NUPAS

Annual Quality Account

Reporting period: 1st April 2025 to 31st March 2026

Quality priorities, performance and improvement plans

Abortion Care Service

We are the abortion specialists that put your needs at the centre of our care. You can refer yourself for NHS abortion care.

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Co-Chief Executive Officers Statement on Quality for NUPAS

We are pleased to present the 2025/26 Quality Account for the National Unplanned Pregnancy Advisory Service (NUPAS). This report sets out how we have continued to strengthen the quality, safety and experience of the care we provide, and it reflects our ongoing commitment to delivering safe, compassionate and person-centred services for every patient who accesses NUPAS.

During 2025/26, NUPAS provided care to more than 31,000 patients through a network of clinics across England, with most care delivered under NHS contracts and supported by timely access to assessment and treatment. Across the organisation, our teams have continued to provide high-quality abortion care and associated support in ways that are clinically effective, responsive and respectful. We would like to recognise the professionalism, expertise and compassion of our staff, whose commitment makes this possible every day.

This report demonstrates strong performance in a number of important areas. Patients continue to benefit from good access to care, with the vast majority of referral-to-treatment times remaining within expected standards and clinical outcomes remain strong, with very low rates of serious complications. With more local services, improving access to care closer to home, we have also continued to expand our service footprint and develop our services in ways that respond to patient need and support informed choice.

A major focus during the year has been the continued embedding of the Patient Safety Incident Response Framework (PSIRF). NUPAS has strengthened its patient safety systems through implementation of the Patient Safety Incident Response Plan and Policy, the introduction of Rapid Review processes, enhanced Learning from Patient Safety Events meetings, and clearer governance oversight. These developments are helping us to move from a traditional investigative approach towards one that is more proportionate, learning-led and focused on system improvement. We are also advancing the way in which we use risk, quality and safety intelligence, including demographic and safeguarding data, to identify patterns, understand inequity and improve outcomes.

Quality and safety are reviewed through a robust governance framework involving senior leaders, clinical teams, specialist committees and our Patient Safety Partner. This includes oversight through the Risk, Quality and Patient Safety Committee, Infection Prevention and Control Committee, Workforce Committee, regional leadership arrangements and safeguarding governance forums. These structures are supported by external scrutiny from commissioners and specialist advisers, helping to ensure transparency, accountability and continuous improvement.

We know that high-quality care depends on a capable, supported and engaged workforce. During the year, we have continued to invest in workforce development, supervision, leadership capacity and staff well being. Clinical education has been strengthened, professional supervision for nurses and midwives has remained at 100% compliance, and staff feedback shows high levels of confidence in the standard of care delivered by NUPAS. This reflects our commitment to creating a culture that is fair, inclusive and focused on learning.

We have also made important progress in improving accessibility and reducing barriers to care. During the year, we expanded translated and easy-read information, introduced a new translation services contract, supported patients through interpreter services in more than 34 languages each month, and continued to review how demographic and patient feedback data can be used to reduce inequality and improve experience. These developments are especially important given the vulnerability and complexity of many of the populations we serve.

The report also highlights the breadth of our quality assurance work across safeguarding, infection prevention and control, audit and complaints learning. We have maintained strong safeguarding arrangements, high levels of compliance with safeguarding training, and continued oversight of the needs of children, young people and vulnerable adults. Our infection prevention and control systems remain robust, with all units passing their annual environmental IPC audit. We have also strengthened our approach to complaints handling so that concerns raised by patients are used more effectively to support reflection, learning and service improvement.

Looking ahead, our priorities for 2026/27 reflect the next stage of this work: embedding a mature and learning-led patient safety system, strengthening a just and capable safety culture, and using risk, quality and safety intelligence to tackle inequality and improve outcomes. We hope this Quality Account provides clear assurance about the quality of care delivered by NUPAS and demonstrates our determination to continue learning, improving and providing compassionate, inclusive and safe care for all.

Kate Devonport *Alexandra Cauthery*

Co-Chief Executive Officers, NUPAS Ltd.

Forward

What is a Quality Account?

All healthcare providers that deliver NHS funded care have a statutory duty to publish an annual Quality Account. This report provides information for the public about the quality of services delivered and is produced in accordance with the NHS (Quality Accounts) Regulations 2010, as amended by the NHS (Quality Accounts) Amendment Regulations 2011 and 2012.

The Quality Account is designed to increase transparency and public accountability by describing how organisations have performed over the preceding year. It sets out areas of good practice, identifies opportunities for improvement, and explains how planned improvements will be taken forward and monitored in the year ahead.

Quality is defined across three interrelated domains that are essential to the delivery of high quality healthcare:

- **Patient safety** - how safe the care provided is
- **Clinical effectiveness** - how well the care provided achieves good outcomes
- **Patient experience** - how patients experience the care they receive

Some sections of this Quality Account are mandatory and are included to meet NHS England requirements. Together, these elements provide assurance to patients, commissioners and the public regarding the quality of care delivered by NUPAS.

Scope and structure of this Annual Quality Report

This Quality Account summarises how the National Unplanned Pregnancy Advisory Service (NUPAS) has performed against the quality priorities and objectives set for 2025/26. It also outlines the Quality Priorities agreed for 2026/27 and describes how these will be taken forward and monitored.

We welcome the opportunity to reflect on our performance during 2025/26, taking into account the views and experiences of our patients, staff and the wider public.

This Quality Account highlights the progress made in improving the quality and safety of our services, celebrates areas of good practice, and identifies priorities for further improvement in the year ahead.

NUPAS Services
Achievements throughout 2025/2026

Our Services

NUPAS is an independent provider of abortion care, delivering both medical and surgical abortion services through a network of clinics across England. We have been supporting women and pregnant people for over 50 years, providing safe, compassionate and high quality care.

We are commissioned to deliver NHS abortion services and associated care, including sexual health signposting, post abortion contraception, and pre and post abortion counselling. Where NHS funding is not available, we also provide privately funded care (0.59% of activity in 2025/2026). In addition, we support patients from Ireland and other countries where access to abortion services is restricted, either through legal limitations or lack of local provision. As part of our commitment to equitable access to care, we may, on a case-by-case basis, waive fees or provide services free of charge for patients experiencing vulnerability or financial hardship

During 2025/26, NUPAS provided over 31,000 abortions, a small decrease from approximately 32,000 in 2024/25. The vast majority of this activity was delivered under NHS contracts, reflecting continued demand for timely and accessible abortion care.

At the end of the reporting period, NUPAS operated more than 23 clinics across England, providing safe and welcoming environments supported by skilled and compassionate staff. Our clinics offer integrated care that responds to the abortion, contraception and wider sexual health needs of patients. As part of our commitment to improving access and patient choice, we continue to expand our clinical footprint, enabling more patients to access care closer to home.

Most patients are treated through the early medical pathway, with patients under 10 weeks' gestation receiving early medical abortion accounting for around 95% of all treatments throughout the year.

Self-referrals are the main route into services, accounting for approximately 94% for all patients, demonstrating high levels of awareness and accessibility.

Wait times are good with 97% of patients being assessed within seven days of referrals. Mean wait times from referral to assessment were stable at around 3-4 days, indicating a consistent compliance with national standards. Timeliness of treatment following assessment is strong for early medical pathways with around 85-88% of early medical abortions completed within seven days of assessment, and over 93% completed within 14 days of referral.

The average wait from referral to procedure completed was 8.52 days - well within the NICE recommended guidelines of 14 days (https://www.rcog.org.uk/media/geify5bx/abortion-care-best-practice-paper-april-2022.pdf). This is a slight increase from 2024/25 figures, averaging 8.3 days.

Segmenting the patient pathway shows an increase in the average 'referral to consultation completed' wait from 2.3 to 3.28 days when compared to 2024/25. However, this is due to patient choice as the average 'referral to consultation offered' wait fell from 1.0 to 0.46 days during the same period. Conversely, the average wait from 'consultation to procedure completed' fell from 6.7 to 5.18 days when compared to the last financial year.

Performance for surgical pathways is more variable, particularly for later gestations, with longer waiting times and lower compliance with the expected standard. This reflects the increased complexity and capacity constraints associated with surgical care. It is not unusual for further medical information to be needed for surgical procedures, which can take time to receive from primary care. Demand in the early part of 2026 increased and slightly longer wait times were consequently observed. Additional lists were put on to address this increase in demand, where many more high gestation patients were seen compared to earlier in the year.

A proportion of patients continue to travel outside of their ICB for treatment, which is reflective of the physical location of sites and variation in local service availability particularly for surgical provision.

Clinical outcomes are reported within expected rates, with very low complication rates across all treatment types. Serious complications such as haemorrhage and sepsis are rare; no uterine perforation or embolism were reported, and infection and continued pregnancy rates remained low and within expected ranges.

In summary, 2025/26 has seen high levels of timely access to assessment and treatment, particularly with telemedical and early medical treatment, and low complication rates. Moving forward we will be focussing on improving the timeliness of surgical pathways, particularly for later gestations.

NUPAS Activity 2025/26

Activity Type	Total
Number of Patients Seen (Consultations)	40765
Number of Procedures	31814
Number of Early Medical Abortions	30189
Number of Surgical Abortions	1622

NUPAS Waiting Times

Waiting Time	Total Days
Referral To Consult Offered	0.47
Referral To Consult Completed	3.28
Consult to Procedure Appointment Completed	5.18
Referral to Procedure Offered	5.15
Referral to Procedure Completed	8.52

Accessibility of our services

NUPAS is committed to delivering accessible, compassionate, kind and respectful care that supports informed choice and responds to the diverse needs of the patients we serve. Accessibility is embedded throughout the patient journey, and we actively work to remove barriers to care.

All NUPAS staff wear organisational identification and introduce themselves clearly at each stage of care. We promote inclusive access by offering a range of reasonable adjustments, including interpretation and accessible information formats such as British Sign Language (BSL) and Easy Read resources.

Language and Communication Support

Translation and interpretation services are available via telephone, face-to-face (in person), and video. Patient surveys are available in both paper and electronic formats and are translated into our most commonly used languages. Our website also hosts translated patient information and abortion guides, with additional language options accessible via embedded translation tools, subject to patient consent.

During the period 1 April 2025 to 31 March 2026, 2,740 patients were supported through interpreter services, with an average of over 34 different languages used each month. Interpreters can be accessed on demand or pre-booked for clinic appointments, and two language providers are used to ensure availability for rare or less commonly spoken languages. All interpreters are screened to ensure alignment with NUPAS values.

Accessible Information and Patient Involvement

The Patient Information Forum oversees the development and approval of all patient information, ensuring it is clear, accessible and patient focussed, using a standardised accessible template. One of the Forum's first priorities was a patient led review of the Your Abortion Guide booklet. Feedback identified a need for wider language availability and, as a result, the guide has been expanded into additional languages. This will now form part of an annual review process aligned to patient demographics.

Physical Accessibility and Additional Support

All clinical sites are equipped with hearing loops and chaperones are available for in-person appointments, to support cultural sensitivities or vulnerable patients. Bariatric equipment is available at all sites to support patients up to 225kg. Information is also available in printed formats for patients experiencing digital poverty.

NUPAS offers a hardship fund to support patients who may face financial barriers to accessing care, including assistance with travel and, where necessary, accommodation costs.

Ongoing Support and After-care

Counselling services are available to all patients, regardless of when they received treatment. Patients are also provided with clear contact details for the Clinical Services Team, which offers 24hour, 7day clinical support to ensure continuity of care and timely clinical advice.

"The nurse today was absolutely fantastic really understanding and not judgemental - really appreciated her professionalism and bed side manner she is a credit. "

Our People

People and workforce update

During 2025/26, we continued to embed the additional leadership roles introduced in 2024. At year end, NUPAS employed 172 staff directly, with a further 22 colleagues working with us via the staff bank or under practising privileges agreements. We continued to deliver our People Strategy, aligned to its six priority areas:

- Attracting and retaining people
- Looking after our people
- Developing our people
- Engagement
- Leadership
- Fairness

Attracting and retaining people

During the year, we undertook workforce planning to support accurate forecasting of staffing requirements and resource allocation across the organisation. This work will continue in 2026/27 to help ensure we have the right people in the right place at the right time.

Looking after our people

Employee well-being remains central to our People Strategy. Staff, along with their immediate family members, have 24/7, year-round access to GP consultations. Additional well-being support includes mental health support and counselling, personalised healthy eating and fitness plans, and a broad selection of online resources (including Pilates, yoga, meditation and strength training) via the Perkbox platform.

Developing our people

All clinical staff were invited to attend a company training half-day in August 2025. Topics included communication and record keeping, safeguarding, abortion legislation, and antibiotic stewardship. The sessions were well received and reflect our commitment to continuous professional development.

All administrative staff working in our clinics have been offered the opportunity to develop their skills by undertaking the Care Certificate. Most colleagues have chosen to start the qualification; some have already completed it and others are currently working towards completion. Once achieved, staff can undertake healthcare assistant duties alongside administrative duties, supporting job enrichment and career development.

Engagement

We continued to engage pro-actively with staff to gather feedback about their experience of working at NUPAS. Our staff survey results for 2025/26 were positive, with improvements across many areas. Key results included:

- 83.3% agreed that they would recommend NUPAS as a place to work.
- 95.8% agreed that they would be happy with the standard of care provided by NUPAS if a friend or relative needed treatment.
- 91.7% agreed that care of patients is NUPAS' top priority.
- 88.6% agreed that their line manager values their work.
- 91.7% agreed that they enjoy working with colleagues in their team.

We identified a small number of areas for further improvement, and these have informed an action plan for 2026/27.

Leadership

We continued to support leaders through training, development and coaching to build confidence and capability. Improvements included developing a bank of HR resources for leaders and line managers and introducing workforce data reports for line managers that include key HR metrics such as sickness absence rates, mandatory training compliance, and appraisal and supervision renewal dates.

Fairness

In the staff survey, 87.5% of staff agreed that NUPAS respects individual backgrounds.

Staff can now update some protected characteristic information within our electronic staff file system. This has supported early work to map our workforce profile against local demographics for comparison. This work will continue in 2026/27.

We remain committed to continuously improving the working lives of our staff and we actively seek, listen to and respond to feedback.

Our workforce priorities for 2026/27 include:

- Talent management and succession planning for key roles in the organisation.
- Developing mental health training available to line managers and staff.
- Embedding a culture of continuous professional development.
- Developing a leadership skills and behaviours framework for the organisation.
- Increasing the ways in which staff can contribute ideas and feedback to NUPAS.
- Ensuring staff have fair access to, and support for, development, and monitoring uptake.

Clinical Standards

At NUPAS, our patients remain at the centre of everything we do. We are committed to delivering safe, compassionate and respectful care, supporting women and pregnant people to exercise informed choice. Our work is driven by care, professionalism and a genuine commitment to those who use our services. We recognise that high quality care is only possible when staff feel valued, supported and listened to, and we continue to foster and encourage an inclusive, responsive and responsible culture. Our organisational values continue to underpin how we plan, deliver and review our clinical services.

Policies and Procedures

We work collaboratively with a shared focus on continuous improvement and patient safety. Clinical quality is strengthened through regular review, reflection and learning.

Robust governance arrangements, led by the Quality Team, ensure that all policies and procedures are reviewed in line with agreed schedules and using a standardised approach. Stakeholder engagement prior to ratification, through the appropriate committees, supports effective implementation in practice. NUPAS remains committed to keeping all policies current, evidence based and aligned with national and local guidance, enabling teams to provide safe, effective and consistent care across all services.

Staff Training

We value and support our staff. Our patients are at the heart of our service.

Over the past 2 years, all identified objectives relating to staff training and development have been successfully achieved, strengthening our commitment to delivering safe, high-quality, and patient-centred care.

The Professional Development Lead role has been established and embedded within the organisation, providing clear oversight of clinical training, competency frameworks, and ongoing professional standards. Internal training programmes and competency frameworks have been designed and implemented, ensuring robust induction processes for all new clinical staff through structured training passports and comprehensive guidance materials.

Regular audits are in place to monitor compliance and maintain consistently high standards of care across all services.

In addition, contraception training continues to be delivered in line with CoSRH guidance, with all relevant staff maintaining appropriate accreditation, including SDI-LOC-IO where required.

These developments ensure that our workforce remains competent, confident, and equipped to support patients in making informed choices, reflecting our continued focus on safety, quality, and person-centred care.

Incidents and concerns

We work as a team with a common goal: we are always assessing, responding and adapting to drive quality improvement and provide the best possible care.

The clinical leadership team at NUPAS ensures learning from incidents through the PSIRF process, supporting training and development needs across the organisation. This has been strengthened through our Patient Safety Summit and Learning from Patient Safety Events meetings, with the inclusion of both clinical and non-clinical leadership to support robust oversight, shared ownership and timely decision-making. NUPAS is also supported by an external Patient Safety Specialist, providing additional oversight and assurance of the quality of patient safety learning responses.

Clinical Audit

Over the past two years, we have demonstrated transparency in all that we do, communicating openly, honestly, and compassionately with all stakeholders. Through a strong team-based approach, we have continuously assessed, responded, and adapted our services, resulting in measurable improvements in quality of care and patient experience.

During this period, our programme of clinical audit has enabled us to identify gaps, implement targeted

improvements, and strengthen compliance with standards set by the Care Quality Commission. As a result, we have enhanced consistency in clinical practice, improved record keeping, and strengthened infection prevention measures. We recognise the need for increased assurance around medicines management and are currently redesigning the audit process to ensure we provide a gold standard service.

Clinical audit has been embedded as a key driver of quality improvement across NUPAS, supporting both service development and workforce competence. Staff capability has been strengthened through audit-informed feedback, alongside induction and continued professional development, ensuring care is delivered safely and in line with patient needs.

Our clinical audit programme has included:

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

Audit outcomes and compliance have been consistently reviewed through our clinical governance committees, enabling timely oversight and responsive action.

To further strengthen this approach, we have identified the need to reshape our clinical audit process. This work is planned to ensure audit scoring is accurate, standardised, and quality assured, providing greater confidence in our data and enabling more robust measurement of improvement over time. This will support clearer insight into performance, enhance accountability, and further improve the quality and safety of care we deliver.

Responsive

Our workforce is supported to deliver high quality care, and our patients remain at the heart of decision making across the organisation.

Clinical supervision continues to be recognised as a cornerstone of safe and reflective practice. A comprehensive supervision framework is embedded across NUPAS and offered to all staff. Supervision is designed to be purposeful and supportive, encouraging reflection, professional development and shared learning. Attendance is an expectation for all clinical staff and oversight is monitored at a regional level to ensure consistency and quality.

NUPAS continues to value the contribution of Practice/Professional Midwife and Nurse Advocates (PMA/PNA). These roles provide staff with confidential, restorative spaces for reflective discussion, enabling professionals to maintain resilience, confidence and clarity in their practice.

PMA/PNA roles also contribute to quality and service improvement by supporting problem solving and learning at both individual and organisational levels. We continue to invest in training and succession planning for PMA/PNA roles and are strengthening external networks with NHS trusts and independent providers to enhance peer support and shared learning opportunities. We also offer PMA/PNA sessions to non-clinical staff where appropriate.

As NUPAS continues to grow and evolve, we recognise the importance of ensuring our workforce structure, skill mix and leadership capacity remain aligned with service demand. Clinical leadership has been further strengthened to support safe, effective and well managed services across all regions. In response to increasing operational and leadership demands, deputy clinical leadership roles have been introduced to support Regional Clinical Leads with day-to-day oversight, risk management and service delivery, ensuring continuity and resilience within clinical services.

To further strengthen governance and clinical assurance, NUPAS has now fully embedded the role of Lead Sonographer across the organisation. This role provides clear clinical oversight of ultrasound practice, including equipment standards, training, audit, policy implementation and learning from incidents. A consistent, organisation wide scanning policy is embedded, aligned to local and national guidance, to support safe and high quality ultrasound services.

The continued development of specialist roles within the corporate clinical team supports consistent standards of practice and ensures services are delivered in line with current evidence, regulation and professional guidance.

Recognising the need to support service development alongside organisational growth, NUPAS now has a fully embedded Clinical Support Services Team. This team provides structured clinical advice to all our patients post-abortion, through a dedicated telephone service.

All of these initiatives and developments support continuity, responsiveness, and safe expansion of services, meeting the evolving needs of patients and commissioners.

"The Staff at the clinic were so welcoming, answered all questions I had, showed compassion and was lovely all together"

Patient Safety, Clinical Effectiveness and Quality Outcomes

NUPAS' strategic objectives are focused on delivering safe, effective and person centred care for all patients accessing our services, specialising in termination of pregnancy and associated sexual health provision. Patient safety, clinical effectiveness and quality outcomes are integral to how we plan, deliver and monitor care, and our organisational values underpin all aspects of our approach to risk management and clinical governance.

We are committed to being open, transparent and inclusive, communicating openly, honestly and compassionately with patients, staff and stakeholders. We work collaboratively across the organisation with a shared commitment to learning, improvement and delivering the best possible care. Leadership and governance arrangements support a culture that promotes fairness, learning and innovation, ensuring NUPAS continues to be a well led organisation.

During the reporting period, NUPAS has embedded the Patient Safety Incident Response Framework (PSIRF) in line with national requirements. PSIRF advocates a coordinated, proportionate and data driven approach to managing patient safety incidents, embedding incident response within a wider system of continuous improvement. This represents a significant shift from a traditional investigative model towards a learning focused approach that seeks to understand and address system factors that contribute to risk and harm.

NUPAS has developed and implemented a Patient Safety Incident Response Plan and Policy, approved for use by a lead commissioning body. The plan sets out how learning responses are selected, how patients and staff are meaningfully involved, and how improvement actions are agreed, monitored and evaluated. The emphasis is on ensuring that learning from patient safety events leads to tangible changes in practice and reduces the likelihood of recurrence.

Our patient safety incident response model supports staff engagement throughout the learning response process and reinforces our strategic commitment to treating everyone, particularly our patients and staff, with compassion, kindness, dignity and respect. This approach supports psychological safety, encourages reporting and reflection, and strengthens our organisational culture of openness and learning.

Throughout 2025/26, NUPAS has delivered a range of improvements to strengthen patient safety, clinical effectiveness and quality outcomes. These include:

- Introducing a Rapid Review process to support early identification, proportionate escalation and timely learning from incidents that present potential patient safety risks.
- Further strengthening Learning from Patient Safety Events (LFPSE) meetings, improving consistency, quality assurance and system focused learning from completed reviews.
- Enhancing governance oversight, with clearer escalation routes, improved reporting to senior committees and strengthened assurance provided to the Board.
- Improving the use of risk, quality and patient safety intelligence, including collecting more detailed data on harm, safeguarding, vulnerability and protected characteristics, supporting better identification of inequity and differential risk.
- Embedding a more just, fair and psychologically safe approach to incident management, enabling staff to report concerns and engage openly in learning without fear of blame.
- Strengthening learning assurance arrangements, ensuring learning responses consistently identify system factors and result in clear, actionable improvement plans.
- Improving the visibility of organisational learning, with shared themes, learning summaries and structured feedback loops to support safer practice across teams.
- Strengthening Board and committee assurance, ensuring patient safety risks, learning and improvement actions are clearly aligned with organisational priorities.

We have an internal patient safety incident governance process that ensures learning response reviews are conducted appropriately and effectively, in line with the requirements of the Patient Safety Incident Response Framework. Oversight is provided through the following mechanisms:

- Patient Safety Summit - This meeting, held twice a week, enables the Quality Team Coordinator, Quality Assurance Lead, and the Risk, Quality and Patient Safety Lead to ensure the accuracy of reporting categories and outcomes. The group identifies any immediate patient safety risks, agrees required actions, and allocates the most appropriate learning response method in line with our Patient Safety Incident Response Plan.
- Learning From Patient Safety Events (LFPSE) Meeting - This multidisciplinary meeting, held fortnightly, is attended by the Head of Operations, Clinical Director, Risk, Quality and Patient Safety Lead, Quality Team Coordinator, Quality Assurance Lead, and the Designated Midwife for Safeguarding Adults and Children. Members of the Executive Leadership Team also attend regularly on rotation. The group reviews all completed learning responses to ensure that patient engagement has taken place, a systems based approach has been applied, all safety recommendations are captured, and any new actions required to support local or organisational improvement are added. Learning responses undertaken under PSIRF are reviewed prior to the meeting by a consultant Patient Safety Specialist.
- Rapid Review Meeting – A Rapid Review process was introduced in 2025 to enable a multidisciplinary group of leads to consider new or emerging incidents as soon as they are identified, including those arising outside the scheduled Patient Safety Summit. The Rapid Review examines the information available at the time of the incident, confirms that any immediate actions have been taken, and ensures that risks are assessed and mitigated promptly. For incidents that may be borderline or complex, the group discusses and agrees the most appropriate learning response and determines whether external reporting to stakeholders is required.
- Patient Safety Specialist – NUPAS is in the process of appointing a dedicated internal Patient Safety Specialist. During this transition period, specialist patient safety advice and oversight are being provided by an experienced external consultant to ensure continuity of expertise and compliance with NHS Patient Safety Incident Response Framework standards.

Patient Safety Partner Feedback

Introduction

Over the past two years working as a Patient Safety Partner (PSP), I have witnessed a meaningful evolution of the role within NUPAS, alongside a growing emphasis on patient-centred care. There has been clear progress in embedding the patient voice into quality and safety processes, with increasing opportunities for engagement and contribution.

Notably, the organisation has demonstrated alignment with key public health principles of Protect, Prevent, and Promote, ensuring that patient safety, well being, and experience remains central to service delivery. This continued focus reflects a commitment to learning from feedback and strengthening a culture where patients are actively involved in shaping care.

Being Fair

Positive:

NUPAS continues to foster a supportive and open culture, where staff feel encouraged to raise concerns and reflect on incidents without fear of blame. This has contributed to improved transparency and psychological safety across teams. Significant progress has been made within the last year to ensure that staff affected by patient safety incidents do not feel blamed or under scrutiny.

Improvement:

Further development of a Being Fair culture could be achieved by creating additional opportunities for staff to contribute their creativity, ideas, and reflections. Providing safe and structured spaces for open dialogue will empower staff to share innovative thoughts and actively contribute to service improvement. The Quality Team are actively seeking additional opportunities to exercise compassionate engagement with those colleagues in a patient safety event.

Reporting Mechanisms

Positive:

The introduction of the RADAR system represents a significant improvement, providing a structured, accessible, and user-friendly platform for incident reporting and documentation. Within the last 6 months, there has been a marked improvement in the overall compliance regarding the receipt of the organisational 'Newsflash' updates which are shared both regularly and ad hoc to cascade relevant clinical and non-clinical learning and updates.

Improvement:

The Quality Team are reviewing incident categories with stakeholders to ensure the appropriate categorisation of incidents to provide better data analysis. Regarding the Newsflash communications, there is scope to consider the most effective release dates in that evidence would appear to suggest that compliance is weaker during periods that contain a Bank Holiday or sit within school holidays.

Learning and Improvement

Positive:

There is a positive attitude regarding learning from incidents, with reflective practices and discussions supporting continuous improvement across services. The Patient Safety Summit and LFPSE meetings have had an enhanced membership to include both clinical / non-clinical leadership and operational staff from across the organisation for the benefit of wider learning. Case studies are regularly shared at the SLT meetings to reflect on cases of note.

Improvement:

Whilst improvements have been made, there is still scope for continued improvement in the effective cascade of learning following patient safety events and complaints to the business.

Patient Engagement

Positive:

Progress in patient engagement continues to be evident, with increased visibility and opportunities for patients to contribute to service development. Changes have been made to the Patient Satisfaction Survey in the hope that this encourages a wider uptake for patient responses. Breaking down communication barriers has been a focus in the past year with the NUPAS website adapted to provide real time translation into a multitude of languages.

The Patient Safety Partner has engaged with a wider providers network to meet and discuss opportunities for continued improvement and engagement with fellow Patient Safety Partners across other abortion services. This collaboration is in its infancy so continues to be an area for improvement also.

Improvement:

There is further scope to improve accessibility and ensure patients from all demographics are able to access our services.

Communication and Training

Positive:

Communication across teams is strong and supports collaborative working. Training provision continues to equip staff with the knowledge and skills required to deliver safe and effective care.

Lunch and Learn sessions have been launched and have proved successful to date. These offer an opportunity for staff to partake in clinical discussions relevant to NUPAS services.

Improvement:

There is an opportunity to ensure that all staff are accessing appropriate training pro-actively, and with protected time available, to support both mandatory training compliance and continued development opportunities.

Conclusion

Overall, NUPAS has demonstrated clear progress in embedding patient-centred care and strengthening its safety culture. The evolution of the PSP role has supported greater engagement and visibility of the patient voice within the organisation.

By continuing to build on existing strengths - particularly by enhancing staff engagement, recognising good practice, and improving the transfer of learning across services - NUPAS is well positioned to further advance patient safety and quality of care.

"Both the lady who booked my consultation and the midwife were extremely helpful and make me feel better about my situation"

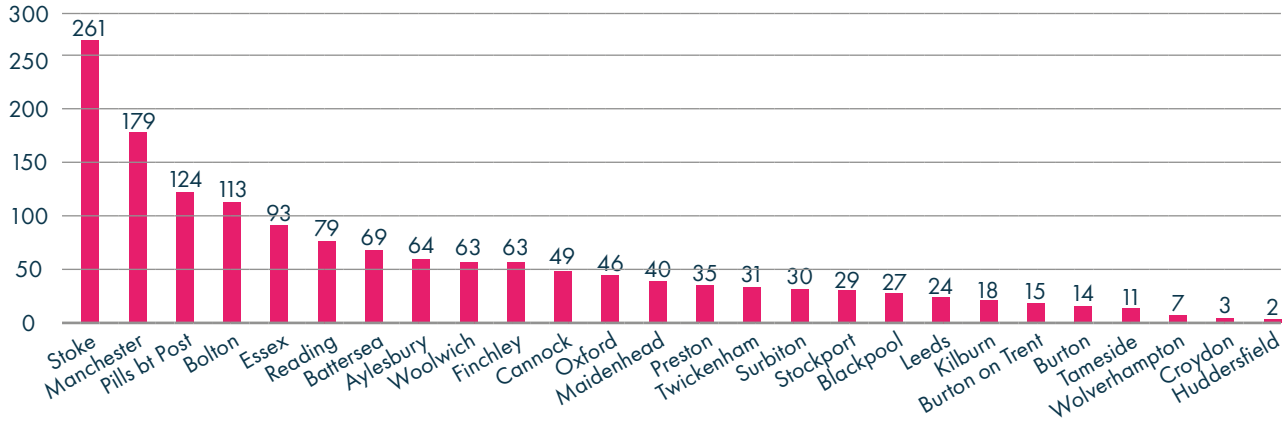
Patient Engagement

Patient Satisfaction Survey

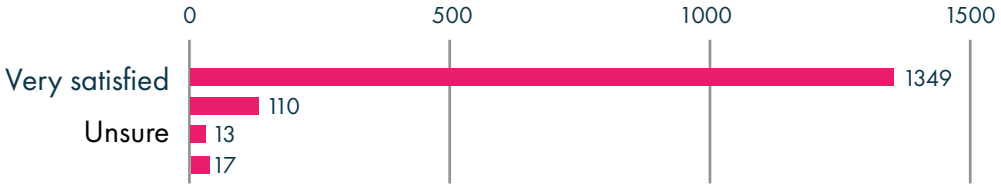
Patient and Public Engagement Surveys are an important mechanism for capturing patient experience and using this intelligence to support service improvement. NUPAS uses a standardised patient satisfaction survey to gather feedback on the quality of care delivered and the likelihood of patients recommending our service. In 2026, following a decline in response rates, the survey was reviewed and streamlined, with questions reduced from 10 to 6 to support improved engagement and strengthen the quality of feedback received.

During 2025/26, NUPAS received 1,489 patient feedback surveys, representing a response rate of 4.3% of total activity. Whilst this is below our target of 10%, achieving higher response rates remains challenging due to the nature of our service. Most patients have a single episode of care and, once treatment has been completed, there are limited opportunities for further contact. Despite these challenges, patient feedback continues to provide valuable insight into the quality of care and experience delivered by our services.

Number of surveys received by location



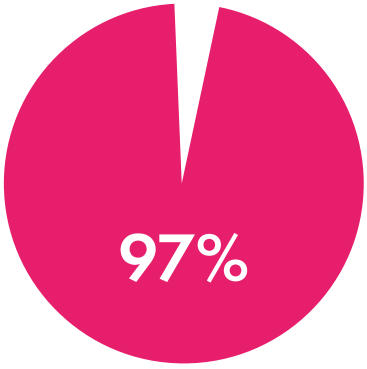
How satisfied were you with the members of staff you had contact with at NUPAS?

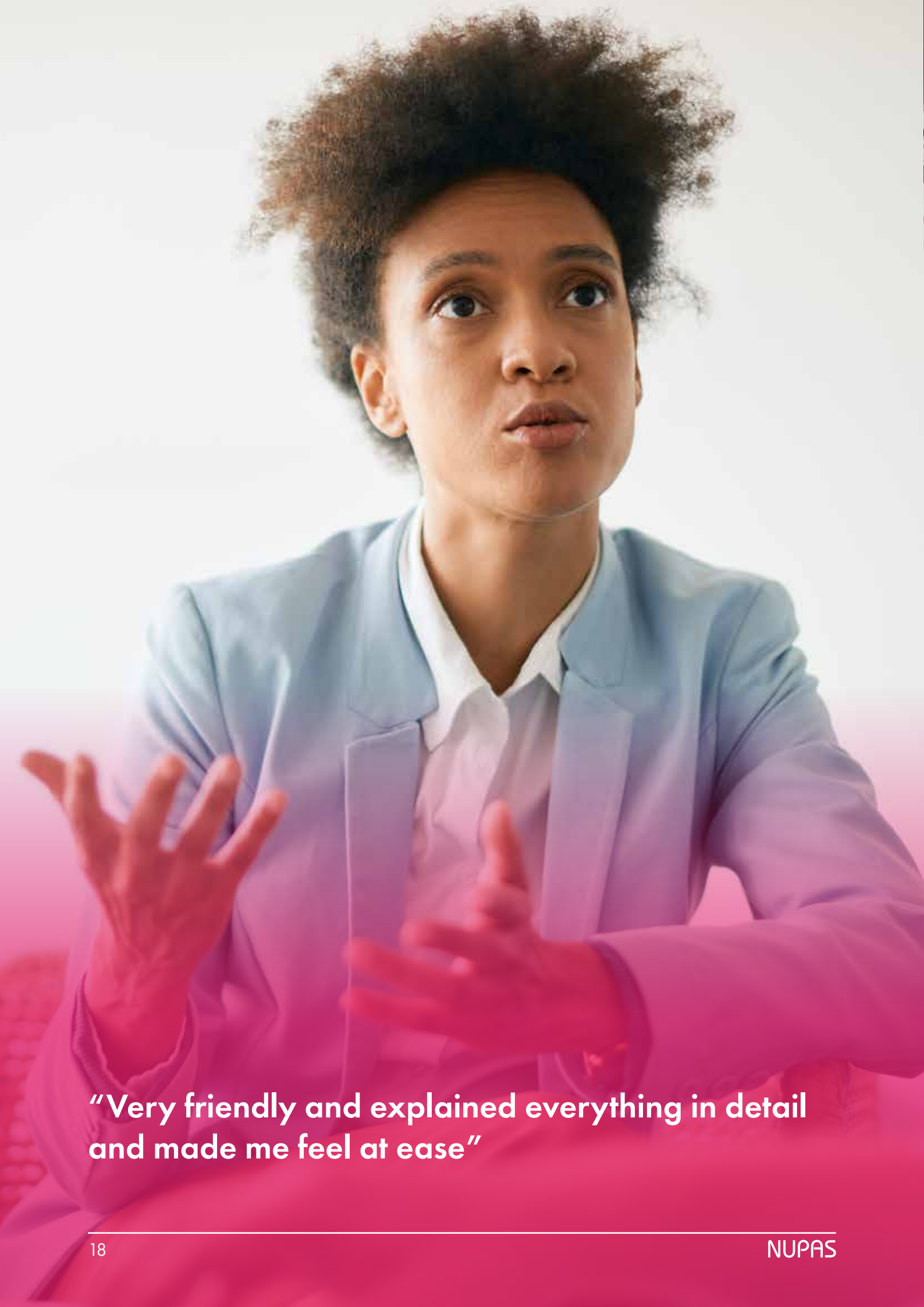


1,489 patients responded when asked **"How satisfied were you with the members of staff you had contact with at NUPAS?"** with 90.5% Very Satisfied with the contact they had with our staff.

Would you recommend NUPAS to your friends and family?

When asked **"Would you recommend NUPAS to your friends and family?"** 1,489 patients responded with 97% of patients saying yes, they would recommend NUPAS to others.





"Very friendly and explained everything in detail and made me feel at ease"

Complaints

NUPAS is committed to ensuring that all patients, and those who support them, have a positive experience of our services. While we strive to consistently meet high standards of care, we recognise that there are occasions when expectations are not fully met. When this happens, we value the opportunity to listen, learn, and improve. Concerns are addressed at the earliest opportunity wherever possible; however, some issues may progress to a formal complaint. We welcome complaints as an important source of feedback that helps us to understand patients' experiences and drive service improvement.

During 2025/26, NUPAS continued to strengthen its arrangements for capturing, reporting, and learning from concerns and complaints. This year's data will be used as a benchmark to support future analysis and quality improvement. Complaints data is reported monthly to the Board and reviewed through comprehensive quarterly reports, alongside an annual complaints report.

If a complainant remains dissatisfied following completion of the local resolution process, they may refer their complaint to the Parliamentary and Health Service Ombudsman (PHSO) for independent review. There were no PHSO referrals relating to NUPAS in 2025/26.

In total, NUPAS received 67 formal complaints during 2025/26. Of these, 70% were acknowledged within three working days, in line with NUPAS policy and NHS complaints guidance. 30% of the remainder were acknowledged within four working days.

While this represents a small number of breaches to our internal time-scales, we recognise the importance of timely acknowledgement in supporting a positive patient experience, particularly at a point where individuals have already expressed dissatisfaction. In response, NUPAS has reviewed its Complaints Policy and is implementing strengthened arrangements for complaints handling. This includes transferring responsibility for complaints management to the Risk, Quality and Patient Safety team in order to centralise this aspect of our service and enhance oversight, consistency, and organisational learning. These actions reflect our commitment to improving the experience of patients who raise concerns and to using complaints as a catalyst for service improvement.

Complaints: themes, outcomes and learning 2025/26

Type of feedback received	Total number received for 2025/26	Upheld	Partially upheld	Rejected/unable to process	Under investigation
Complaint	67	22	19	24	2
Concern	116				
Compliments	216				

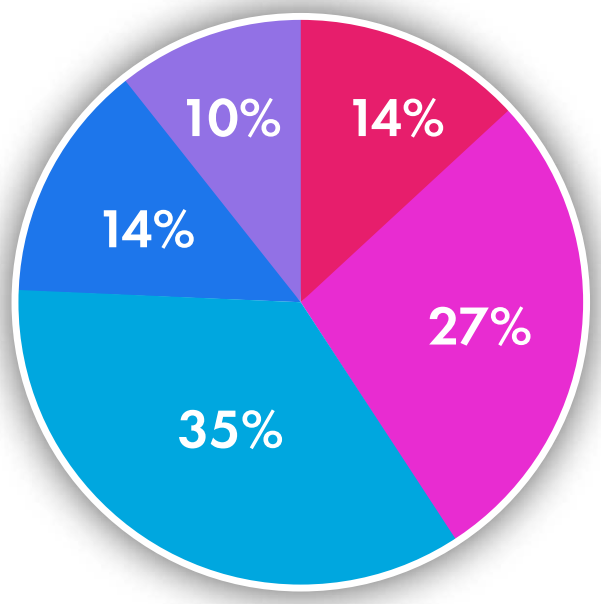
The main recurring themes for improvement across the organisation were:

- Staff attitudes and behaviours
- Quality of care
- Communication

Within each of these complaint investigations the following learning outcomes were reached. The largest share of learning outcomes, at 41%, was addressed locally, either through 1:1 reflection or via localised team meetings. Quality Improvement projects were identified for 14% and additional training needs for 10%. No learning was identified for 35% of the complaint totals. This is in line with the percentage of complaints that were either not upheld or withdrawn.

Overall, this learning has been used to strengthen local reflection, targeted improvement activity and staff development, supporting ongoing improvements in patient experience and the quality of care.

Learning Outcomes



1:1 Reflective Learning Discussion
- Manager / PMNA

Local Learning
- Huddle / Team Meeting

N/A
No learning indentified

Quality Improvement Project

Training

Safeguarding Children and Adults

Our patients are at the heart of our service. NUPAS aims to ensure we are protecting people from avoidable harm, abuse, coercion, discrimination and neglect. We complete robust safeguarding risk assessments with all our patients in order to identify any vulnerabilities or potential safeguarding risk.

Our clinical staff are trained to adopt risk assessment tools such as Spotting the Signs, SafeLives CAADA/DASH and Mental Capacity Assessment, alongside a culture of professional curiosity; asking the questions that may illicit additional information to allow us to assess risk proportionately.

NUPAS has a full set of safeguarding policies in place which were all reviewed in November 2025 and reviewed again in March 2026 in relation to updated national guidance and learning from national case reviews.

Strengthening Our Structure

We work as a team; we support our staff. Our patients are at the heart of our service. Led by an Executive Lead for Safeguarding and Named Professionals (doctor and nurse), who provide strategic oversight, we also have additional staff who are trained to Level 4 in safeguarding and provide operational and clinical safeguarding support to all staff. In line with the Intercollegiate Document (2025), all NUPAS colleagues are trained in Level 2 Safeguarding as a minimum, with some remote services coordinators trained to Level 3. All patient-facing colleagues are trained to Level 3 and the Clinical Leads are trained to Level 4.

All patient facing colleagues receive Level 3 safeguarding training on a minimum of a three yearly basis alongside Prevent training modules online. Compliance is monitored by the Executive Lead for Safeguarding and the Head of Human Resources through the governance process.

Safeguarding Team

The Named professionals for Safeguarding (Adults & Children) are 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 activities for service specifications, tenders and contracts.
- Delivering safeguarding training across the organisation.
- Monitoring staff compliance with regards to safeguarding training.
- Providing effective leadership and expert advice to all NUPAS staff in relation to safeguarding.
- Providing safeguarding supervision to all clinical teams.
- Chairing the quarterly Safeguarding Team meeting.
- Providing in depth reports to NUPAS board in relation to safeguarding data and activities.
- Providing safeguarding quality assurance to ICBs.
- Building and maintaining effective working relationships with the local Children's Social Care and Adults Social Care.
- Is the Lead (alongside the Executive Lead for Safeguarding) for Managing Safeguarding Allegations Against Staff (or Lead for Persons in a Position of Trust).
- Is the MCA Lead.
- Is the Prevent Lead.

NUPAS Safeguarding Activity 2025/2026

Data collected for the 2025/2026 financial year demonstrate that NUPAS saw:

- 40,739 Consultations completed
- 1,062 Consultations to under 18s
- 160 Consultations to under 16s
- 1 Consultation to under 13s

Of the total number of patients seen, 2.6% were under 18 years of age which is slightly below the national average.

NUPAS sees all under-16-year-olds face to face to ensure safeguarding is robustly risk assessed and monthly reports are provided to the Senior Leadership Team for assurance.

Safeguarding training & supervision compliance (March 2026)	
Measure	Compliance
Adults L1	99%
Adults L2	100%
Adults L3	92%
Children L1	99%
Children L2	100%
Children L3	94%
Safeguarding Supervision Compliance	88%
PREVENT	98%
PREVENT L3	96%

Safeguarding Practice Audit

NUPAS completes and audits safeguarding risk assessments for patients accessing abortion treatment to ensure safeguarding is assessed appropriately and enables a robust review to ensure case management escalation takes place where required.

Key audit findings for the previous year have identified that safeguarding processes are well embedded across the organisation and 100% of patients receive a robust safeguarding assessment.

Some themes emerging from safeguarding assessments:

Historic involvement with social care with domestic abuse being the most prevalent reason for social care intervention. Involvement with a violent partner was often cited as a reason for seeking a termination, linked to the stress of social care involvement and potential risks to the unborn.

Exploitation of the younger age group was not a prevalent safeguarding risk. Professional curiosity remains a key part of the safeguarding assessment.

Safeguarding training and supervision focus on appropriate safeguarding risk assessments with a focus on the use of professional curiosity to establish current and evidenced future risk. There is a focus on scenario-based learning to enable staff to adopt a culturally aware, ethically sound and practice-based approach to their duty to safeguard.

Safeguarding Policies

NUPAS has policies for:

Safeguarding Management of Under 18's Policy (March 2026)

Safeguarding Adults Policy (March 2026)

Concealed Pregnancy Policy (March 2026)

Female Genital Mutilation Policy (December 2025)

Was Not Brought Policy (March 2026)

Safeguarding Supervision Policy (December 2025)

Domestic Abuse Policy (December 2025)

Staff as Victims of Domestic Abuse Policy (currently under review)

Escalation Policy (currently under review)

PiPoT Policy (currently under review)

All policies are aligned to statutory guidance and legislation as defined in Working Together to Safeguard Children 2026, RCPCH safeguarding guidance for under 18's (2022), and in the statutory guidance issued under the Care Act 2014. The policies set out our thresholds for intervention and analysis of risk with clear escalation and referral pathways. The policies are underpinned by safeguarding training and supervision for all colleagues.

Infection Prevention and Control

This section of the report outlines the infection prevention and control (IPC) arrangements in place at NUPAS during the current reporting year. Infection prevention and control will continue to be a core priority for the organisation, underpinning the safety and well being of patients, staff, and visitors across all services. NUPAS remains committed to being a Centre of Excellence in the delivery of sexual health services, with a particular focus on termination of pregnancy and contraception. Our approach to infection prevention and control is robust and well embedded, incorporating clear policies, ongoing staff training, regular monitoring, and a comprehensive programme of audit and assurance activity. Together, these measures support the maintenance of high standards and continuous compliance with regulatory requirements.

Leadership, Governance and Oversight

Infection prevention and control at NUPAS is led by a dedicated Director of Infection Prevention and Control (DIPC), who is also a trained Infection Control Nurse. The DIPC provides strategic leadership and assurance that NUPAS continues to meet the requirements of the Health and Social Care Act and the standards set by the Care Quality Commission (CQC). This role is supported by strong organisational governance, reflecting NUPAS' commitment to being a well-led organisation. Leadership and governance arrangements promote person-centred care, learning and improvement, and an open, fair, and transparent culture. The Infection Control Committee, chaired by the DIPC, meets quarterly to review performance, risks, incidents, and audit outcomes. Membership includes representation from management, nursing, clinical teams, human resources, quality, and procurement, ensuring a multidisciplinary and coordinated approach to infection prevention and control.

Training and Education

All employees receive infection prevention and control training as part of their induction programme, with regular refresher updates provided to ensure that knowledge remains current and practice consistent.

Each clinic has a designated Infection Prevention and Control Link Practitioner, who plays a key role in supporting local compliance, undertaking audits, and monitoring day-to-day infection control practices. This network provides an effective link between front-line services and organisational oversight.

Policies and Infection Prevention and Control Manual

NUPAS maintains a comprehensive Infection Prevention and Control Manual, which brings together all relevant policies and procedures relating to infection prevention, cleanliness, decontamination, and environmental safety. These documents are reviewed regularly to ensure alignment with national guidance, best practice, and regulatory requirements, and are mapped to national infection prevention and control standards.

Sterilisation, Decontamination and Environmental Cleanliness

Sterilisation of surgical instruments continues to be undertaken by accredited external providers under formal Service Level Agreements, providing assurance of compliance with relevant standards.

Cleaning schedules are clearly defined, and cleaning staff are trained in the correct use of equipment and materials, including adherence to colour-coded cleaning systems. Clinical staff also receive training in the appropriate cleaning and decontamination of equipment used in patient care.

Incident Management and Antimicrobial Stewardship

Any reported or suspected infections are recorded within the NUPAS incident management system and reviewed promptly. Where appropriate, incidents are investigated to identify learning and opportunities for improvement.

In line with national requirements, serious infections such as C. difficile, MRSA, MSSA, and E. coli bacteraemia would trigger detailed investigation through the Patient Safety Incident Response Framework (PSIRF).

NUPAS continues to operate a strict antibiotic prescribing policy, supported by a limited and evidence-based formulary. Regular audit activity is undertaken to monitor compliance and to promote responsible antimicrobial stewardship, reducing the risk of resistance and inappropriate prescribing.

Patient Assessment and Risk Management

Infection risk assessment remains integrated into the patient pathway. All patients undergo a comprehensive assessment at their initial appointment, including a detailed medical history. Any infection-related risk factors are clearly identified and communicated to the treating clinician to inform safe and appropriate care.

Looking Back

How Did We Do in 2025/26?

This section of the report provides an overview of our past priorities for 2025/26.

Priority 1

Commitment to High Clinical Standards and Best Practice

Clinical Excellence and Workforce Development

NUPAS has remained committed to delivering safe, compassionate, and high quality abortion and sexual health care. Our multidisciplinary team, including Doctors, Nurses, Midwives, Sonographers, Operating Department Practitioners (ODPs), and support staff, continue to work collaboratively to provide services across a range of clinical settings. In line with evolving clinical guidance and national health policy, we have strived for continuous improvement to ensure optimal outcomes for all patients.

Progress during 2025/26 has included:

- Establishing a dedicated professional development role to strengthen clinical education and support new starters.
- Expanding staff training and provision relating to contraception.
- Refining our approach to STI testing to deliver more targeted, effective screening.
- Appointing a Lead Surgeon and initiating recruitment for a Lead Consultation Doctor.
- Continuing enhancements to our Electronic Patient Records to improve usability and clinical documentation.

Developing a Multi-skilled Workforce

To ensure resilience and flexibility, we have continued to develop a multi-skilled workforce. Nurses and Midwives have been supported to broaden competencies in scanning, consultations, contraceptive counselling, and management of non-complex abortion related complications. Administrative colleagues have also been supported to develop dual roles, increasing career development opportunities and strengthening capacity.

Progress during 2025/26 has included:

- Supporting additional clinical colleagues to complete the Ultrasound Scanning course.
- Creating new Health Care Support Worker roles by enabling administrative staff to complete the Care Certificate and develop secondary clinical skills.

Professional Supervision and Advocacy

Professional supervision has been integral to maintaining high standards of care. The Professional Nurse and Midwifery Advocate (PNMA) framework is now well established, providing structured opportunities for learning, reflection, and support.

Clinical supervision for Nurses and Midwives has achieved a 100% compliance rate, supported through regional team days and individual sessions. Plans to extend supervision to medical staff are underway, led by the Lead Surgeon.

Progress during 2025/26 has included:

- Updating and ratifying the Clinical Supervision Policy to incorporate medical staff, with formal rollout scheduled for December 2025.
- Monthly reporting of supervision compliance to Senior and Regional Leadership teams.
- Training four PNMAs, with additional funding sought for expansion in 2026.
- Capturing PNMA activity data using Microsoft Forms to inform future development.

Clinical Leadership Support

To strengthen visibility and accessibility of senior clinical leadership, monthly virtual "Lunch and Learn" sessions have been introduced to promote discussion, shared learning, and support.

Progress during 2025/26 has included:

- Consistent delivery of clinical supervision.
- Regular Lunch and Learn forums.
- Senior Clinical Team attendance at Regional Clinical Leadership meetings to support policy implementation.

Accessible Training and Competency Development

Essential clinical training has remained readily accessible, with clear booking processes and robust monitoring through RotaMaster. Medicines management has remained a priority, with a new training package under evaluation and pilots underway using the Script platform. Unregistered staff have continued to receive medicines management training aligned to eLearning for Health and the Care Certificate.

Ultrasound Training

Ongoing investment in ultrasound training has supported increased internal scanning capacity. Newly qualified staff have benefited from a structured preceptorship to ensure safe and competent practice.

Surgical Services Development

Surgical care has also remained a key organisational priority. A standardised framework for new surgical units is being implemented, supported by monthly surgical group meetings. A Surgical Skills Audit tool has been developed and will be used annually.

Progress during 2025/26 has included:

- Agreement of standard equipment lists across units.
- Embedding of the Surgical Care Pathway and Perioperative Policies.
- Establishment of a Surgical Group to improve clinical and financial effectiveness.

Collaboration and External Engagement

NUPAS has continued to strengthen partnerships, collaboration and support across the sexual and reproductive health sector.

Examples include:

- Participation in a PSIRF collaborative with other providers.
- Engagement with national professional bodies such as RCN, BSACP, and COSRH.
- Attendance at Patient Safety Management Network events.
- Ongoing collaboration with Patient Safety Partners.
- Engagement with CoSRH and continued support of their Hatfield Vision Project
- Continued support of Abortion Talk
- Supported abortion law reform at a House of Lords discussion.
- Supported staff as BSACP and RCN committee members and speakers.

Infection Prevention and Control

IPC has remained a key organisational priority, underpinning our commitment to delivering safe, high-quality care and protecting patients, staff and visitors. Throughout the reporting period, NUPAS has maintained a comprehensive and systematic approach to IPC, encompassing governance, policy, training, audit and continuous improvement.

Progress during 2025/26 has included

- Effective governance structures have been maintained, supporting a well-led organisation that promotes person-centred care, continuous learning and an open and fair culture.
- The Infection Prevention and Control Committee has met quarterly during the year, providing multidisciplinary oversight of the IPC programme.
- Training and education have remained a core component of the IPC programme. All staff have completed IPC training at induction, with regular updates delivered to maintain competence and awareness.
- Infection control link practitioners in each clinic have supported local implementation, undertaken audits and promoting good practice across services.
- Antimicrobial stewardship has been maintained through a defined antibiotic prescribing policy and restricted formulary.

Priority 2
Commitment to Our People

Creating a positive, supportive, and inclusive working environment has remained central to the NUPAS vision. We recognise that staff well being, engagement, and development are essential to maintaining high quality patient care.

Progress during 2025/26 has included:

- Organisational workforce planning meetings have been completed across staff groups.
- A mental health training provider has been secured.
- All Patient Liaison Officers have been offered opportunities to develop dual-role skills.
- Staff focus groups have been facilitated to support openness and collaborative improvement.
- Formal and informal processes continue to ensure fair handling of staff concerns and to support psychological safety.

Priority 3
Commitment to Patient Safety, Clinical Effectiveness and Quality Outcomes

NUPAS has remained committed to accessible, inclusive, and safe care, particularly for those experiencing socioeconomic disadvantage and health inequalities. We have supported communities across England and Wales, including those in the most deprived areas.

Progress during 2025/26 has included:

- Reviewed patient information materials to improve accessibility for people with lower literacy, learning disabilities, or English as an additional language.
- Made all patient literature publicly available and fully translatable via the NUPAS website.
- Strengthened monitoring and analysis of incident and complaint demographics, including ethnicity data in external reporting packs.
- Implemented a new Patient Safety Strategy aligned with the national strategy.
- Implemented a new translation services contract.
- Opened new clinics in areas of hardship to improve access.
- Introduced 15 Steps audits with Patient Safety Partners.
- Updated patient survey questions to improve response rates and feedback quality.
- Collaborative work across the Health and Social Care system to support patients with complex needs.
- Continued optimisation of RADAR, the Incident management system, to create efficiencies in process and to standardise governance record keeping within a sole platform.
- Expanded Patient Safety Summit and Learning From Patient Safety Events meetings to include a wider multidisciplinary approach.
- Introduced a rapid review process to support the proportionate escalation of incidents.
- Introduced regional case reviews for low/no-harm incidents.
- Developed training presentations to build investigation confidence.

Priority 4
Safeguarding Children and Adults

NUPAS has remained committed to ensuring that safeguarding practice is robust, responsive and aligned with emerging national standards.

Progress during 2025/26 has included:

- Adaptations to the existing safeguarding risk assessment tool have been completed following widespread staff consultation. These revisions promote holistic, person-centred assessments underpinned by professional curiosity and improved recognition of safeguarding risks.
- A programme of supervision and training is scheduled from September 2025 to February 2026, focusing on strengthening professional curiosity, improving record keeping standards, and enhancing staff capability in identifying and responding to safeguarding concerns.
- Refreshed safeguarding policies and procedures have been developed following a structured consultation process.
- Work is underway to implement the new Level 3 training model and revised safeguarding audit tool, both of which will further strengthen our safeguarding assurance framework.

"Thank you so much for making my experience so comfortable"

Looking Ahead

What Will We Do in 2026/27?

This section of the Quality Account sets out NUPAS' priorities for the year ahead. We are proud of our long-standing commitment to patient safety and remain firmly focused on continually improving the quality, effectiveness and experience of care that we provide to all patients.

We recognise that high quality care is underpinned by our organisational values and the behaviours these enable. Listening to patients, families and colleagues; responding proactively to concerns and emerging risks; and acting with care, compassion and honesty when things do not go as planned are central to delivering safe and person-centred care. Embedding these principles across the organisation supports a culture of openness, learning and continuous improvement.

In line with statutory requirements, we have identified a set of quality priorities for the year ahead. These priorities are aligned with our Patient Safety Incident Response Plan (PSIRP) and our Risk, Quality and Patient Safety Strategy, ensuring a coherent and strategic approach to safety, governance and quality improvement. Together, these priorities focus on strengthening our patient safety systems, supporting our workforce to deliver high quality care, and using risk and quality intelligence to improve outcomes and reduce inequality for the patients we serve.

Priority 1 for 2026/27

Embedding a Mature, Learning-Led Patient Safety System (PSIRF)

The PSIRP exists to operationalise the Patient Safety Incident Response Framework (PSIRF). As PSIRF moves from early implementation into maturity, the business priority shifts from compliance to impact.

From the Quality Account, NUPAS has:

- Successfully transitioned from the Serious Incident Framework
- Fully implemented PSIRF structures (Summits, LFPSE, Rapid Review)
- Begun capturing richer data on harm, inequality and engagement

The next phase (2026–27) requires consolidation and optimisation.

What this priority means in practice

- Moving from reactive investigation to proactive risk identification
- Ensuring learning responses consistently lead to measurable system improvements
- Strengthening patient involvement in learning and review processes
- Using PSIRF intelligence to shape strategic priorities, not just local actions

This is the organisation's primary safety and assurance priority.

Priority 2 for 2026/27

Strengthening a Just, Fair and Capable Safety Culture

Why this is a top priority

Neither PSIRF nor any quality strategy can succeed without the right culture.

NUPAS continues to commit to an explicit shift towards:

- Just Culture Being Fair
- Promoting a culture of psychological safety and accountability
- Safe reporting, reflection and learning

The organisation's priority is; therefore, not just what processes exist, but how people experience them.

What this priority means in practice

- Ensuring staff feel safe to report incidents, near misses and concerns
- Fair and consistent handling of incidents involving staff
- Expanding:
  - supervision
  - reflective practice
  - leadership capability in safety conversations
- Making safety learning visible and meaningful to frontline teams

Key organisational drivers

- Expansion of clinical leadership roles
- 100% supervision compliance for Nursing and Midwifery
- Transition from Just Culture to Being Fair
- Staff feedback highlighting the positive impact of PSIRF learning discussions.

This is the organisation's key people-centred safety priority.

Priority 3 for 2026/27

Using Risk, Quality and Safety Intelligence to Tackle Inequality and Improve Outcomes

Why this is a top priority

NUPAS delivers care to populations with high levels of:

- Hardship
- Vulnerability
- Safeguarding need
- Health inequality

The strategic direction for 2026–2029 is clear: data must drive improvement, not just reporting.

What this priority means in practice

- Better use of:
  - incident data
  - complaints
  - safeguarding intelligence
  - demographic information
- Identifying disproportionate risk or harm by:
  - Ethnicity, age, vulnerability and / or region
- Ensuring improvement actions reduce inequality, not inadvertently widen it
- Embedding "What, So What, Now What" thinking into decision-making

Key organisational developments already underway

- Enhanced ethnicity and demographic reporting
- New safeguarding tools and audits
- Accessibility reviews of patient information
- Translation and interpreter service expansion
- Targeted clinic expansion in areas of hardship

This is the organisation's central improvement and equity priority.

For further information, or if you would like this document to be provided in an alternative format, such as a different language or large print, please contact:

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