive
- Well-led

## Are termination of pregnancy services safe?

We regulate this service but we do not currently have a legal duty to rate single specialty termination of pregnancy services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

### Incidents and safety monitoring

- The organisation had introduced a new electronic incident reporting system in February 2017 and staff had been trained to use this. Staff we spoke with told us they knew how to report incidents and where to access information about incidents.
- From 1 January 2017 to 30 June 2017 there had been 133 reported incidents. Senior staff told us they used the incident guidance which included a matrix to rate the severity and impact of incidents. Most of the incidents reported (129) related to processes, guidance or policy not being fully followed by staff and had been rated as causing no harm or low harm to patients.
- From 1 January 2017 to 30 June 2017 there had been four incidents reported as causing moderate patient harm. We spoke with senior staff who demonstrated familiarity with these incidents. This included knowledge of how they had been investigated and what subsequent learning and actions had been put in place as a consequence. We looked at records which documented the incidents had been escalated to MSI head office. Staff directly involved with these incidents had been provided with additional training and support. This showed action had been taken to reduce the risk of the same incident reoccurring within the service.
- Processes were in place to review incidents for themes or trends. Senior staff demonstrated how incidents were reviewed for safety improvements and learning every

month. MSI One Call senior staff reviewed incidents by activating the system to run reports over specific time periods. These were reviewed for potential incident themes and trends and discussed at the relevant governance meetings.

- Learning from incidents was shared with relevant staff. Staff we spoke with told us how training and policy updates had been provided as a consequence of reported incidents. For example: amending predefined scripts for specific telephone conversations with patients. We saw this documented as completed in records provided.

### Mandatory training.

- MSI One Call staff were in date with most of the required mandatory training updates for their role. The provider set a compliance target of 85% for mandatory training, however due to high compliance MSI One Call, as a location, had increased their target to 95%. Records showed staff were 100% compliant for the following training: health and safety, display screen equipment, information governance, fire safety, Control of Substances Hazardous to Health (COSHH), level four safeguarding vulnerable adults and children and manual handling.
- Senior staff told us action plans had been in place to improve staff mandatory training where compliance levels were below the 95% standards set. This included: level two safeguarding vulnerable adults and children at 89% and equality and diversity training at 85%, as of June 2017. Data provided following inspection indicated that these had improved and as of September 2017 compliance was 98% for both.

### Safeguarding

- Most staff had been appropriately trained to safeguard children and vulnerable adults. National guidance (Intercollegiate Document, 2014) recommends staff

# Termination of pregnancy

should be trained to one of five levels of competency, dependent upon role and interaction with patients. Records showed 100% of staff had been trained to level one and 98% of staff had been trained to both level two and level three. The nurse manager had been trained to level four and the organisations national lead was trained to level five. These people were responsible for providing more expert advice and for ensuring services met the statutory requirements to safeguard children and vulnerable adults from abuse.

- The nurse with the lead safeguarding role had also attended a safeguarding managers course facilitated by a children's (local authority) safeguarding board. This course had also been attended by: teachers, police and social workers. The nurse told us this had enabled networking opportunities and promoted multiagency working.
- Additional safeguarding training had been provided to staff. We spoke with the nurse manager who told us they had recently provided bespoke safeguarding training sessions for call centre staff. This was in recognition that training packages often related to clinical practice areas. We saw scenario based discussion tools had been developed and used in group staff sessions. These aimed to prompt more in depth understanding of safeguarding and what potential telephone conversations might alert staff to consider a safeguarding referral.
- We reviewed records which showed from 1 January 2017 to 30 June 2017, MSI One Call had made nine safeguarding referrals. Information was kept relating to the nature of the referral, the date it was made and any other significant information. If patients who had been identified as having safeguarding risks did not attend MSI clinic appointments, the local authority safeguarding team and the patients GP were notified.
- Each day a senior member of staff was identified as the lead person for call centre staff to liaise with regarding any safeguarding concerns. Senior staff evaluated all potential patient safeguarding information and had responsibility for deciding the most appropriate actions to take. Call staff were able to alert senior staff during any call if they had immediate concerns. Senior staff were able to listen to calls and provide immediate advice and support to staff. All safeguarding alerts were recorded as incidents and information was reviewed and updated daily.

- The nursing staff had received additional training with regards to changes in the law related to female genital mutilation (FGM). This included new mandatory responsibilities to report this to the police if identified in young people aged below 18 years. Records showed 98% of nurses had completed FGM training.
- Training on child exploitation, referred to as 'PREVENT' had also been completed by most staff. The aim of 'PREVENT' was to educate staff about people at risk of becoming radicalised in relation to extremist groups. The training provided followed recommendations from national guidance (Working Together to Safeguard Children, 2015 and the Intercollegiate Document 2015). Records showed 86% of staff had completed this mandatory training.

## **Cleanliness, infection control and hygiene**

- The environment appeared clean, organised and tidy. No clinical services were provided directly to patients at MSI One Call.

## **Environment and equipment**

- The environment was set to facilitate telephone call operator services and specific areas were identified to enable different staff teams to be sat together. There were a number of additional meeting and training rooms available and staff rest areas. Call waiting information was viewable on overhead screens. This enabled staff to observe in real time the total number of calls received and the number of calls waiting to be answered.
- Equipment had been provided to promote staff comfort and safety. We observed cables were secured to prevent trip hazards. Staff had been provided with comfortable seating, headsets and microphones. This minimised distractions and enabled call operators to focus their attention on the patient.
- MSI counsellors worked from within a separate room in the call centre. This was done to further promote patient privacy and confidentiality.
- The organisations' IT staff were also based at the MSI One Call. Staff told us any IT issues had been quickly resolved.
- Systems were in place to manage any disruption or failure of the telephone systems. MSI One Call had mobile telephones and maintained a contract with an

# Termination of pregnancy

external telephone company. Staff used the mobile phones to contact the external site, the disaster recovery site, and the phone lines would be transferred across with minimal impact on services.

- The building was secure. Windows were lockable and entrances and areas were only accessible with a pass key. The pass keys were linked to individual staff and if lost could be immediately deactivated. CCTV cameras were operational and monitored by administrative staff.
- Staff spoke positively about the working environment, which was light and airy. Staff had sufficient space to complete their assigned tasks.
- Processes were in place to ensure equipment was safe to use. We reviewed audit records dated 1 January 2017 to 30 June 2017. These recorded that 94% of the required maintenance checks had been completed.

## Medicine Management

- No medicines were stored at MSI One Call.

## Records

- Systems were in place to ensure records protected patient confidentiality. Electronic patient records were completed for every patient who called the centre. These records were password protected and access was limited to those staff who had a right to access them.
- Each patient was set up with personal identification and a password to assist in protecting confidentiality. This information was asked for at the start of every call to ensure information was discussed and shared only with the person with knowledge of the correct access information. This included the patients GP who was required to provide the correct codes prior to any patient information being discussed.
- Patient records were updated promptly each time a patient called. Patient information was checked and updated during the time the patient called. Records were fully completed before the next call was taken. This ensured patient records contained the most up to date information. We observed staff update nine patient electronic records during and straight after telephone calls.
- Processes were in place to enable the counselling service to maintain up to date records. The counsellors provided half hour pre-booked slots.
- All patient telephone calls through MSI One Call had been recorded and kept securely by the provider. This was done to provide an audit trail from the first point of

patient contact. Senior staff told us they were in the process of reviewing the information governance policy and procedure to potentially revise how long telephone records should be kept.

- Processes were in place to ensure patients' medical records had been completed in accordance with MSI policy and procedure. Each day, five records were randomly selected and reviewed by senior staff for compliance with MSI record keeping standards. Records dated 1 January 2017 to 31 March 2017 showed compliance with standards was 98%. From 1 April to 31 July compliance was as 99%. Records also noted the date any required feedback had been provided to staff.

## Assessing and responding to patient risk

- Processes were in place to ensure patients' needs were assessed and responded to by the most appropriate staff. Trained call handlers received each incoming call and based on the information provided, transferred calls to the most appropriate staff team. Staff were clear regarding the scope and boundaries of theirs and others roles, and followed a pre-determined script to assess and respond to patient needs. Team leaders were available in all areas and provided additional staff support and advice when necessary. In addition, five senior staff provided an on call service between 8pm and 8am.
- Processes were in place to assess patients' risks. Patients who wished to proceed with treatments had a telephone pre assessment with a trained health care assistant. We listened to two telephone pre assessments with patients. Staff followed a defined process and algorithm's to gather information relating to the patient's medical history and possible treatment options.
- The pre assessment plan was completed in conjunction with MSI pre-existing conditions guidelines. We reviewed these guidelines (dated May 2016) which were used by staff to determine if other actions were necessary prior to booking a clinic appointment. There were guidelines to risk assess for 61 pre-existing health conditions. Staff followed a pre-defined list of questions to assess for safety and suitability to proceed to treatment. Staff sought further clinical advice from team leaders, nursing staff or doctors (employed by MSI remotely) when required or if any patient condition was not included in the guidance.

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- Each identified pre-existing condition was graded out of four dependent upon an assessment of each patients' risks. The first confirmed suitability for treatment and the second indicated further information was required before a decision could be made. Staff told us this necessitated asking the patient for permission to contact their GP or treating consultant for further information. The third rating confirmed unsuitable for treatment. If patients did not consent to medical practitioner being contacted or if assessed as unsafe to proceed, the patient was redirected to an NHS service. The fourth category noted potential for the patient to be treated but the decision was referred to MSI lead medical staff.
- A patient post procedure support and advice telephone service was available at all times. Patients were provided with information about their treatments before they were booked in to receive care. This included possible risks and side effects and what symptoms to look out for that would require medical attention. Only the registered nurses based at the MSI One Call assessed patients' clinical risks and needs. The nursing team were based in the main call centre and were accessible to all staff working there. Medical staff and other senior nurses and managers were available to review clinical information and provide additional support and advice when necessary.

## Staffing

- The staffing model used at MSI One Call was flexible and sufficient to be able to respond to the changeable volume of calls. The call centre had a minimum number of call operator staff which had been established as required to be able to meet patients' needs at all times. The staffing level each week was calculated and adjusted in response to the number of incoming calls received the previous week. Approximately 48 whole time equivalent (WTE) staff worked every week. This included contracted and sessional staff.
- An additional 20 FTE care assistant staff were employed to make pre-arranged outbound calls to patients. The main function of these staff was to complete pre-treatment assessments. The exact number working each week was calculated in the same way as for call operator staff. This meant there was sufficient staff at all times to respond to patient's needs.

- There were sufficient numbers of registered nurses to provide a clinical advice patient service 24 hours a day, seven days per week. There were nine WTE nurses and an additional six WTE nurses employed on a sessional basis.
- There were sufficient numbers of trained counsellors available to meet patients' needs. Through analysis of patient calls, MSI One Call had calculated that between 7% and 10% of patients chose to access the telephone counselling service. There were 2.8 FTE counsellors with an additional four WTE staff available on a sessional basis.
- No medical staff were based at MSI One Call. Doctors working for MSI were able to review patients' records completed by MSI One Call remotely through the IT system. This enabled assessment of each patient's risks and needs could be made prior to prescribing medicines.

## Major Incident awareness and training

- MSI One Call had a robust major incident plan in place. A replica call centre site had been rented. This included the provision of the same IT service and systems but these had been powered from a different IT server. The replica sites IT processes were updated (remotely) every half an hour to ensure that in the event of a major incident at the main site, the replica site had the most current systems available. The replica call centre could be ready for use within two hours. Senior staff told us they visited the alternative site every year unannounced, which enabled them to be assured that the back-up service was fit for purpose.

## Are termination of pregnancy services effective?

We regulate this service but we do not currently have a legal duty to rate single specialty termination of pregnancy services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

## Evidence-based treatment

- No direct physical patient treatment was provided by the MSI One Call service.
- Health screening was offered to patients based on what local clinical commissioning groups (CCG) had agreed

# Termination of pregnancy

with MSI services. When patients initially telephoned the service they were asked for their GP details. When this information was put into the MSI One Call IT system it triggered a link to the patients CCG. The call handler was then able to offer tests for sexually transmitted infections that the patients CCG commissioned to be provided.

## Pain relief

- Patients were advised and supported how to manage pain after treatment. We heard call staff explain what level of pain was typically associated with each procedure and what medicines could be taken to alleviate symptoms. Patients were advised whom to contact and when in the event of persistent pain following discharge.
- National guidance was followed regarding pain relieving medicines. Staff advised patients to use non-steroidal anti-inflammatory drugs to relieve discomfort and pain. This followed the Royal College of Obstetricians and Gynaecologists (2015) recommendations.

## Patient outcomes

- MSI One Call was the first point of contact for patients considering using one of the services provided at any MSI UK clinic. Consequently, patient outcome information was limited.
- MSI One Call service monitored the number of patients who required medical care following treatment in order to assist in making wider MSI service improvements. The post procedure helpline was facilitated by registered nurses based at the call centre. A record was maintained of patients who contacted the helpline and were subsequently advised to contact their GP or attend an emergency service. These patients were called at a later date to review outcomes. When patients had had complications confirmed or had required further treatments, this information was shared directly with the other MSI clinical locations.

## Competent staff

- Systems were in place to train and support staff in their roles. On employment at MSI One Call, staff were required to complete a training programme specific to their role. Part of this included observation in practice and staff were required to be signed off as competent before answering calls independently. Staff were

supported by a manager and allocated team 'buddies'. In the call centre, experienced staff 'floorwalkers' were available to provide immediate support during a call if required.

- MSI One Call had a suite of training rooms and senior staff confirmed that update training sessions were provided as and when required. The most recent had been additional bespoke safeguarding training.
- The Required Standard Operating Procedure 14 (Department of Health, 2014) requirements state that all patients should be offered therapeutic support by trained (to Diploma level) counsellors. We saw the diploma certificates of the counsellors to confirm this requirement had been met. The counsellors were accredited and registered with the professional standards authority British Association for Counsellors and Psychotherapists (bacp[LK(1)]). The counsellor's received independent support from an experienced senior counsellor.
- Staff confirmed that policies and employee information were easily accessible. Scripts for telephone conversations were collected every morning by staff and handed in at the end of the day. Staff said this was done to enable training staff to amend scripts or information as required and ensure staff were referring to the most current policy when speaking with patients.
- However, not all staff had been supported to have an annual appraisal. We reviewed records which stated 84% of staff had received an appraisal of their performance and development learning needs.

## Multidisciplinary working

- We observed staff worked cohesively together within their specific teams and more generally throughout the call centre. Staff were clear regarding their own and others responsibilities. All the staff we spoke with were positive about team working practices.
- Staff liaised with other professionals appropriately and this was documented in patient records. For example; with GPs and local authority safeguarding teams.

## Access to information

- The systems used at MSI One Call enabled staff to be able to access all patient information required to effectively complete tasks and respond to patient needs. This included access to the appointment systems used at all MSI clinics and the counsellors diaries.

# Termination of pregnancy

- MSI medical staff who worked in other areas were able to access the medical records made at MSI One Call. This was done in order to make clinical judgements regarding treatment and care being offered or provide prescriptions to patients.

## Consent, Mental Capacity Act and Deprivation of Liberty

- The call centre staff were not involved in consenting patients for treatment. However all registered nurses were required to complete training on consent as this was mandatory. We looked at records which showed 94% of nurses were compliant with this training.

## Are termination of pregnancy services caring?

We regulate this service but we do not currently have a legal duty to rate single specialty termination of pregnancy services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

## Compassionate care

- Staff demonstrated a non-judgemental, kind and supportive approach to patients. We listened to nine patient telephone calls. Staff were respectful of patient's views and were polite, friendly, and helpful. Staff provided patients with the time they needed to explain their individual circumstances.
- There was consistent and very positive feedback from patients who had received a service from MSI One Call. Patients were requested to complete a feedback questionnaire. Included were questions related to whether staff on the phone had sounded understanding and supportive. An external service produced quarterly reports based on feedback. We looked at the results of the last two patient surveys dated January 2017 to March 2017 and April 2017 to June 2017. These documented that approximately 4000 patients completed the questionnaire every month. Satisfaction (rated between 'good' and 'excellent') with the service provided was high with 95% of patients satisfied with the service they had received. The majority, 80% reported that the service was 'excellent'.

## Understanding and involvement of patients and those close to them

- Processes were in place to fully involve patients with their care and treatment. MSI One Call staff provided a patient led service. Call centre staff gave information, advice and support based solely on what patients called to enquire about. We observed staff asked patients repeatedly if they understood all information and encouraged patient's questions.
- All independent services providing termination of pregnancy services are required to follow the Department of Health's Required Standard Operating Procedures (RSOPs). These are based on law and best practice standards and RSOP 14 concerned the provision of counselling services. This states that all women requesting a termination should be offered the opportunity to discuss their options and choices in a non-directive and non-judgemental way. We observed during nine telephone consultations that staff demonstrated this practice and patients' answers were documented in records.
- Patients were offered additional time to discuss their options with counsellors who had been trained to provide therapeutic support. The counsellors were based at MSI One Call and offered a nationwide telephone counselling service. The therapists were also able to offer a limited number of face to face appointments at other local MSI clinics. Senior staff told us that patients were able to have as many counselling sessions as they required in relation to MSI treatments they were considering or had received.

## Emotional support

- Counselling was optional unless the patient was under 16 years and requesting a termination. In these circumstances, MSI policy was that face to face counselling was mandatory for patients under 16 prior to treatment. Staff at MSI One Call would book patients directly into these appointments, provided through MSUK clinics. This was done in order to be confident that each young person had been able to discuss their options and feelings in an unbiased, supportive and non-judgemental way.
- A patient telephone support service was available 24 hours per day, seven day per week. Nursing staff checked patients' emotional well-being during calls. Counselling and other support information was explained to patients during calls and consultations. Information about support and counselling was also available on the MSI website.

# Termination of pregnancy

- We regulate this service but we do not currently have a legal duty to rate single specialty termination of pregnancy services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

## Are termination of pregnancy services responsive?

### Meeting the needs of local people and individuals

- MSI One Call was commissioned and funded by Marie Stopes International to act as the first point of call for any patients wishing to access any of the clinic services provided at any MSI location nationwide.
- The call centre provided the following services: centralised booking, telephone consultation pre assessment, post procedure support and advice and telephone counselling for patients attending any MSI clinics nationwide. This included: 13 main MSI clinics, 52 early medical units (satellite clinics linked to a main clinic) and 24 vasectomy services.
- An interpretation service was available for patients for whom English was not well understood. MSI One Call supported other MSI services to find interpreters to support with patient appointments. We reviewed records dated 1 January 2017 to 31 March 2017 which showed 1339 interpreters had been found to assist patients who had required this service. From 1 April 2017 to 30 June 2017 the number of interpreters sourced to support patients was 1177.
- MSI One Call offered patients the option of receiving text reminders on the correct date to prompt the use of pregnancy tests. These were recommended to ensure medical treatments had been successful. Between 1 January 2017 and 30 June 2017, MSI staff had sent reminder texts at the appropriate time to 2,372 (100%) of patients who had requested them.

### Access and flow

- MSI One Call centre was staffed and open 24 hours per day, seven days per week. Based on each patient's individual circumstances, patients were offered a choice of treatment options at locations and times to suit them.
- MSI One Call had required a new telephone system upgrade and this had impacted on the percentage of

calls lost. During January 2017 the percentage of calls lost was 44%. Between 1 February 2017 and 30 June 2017 the percentage of calls logged as lost was between 2% and 9.5%. Senior staff confirmed whilst the main system errors had been corrected, minor issues continued to impact the call centre. We reviewed records which documented action plans to resolve these issues had been put in place and had been kept under regular review. It was anticipated the upgrade and additional required staff training would be completed by the end of September 2017.

- The counselling service was provided in a timely and responsive way to meet patient needs. Telephone counselling was offered to all patients who contacted any MSI service nationwide. Counselling was available Monday to Friday between 8am and 8pm and on Saturday from 8am and 1pm. Call operators were able to see the counsellor's calendars and offered patients dates and times to choose from. We reviewed records which stated on average, patients waited between one and two days to speak with a counsellor.

### Learning from concerns and complaints

- From 1 June 2016 to 30 June 2017 there had been three formal complaints and 93 informal complaints logged by the service. The most common reasons for patient complaints related to the availability of appointments (29 complaints) at other MSI clinics and misunderstanding of information (24 complaints). Documents recorded how complaints had been investigated in a timely manner and what actions had been taken as a consequence. This included the development of additional staff training emphasising the impact of 'soft' communication skills such as tone of voice.
- Any complaints, comments or suggestions from patients were shared with staff. This was done through the weekly staff newsletter, and staff team updates. Staff we spoke with told us information and learning from complaints across the organisation was shared at team meetings.

# Termination of pregnancy

## Are termination of pregnancy services well-led?

We regulate this service but we do not currently have a legal duty to rate single specialty termination of pregnancy services. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

### Leadership/culture of service related to this core service

- The Department of Health certificate to provide termination of pregnancy services was displayed in public area. This complied with good practice recommendations by the Department of Health.
- All the staff we spoke with reported the working culture to be positive, friendly and supportive. Staff told us that they felt able to raise issues or concerns with senior staff who were approachable, accessible and experienced. All of the staff we spoke with told us they enjoyed working at MSI One Call.
- Senior staff at MSI One Call had appropriate skills, knowledge and experience to provide effective leadership. The registered manager and deputy demonstrated a clear understanding of the specifics of the service. These staff had an understanding of the MSI vision and strategy and of the day to day priorities and pressures at the One Call service.

### Governance, risk, management and quality measures for this core service

- MSI One Call was commissioned by MSI UK to be the main UK contact centre for all MSI UK services. Key performance indicators (KPIs) for the service were reviewed and agreed by MSI UK annually. The KPIs were focused on the provision of a flexible and responsive service that was to be available 24 hours per day, seven days per week. This was achieved and evidenced through the service's governance processes.
- The registered manager and other senior staff demonstrated clear understanding and oversight of quality and risk management for the service. Every day, senior staff met to review the service provision and issues which had the potential to impact on the quality of the service. We looked at a daily briefing record. This had quality and risk information recorded for the

previous seven days. Data had been analysed to establish when the busiest times had been. A narrative had been added to explain any deficits, and action plans put in place to mitigate any identified risks. Team and safeguarding leads for the day were identified and communicated to all staff. We observed these details displayed throughout the call centre.

- Every week, nine senior staff with various lead roles and responsibilities met for a managers meeting. Senior staff told us they had a standing agenda which was adjusted as required to include other governance related information. We looked at meeting minutes dated 7 September 2017. A range of governance information had been documented as discussed. For example, information relating to: safeguarding, IT systems, accounts, recruitment and mandatory training, risks, audits and policy. Actions from the previous meeting were documented as completed and new action plans which identified timescales and the person accountable, had been recorded.
- All staff we spoke with told us they were confident to escalate issues to senior staff. We observed all staff moved easily within the call centre to communicate with different teams and leads as required. Risk and quality updates were seen to be documented and provided to senior staff at the time they became apparent.
- Incident and risk information were reviewed for learning and appropriate actions put in place to mitigate against further similar issues. We looked at how one incident rated as having had moderate patient harm and one reported near miss incident had been reviewed. Appropriate actions had been put in place to reduce the risk of additional similar issues reoccurring. The registered manager and four other senior staff had completed training to investigate incidents. These staff and an additional five other senior staff had been booked to attend new incident investigation training during October and November 2017.
- Patient contacts were monitored to ensure MSI One Call policy and processes were complied with by staff. All telephone calls at MSI One Call were recorded and had been placed in secure storage. This provided an audit trail of each patient's information from the first point of contact. All staff had their phone calls monitored at least monthly by senior staff as part of an ongoing quality audit to review and maintain compliance with MSI

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policy and practice standards. Feedback was provided to individual staff and additional coaching or training provided where necessary. We saw this documented as completed in records.

- Processes were in place to link governance information from the MSI One Call service and the MSI UK board and vice versa. Senior staff monitored quality and risk issues on a daily basis. National leads were contacted whenever required in order to escalate issues or get additional expert advice. MSI One Call produced a quarterly governance report summarising key performance, quality and risk information, and actions taken or planned in response. This report was reviewed by a board subcommittee, who reported directly to the trust board.
- We reviewed the last two reports covering the period 1 January 2017 to 30 June 2017. The report style had recently been changed to reflect the Care Quality Commissions five core inspection and compliance priorities (safe, effective, caring, responsive and well led). Whilst in some areas there was a lack of written detail, senior staff demonstrated full understanding of the key risks, pressures and service priorities and what actions were required to drive through improvements. Staff told us they were reviewing how information was presented in the report in order to make future reports more thorough.
- The quarterly governance report included a risk register which had been red, amber, green (RAG) rated in relation to the seriousness and / or impact issues had been assessed to have. One item had been assessed as red (significant impact) which related to the installation and set-up of the new telephone system. Records showed this had impacted by increasing the number of patient calls lost during at the beginning of 2017 and caused other issues with the electronic records. Plans had been put in place to address issues, and progress was being kept under regular review. We saw this documented in various meeting records.

## Public and staff engagement

- Processes were in place to obtain patient feedback. This was done to monitor and assess the effectiveness of the services provided and make service improvements. All patients were invited to complete a survey regarding their experiences. Approximately 4000 patient feedback

questionnaires had been completed each month. MSI One Call commissioned an external company to independently process and evaluate all patient feedback.

- A report summarising patient feedback was provided to MSI One Call every three months. We reviewed the report for the period April, May and June 2017 which had also compared feedback results during January to March 2017. Patients had been asked to rate their experience of: first contact with the call centre, the telephone consultation and booking an appointment. The overall analysis was that MSI One Call provided an 'exceptional service'.
- The majority of negative patient feedback related directly to the availability of appointments in other MSI clinics. Where this had been identified, senior staff liaised directly with the service concerned. A minor number of patients (1%) provided negative feedback regarding how information had been explained to them and how sympathetic staff had sounded on the phone. We saw staff training had been reviewed and adapted in response to this.
- Systems were in place to provide staff with regular MSI service updates. A weekly newsletter was emailed to all staff. We reviewed two newsletters dated 18 August 2017 and 7 September 2017. These contained a mixture of MSI service information, policy and guidance updates and staff social events. A standing agenda item was patient feedback. Two patients had provided positive feedback which was detailed in one of the newsletters.
- Every two months the registered manager scheduled a 15 minutes telephone 'shutdown'. This time was used to provide a range of significant MSI performance updates. A slide presentation of this information was made and placed on the organisations intranet for staff to access. We reviewed the presentations dated May 2017 and June 2017. Both gave summaries of performance data, policy and service information relevant to MSI One Call.
- We observed there were staff information boards around the building providing contact numbers and names for various work related issues. In addition, there were regular social activities and competitions. Staff told us these supported positive team working.

## Innovation, improvement and sustainability

- Staff were supported to develop their skills and complete additional qualifications. Senior staff told us two call centre staff had been supported by the

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organisation to attend and complete counselling qualifications. This included financial support with course fees and books and study leave. These staff had then been able to assist and support the counselling services.

- Senior staff told us they had identified individuals who showed potential for management responsibilities and these individuals were being mentored.

# Outstanding practice and areas for improvement

## Outstanding practice

- MSI One Call had an exceptional major incident plan. This included a duplicate call centre site, equipped to provide the most current IT systems required to keep the service running. Senior staff completed their own unannounced 'spot checks' on this service to ensure it was fit for purpose. The alternative site had the ability to be fully functional within two hours, minimising impacts on patient services.
- Patient feedback was sought continuously and analysis of this was completed by an independent, external provider. There was consistent, positive patient feedback that that MSI One Call provided an 'exceptional' service.
- MSI One Call facilitated and supported the provision of independent, qualified clinical counsellors for the benefit of the whole MSI service. The counsellors' provided free, therapeutic therapy sessions to patients' pre and post treatment. The amount of counselling was not limited but based solely on patient's individual needs.

## Areas for improvement

### Action the provider SHOULD take to improve

- All staff should be supported to have in date mandatory training.
- All staff should be supported to have an annual appraisal