



# QUALITY ACCOUNT

2023/2024

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# Statement on Quality from the Chief Executive Officer for NUPAS

I am pleased to present the Quality Account of National Unplanned Pregnancy Advisory Services (NUPAS). This document shares the progress we have made in improving quality and safety across the Organisation over the last year and highlights the priorities for 2023/24. I would also like to take this opportunity to acknowledge the founder of NUPAS, Dr Cauthery, his reasons for establishing our much-needed service and his ethos, which is still the foundation that shapes our service today.

Dr Cauthery started his career as a post-war RAF doctor and Wing Commander who, following his demobilisation, became the Director and Founder of the Aston University Medical Practice where his passion for reproductive and sexual health autonomy began. He realised that a lack of education, autonomy and resources, combined with stigma and repressive social norms, was a contributing factor to mental health difficulties experienced by some of the student population that he was seeing in his practice and, as such, started a sexual health education programme to address this. He was also the first, and for a long time only, doctor in Birmingham to give the contraceptive pill to unmarried women and became an extremely strong and vocal advocate for reproductive rights and healthcare, lobbying for the abortion act to be passed.

He was a founding member of Brooke, a prominent sexual health service in Birmingham, and of Bpas and was later asked to set up another service, now NUPAS, due to the lack of provision and the overwhelming demand in Birmingham. He faced huge, sometimes violent, opposition, including death threats but, ultimately, he felt a responsibility to fulfil his conviction that safe and compassionate reproductive healthcare should be readily available for all who need it and that is the basic but fundamental tenet that governs our practice today.

# NUPAS Values and Vision

As a partner in the healthcare system, we are continuing to work collaboratively, building on our previous year's priorities whilst acknowledging we cannot work in isolation, we must continue to work and build on partnership strategy to enhance and enable better health outcomes.

NUPAS is committed to providing high quality safe and effective client-centred care. As our organisation grows, so do our Leadership teams. We have grown our Leadership teams at all levels to ensure that we have the right people to manage the service to ensure that we meet our Visions and Values. We strive to build upon the organisation's existing quality framework and to continue to demonstrate clinical excellence and sound governance in the provision of confidential, non-judgemental abortion services and sexual health care.

Our aim is to drive continuous improvements in client flow and care. This has been supported over the last year with the development of new infrastructure and services.

These include:

- Launching a new service in the Leeds area to improve choice for clients.
- Significant expansion of services in the Greater London area.
- Achieved exceptionally high standards of client feedback.
- Achieved exceptionally high standards of staff feedback.
- Expanded the Senior & Regional Leadership Teams.
- Invested in an electronic Governance System to manage complaints, incidents & risks.
- Successfully mobilised a new team offering consultation from 8 am to 8 pm, 7 days per week.
- Upgrading facilities in Manchester City Centre for clients and staff.

AS NUPAS Chief Executive I hope this report gives an insightful and comprehensive account of our quality achievements for 2022/2023 and our aims and objectives for 2023/2024.

I want to end by expressing my sincere thanks to all colleagues across every department at NUPAS for all that they have achieved over the last year. Their ambition, energy and compassion are driving performance and improvements in patient care and they should be very proud of their accomplishments as we look forward to the year ahead.

We welcome your feedback and will use it to shape our quality improvements over the next year. Please do share your thoughts and tell us how we are doing and what we can do better.



**Chief Executive Officer**

**National Unpanned Pregnancy Advisory Service**

**August 2023**

# Scope of NUPAS Services

NUPAS is an independent abortion provider with clinics in England. We have been providing surgical and medical abortions to thousands of women each year for over 50 years. We are commissioned to provide NHS abortion services (including STI (Sexually Transmitted Infection) testing, post-abortion contraception, and the offer of counselling) on behalf of 13 Integrated Care Boards.

We can also provide private care when NHS funding is not available and see many clients from Northern Ireland, and other countries where abortion is either legally restricted or restricted due to lack of services.

During 2022/23 we provided over 26,000 abortions, nearly all of which were commissioned through our NHS Contracts.

NUPAS abortions per year	
2022-2023	Over 26,000
2021-2022	20,779
2020-2021	16,138

We believe that individuals have a right to choose and access outstanding, holistic abortion counselling and care. We offer counselling to all our clients and during 2022/23 the offer of pre or post-op counselling was taken up by 16.6% of our clients.

We currently have a network of over 20 clinics across England that provides a safe environment with compassionate staff, where women and pregnant people can access abortion services that also meet their contraception and sexual health needs. The number of clinics is constantly expanding so we can provide the choice of care closer to home for our clients.

Our average wait times have remained consistent and meet our key performance indicators.

Average wait times	
2021-2022	2022-2023
Referral to consult - 3.1 days Consult to treatment - 5.4 days Referral to treatment - 7.7 days	Referral to consult - 3.0 days Consult to treatment - 5.6 days Referral to treatment - 8.4 days

# How we met 2022/2023 Quality Improvement Priorities

This quality report demonstrates NUPAS's key achievements for 2022/2023 and sets out new quality priorities for 2023/24. NUPAS will remain ambitious in ensuring high-quality standards of clinical excellence, whilst ensuring safe and effective outcomes are at the core of everything we do. Our new priorities will therefore underpin our values and transformational approach to quality.

NUPAS priorities for the past year built on the baseline established in prior years. This offers the ability to enhance safe, effective care delivery, evidence quality improvements and learning review processes and reflect the standard and quality of care expected of us as health care providers.

Our 2022/2023 priorities have been achieved as below.

## Priority 1:

**To implement new compassionate learning review processes in the event of an incident, concern, or complaint to enable us to respond in an effective manner that improves our client's care.**

We have committed to the full transformation of our patient safety management systems and learning response processes. In 2022 NUPAS commissioned a new electronic reporting system that enabled our staff to report incidents, complaints, concerns, and compliments electronically.

This new quality improvement measure has enabled a more effective, robust and engaging process for staff and our clients and/or their representatives. At NUPAS the new system has meant we can strengthen our reporting mechanisms enabling us to respond to a report, investigate and share learning recommendations through electronic learning response action logs.

New reporting measures have been developed so that our Patient Safety and Risk Oversight Committee can analyse incidents, complaints and risks and give assurance to our Senior Leadership Team that NUPAS are working in a safe, effective, caring, responsive and well-led manner.

## Priority 2:

**To collaborate with our people to evolve and develop a new quality and safety agenda over the coming year including training on systems and patient safety and response processes.**

Over the past year, we have taken on board staff feedback in relation to our patient safety and key quality communication processes. Staff feedback both formally and informally that the existing route of email communication was confusing, and key messages were often overlooked in email volumes. As a quality improvement measure, NUPAS implemented a new newflash process which has two levels:

**Green Newsflash** – a routine weekly/biweekly communication cascade which requires staff to sign that they have read the alert. The cascade includes patient safety learning from incident case studies, key policy updates and corporate staff communication.

**Red Newsflash** – an urgent communication cascade that is cascaded as a result of patient safety alerts (national), immediate incident learning and changes to prevent further harm. This alert also requires staff to sign that they have read the alert.

Implementation has been in place since March 2023 and since this being launched staff have had positive feedback in relation to how the process works and the positive impact to the concerns originally raised.

### **Priority 3:**

**To strengthen our core mandatory training compliance so that we may develop as a service should the opportunity arise and to ensure staff feel confident and competent through this process.**

A thorough analysis of mandatory training requirements was undertaken to ensure staff are completing the mandatory training required for their job role. Each of the main job roles now has a mandatory training requirements matrix outlining what training needs to be done, the frequency and the duration of the training. Our monitoring process for mandatory training has also been overhauled so that compliance is monitored at both a local and corporate level. Staff are given protected time to complete their mandatory training which further supports compliance and ensures staff are competent for the jobs they do

### **Priority 4:**

**To evolve our partnership working with Integrated Care Boards building on existing quality pathways within the regions we serve so that our client's journey through NUPAS reflects positively on care outcomes.**

NUPAS have strong collaborative partnerships with all our Integrated Care Boards. Below is an example of a Quality Account statement from one of our largest Integrated Care Boards evidencing how NUPAS have achieved this;

*NHS Greater Manchester Integrated Care commission a number of Independent Services (small providers) to provide NHS services across Manchester.*

*The Covid19 pandemic had a profound effect on how services delivered care to our clients. Our small providers have worked hard to not only recover and return to routine service delivery but also used learning from the pandemic to improve services (i.e. increase in capacity by introducing virtual appointments where safe to do so).*

*Relationships continue to be productive between this small provider and the GM Integrated Care Quality Team via Contract Review Meetings.*

*Performance and quality processes are in place and provided information to demonstrate systems to support the quality of this service in line with the following domains:*

- Safety
- Patient/User Experience
- Medicines Optimisation
- Infection Prevention Control
- Inclusion

The GM Integrated Care Quality Team and other subject matter experts support this provider via various means (workshops, 1:1 calls, distribution of national guidance) with improvements needed to achieve the standard set by NHS GM Integrated Care Board

We look forward to building on our existing relationship with this service and our shared vision to provide safe, high-quality care to the people of Manchester as we move into 2023/24.

## **Priority 5:**

**To commission the implementation of a new NUPAS website that is diverse, inclusive, and accessible.**

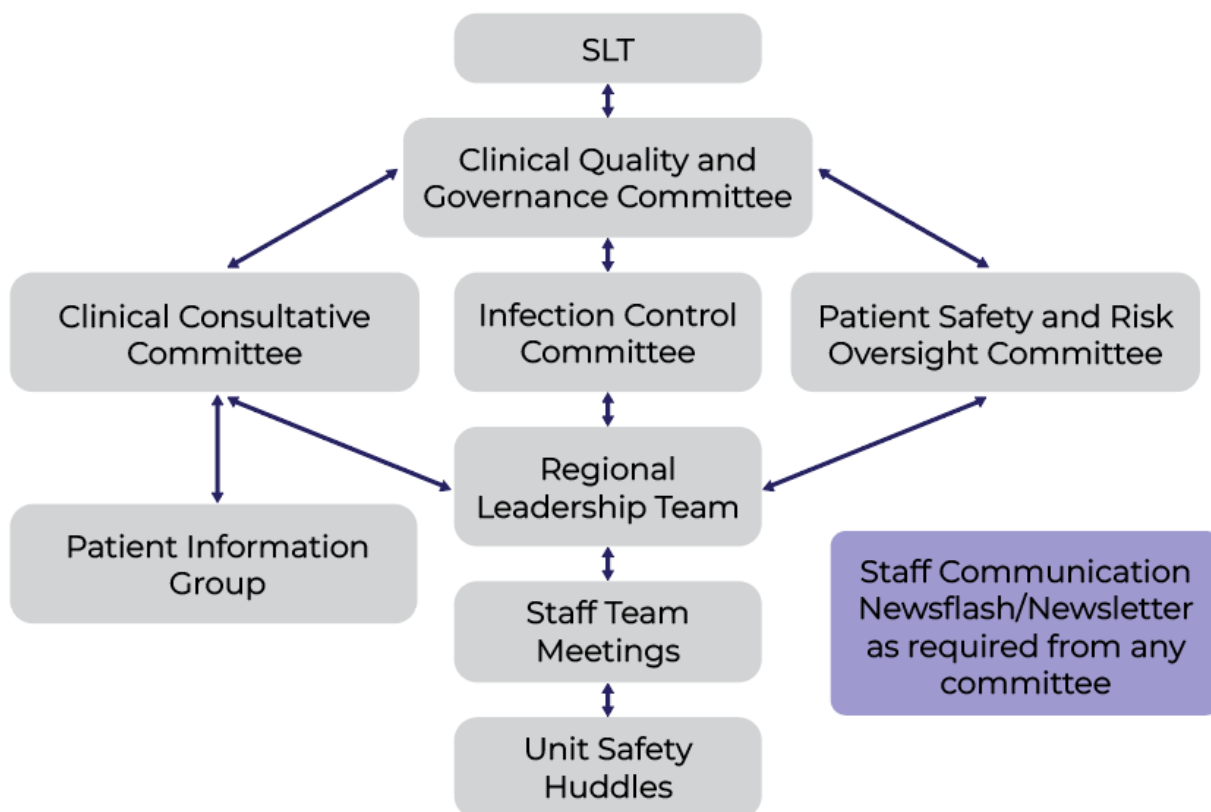
NUPAS' new website is in its final stages of development and user testing and is due to go live within the coming weeks.

Across the site, the diversity of our clients is reflected through stock photos that represent a variety of different races and backgrounds.

All content on the site has been written to a Flesch-Kincaid reading level of less than 8; this ensures text will be comprehensive to as many site visitors as possible. Additionally, WAVE, WebAIM's WCAG accessibility evaluation tool, is being used to check the site against potential accessibility issues that people using assistive technology may face.



# NUPAS Governance Structure



# NUPAS Management Structure



# NUPAS Staff and Staff Engagement

NUPAS directly employs 138 staff. We also have around 30 staff who work for us either through the bank or doctors working under a practising privileges agreement. This number fluctuates depending on the individual's working preferences and our staffing needs.

Our staff are key to the quality of services that we provide and all new starters to the organisation undertake a comprehensive induction programme including statutory and mandatory training and role-specific training depending on the job role.

Following completion of the probationary period, staff are then able to access additional role-specific development and qualifications.

## Staff Engagement

All staff were invited to attend the company training day in March 2023 and feedback about the day was very positive. The day focused on a number of different sessions including team building, updates from the SLT and some work-related training. This was a great opportunity for staff at all levels in the organisation to come together.

## Staff Survey Highlights

120 NUPAS staff were invited to complete the annual staff survey in December 2022. 71 staff completed the survey which is a 59.2% response rate.

The results were overwhelmingly positive.

The overall staff satisfaction with the organisation is measured by 2 key questions as follows:

I would recommend my organisation as a place to work	<b>88.73%</b> either strongly agreed or agreed with this statement.
If a friend or relative needed treatment I would be happy with the standard of care provided	<b>97.19%</b> of respondents either strongly agreed or agreed

A deeper insight into staff satisfaction is seen below.

<b>Question</b>	<b>Agree or Strongly Agree</b>
I look forward to going to work	<b>80.28%</b>
I am enthusiastic about my job	<b>91.55%</b>
I am trusted to do my job	<b>94.36%</b>
I feel that my role makes a difference to clients	<b>95.77%</b>
The people I work with are polite and treat each other with respect	<b>92.95%</b>
Enjoy working with colleagues	<b>95.77%</b>
My immediate line manager encourages me at work	<b>81.69%</b>
My immediate line manager values my work	<b>81.69%</b>
My organisation encourages us to report errors, near misses or incidents	<b>95.78%</b>
When these are reported my organisation takes action to ensure they don't happen again	<b>90.14%</b>
I would feel secure raising concerns re unsafe clinical practice	<b>91.55%</b>

# How NUPAS meet Key Lines of Enquiry

## Safe

NUPAS aims to ensure we are protecting people from avoidable harm, abuse, coercion, discrimination, and neglect. From the point of a client accessing our service, we ensure to obtain as much accurate information as possible including any vulnerable risk factors: for example, those who may be vulnerably housed, care leavers, and clients with learning disabilities. This allows us to complete robust risk assessments as part of individual treatment plans and initiate required support measures, necessary referrals and/or signposting. We have made changes to our electronic records to reflect the necessary questions required to obtain the required information.

We are committed to being open and honest when things go wrong and in 2022/23 met 100% of our Duty of Candour requirements. Patient Safety is at the forefront of day-to-day service provision and new incident reporting priorities were achieved for 2022/23.

## Effective

Client care, treatment and support are at the heart of everything we at NUPAS do. Achieving the best possible experience and outcomes for our clients is our focus. NUPAS has a corporate quality team function that includes monitoring of evidence-based guidance, be that with newly released updates or through oversight of quality assurance completion at our Patient Safety and Risk Oversight Committee.

NUPAS has a newly embedded clinical audit process relevant to clinical care provided by NUPAS with oversight which is undertaken by our Head of Compliance.

All NUPAS staff receive one-to-one supervision and annual appraisal access, allowing for development discussion and opportunity, reflection, and essential performance management.

## Caring

NUPAS promotes accessible, compassionate, kind, caring and respectful service provision that empowers individual choices through our treatment provision.

All NUPAS staff are required to wear organisational lanyards and name badges. The staff warmly welcome clients with an open introduction at each part of their journey through NUPAS Services. We promote accessibility throughout our service by offering and ensuring translation and accessible services (for example, interpreter, British Sign Language, Easy read options)

Translation is available via

- Telephone
- F2F
- Video

We also have translated and easy-read abortion guides and the text with the link is translated. Our most common text messages are also translated.

On average, we use 33 different languages a month.

The amount that translation services were used per year	
2022	7050
2021	3083

## Responsive

Our goal at NUPAS is to deliver personalised and flexible services that cater to individual needs and promote consistent care. Our aim is to ensure clients get care at the right time whilst respecting their circumstances.

We offer clients various consultation options including face-to-face appointments, telephone appointments, or video calls from the beginning of their journey with us. This gives clients the freedom to choose a preferred contact method and schedule an appointment that suits their convenience. If they are unable to have a private telephone call, we are more than happy to accommodate them with an in-person visit at one of our clinics.

As part of our commitment to providing a high-quality service, we undertake regular client surveys to gauge their satisfaction level and assess how well we cater to their needs. In instances where complaints or concerns are raised, we prioritise timely resolution to ensure that clients remain satisfied with our services. To evaluate the effectiveness of our service, we regularly review them through our clinical governance processes.

## Well Lead

At the beginning of 2022/23 we formalised our structure for the provision of remote services by

- Opening an additional hub to support the high demand by clients accessing abortion care via telephone.
- Implementing the role of Operations Manager into the Leadership structure to manage this provision.
- Increasing our workforce considerably.
- Mobilising a dedicated team of nurses and midwives to manage our referral and follow-up process.

With a considerable increase in activity, we introduced a Wait Times Dashboard – reviewed and updated daily and RAG rated with wait times for every NUPAS service location and function, including HSA4 completion. This ensures our focus remains on delivering care to our clients without delay.

In addition to the dashboard, Quality and Performance reports are produced on a monthly basis which detail key performance indicators relating to clients: activity and type, screening and contraception, complications, incidents and feedback, and relating to service delivery: areas of assurance and concern, training and development and actions.

Quality and Performance reports are reviewed and discussed by each Regional Manager and the Director of Operations – Areas of good practice are championed, and areas of concern are noted, with actions managed through an action log.

All Managers form part of the Regional Leadership Team. They meet monthly with representation from Governance and Service Development, to share updates by Region and Function, escalations from local meetings, review incidents, share learning outcomes and contribute to the strategic development of the organisation by identifying and implementing improvements for clients, employees, and other stakeholders.

# Quality, Clinical Effectiveness and Compliance

## CQC Compliance

NUPAS continually monitors the services we provide to ensure we remain compliant with CQC requirements. To do this we specifically monitor the following subjects:

- Policies and Procedures – we ensure we have clear and up-to-date policies and procedures in place that cover all aspects of care delivery such as infection prevention and control, safeguarding, medicines management and staff recruitment.
- Staff Training – We ensure that all staff members have received appropriate training and are able to demonstrate their competency in providing high-quality services.
- Auditing – We regularly audit our services and systems to identify areas for improvement, including ensuring our service meets the CQC standards.
- Client Feedback – We encourage clients to provide feedback on the care they have received and the experience of using our service. This helps us to identify areas where we may need to improve or make changes.
- Incidents and concerns – We report, investigate and disseminate any learning from incidents that have occurred or concerns that have been raised.

Reports on all of the above are presented and monitored through our clinical governance meetings.

### CQC Inspections

During the reporting period NUPAS had one CQC inspection which was at our clinic in Surbiton on 15<sup>th</sup> March 2023. The overall rating for this service is Good, with all key lines of enquiry also rated as good. There are always things to learn when we have CQC inspections and we welcome the inspection process and subsequent feedback and reports.

Following a CQC inspection we immediately convene a working group to look at and address any issues that may have been identified. We also share areas of good practice across the organisation to ensure it's fully embedded across all of our services.

We also undertake internal mock CQC inspections, conducted by 3 members of the Senior Leadership Team. Following these inspections and subsequent internal inspection reports, we set up multidisciplinary groups to share learning and make improvements.

## Clinical Audit

Clinical audit is an essential tool in healthcare quality improvement. It enables healthcare providers to monitor and improve the quality of care they provide to their clients. We have therefore implemented a programme of clinical audit at NUPAS to ensure that our services are compliant with our policies and delivered in a way that meets the needs of our clients. We also use clinical audits to ensure our staff remain competent to undertake their role.

Our clinical audit programme includes:

- Infection Prevention and Control Quality Assurance
- Infection Prevention Practice (to include hand hygiene)
- Medicines Management
- Care of Equipment
- Quality of Care
- Record-Keeping
- Ultrasound
- Antibiotic Stewardship
- Safeguarding
- Contraception
- Cleanliness

Audit results and compliance are reviewed through our clinical governance committees.

## Patient Safety, Public and Client Engagement

NUPAS uses an electronic reporting system that allows robust oversight of incidents, complaints, concerns, and risk management. The system enables succinct reporting and the ability to ensure clear triggers to relevant staff when certain types of incidents and levels of harm are reported, this enables direct alert to the relevant leadership function for example if an infection control incident is reported this triggers directly to the Director of Infection Prevention and Control.

Staff are required to report incidents via Vantage within 24 hours of the incident occurring. Incidents are investigated and this should be completed within 20 days. NUPAS are required to meet national patient safety standards for Duty of Candour.

In 2022/2023, NUPAS met all incident reporting requirements with 100% of Duty Candour completed in line with national requirements and all investigations were completed within the required 20 days timeframes. In 2023/2024 NUPAS will continue to make improvements in our patient safety response process and will be transitioning to a national new mandated way of working called the Patient Safety Incident Response Framework which will see us improving our engagement and learning processes when events occur within the organisation.

In 2022/2023 NUPAS worked hard to improve our incident reporting culture for low-harm incidents. Our total Incident reports for 2022/23 was 361; an increase of 175 with the implementation of new reporting and oversight procedures. This will allow us to focus on our new quality improvement plans for 2023/2024.



Of incidents reported, there were 7 safeguarding incidents reported, with none meeting the threshold for external reporting. All safeguarding incidents are reviewed by the Head of Safeguarding and the Quality Team.

Safeguarding concerns are reviewed daily by Clinical Leads (who are all members of the Safeguarding Team) and overseen by the Head of Safeguarding to ensure appropriate responses and address any opportunities for learning.

## **Client and Public Engagement**

NUPAS takes client feedback seriously and utilises every opportunity to ensure learning and service development forms part of learning from client feedback and complaints. NUPAS have quality improvement action plans in place for complaints and client feedback themes per region which are reported into our governance structure for assurance and oversight.

In 2021/22 NUPAS handled 28 complaints. This remains consistent with 2021/2022 where NUPAS handled 26 complaints.

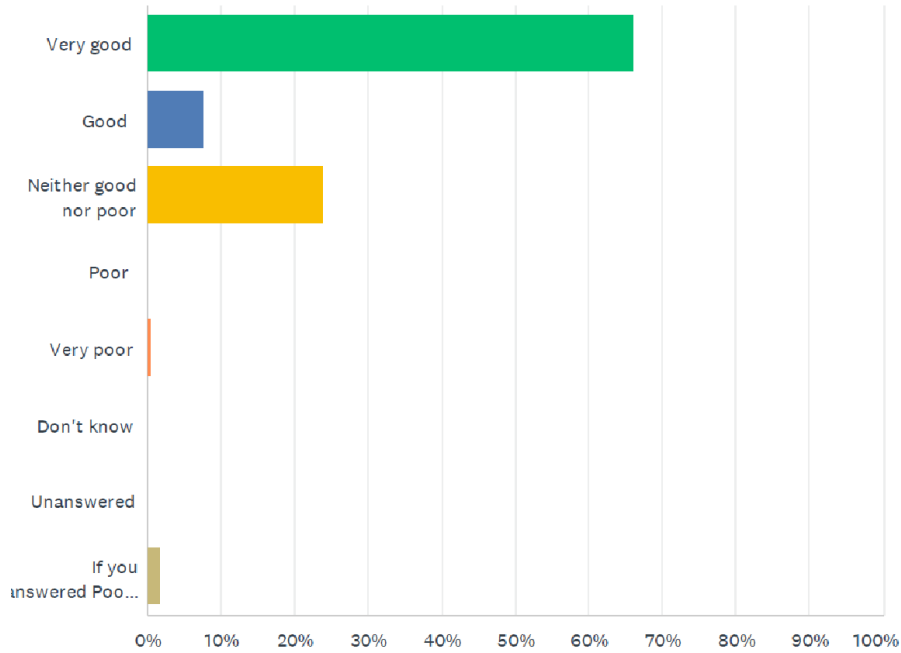
In 2022/2023 the primary themes for complaints were mainly of a clinical nature and related to waiting times and delays. These mirrored 2021/22 primary themes and will form part of quality improvement measures for 2023/24.

Secondary concerns related to staff behaviours and Pills by Post delivery delays.

**Client feedback 2022/2023, 7817 responses (29.5% of the total activity)**

How satisfied were you with the waiting time between booking your appointment and being seen at NUPAS?

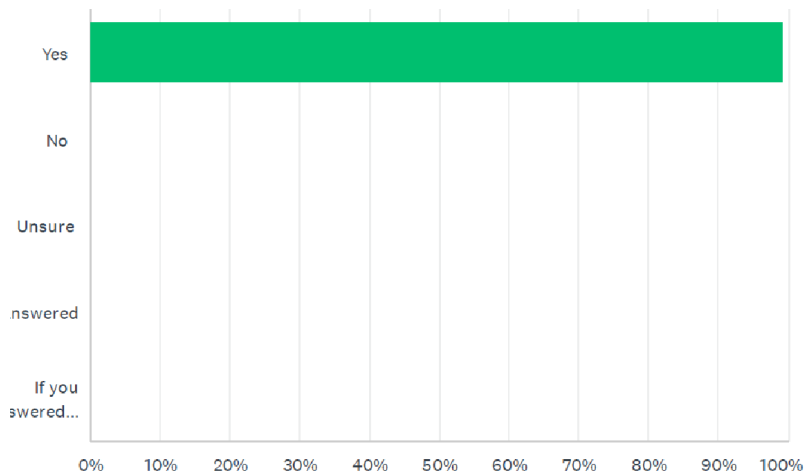
**66.15%** felt NUPAS waiting times were very good.



Do you feel you were treated with respect and dignity at NUPAS?

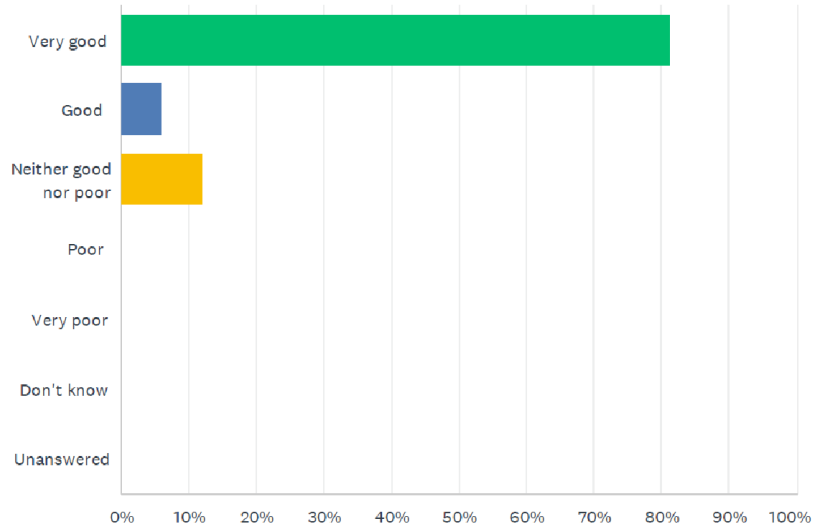
**99.29%** answered yes.

Answered: 7,746 Skipped: 71



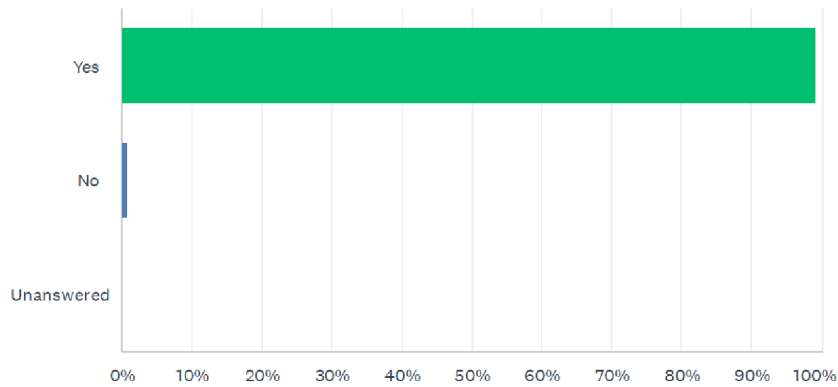
How satisfied were you with the staff at NUPAS?

**81.24%** of clients felt NUPAS staff were very good.



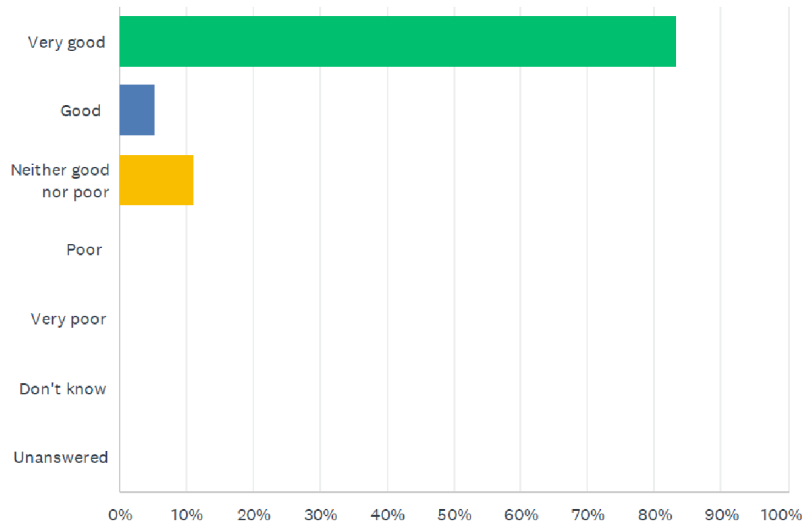
Did you feel able to ask questions at any time?

**99.21%** of clients responded yes.



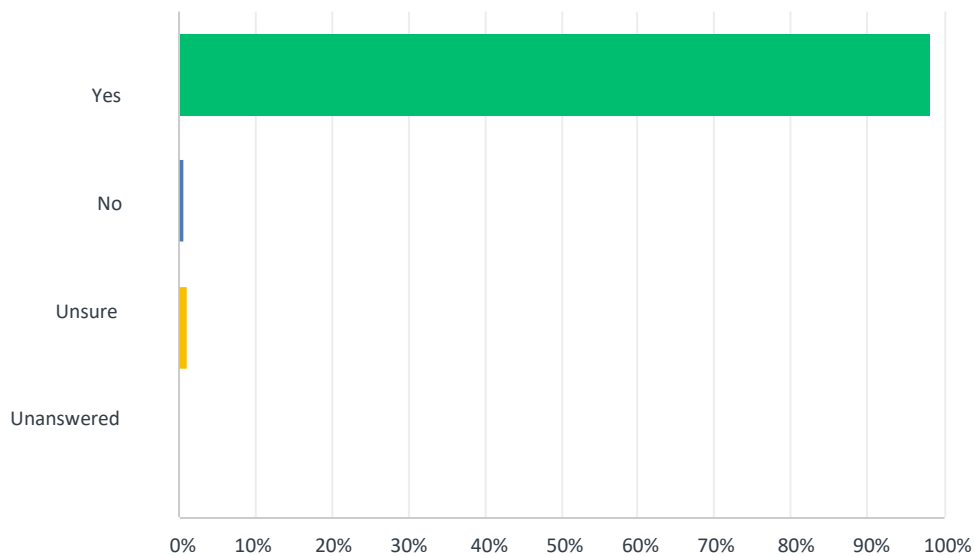
How satisfied are you that the treatment at NUPAS was explained to you in a way that you understood?

**83.41%** of clients responded that NUPAS' explanation of care was "very good"



Do you feel that you were told enough about the risks of the treatment at NUPAS?

**98.34%** of clients responded that NUPAS provided a good explanation of the risks of the treatment they were receiving.



# Infection, Prevention and Control

NUPAS has a dedicated Director of Infection Prevention and Control (DIPC) who is also a trained Infection Control Nurse. They are responsible for ensuring the organisation meets its obligations under the code of practice from the Health and Social Care Act and CQC standards.

NUPAS has an infection control committee that meets 4 times a year. The committee is responsible for monitoring the annual programme of work and receiving reports on infection-related matters, including staff training compliance, reported infection rates and policy ratification. The committee is chaired by the DIPC and members include:

- Regional Operational Manager
- Head of Nursing
- Regional Clinical Lead
- Head of Human Resources
- Link Practitioner
- Head of Quality and Safety
- Procurement Representative

Every staff member undertakes infection control training at induction, and then attends regular updates. Each clinic has a dedicated trained infection control link practitioner who monitors and challenges infection control practices through an organised audit programme to include hand hygiene, cleanliness, PPE, sharps and the general environment.

An annual assurance audit is undertaken by a trained infection control nurse to monitor compliance, the environment and practice.

NUPAS has an infection control manual which encompasses a number of policies relating to infection control practices, cleanliness and environmental issues. Cleaning schedules have been developed and cleaning staff are trained in using the appropriate colour-coded equipment. Clinical staff are also trained in cleaning clinical equipment and use stickers to alert staff that the equipment has been cleaned. All surgical instruments are sterilised by an accredited external provider under a Service Level Agreement.

Identified infections are reported on our incident management system and investigated if required. C. diff and MRSA, MSSA or E.coli bacteraemias would be subject to a full serious incident investigation if identified.

NUPAS has a policy for the prescribing of antibiotics with a limited drug formulary to prevent overuse and good antibiotic stewardship. Antibiotic audits are regularly undertaken to ensure compliance.

Clients seen at NUPAS are assessed as to their risk of infection during their initial appointment. A full medical history is undertaken, and any risk factors are highlighted to the prescribing or treating clinician.

Recent improvements at NUPAS with regards to infection prevention and control include the refurbishment of recovery following an audit area where it highlighted that the walls had started to deteriorate, the introduction of VIP scores for cannulas to prevent phlebitis and subsequent cannula

site infection, a specific Termination Early Warning Score (an adaptation of MEWS) to monitor clients post-surgery and a sepsis screening tool to aid early recognition.

# Safeguarding

## Safeguarding Training

All NUPAS colleagues are trained in Level 2 Safeguarding as a minimum, with some Call Centre coordinators trained to Levels 3 and 4. All client-facing colleagues are trained to a minimum of Level 3 and the Head of Safeguarding is trained to Level 5.

Colleagues have access to online training as well as bespoke Level 3 face-to-face training responsive to local requirements. All clinical colleagues additionally complete CSE, DA, FGM and Prevent training modules.

Compliance is monitored by the Head of Safeguarding, Head of Compliance and Head of HR through the governance process.

## Safeguarding Support

The Head of Safeguarding is responsible for:

- Ensuring that there are systems and processes in place including the development of policies, procedures and guidance/protocols that are compliant with primary legislation, national, regional and local government strategies relating to safeguarding children and adults;
- Providing evidence of safeguarding policies for service specifications, tenders and contracts;
- Monitoring staff compliance with safeguarding training;
- Building effective working relationships with the local Children's Social Care and Adults Social Care;
- Providing effective leadership and comprehensive advice to all NUPAS staff in relation to safeguarding;
- Is the Lead for Managing Safeguarding Allegations Against Staff (or Lead for Persons in a Position of Trust);
- Is the MCA Lead;
- Is the Prevent Lead.

NUPAS has a Safeguarding Team who meets quarterly. All members are trained to Level 4 and are spread out locally across the organisation for ease of access.

All colleagues are encouraged to access the NHS Safeguarding App for immediate contacts and advice.

## **NUPAS Safeguarding Activity 2022/2023**

Data collected for the 2022-2023 financial year demonstrate that NUPAS saw in excess of 33,400 clients, of this number it was identified or disclosed 5.6% had a level of safeguarding concern which was addressed appropriately.

Of the 33,454 clients, 3% were under 18 years of age. NUPAS currently sees all under-16-year-olds face to face and monthly reports are provided to the Senior Leadership Team for assurance.

### **Safeguarding practice audit**

NUPAS completes and audits safeguarding risk assessments which are completed for clients accessing abortion treatment to ensure safeguarding is assessed appropriately and enables a robust review to ensure case management escalation takes place where required. Our audit process ensures we identify any learning and improvement measures with regard to our referral completion processes and identifies any gaps or areas for improvement.

The audit is relatively new in its function however tentative findings show that safeguarding processes are well embedded with an overall compliance of 100%. It is assumed areas for improvement will be identified as auditing continues; these will be addressed through robust action plans which will be escalated via the governance process as required.

This is an ongoing monthly audit which will provide a comprehensive picture of safeguarding practice within NUPAS.

A new weekly audit will be implemented in July to provide assurance that 100% of under-18s are appropriately safeguarded throughout their journey with NUPAS. Outcomes will identify any gaps in learning and appropriate action plans and training will be provided.

### **Safeguarding Policies**

To ensure a strong focus on safeguarding all clients accessing our services, we have policies for the safeguarding of adults and children, aligned to an intercollegiate framework (including the Mental Capacity Act 2005). These set out our lines of intervention and clear referral pathways and are supported by safeguarding training and supervision for all colleagues.

# Quality Improvements 2023/2024

## SLT Visits

Visible leadership is key to ensuring an engaged and satisfied workforce and to support this, a programme of Senior Leadership Team (SLT) visits has been developed for 2023/24. Each NUPAS location will be visited at least once every 12 months. The purpose of the visits will be to enable a two-way dialogue between the SLT and colleagues allowing the SLT to listen to staff and to learn what they see as the positives about working for NUPAS, and also any frustrations and challenges.

## Leadership Development

A programme of leadership development and training is being developed and will be rolled out to all line managers and the SLT in the coming months. This will ensure that all staff with managerial responsibilities are competent and have access to managerial continuous professional development, enabling them to support their teams to deliver the levels of care and service required.

## Safeguarding Audit and Improvement

Our new audit process for Safeguarding has commenced. Over the coming year, NUPAS will review key audit findings and implement audit oversight and quality improvement measures where required.

## Service Engagement – Staff Survey Developments

The staff survey has also identified areas for improvement. An organisational action plan has been formed to address key outcomes of the survey and evidence improvements as a result. The key areas are staff health and well-being, appraisals, reporting bullying and harassment by clients, and time pressures.

## Transition to Patient Safety Incident Response Framework

In line with national drivers for change NUPAS will transition over to the new PSIRF framework in Autumn 2023. 2023/2024 will see NUPAS embed new processes and identify quality improvement measures as part of annual Patient Safety Incident Response Plans.