BPAS
British Pregnancy Advisory Service

Safeguarding Annual Report 2022/23

Contents

Foreword

The transformative journey that BPAS is on in safeguarding, and as an organisation as a whole, requires us to embrace change, challenge existing practices, and prioritise the continuous improvement of our systems and processes.

Rachael Greshon RN, RM, BSc
Chief Nurse and Midwife and Executive Lead for Safeguarding

As the Chief Nurse & Midwife and Executive Lead for Safeguarding, I am delighted to introduce this transformative focused safeguarding report for BPAS. This initiative represents a significant milestone in our ongoing commitment to ensuring the safety and well-being of all patients and individuals under our care.

In recent years, the landscape of healthcare has evolved at an unprecedented pace, driven by advancements in technology, research, and the ever-growing expectations of patients and their families. Alongside these advancements, it is essential that we continuously strengthen our efforts to safeguard those who entrust us with their health and welfare.

Safeguarding encompasses a broad range of measures aimed at protecting vulnerable individuals from harm, abuse, and neglect. It is a responsibility that extends across all levels of our healthcare system, from frontline caregivers to administrative leaders, and encompasses every aspect of care provision.

This collaborative approach to safeguarding transformation is crucial, as no single individual or entity can fully address the multifaceted challenges we face. By fostering a culture of vigilance, compassion, and accountability, we can collectively create an environment where every person feels safe, respected, and empowered.

This transformative journey requires us to embrace change, challenge existing practices, and prioritise the continuous improvement of our systems and processes. It demands that we listen to the voices of those we serve, adapt to emerging risks, and leverage technology and data to enhance our safeguarding efforts.

By investing in comprehensive training, robust policies, and effective communication, we can empower our healthcare workforce with the knowledge and skills they need to recognise and respond to safeguarding concerns. Equally important is our commitment to fostering a culture where reporting and whistleblowing are encouraged, and those who speak up are supported and protected.

I am proud to stand alongside the dedicated professionals who have committed themselves to this transformative journey. Together, we have an opportunity to set new standards of excellence in safeguarding, to learn from one another's experiences, and to continually strive for a healthcare system that ensures the safety and dignity of all.

Through the pages of this comprehensive guide, we hope to provide valuable insights, practical strategies, and inspiring examples of best practices that will guide and inform of our safeguarding transformation. May it serve as a catalyst for change, sparking conversations and actions that will drive us closer to our shared goal of a healthcare system that safeguards every individual with unwavering dedication and compassion.

Let us embrace this transformative journey together, knowing that each step we take brings us closer to a brighter, safer, and more inclusive future for all those who depend on us.

Introduction

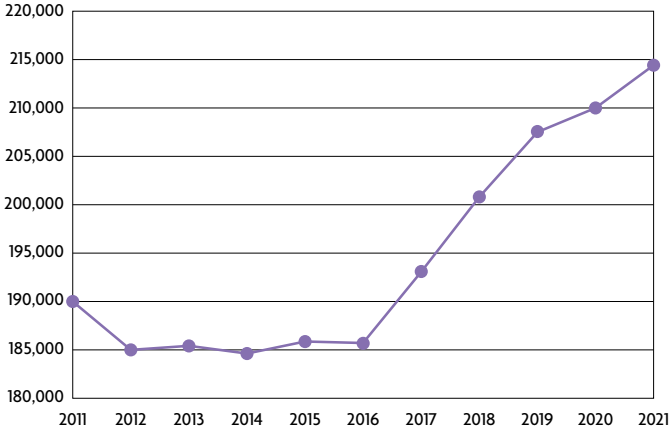
Pregnancy can be a high risk time for many women and girls. BPAS are committed to ensure that anyone who contacts the service, and those around them are safe and free from harm - whether an abortion is completed or not.

Amy Bucknall RN, BSc, MSc
Head of Safeguarding and Advocacy

This is the inaugural annual safeguarding report from the British Pregnancy Advisory Service. This report aims to demonstrate our commitment to ensuring the safety, protection and welfare of our patients. This report will review the safeguarding activity, progress and areas of improvement between the 1st April 2022 and 31st March 2023.

In the reporting period, BPAS treated 107,612 people for abortion. This is the most amount of patients ever treated by BPAS in a year period. It demonstrates the consistent upward trend in people seeking abortion care as demonstrated in the Graph: National Abortion Data 2011-21 (Office for Health Improvement and Disparities, 2021).

Graph: National Abortion Data 2011 2011-21



Due to the increasing number of people seeking abortion, the rates of safeguarding disclosures and subsequent interventions is also increasing as this report will demonstrate.

Pregnancy can be a high risk time, and can exacerbate existing safeguarding issues or can be the first time that issues emerge. There are many safeguarding issues faced by BPAS patients. Issues often seen include;

- Domestic abuse
- Coercive control including reproductive coercion
- Mental health
- Exploitation
- Sexual abuse/assault

Additional support and interventions may be needed to safeguard people through a pregnancy, and onwards- no matter their decision regarding abortion. BPAS work closely with external partners to safeguard those at risk. This report aims to demonstrate the ways in which we work together with agencies such as the police, social care, NHS and third sector organisations in accordance with Working Together to Safeguard guidance (DH Education, 2018).

BPAS ensure that we meet our statutory responsibilities to safeguard people at risk, under the Care Act (2014), the Children Act (1989/2004), Working Together to Safeguard Children (2018) and the Mental Capacity Act (2005). This report will demonstrate compliance to safeguarding guidance and legislation. This report should be read alongside the 2022-23 Section 11 audit (Children Act, 2004) which will provide additional assurance in safeguarding at BPAS.

Case study

To frame this report - it is important for external stakeholders to understand the vulnerabilities of the patients we support, how abortion provision works in the UK and the complexity of the journeys within abortion care.

In order to share this with the impact that it deserves, a real life, anonymised case study will be used. This is the story of Jo (not her real name).

Jo is 16 years old. She contacts the Booking and Information Centre to share that she has missed 2 periods and thinks she is pregnant. Jo is booked for an ultrasound scan and a face to face consultation.

At her ultrasound scan, Jo is found to be 22 weeks and 2 days pregnant, and she is nearing the legal limit for treatment- with 1 week and 4 days remaining to obtain treatment.

A safeguarding risk assessment is completed and Jo shares that she:

- Has no adults in her life she thinks are safe or supportive
- She describes her mum as 'angry' and 'stressed'
- Comes from a religious background where abortion is not accepted
- Has a same age partner who 'shouts at her' and 'makes her feel bad' and is involved with drugs
- Has had a social due to an 'older boyfriend' but the case was closed the previous year

BPAS reassure Jo that we will do everything to help her, and the midwife who sees her seeks immediate safeguarding advice. The only appointment available for Jo at her gestation is in London. This will be a 2 day appointment with an overnight stay. Jo lives in the North East of England. She has no safe adult to support her to treatment and stay with her overnight. The midwife is concerned that this may affect Jo's pregnancy choices.

An urgent social services referral is made regarding her current and future safety- with a request for a strategy meeting to be convened within 24 hours. The referral is initially declined- stating they cannot support Jo until she is continuing the pregnancy.

BPAS escalate this decline to a team manager in social services and to the Integrated Care Boards Designated Safeguarding Professionals and the case is opened.

Contact is also made with Jo's General Practitioner, her school Designated Safeguarding Lead and Pastoral Care, and to the local sexual health service. This gathers more information about Jo's background and safety. We request their attendance at a strategy meeting along with a social worker.

Contact is made with Jo's local NHS hospital. They cannot treat her, as she does not have any medical conditions, and their waiting lists will proceed her legal timeframe. Jo will have to travel to London without exception for care at BPAS or in the NHS due to her gestation.

BPAS lead the strategy discussions as subject matter experts in abortion care, regarding the need for urgency is assessment and support- due to the legal limit for abortion care. Collaboratively agencies are able to strategise, and identify possible safe adults for Jo that could support her in obtaining treatment.

Jo is included in the discussions, and her wishes and feelings are included throughout. We are honest with Jo about the complexities so she can understand why we need to involve her support network.

Using a multi-disciplinary team approach support persons are identified, contacted and assessed. The person, an aunt is involved and consents to the plan, with wraparound support form social care and BPAS aftercare midwives. BPAS source the funding for travel and overnight accommodation for Jo and her aunt. We make sure they have access to food and supplies for their stay.

Jo successfully achieves abortion care and has an implant fitted at her appointment. Section 47 enquiries continue for Jo after this.

Safeguarding governance

Safeguarding Structure

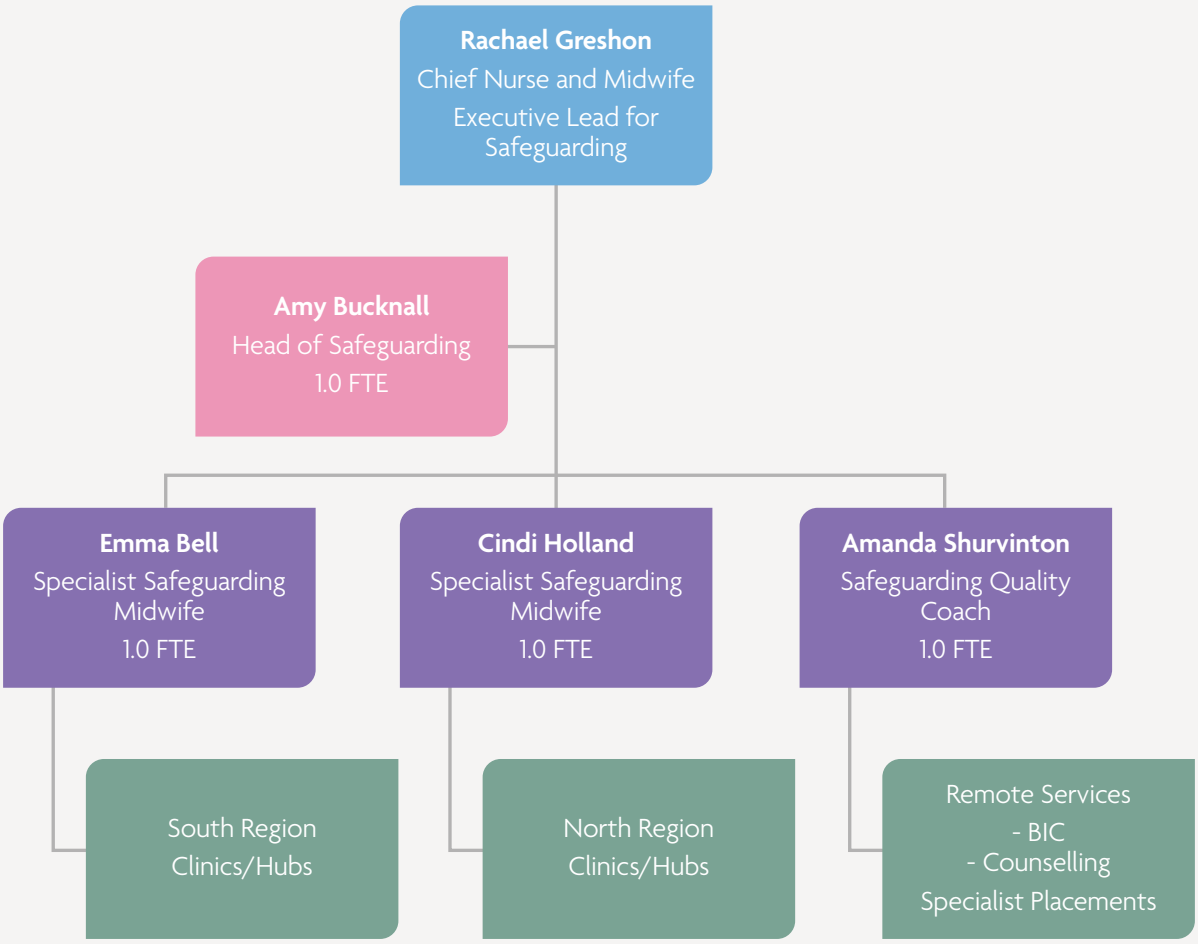
In 2022-23, a new safeguarding structure was embedded, to improve the governance for a growing organisation. This included the development of the National Safeguarding Team which saw the recruitment of:

- 2 Safeguarding Specialist Midwives with NHS experience of safeguarding
- A Safeguarding Quality Coach for remote services with MASH experience
- A Head of Safeguarding with significant NHS leadership experience

This financial commitment to safeguarding at BPAS demonstrated the understanding of the executive board, that the complexities and vulnerabilities of patients had increased following the COVID-19 pandemic.

The Diagram: Safeguarding Structure Flowchart shows the organisational structure for safeguarding at BPAS implemented in 2022-23.

Diagram: Safeguarding Structure Flowchart



Safeguarding meetings

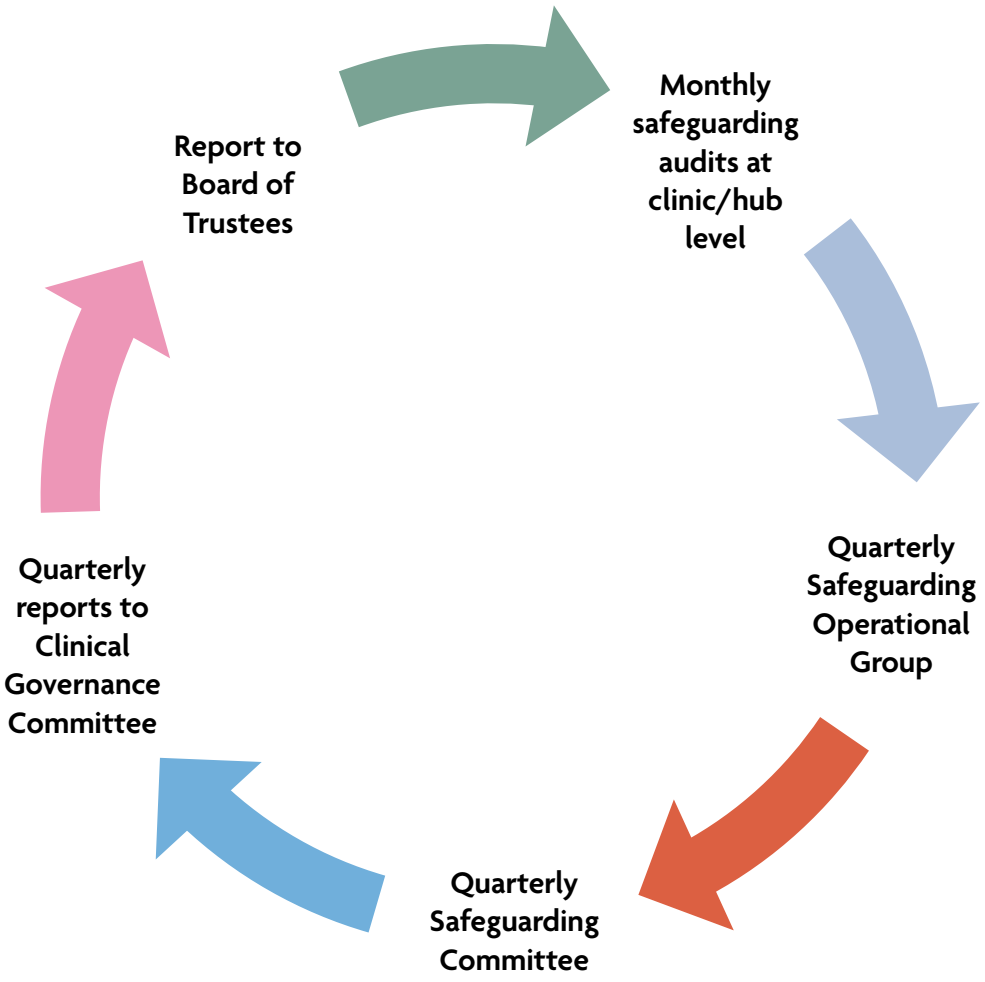
With a larger, skilled National Safeguarding Team, a structure of meetings was developed to advance safeguarding assurance at BPAS. This included the creation of:

- Monthly local safeguarding audits completed by clinic/hub Lead Nurses/Midwives (LNMs))
- A quarterly safeguarding operational group attended by operational leads form clinics and hubs
- A quarterly strategic safeguarding committee attended by senior leaders

These meetings aimed to improve the communication cycle at BPAS, creating a floor to board reporting structure, as demonstrated in Diagram: Safeguarding Reporting Structure.

Diagram: Safeguarding Reporting Structure In March 2023, the safeguarding committee became a subgroup of the clinical advisory group, allowing safeguarding policy and procedure to be ratified at these meetings.

Diagram: Safeguarding Reporting Structure



Activity monitoring and evaluation

Safeguarding Data Transformation

Safeguarding has undergone a period of transformation since the Clinical Quality Commission (CQC) inspections in 2021. There has been ongoing work to understand the data and the safeguarding activity seen at BPAS to ensure informed innovation.

A huge success of 2022-23 was the development of the patients electronic medical record (EMR) through the 'CAS2' platform in October 2022.This now enables the automatic collation of safeguarding data including numbers of under 18 year olds seen, numbers of safeguarding risk assessments, numbers of referrals to external agencies.

It removes manual and localised reporting in safeguarding that was challenging to interrogate. This will better support BPAS in planning the strategic actions for the year ahead, relating to patient need.

Unfortunately, this means that the data set for this reporting year is fragmented with the transition to a new system, but we are assured that the data for the coming year is accurate, efficient and easy to access. We will be able to provide comparison to previous years, to reflect on the safeguarding trends in activity.

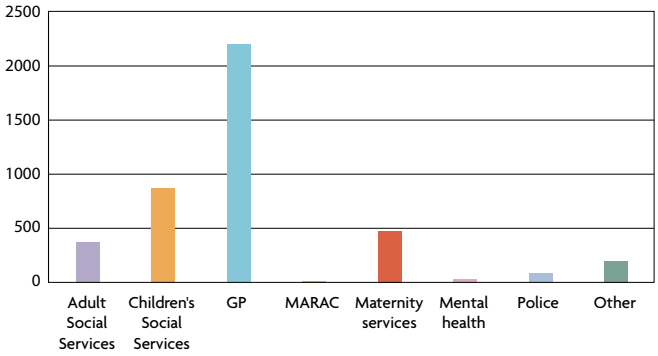
Action:
BPAS to ensure that CAS2 reports are designed to gain robust data to promote the reporting of themes/trends and development of the service according to patient need.

Safeguarding Adults

In 2022-23 107,612 of the patients treated were adults (over the age of 18). This accounts for 97% of patients. Of these patients 4% received a referral for safeguarding intervention equating to 4046 referrals made in year.

The 'Safeguarding Adults Referrals 2022-23' chart gives the safeguarding adults referrals for 2022-23 for patients aged over 18 years of age.

Chart: Safeguarding Adult Referrals 2022-23



The most common referral agency for adults is the General Practitioner (GP) with 55% of referrals going to this agency.

The second most common referral agency, with 22% of referrals for adult patients, was children's social services. This demonstrates that safeguarding children associated with an adult is of key importance at BPAS. This includes referrals for a continuing pregnancy, children of the patient, children associated with the patient and children in the wider community who may be at risk.

12% of referrals were made to maternity services for continuing pregnancy for a higher risk patient. We expect that these referrals may increase in the year ahead, following the implementation of a separate Did Not Attend (DNA) and Was Not Brought (WNB) policy.

Action:
To evaluate the impact of the DNA/WNB policy and referrals to maternity services.

Safeguarding Children and Young People

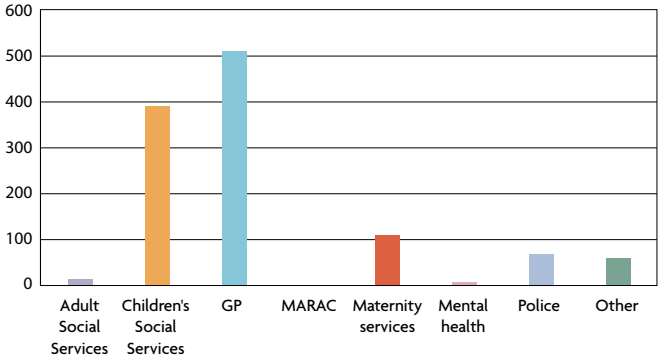
In 2022-23, 3,153 patients under the age of 18 were treated at BPAS. This accounts for 3% of overall patients. 73% of young people seen were aged 16 and 17 years of age. 27% were aged between 13 and 15 years of age.

0.2% (n=5) were aged under 13 years of age. They all required urgent and immediate safeguarding with the acknowledgement of the Sexual Offences Act (2003).

Of the under 18 year old patients 37% received a referral for safeguarding intervention equating to 1168 referrals made in year. It is interesting to see, that despite the relatively small percentage of under 18 year old patients accessing the service (3%). Under 18 year old patients account for much of our safeguarding activity, demonstrated by nearly half of under 18 year olds requiring referrals to external agencies.

The 'Safeguarding Children And Young People Referrals 2022-23' chart gives the safeguarding referrals for 2022-23 for patients aged under 18 years of age.

Chart: Safeguarding Children And Young People Referrals 2022-23



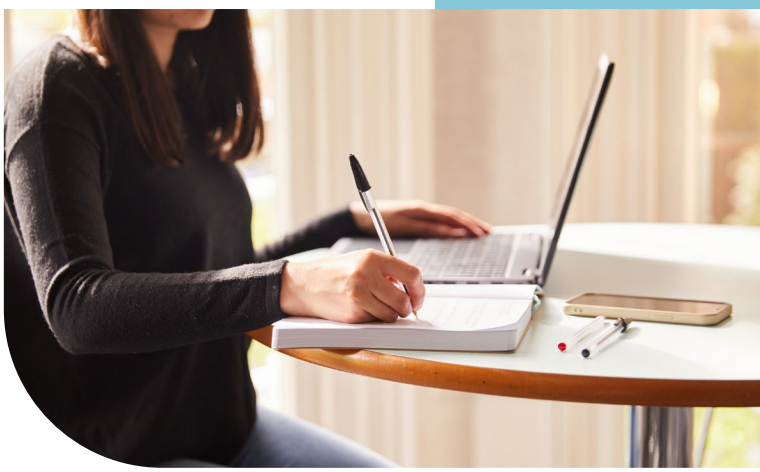
The most common referral agency for referrals for children and young people was the GP with 44% of referrals being made to them. The second most common referral agency was children social services equating to 34% of referrals.

Overall Safeguarding Data Trends

There were 16 MARAC referrals made in the year for victims of domestic abuse, with 1 of these being an under 18 year old victim. This has raised awareness that we are seeing victims of complex and high risk domestic abuse and staff are needing the tools to identify and support them to prevent harm.

Action:

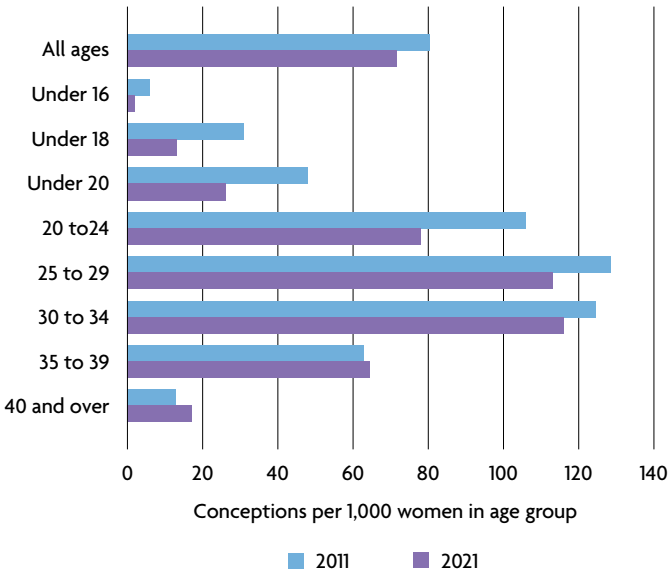
Domestic Abuse Stalking and Harassment training to be implemented at BPAS to aid staff in identifying, support and referring high risk patients.



Through the safeguarding data, it is clear that adults form the vast majority of patients seen for abortion care. This is reflected in data shown in Diagram: Conceptions per 1000 2011 and 2021, that teenage conceptions are decreasing when compared with 2011 to 2021 (Office for Health Improvement and Disparities, 2021).

Anecdotally, making safeguarding referrals for adults who are not continuing with a pregnancy- is difficult and there are limited resources for them. This has been particularly affected in recent years by austerity.

Diagram: Conceptions per 1000 2011 and 2021



We feel it is important to recognise the guidance and support needed for adults at risk abuse in the sector which at present is lacking. The recent Royal College of Paediatric and Child Health (2022) guidance for safeguarding in telemedicine was focused solely on under 18 year olds, which we felt and voiced was a weakness and did not promote a lifespan approach to safeguarding. We would welcome an all age approach to safeguarding in telemedicine and abortion care as a whole.

We feel with the data presented that further work is needed by BPAS to engage key stakeholders in the awareness of vulnerable adults accessing abortion care. This would be particularly beneficial for issue relating perinatal mental health where adult patients are often left unsupported and without care (see incidents chapter).

Action:

Work with NHS England and Wales and the maternity networks to raise awareness of the needs of vulnerable adults accessing abortion care particularly in relation to perinatal mental health.

Policy and procedure

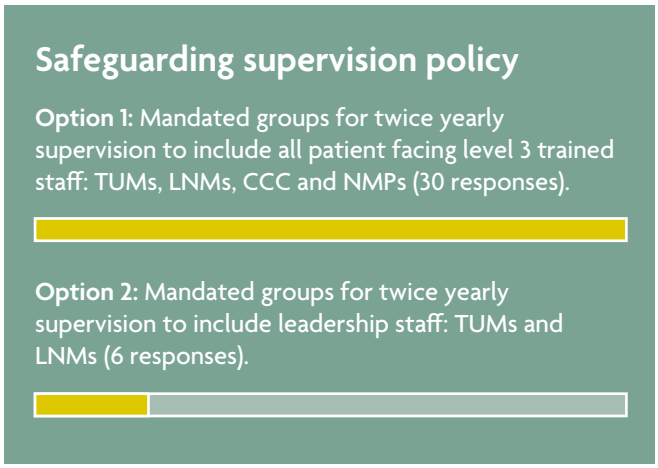
In the year, there has been activity in the creation of new policies and procedures. BPAS have developed a new way of developing and launching safeguarding policies, due to the complexity and variety of the topics covered.

The policies are now created using a collaborative approach where internal and external stakeholders (Integrate Care Board (ICB) colleagues) are engaged to review drafts and make suggestions and edits. Feedback has included:

> *"Many thanks for sharing the policy. It is very comprehensive and good to see BPAS have it in place. I have included my suggestions' (ICB Designated Nurse for Safeguarding)."*

> *"I have reviewed and find the policy really clear and looking forward to using it, I think it will make life so must easier' (BPAS Treatment Unit Manager)."*

Diagram: Safeguarding Policy Survey Example



We also use the safeguarding committee to discuss the policies. Through this channel, surveys are used to get consensus of staff regarding processes that will work in practice and not just in theory. The Diagram: Safeguarding Policy Survey Example shows an example of a policy survey.

The launch of safeguarding policy now includes a number of webinars that are delivered in the weeks prior to the policy launch, where all staff can attend, listen to a presentation on the policy and ask questions. These are then recorded so that they can be listened to by staff at any time, as a recap/ reminder and for induction.

The policies reviewed in the year include:

Did Not Attend (DNA) and Was Not Brought (WNB) Policy

- Launched in November 2022
- Introduced 3 high risk groups for DNA/WNB (under 18s, 20+ weeks and patients with known or suspected safeguarding concerns)
- Introduced a risk assessment tool for the assessment of repeat DNA/WNB
- Reviewed the process for DNA/WNB call back to ensure robust follow up that balances sensitivity and when confidentiality may need to be breached
- Mandated referrals to GP and maternity services for higher risk groups to share possible continuing pregnancy
- Reviewed referral letters to GPs and maternity services

Safeguarding Supervision

- Launched in February 2023
- Separated safeguarding supervision from clinical supervision
- Introduced mandated supervision twice yearly for all patient facing staff
- Introduced the reflective supervision model
- Reinforced the methods of accessing supervision, using contemporary methods such as self-access through the intranet and group MS Teams supervision

Safeguarding Children and Young People Policy

- Review process started in January 2023 due to the size and impact of the policy
- Renamed from the 'Safeguarding and Management of Under 18 Year Old Patients' policy to the Safeguarding Children and Young People policy- to reflect the safeguarding done for non BPAS patients
- Inclusion of the RCPCH (2022) safeguarding guidance for children and young people under 18 accessing early medical abortion services
- Specific inclusion of safeguarding children who are not BPAS patients
- Creation of safeguarding key concerns sections to improve accessibility to frontline staff
- Telemedicine offer of treatment included and removal of mandated ID checks and mandated support adults as per RCPCH guidance
- Inclusion of foetal remains guidance for rape/sexual assault
- New DNA/WNB process for children/young people included
- Escalation process included where safeguarding referrals are not being managed appropriately by external persons
- Intended launch in April 2023

In 2023-24 the safeguarding children and young people policy will be launched, and the safeguarding adults, domestic abuse and preventing radicalisation policies will be reviewed.

Action:

Launch the safeguarding children and young people policy and review and launch the safeguarding adults, domestic abuse and preventing radicalisation policies.

Training and supervision

Safeguarding Training

Training at BPAS is aligned to the Royal College of Nursing (RCN) Intercollegiate Documents (ICD) for Adults and Children (RCN, 2019, RCN, 2018).

Training Needs Analysis

In April 2022 a training needs analysis (TNA) was authored for BPAS to improve safeguarding compliance and address changes following the COVID-19 pandemic that impacted on delivery.

This included the development of:

- A level 1 and 2 safeguarding training e-learning package was created and mandated for all staff at BPAS who were deemed to require these levels according to the ICD
- A bespoke, abortion specific level 3 safeguarding training package delivered to eligible staff who were deemed to require these levels according to the ICD. This was designed to be delivered face to face via MS teams to improve national access and compliance
- Safeguarding supervision being offered for 1 hour at the end of the level 3 training session to try and access hard to reach staff
- Level 4 and 5 training to be delivered by an external provider to ensure access to multi-agency training for eligible senior staff
- Bespoke executive board training packing

Evaluation

The new training packages have been evaluated. Evaluation demonstrated that:

- 95% of participants felt the training met their expectations
- 99% found it useful to their job roles

Evaluation showed positives in the new courses, including:

> *It is nice to have interactions with other people from around BPAS & helpful to hear different people's perspectives & experiences.*

> *The expertise and experience shared by the course participants who were all willing to contribute was invaluable - I think the support and encouragement offered by our trainer enabled everyone to feel comfortable to take part in discussion.*

> *The opportunity to take part in breakout sessions to be able to discuss case studies was excellent.*

There were areas for improvement in training suggested, including:

> *I felt it was useful and informative. I do miss the f2f training sessions, especially when working from home.*

> *I think supervision should be booked as a session not added onto level 3. I like to be able to attend drop in due to time constraints on list in clinic/hub.*

> *It would be nice to have something more relevant to a non-patient facing role for hub admins.*

> *Maybe do it on teams, not Zoom, as appears to be problems with verbal connections etc.*

'These suggestions were acted upon, with MS Teams now being used as the delivery platform, supervision being removed from the end of sessions and offered in alternative ways (see Supervision chapter) and bespoke sessions for different roles being designed. The face to face offer for training is being incorporated into the TNA for next year.

The TNA will be reviewed in quarter 1/2 of 2023 to further improve safeguarding training as we recover from the pandemic. This will be aligned with the launch of a new training system being launched in July 2023.

Action:
To offer more contemporary methods of training including podcasts from guest speakers and subject matter experts so staff can access training as and when required in addition to level 3.

We also want to offer more contemporary methods of training including podcasts from guest speakers and subject matter experts. This will be included in the TNA.

Action:
To review the safeguarding TNA to further improve safeguarding training.

Action:
To offer a blended approach of in person and virtual safeguarding training.

Compliance

We have a target for compliance of 85% for safeguarding training. Compliance for the year is shown in the Table: Safeguarding Training Compliance.

Table: Safeguarding Training Compliance

Name of Training	Number of Staff Required to Complete	% of overall compliance
Safeguarding Level 1 and 2	875	75%
Safeguarding Level 3	652	81%
Safeguarding Level 4	7	100%
Safeguarding Level 5	3	100%
Preventing radicalisation	875	96%

Safeguarding compliance is not at target for level 1,2 and 3 packages. Work is needed in the year ahead to address lower compliance rates and targeting areas where compliance is a persistent issue. Work is ongoing with the training team at BPAS to address this, and a new training platform that will aid compliance reporting is being launched in July 2023.

Action:

To improve training compliance for level 1, 2 and 3 training packages.

Safeguarding supervision

Safeguarding supervision in early 2022-23 was offered alongside clinical supervision by LNMs and Treatment Unit Managers (TUMs). It was identified in the year that this was not providing optimum safeguarding supervision that would improve the confidence and competence of staff.

Consequently a new supervision offer was put in place in July 2022 which required LNMs and TUMs to access safeguarding supervision twice per year and all other staff members able to attend voluntarily. This saw them self-access supervision via MS Team with set dates for the year shared on the intranet.

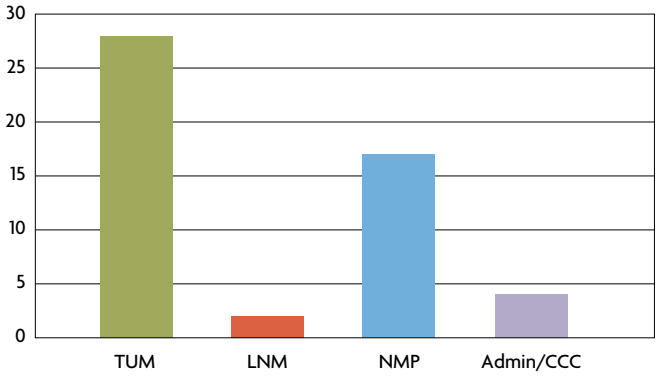
It received positive evaluation which included:

> *Listening to colleagues experiences is extremely helpful to us as lone workers' 'It has given me things to reflect on within my own practice and how I may be able to deal with them in the future.*

> *Safeguarding Specialist Midwife is extremely empathetic to the NMPs and how we can best support our patients. Feeling so well supported by the safeguarding team will help improve our service and the women's experience.*

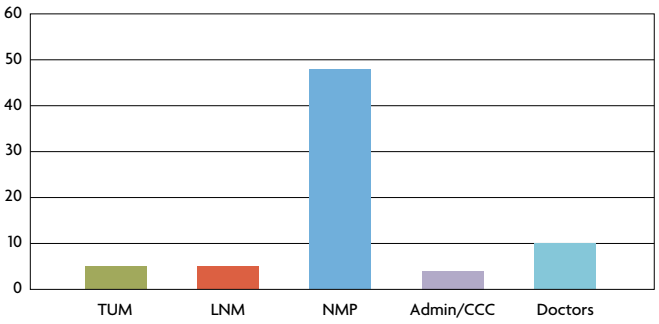
However, despite the positive engagement and evaluation, when analysing attendance, it was found that clinical colleague attendance was challenging- with staff reporting workload demand impacting on voluntary attendance as seen in Chart: Safeguarding Supervision Attendance by Role (July 2022 To February 2023).

Chart: Safeguarding Supervision Attendance By Role (July 2022 To February 2023)



Consequently a new safeguarding supervision policy was launched in February 2023. This mandates twice yearly safeguarding supervision for all patient facing staff (in accordance with ICD level 3). The chart 'safeguarding supervision attendance by role (February- March 2023)' shows the change in supervision attendance by role since the policy launch.

Chart: Safeguarding supervision attendance by role (February- March 2023)



Work is ongoing regarding compliance monitoring on the new training platform.

Action:

To ensure compliance for safeguarding supervision can be monitored.

Incidents and lessons learnt

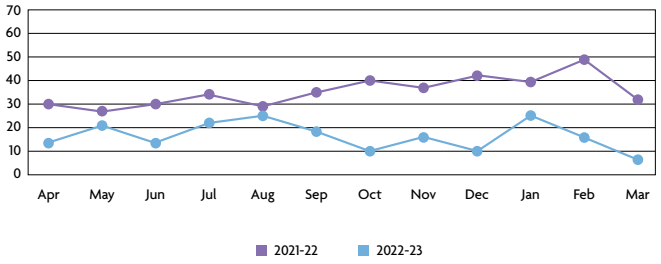
Incidents for safeguarding are reported through the Datix incident reporting system. Every safeguarding incident is reviewed by the National Safeguarding Team. The team monitors incidents ensuring that themes and trends are being managed and escalated. This provides robust second line assurance with actions given to the investigator via the safeguarding subject matter experts.

The Head of Safeguarding sits on all Risk and Governance meetings at BPAS and works closely with the Risk and Governance Team in regards to serious incidents. This includes serious case reviews, child/adult practice reviews, domestic homicide review, rapid reviews and inquests.

Safeguarding Incidents 2022-23

We have seen an increase in the amount of safeguarding incidents in the year, increasing from 196 incidents in 2021-22 to 424 incidents in 2022-23. This is an increase of 116%, as shown in the Chart: Safeguarding Incidents 2021/22 and 2022-23.

Chart: Safeguarding Incidents 2021/22 and 2022-23



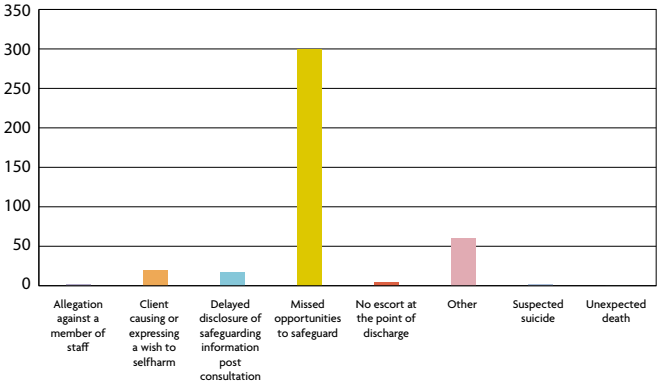
An increase in incidents is expected and welcomed as the transformation in safeguarding progresses. There has also been ongoing work from the Risk and Governance Team regarding just culture and no blame in incident reporting.

In the year ahead the safeguarding incidents will be interrogated through a safeguarding thematic review with the Risk and Governance and National Safeguarding Team collaborating on this piece of work.

Action:
Safeguarding thematic review of incidents to be completed.

The chart 'safeguarding incidents by category 2022- 2023' demonstrates the safeguarding incidents that have occurred with in the financial year.

Chart: Safeguarding incidents by category 2022- 2023



The highest percentage of safeguarding incidents pertain to the category 'missed opportunity to safeguard'. These are generally related to safeguarding risk assessments not being completed at the right time, safeguarding screening questions not being asked, safeguarding not occurring in line with policy/process and referrals not being completed when indicated.

There is work ongoing to ensure that the safeguarding 'safety netting' points at BPAS are clarified and communicated with staff. Due to changes following the pandemic, the introduction of telemedicine and the use of agency staff, particularly for scanning appointments, there is need for clarity in the process. System changes are also being considered to support the mandating of safeguarding risk assessment at points along the patients journey.

Where there are missed opportunities to safeguard a variety of actions occur to remedy the omission, to ensure referrals/safeguards are in place when they identified. The safeguarding team use training, supervision and reflection to address individual omissions. Where there are omissions that cause harm or near miss to a patient, these are declared as a serious incident and investigated accordingly, and shared with the relevant ICB.

It has been identified that the current DATIX categories are challenging to interrogate for themes and trends and do not reflect the contemporary safeguarding issues being seen. A proposal has been made to amend the DATIX categories for the year ahead to further improve reporting, and the experience for frontline users reporting safeguarding incidents.

Action:
A safeguarding strategy for BPAS to be developed to ensure the safeguarding journey at BPAS is consistent and clear to staff at every 'safety netting' opportunity following an extended period of system change.

Action:
To consider system changes to mandate safeguarding risk assessments for all patients.

Action:
Change the safeguarding DATIX categories to aid reporting for all staff.

Safeguarding Case/Practice Reviews

We were involved in several case/practice reviews in the year. The table demonstrates the reviews and the actions for BPAS.

Table: Safeguarding Reviews

Case description	Type of review	Actions/lessons learnt	Progress
1. A young person was sexually abused by her aunt and uncle over a 4 year period. She was a looked after young person and concerns had been raised by her foster carer and professions that she was a victim of abuse and exploitation. These were not acted upon. The young person attended BPAS for a termination of pregnancy in 2019. Referrals were made to children social care at the time but these were not acted upon or shared with the professional network.	Child Safeguarding Practice Review	BPAS to gain access to the national Child Protection-Information System to be able to have easy access and cross reference information for children and young people known to social care.	BPAS are currently working with NHS England to gain access to CP-IS (phase 3 for sexual health services). This is a long-term project due to IT infrastructure. Information Sharing Agreements sent and meetings attended regarding access in year.
		BPAS to ensure that all young people who are in care or are care experienced have a safeguarding risk assessment completed. The assessment should consider current and historical risks, to form a holistic understanding of the young person. Liaison and/ or referrals should be made should the young person be assessed to be at risk of harm.	The Safeguarding Children and Young People Policy was reviewed with separate sections for looked after and care experienced young people and how they are managed alongside key external agencies such as GP and social services and when escalation should occur if the response is not appropriate. Risk assessments at BPAS as relevant questions about overall safety and wellbeing and looked after status.
2. An 11 month old child died from suspected sudden infant death syndrome whilst bed sharing with parents. The mother had sought an abortion 2 weeks prior to the death of the child.	Child Death Overview Panel	None	None.
3. A young person delivered a stillborn infant after failing to seek antenatal care. Her parents, the school she attended and health and social care professionals were not aware of pregnancy. The young person had contacted BPAS with enquiries through a web form, and did not respond to attempts to contact her to make booking appointment. Referrals were not made to external agencies to establish if she was pregnant.	Healthcare Safety Investigation Branch-Maternity Investigation	BPAS to ensure that when a 16 year olds or 17 year old DNAs or when no contact had been made that there are effective systems in place to ensure this is followed up.	A new safeguarding process was put in place covering remote services and the management of all contacts via the BIC. A safeguarding quality coach was recruited in January 2023 and is in place managing 100% of under 18 year olds in remote services.
			The DNA/WNB policy was launched in November 2022 and included remote services. Referrals are mandated for under 18 year olds who DNA/WNB/ cancel appointments.

Safeguarding Case/Practice Reviews

We were involved in several case/practice reviews in the year. The table demonstrates the reviews and the actions for BPAS.

Table: Safeguarding Reviews (continued)

Case description	Type of review	Actions/lessons learnt	Progress
4. Incidents of non-accidental head injuries for two babies (in a short time period in one ICB area) in 2019. The mother of one of the babies had sought abortion care at BPAS but had scanned over the legal limit at 35 weeks. A letter had been sent to the GP informing them of continuing pregnancy but this had not been acted upon and antenatal care was sought very late.	Child Safeguarding Practice Review	The GP and maternity services should be notified of the identification of a late stage pregnancy where a request for a termination has been sought but not undertaken. The DNA/WNB policy was launched and continuing pregnancy is included in the pre-abortion policy- with specific referrals mandated to GPs, midwives and social care (if required). There are templates for letters escalating continuing pregnancy due to scanning over legal limit or DNA.	
		Gaining the details of the father of pregnancy is important when trying to establish the safety of the unborn. The safeguarding risk assessment will be revised with a view to asking for more information in respect of the partner / father of the child. There are current questions regarding relationships, sex and consent and home dynamics but there is not a specific area for father or pregnancy details. This is an electronic form and there is some delay with the developers in managing the review but this is awaiting finalisation.	

Action plan

As shared in text, the recommended actions going into 2023-24 are listed. This list is not static and is expected to grow and evolve as we progress through the new financial year. A CQC 'Well Led' inspection also took place in February 2023, with the report yet to be published. This inspection will also form the BPAS safeguarding action plan.

1. BPAS to ensure that CAS2 reports are designed to gain robust data to promote the reporting of themes/ trends and development of the service according to patient need.
2. To evaluate the impact of the DNA/WNB policy and referrals to maternity services.
3. Domestic Abuse Stalking and Harassment training to be implemented at BPAS to aid staff in identifying, support and referring high risk patients.
4. Work with NHS England and Wales and the maternity networks to raise awareness of the needs of vulnerable adults accessing abortion care particularly in relation to perinatal mental health.
5. Launch the safeguarding children and young people policy and review and launch the safeguarding adults, domestic abuse and preventing radicalisation policies.
6. To review the safeguarding TNA to further improve safeguarding training.
7. To offer a blended approach of in person and virtual safeguarding training.
8. To offer more contemporary methods of training including podcasts from guest speakers and subject matter experts so staff can access training as and when required in addition to level 3.
9. To improve training compliance for level 1, 2 and 3 training packages.
10. To ensure compliance for safeguarding supervision can be monitored.
11. Safeguarding thematic review of incidents to be completed.
12. Change the safeguarding DATIX categories to aid reporting for all staff.
13. A safeguarding strategy for BPAS to be developed to ensure the safeguarding journey at BPAS is consistent and clear to staff at every 'safety netting' opportunity following an extended period of system change.
14. To consider system changes to mandate safeguarding risk assessments for all patients.

Horizon scanning

BPAS is committed to continue the pace of transformation demonstrated in this report. We aim to continue the progress in safeguarding to ensure that systems, processes and services continue to improve for those that matter most - our patients.

It has been a challenging three years since the COVID-19 pandemic in 2020. BPAS has had to change and adapt models of care, and had to implement telemedicine within a rapid timeframe to ensure that patients could still access care.

We had to deliver care to desperate patients in desperate situations, whilst trying to adapt to the new ways of working. This impacted on every area of safeguarding in the organisation, and it was not until 2022 that we started to feel some recovery from the pandemic and the pace of change.

The implementation of telemedicine offer and subsequent vote in the House of Commons brought scrutiny and challenge, that is still ongoing. This requires resource and resilience in order advocate and communicate with key stakeholders, which we remain committed to continue for the benefit of women and girls.

Telemedicine was made permanent in April 2022 which has had a real positive impact in knowing the direction of care provision in the abortion sector. This has given more stability in the planning of future service offers. There is also emerging guidance and research in the area of safeguarding which further supports us in ensuring evidence based, effective safeguarding is in place.

This puts BPAS in a positive position as we enter the new financial year 2023-24, in that there is finally some certainty in the development of services. The year ahead is already looking positive with meaningful actions already in action.

We are excited for the future, and in developing further unique to sector initiatives. We will continue to provide transparent dialogue with our partners to demonstrate assurance in safeguarding. We thank you for being on this journey with us.

Reference list

Department for Education (2018). Working Together to Safeguard Children. Accessed at: Working together to safeguard children - GOV.UK (www.gov.uk)

HM Government (2003). Sexual Offences Act. Accessed at: Sexual Offences Act 2003

(legislation.gov.uk)

HM Government (2014). The Care Act (2014),

HM Government (1989/2004). The Children Act

HM Government (2005) Mental Capacity Act (2005).

Office for Health Improvement and Disparities (2021). Abortion Statistics England and Wales 2021. Accessed at: Abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)

Royal College of Paediatrics and Child Health (2022). Safeguarding guidance for children and young people under 18 accessing early medical abortion services. Accessed at: Safeguarding guidance for children and young people under 18 accessing early medical abortion services – RCPCH Child Protection Portal

Royal College of Nursing (2019) Intercollegiate Document for Children. Accessed at: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)

Royal College of Nursing (2019) Intercollegiate Document for Adults. Accessed at: Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)

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