

NUPAS

National Unplanned **Pregnancy Advisory Service**

Annual Quality Account 2024/2025



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.



QUALITY ACCOUNT

Acknowledgement From Our Chair, Alex Cauthery

We would like to take the opportunity to acknowledge our founder, Dr Phillip Cauthery, as well as the wider Cauthery family, who supported him in his tireless endeavour to provide accessible reproductive choice and sexual health autonomy for all who needed it. His reasons for establishing our much-needed service and his ethos, are 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 began.

Having identified that a lack of education, autonomy and resources, combined with stigma and repressive social norms, were contributing factors to mental health difficulties experienced by some of the student population, he started a sexual health education programme to try and 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 Brook, 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.

Foreword

What is a Quality Account?

All healthcare providers that deliver NHS care to patients have a statutory duty to produce an annual Quality Account for the public about the quality of services they deliver.

This is called the Quality Account and includes the requirements of the NHS (Quality Accounts) Regulations 2010 as amended by the NHS (Quality Accounts) Amendments Regulations 2011 and the NHS (Quality Accounts) Amendments Regulations 2012.

This Quality Account aims to increase public accountability and drive improvements within NHS delivered services. It does this by getting organisations to review their performance over the previous year, identify areas for improvement, and publish that information, along with a commitment to you about how those improvements will be made and monitored over the next year. Quality consists of three areas which are essential to the delivery of high-quality services:

- How safe the care is (patient safety)
- How well the care provided works (clinical effectiveness)
- How patients experience the care they receive (patient experience)

Some of the information contained within this Quality Account is mandatory. This Account contains all of NHS England's detailed requirements for quality accounts.

Scope and structure of this Annual Quality Account

This Account summarises how well the National Unplanned Pregnancy Advisory Service (NUPAS) did against the quality priorities and goals we set ourselves for 2023/24. It also sets out the Quality Priorities we have agreed for 2024/25 and how we intend to achieve them.

We welcome the opportunity to outline how we have performed over the course of 2023/2024, considering the views of our staff, patients and the public.

This Quality Account outlines the good work that has been undertaken improving the quality of our services and identifies our areas for improvement for focus in our 2024/2025 Account.

Chief Executive Officer's Statement on Quality for NUPAS



I am pleased to present the Quality Account for the National Unplanned Pregnancy Advisory Service (NUPAS). This account shares the progress we have made in improving quality and safety across the organisation over the last year and highlights the priorities for 2024/25.

NUPAS aims to always provide safe and effective care. This means that patient safety and quality are at the heart of everything we do, and we are committed to doing our very best to maintain and improve the quality of the services that we provide. Our people are central to delivering the care standards that we expect every patient to receive.

This account will describe the quality of care provided by NUPAS during 2023/24 highlighting both areas for improvement and areas of good practice. We monitor

patient safety, patient experience, quality standards and clinical effectiveness through a variety of methods within the organisation.

Patient Safety Incident Response Framework Standards - we hold a statutory Patient Safety Incident Response Plan and Policy maintaining how we ensure our service keeps patients are safe.

Patient satisfaction surveys - these are ongoing surveys that give a "feel" for our patient's experiences allowing us to identify any problems and improve.

A variety of senior leaders, clinical staff and our patient safety partner attend committee or sub-committee meetings of the board to report and present on performance and quality issues within their area of responsibility. These include

- Clinical Governance Committee
- Patient Safety and Risk Oversight Committee,
- Workforce Committee,
- Infection Prevention and Control Committee,
- Regional Leadership Team meetings,
- Safeguarding Team meetings.

NUPAS work with local NHS commissioners, scrutinising quality of care indicators at quarterly review meetings and commission external assessments of our organisation and local clinics.

Our priority is always to provide high quality, safe care for all patients, and to learn from our mistakes if we fall short of these standards. We are committed to driving improvement and a culture of excellence throughout the organisation.

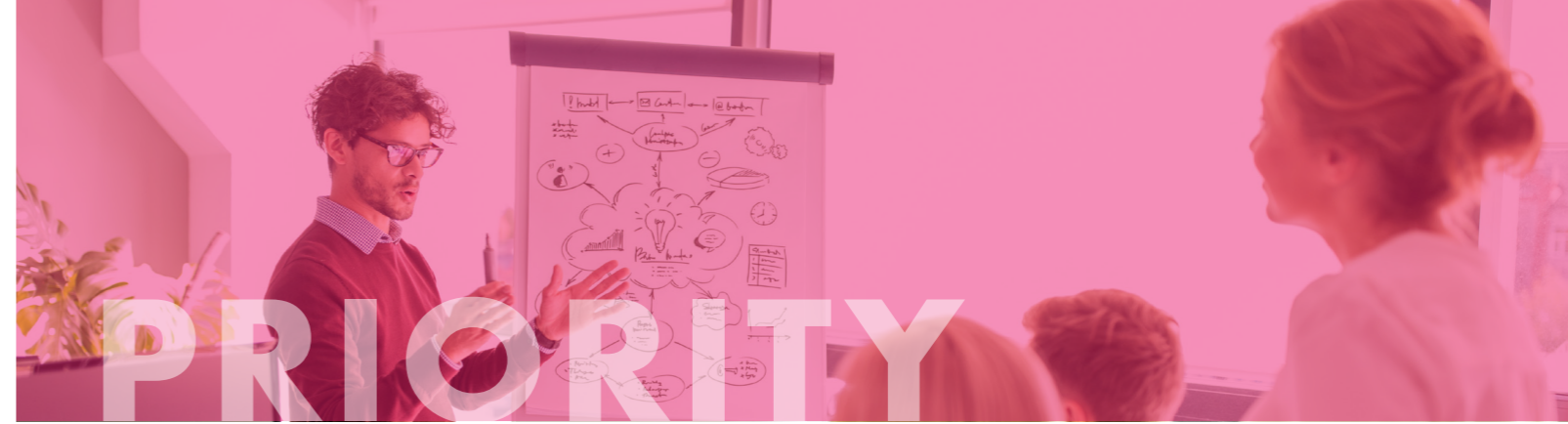
We have continued to deliver services and care for thousands of patients over the last year whilst expanding our service delivery and introducing many improvements to clinical standards and patient care. This is a considerable achievement and is as a result of our amazing staff who have shown dedication, ingenuity and kindness.

I would like to take this opportunity to thank our people, once again, as without their hard work and commitment we would not have achieved the successes we have.

Our quality objectives for 2023/24 were ambitious and I am pleased to say that we have been able to demonstrate a positive impact on patient care and staff wellbeing as a result of the objectives we set.

I hope you enjoy reading the Account and see the progress we have made in the last year. I am confident we will keep improving and developing the care we provide to patients and their families.

Chief Executive Officer, NUPAS Ltd.



Priorities For Improvement Looking Back How Did We Do in 2023/24?

This section of the account provides an overview of our past priorities for 2023/24.

Priority 1 - Visible Senior Leadership Team Visits

Visibility visits to regional sites once per year to be implemented to enable a focused two-way dialogue between the Senior Leadership Team and people, allowing the Senior Leadership Team to listen to our people and to learn what they see as the positives about working for NUPAS, and any frustrations and challenges.

In 2023/24 we implemented a new, focussed annual Senior Leadership Visit plan to all our clinics, and this will remain an ongoing annual forward plan.

A formal Senior Leadership Team visit report template has been produced to ensure consistency in our approach and clear workforce/governance oversight of this process.

Each report produced feeds into a central Senior Leadership Action Plan to ensure the intelligence received and/or identified is recorded and the relevant actions taken to support our people and services.

Priority 2 - Leadership Development

Our Human Resource team undertook gap analysis in relation to our leadership development needs to ensure ongoing upskill, sustainability of leadership and competence.

We have introduced a one-day management training course for anyone with responsibility for people. This has been very well received with nearly 30-line managers attending so far.

Further management and leadership programmes will continue in the next 12 months.

Monthly meetings between line managers and Human Resources have been introduced with Human Resources then able to proactively support them with people-related issues in their area.

Priority 3 - Safeguarding Audit & 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.

In order to continue to ensure the safety of our patients we have completed a full review of our current safeguarding assessment template and divided it into an 18 and under and an 18 and over assessment recognising the diversity of our patients and ensuring that we identify the most vulnerable patients. This will allow us to ensure timely and appropriate support.

The role of the Head of Safeguarding has expanded considerably with the growth of NUPAS and to reflect the commitment and dedication to safeguarding and protecting children, young people and vulnerable adults who access our service.

The role title has been amended to Designated Midwife for Safeguarding Adults and Children to proactively better reflect the role to our people who receive safeguarding expertise, leadership and oversight in addition to providing safeguarding quality assurances organisationally.

Our Safeguarding audit plan has been successfully rolled out and will remain ongoing and embedded within our annual clinic audit plans to ensure we can enact quality improvement if required.

Safeguarding audit reporting is embedded and assured within our governance committee structure enabling assurance and oversight of what we do.

Priority 4 - Service Engagement; Staff Survey Developments

The Staff Survey Action Plan for 2022 focused on 4 key areas: health and wellbeing of our people, appraisals, reporting bullying and harassment by patients, and time pressures. Work has been undertaken on all these areas as follows.

NUPAS staff can access 24/7 GP and mental health support and can have exercise and eating plans developed for them through Smart Health. We remind staff of this excellent resource at Corporate Induction and periodically thereafter.

The Appraisal Policy has been rewritten and approved and will be rolled out in 2024.

There has been a 2.52% reduction in the percentage of our people who experienced one or more incidents of harassment or bullying by patients.

We have been auditing appointment times following feedback provided about the timings for these via our staff survey and have recently increased the time allocated to complete telephone consultations, so we will expect to see an improvement in this year's Staff Survey.

We provide all new starters to the organisation a comprehensive induction programme including Corporate Induction with all members of the Senior Leadership Team, statutory and mandatory training and role-specific training depending on the job role.

We have rolled out Customer Care training for all our non-clinical staff, opportunities for Nursing and Midwifery staff to undertake non-medical prescribing qualifications, and management training for all line managers.

Priority 5 - Transition To Patient Safety Incident Response Framework (PSIRF)

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.

We successfully transitioned to PSIRF 1st November 2024 in line with NHS England timeframes.

We have completed a Year 1 Patient Safety Incident Response Plan and Policy and had this formally approved by a lead commissioning body. This is published publicly in line with statutory requirements on our website.

We have successfully implemented our first 6 months of working to the new framework and standards.

This section of the account provides an overview of our priorities for the upcoming year. We are proud of our long-standing commitment to patient safety and continue to focus on improving the quality of care that we provide.

We know that embedding our values enables our staff to demonstrate key behaviours that leads to safer care; listening to patients and colleagues, responding proactively where there are concerns, and being caring and supportive when things do go wrong. We will continue to focus on these principles to achieve the best care for our patients and families.

Each year we are required to define a number of quality priorities which this year we will align to our Patient Safety Incident Response Plan and our new Quality and Safety Strategy.



Priority 1 for 2024/25

Commitment to High Clinical Standards and Best Practice

At NUPAS our values remain at the heart of our quality planning of clinical services. Areas of quality improvement for 2024/25 that we will focus on are identified as follows.

- To continually improve our policies and procedures in line with local and national guidance, to support operational and clinical services to deliver safe and effective care.
- To embed our new Professional Development Lead function and redesign our internal clinical training and competency frameworks.
- To support newly recruited Clinical staff within NUPAS with the internal competency framework. The aim is to ensure comprehensive induction and supportive, consistent approaches to learning and development.
- Training manuals will be created to ensure all staff are clear on the internal processes required to undertake training
- NUPAS will ensure contraception training is provided organisationally for clinical staff in line with FSRH guidance. This enables our staff to offer informed choices in relation to contraceptive options and support our patients to reach shared decisions.
- All staff undertaking implant fitting must hold an SDI-LOC-IO from the FSRH. NUPAS supports our staff with the yearly subscription to FSRH.
- We are embedding the role of lead sonographer within our organisation. This role will ensure clinical oversight around scan equipment, scan policy, scan audits, scan training and the evaluation and learning from incidents related to Scanning. We will review our current Ultrasound policy to ensure that it is in line with local and national guidance.
- We are supporting the accreditation of the PMA/PNA role within NUPAS with training starting in May 2024.
- We will launch a new Clinical Support Services team whose role will improve the quality of clinical treatment in post abortion aftercare and pathways for specialist placements in the NHS.




OUR PEOPLE

Priority 2 for 2024/25

Commitment To Our People

With regards to our continued drive and commitment to our people, the Quality Improvement Plan for 2024/25 will focus on the Year 1 objectives from the People Strategy and the Staff Survey action plan.

- Areas that we will focus on include:
- Reviewing and streamlining our recruitment and onboarding processes
- Developing the wellbeing opportunities for our people
- Introducing a Menopause policy to support staff experiencing the menopause
- Extending the current staff engagement work to include listening events
- Introducing the just culture model
- Continuing to expand the leadership and management training packages.



GOVERNANCE

Priority 3 for 2024/25

Commitment to Patient Safety, Clinical Effectiveness and Quality Outcomes

- NUPAS recognise the importance of independent review of our compliance and therefore have organised for mock inspections via an independent provider (Care4Quality) for 2024/25. Care 4 Quality is a trusted, industry-leading compliance organisation, established to assist both new and existing health and social care providers in becoming and maintaining compliance with the CQC, as well as some other health and social care regulators.
- Our commitment to PSIRF will see us evaluate our Year 1 transition to the new framework and ways of working, this will enable us to prepare our Year 2 Patient Safety Incident Response Plan.
- We will strengthen our Engagement with patients, families and staff affected by Patient Safety Incidents in a manner that evidences how we maintain the required standards.
- We will embed our new Quality Assurance Lead role enabling us to effectively triangulate and evidence how we have embedded learning from patient safety incidents, complaints and concerns or patient satisfaction.
- We will improve our medical devices safety procurement, oversight and compliance mechanisms.
- We will implement a new robust quality management system centralising our governance systems and processes enabling us to have sustainability whilst striving to expand our services.

NUPAS Services - Improvement Achievements 2023/2024

Our 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 pre and post abortion counselling.

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

During 2023/24 we provided over 30,000 abortions, which has increased from 26,000 in 2022/23, nearly all of which were commissioned through our NHS contracts.

We currently have a network of over 23 clinics across England, that provide 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 patients.

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

Table 1 NUPAS Activity 2023/24

Activity Type	Total
Number of Patients Seen (Consultations)	40091
Number of Procedures	30934
Number of Early Medical Abortions	30019
Number of Surgical Abortions	915

Table 2 NUPAS Waiting Times 2023/24

Waiting Time For:	Total Days
Referral to Consult Offered	0.3
Referral to Consult Accepted	1.5
Consult to Procedure Appointment Offered	2.6
Consult to Procedure Appointment Completed	7.7
Referral to procedure Offered	4.1
Referral to Procedure Accepted	8.5

Accessibility of our services

NUPAS continues to promote 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 patients 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
- Face to Face (in person)
- Video
- Patient Survey (paper and electronic and translated into our top most used languages)

We also have translated and easy-read abortion guides and the text with the link is translated. Our complaints and survey literature has Easy Read options.

Our most common text messages are also translated.

On average we utilise interpreters to translate over 34 different languages per month. From 1st April 2023 to 31st March 2024, we utilised 3886 translators to ensure our patients could access the care they need in their required language. This is an increase of supporting 883 more patients than 2022/23.

In 2023 we launched our Patient information Group which provides a multidisciplinary approach to the production of written information. The Patient Information Group is committed to ensuring user-friendly patient information which is easy to read, understand and has the patient as its focus.

One of the first outcomes of the group has been to review the "Your Abortion Guide" booklet through carrying out a survey where patients were asked for their feedback on the booklet. Results have now been collated and changes identified. One of the areas highlighted was the availability of languages the booklet was available in.

A review of patient demographics for the last year has taken place, the results of which are that the booklet will now be available in several more languages. Going forward this will become an annual review to ensure we continue to meet patient needs.

Healthy Workplace - Our People

We value and support our staff: we promote an inclusive and responsive culture where everyone matters equally, and everyone has a voice.

NUPAS now directly employs 161 staff, this has increased from 131 since the last quality account was produced. We also have around 35 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.

This year we have introduced a Workforce Committee to NUPAS' Corporate Governance framework. This core responsibilities of this Committee are as follows.

- To provide strategic direction and Senior Leadership Team assurance in relation to all workforce matters.
- To make recommendations, as appropriate, on workforce matters to the Senior Leadership Team.
- To identify and assess risk on Workforce matters, escalating this as appropriate.

We have also ratified our first People Strategy which will drive the work that we do with regards to our people in the next 3 years.

Our People Strategy is underpinned by 6 key areas.

- Attracting and Retaining People
- Looking After our People
- Developing our People
- Engagement
- Leadership
- Fairness

We have recently launched a new pay structure for our Nurses and Midwives to ensure transparency and equal pay for work of equal value.

How we achieved last year's objectives

The key objectives relating to our people last year focussed on leadership development and staff survey feedback. Further to the improvements earlier identified work has been undertaken on all the areas below as follows.

Staff Survey Developments

The Staff Survey Action Plan for 2022 focussed on 4 key areas; health and wellbeing of our people, appraisals, reporting bullying and harassment by patients, and time pressures.



Appraisal

There was a significant improvement in this year's Staff Survey around the percentage of our people who reported having had an appraisal in the last 12 months, from 45.07% in 2022 to 67.86% in the 2023 Staff Survey.

Alongside this, the Appraisal Policy has been rewritten and approved and will be rolled out in 2024.

Reporting bullying and harassment by patients

There has been a 2.52% reduction in the percentage of our people who experienced one or more incident of harassment or bullying by patients.

Time Pressures

27.71% of our people reporting experiencing unrealistic time pressures which was a 5% increase from the previous year. However, we have been auditing appointment times and have recently increased the time allocated, so we will expect to see an improvement in this year's Staff Survey.

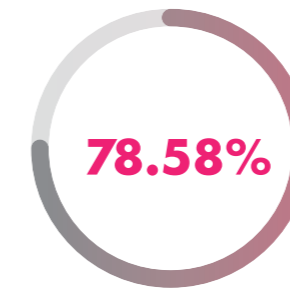
Staff Survey

168 staff including directly employed, bank, agency and those on practising privileges agreements were invited to participate in the 2023 Staff Survey. 84 staff (50%) completing the survey.

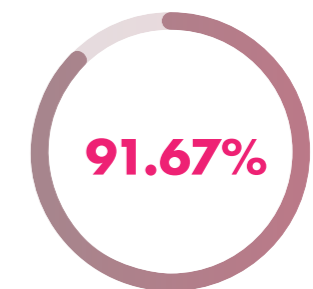
The results were overwhelmingly positive.

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



If a friend or relative needed treatment I would be happy with the standard of care provided



Empowering our People to be the best

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 Corporate Induction, 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.

We want our people to be the best they can and to deliver the best possible care to our patients. This year we have rolled out Customer Care training for all our non-clinical staff, opportunities for Nursing and Midwifery staff to undertake non-medical prescribing qualifications, and management training for all line managers.

Clinical Standards

Our patients are at the heart of our service, and therefore at NUPAS we are committed to providing a safe, compassionate and caring environment, exercising the right to choose. We are caring and passionate about what we do and everything we do is because we care, which is our driving force and our motivation. We value and support our staff and aim to provide an inclusive and responsive culture where everyone matters equally, and everyone has a voice. At NUPAS our values remain at the heart of our quality planning of clinical services.

Policies and Procedures: 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. Clear processes have been embedded via our quality team to ensure policies and procedures are reviewed in a timely manner, utilising a consistent approach. Engagement with relevant stakeholders before ratification at the appropriate committee ensures our policies can be utilised effectively in practice. NUPAS aims to continually advance policies and procedures in line with local and national guidance, to support operational and clinical services to deliver safe and effective care.

Staff Training: We value and support our staff: Our patients are at the heart of our service: We ensure that all staff members have received appropriate training and are able to demonstrate their competency in providing high quality services.

The business case for the recruitment of Professional Development Lead within the organisation has been approved. Appointment is underway and the role will be implemented organisationally toward end May 2024. Our objective is to redesign our internal clinical training and competency frameworks and ensure monitoring, and evaluation of professional standards to identify training needs. Training programmes at NUPAS will be developed in line with learning identified as part of PSIRF implementation.

To support newly recruited clinical staff within NUPAS the Internal competency framework will be redesigned. This should ensure comprehensive induction and supportive, consistent approaches to learning and development. Training manuals will be created to ensure staff are clear on the internal processes required to undertake training. All new starters will complete training 'passports' before working independently to ensure safe and consistent approaches to patient care are being implemented organisationally. The clinical leadership team will ensure regular audits are undertaken to ensure standards of care and quality remain high across the organisation.

NUPAS will ensure contraception training is provided organisationally for clinical staff in line with FSRH guidance. This enables our staff offer informed choices in relation to contraceptive options and supporting our patients to reach shared decisions.

Current staff that are trained to fit implants must hold an SDI-LOC-IO from the FSRH. This ensures staff maintain regular updates and recertification of competence. By ensuring our staff undertake nationally recognised training NUPAS support individual's right to choose by providing contraception, and sexual health services utilizing a safe, caring and person-centred approach.

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 ensure learning from incidents through the PSIRF process to support training and development needs across the organisation. The implementation of specialist lead clinicians across NUPAS clinical, will further support us to undertake training needs assessment, this identifies and develops learning and continued professional development across the organisation.

Clinical Audit: We are transparent in all that we do: we communicate openly, honestly and compassionately in an inclusive manner, to and with all. **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.

We regularly audit our services and systems to identify areas for improvement, including ensuring our service meets the CQC standards.

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 patients. NUPAS therefore plan to continue the embedded programme of clinical audit. This will ensure that our services are compliant with our policies and delivered in a way that meets patient's needs. Clinical audit is also

utilised across NUPAS to ensure our staff remain competent to undertake their role, alongside induction and continued professional development.

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

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

Responsive: We work as a team; we support our staff. Our patients are at the heart of our service.

Clinical supervision is known to play an important role in the provision of quality care

Clinical Supervision implementation is provided to all clinical staff at NUPAS. A comprehensive clinical supervision programme has been rolled out organisationally. NUPAS aims to ensure supervision is meaningful across our organisation, as we believe this supports learning through reflective practice and discussion, leading to improvements in patient care. There is an expectation that all clinical staff attend, and this is monitored regionally.

NUPAS recognise the importance and benefit of the PMA/PNA. This role is evaluated positively as it supports the restoration of professional's capacity to think. It develops ways to improve resilience. PNA/PMA roles support with Quality and service improvement by providing a listening approach and encouraging problem solving. Staff can access a safe and confidential space for professional discussion. NUPAS recognise the importance of this and have therefore supported the implementation of training for PMA/PNAs across our organisation. We aim for this to develop further and have begun networking with other providers and NHS trusts to ensure support and shared learning can be offer for our PMA/PNA once qualified.

NUPAS recognise with expansion and the need for continually striving toward high standards, the skills and responsibilities of our workforce must meet the need. Considering this NUPAS has actively championed the expansion of clinical leadership to support the safe and effective running of clinical services.

We recognise the increasing workload of our regional clinical leads and have therefore responded by recruiting deputies to support clinical managers with the day-to-day management and safe and effective running of our clinical services.

NUPAS aim to ensure clear and consistent oversight, management and advice on ultrasound scanning across the organisation. Therefore, we are embedding the role of lead sonographer within our organisation. This role will ensure clinical oversight around scan equipment, scan policy, scan audits, scan training and the evaluation and learning from incidents related to Scanning. NUPAS plan to ensure implementation of clear scan policy across the organisation in line with local and national guidance.

The expansion of specialist roles within our corporate clinical team will ensure excellent clinical standards, and practice in line with local and national policy and guidance.

At NUPAS we have recognised the need for service development during growth, to support the patient need. We are therefore in the process of launching the Clinical Support Services team. Policy, procedure and internal process are being adapted in line with national guidance to ensure seamless, continuity and consistent approaches are taken to service development.



Patient Safety, Clinical Effectiveness and Quality Outcomes

NUPAS's strategic objectives ensure we strive to provide **a safe, effective and person-centred service, specialising in termination of pregnancy and associated sexual health services. We are transparent in all that we do:** we communicate openly, honestly and compassionately in an inclusive manner, to and with all. **We work as a team with a common goal:** At NUPAS our values remain at the heart of our patient safety, risk management and clinical effectiveness oversight. We are always assessing, responding and adapting to drive quality improvement and provide the best possible care and strive **To be a well led organisation**, with leadership and governance arrangements that support person-centred care, learning and innovation and that promote an open and fair culture. Over the past year NUPAS have successfully transitioned from the Serious Incident Framework to a new national framework set out by NHS England called the Patient Safety Incident Response Framework meeting new NHS Standard Contract requirements.

The Patient Safety Incident Response Framework advocates a co-ordinated and data-driven response to patient safety incidents. It embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management. The framework wants responses to safety incidents to drive quality improvements that lead to changes in the way things are done to reduce the risk of safety incidents occurring at all, through a meaningful process which addresses concerns raised by staff or patients.

NUPAS have completed a Patient Safety Incident Response Plan and Policy which has been approved by a lead commissioning body for use. We went live with new ways of working on 1st December 2023 and have successfully embedded practice over the first 6 months.

Our patient safety incident response model enables staff to engage throughout the learning response process and the quality team have been provided with the feedback below this aligns to our strategic objectives **To treat everyone, especially our patients and staff, with compassion, kindness, dignity and respect.**

Staff feedback in relation to an After Action Review meeting;

"It is still worrying to know you are going to discuss an incident but it feels a lot better as you know you are part of a group discussion to improve how we work and our processes".

"It feels so positive to look at the wider aspects of service delivery and improvement and we get so much more out of doing this rather than the old way of investigating".

Patient Feedback following receipt of a Patient Safety Incident Investigation Report outcome

"Everything seems perfect now, thank you"

Our new plan has improved the below aspects of patient safety incident learning reviews within NUPAS.

We formally track patient engagement, enabling future evaluation to take place in preparation for Year 2 plans specifically in relation to health inequalities, regional variations and areas for recommended practice. We record all engagement, whether this is declined, which Integrated Care Board the patient aligns to, any signposting for future support and our formal Duty of Candour where applicable. We now also record any identified protected characteristics for example ethnicity and vulnerabilities of each patient who has a patient safety incident report recorded. In Quarter 4 we commenced a new oversight process and our initial baseline benchmarked that (this is not a full quarters data);

We signposted 12% of patient for further support when we engaged with them as part of the learning review process

There were 8% key risks and issues to staff or patients as part of the learning review process.

We engaged with 22% of patients as part of the learning review process.

We are committed to being open and honest when things go wrong and in 2023/24 met 100% of our Duty of Candour requirements and quality assured this through spot check audits of compliance.

We have a new robustly embedded internal governance patient safety incident oversight process which enables us to ensure our patient safety learning response reviews are to a high standard and aligning with required Patient Safety Incident Response standards. This oversight takes place as below.

Bi-weekly Patient Safety Summit - this enables the quality team coordinator, patient safety investigator and patient safety specialist to ensure accuracy of reporting categories and outcomes, identify any immediate patient safety risks and actions that need addressing and allocate the most appropriate learning response method aligning to our Patient Safety Incident Response Plan.

Weekly Learning Response Review Meeting attended by Head of Operations, Clinical Director and Head of Quality/Patient Safety Specialist, Quality Team Coordinator, Quality Assurance Lead and the Designated Midwife for Safeguarding Adults and Children/Patient Safety Investigator. Members of the Executive Team also attend this meeting on a rotational basis. The group review all completed learning reviews to ensure all necessary patient engagement has taken place, that a systems approach has been applied, all safety recommendations have been captured and any new safety actions are added to enhance quality and service improvements locally and/or organisationally.

Patient Safety Partner Feedback

NUPAS currently have one Patient Safety Partner who has been proactive in ensuring we enable the patient voice to be heard throughout our quality processes. Our partner has kindly provided us with our first phase of implementation feedback as we have embedded PSIRF for 6 months as below.

"I am pleased to provide feedback on our progress with PSIRF, even though it is new initiation, I believe we have made significant strides in improving patient safety, though there are areas for further enhancement.

Current Progress

Just Culture

Positive: Staff are more open to discussing incidents without fear of blame, encouraging transparency.

Improvement Needed: Ongoing training is essential to ensure full staff engagement with this cultural shift.

Reporting Mechanisms

Positive: The reporting system, Vantage is user-friendly and comprehensive.

Improvement Needed: Establish regular feedback loops to inform staff about the outcomes of reported incidents.

Learning and Improvement

Positive: Commitment to learning from incidents through SEIPS and learning sessions.

Improvement Needed: Incorporate more proactive risk assessments to prevent incidents.

Patient Involvement

Positive: Increased efforts to involve patients in safety discussions.

Improvement Needed: Create patient advisory panels for deeper involvement and insight. I understand getting patients together can be challenging.

Communication and Training

Positive: Improved communication and regular training on patient safety.

Improvement Needed: Develop ongoing and diverse training programs, including real-life case studies (Stimulation session)

Looking Forward

Proactive Safety Measures: Emphasise proactive measures like safety drills and predictive risk modelling.

Patient Involvement: Involve patients more deeply by establishing advisory groups and including them in safety committees.

Staff Support: Enhance staff wellbeing through support programs and a positive work environment.

Continuous Improvement: Regularly review and update safety protocols, staying current with best practices.

Conclusion

Our service has made commendable progress with PSIRF, fostering a culture of transparency and learning. By focusing on proactive measures, expanding patient involvement, and supporting our staff, we can further enhance patient safety."

Patient Satisfaction

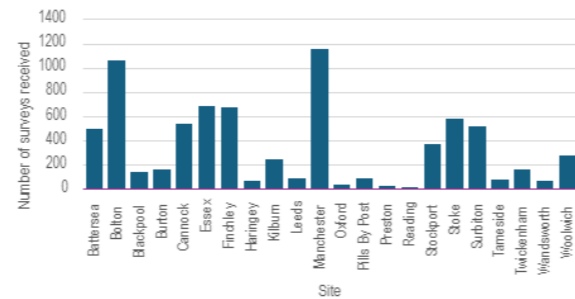
Patient and Public Engagement Surveys are an important feedback tool which can be utilised by people who use NHS services to provide feedback on their experience. NUPAS have a standardised survey which asks patients about the quality of services we deliver and whether they would recommend the service they have used to friends and family who need similar treatment or care.

Our results are published monthly and circulated to our regional teams and quarterly results are included in the Patient Safety and Risk Oversight Committee and Board Assurance reports. Our data is reflective of performance including qualitative comments provided by patients.

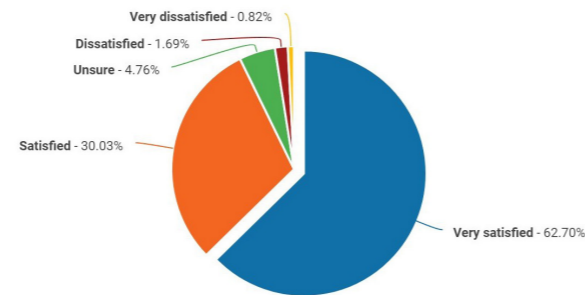
Our Patient Satisfaction Survey is also an important source of information that provides information about what matters to patients in respect of the care and treatment they receive. It is important that patients are given the opportunity to complete the survey so that they can add comments about their experience. The feedback informs continuous improvements and transformation of services to provide a high-quality patient experience through implementation of quality and service improvements via the Regional Leadership Team

In 2023/24 NUPAS received

7506 submitted patient feedback surveys.

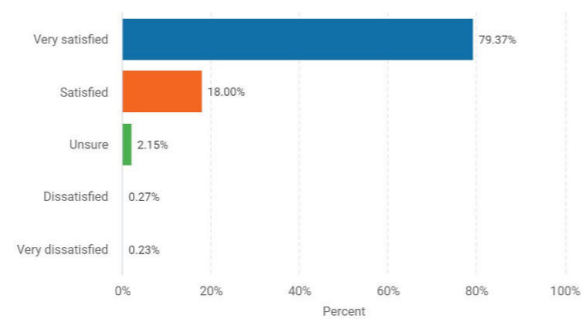


“How satisfied were you with the waiting times for your appointment?”



7,479 patients responded when asked

“How satisfied were you with the members of staff you had contact with at NUPAS?”
with **79.37% Very Satisfied** with the contact they had with our staff.



“The healthcare staff gave me useful information which was very helpful”

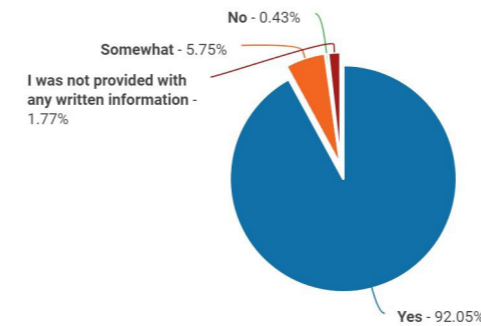
“ I found the whole process to be quick and easy”

“The phone team were exceptional. Thank you so much for your support at such a difficult time”

“Everyone was very welcoming and professional at putting me at ease”

“Everybody I have spoken to at Nupas has been incredibly lovely, reassuring and non-judgmental. I have felt so comfortable throughout the whole process. Thank you for what you do for evryone who needs you.”

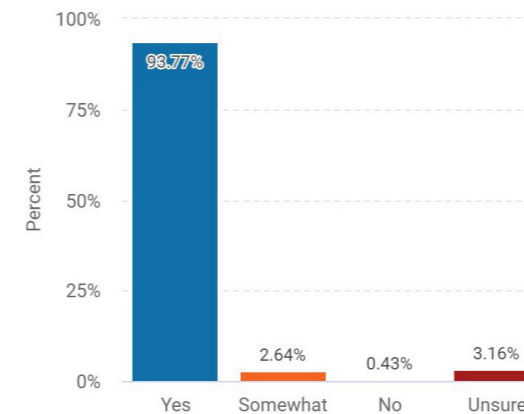
“The staff were so lovely, the process was fast and everyone was super professional. Thank you to all involved.”



7,358 patients responded to our question asking

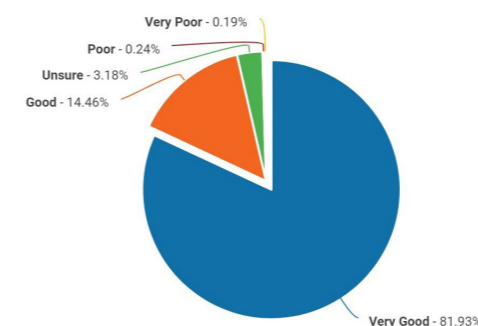
“Was the written information about your treatment and possible risks easy to understand? (please note this includes information sent via email/SMS/paper booklet)”

6,733 patients equating to **92.05% responded that our information** about treatments and possible risks **was easy to understand**. 32 patients felt that the information was not easy to understand. We are currently reviewing all patient related communication and information via our Patient Information Group following the feedback received.



NUPAS received 7,385 responses from patients when asked **“Were you well informed about the treatment process, including, who to contact in case of any concerns at any point during or after your treatment?”**

A **significant proportion of patients felt informed (93.77%)** or somewhat informed (2.64%) throughout the process. A small proportion at 0.43% did not feel informed sufficiently.



When asked overall

“How was your experience with NUPAS?”
7,387 patients responded with **81.93% of patients rating their overall experience as very good** and 14.46% as good. 0.24% and 0.19% of patients rated their overall experience as poor or very poor.

95.59% of responders would recommend our service

Complaints

We aim to ensure all patients and their supporters get a good experience of using our services. At times we do fall short of our expected standards and need to work with patients and their representatives to learn. We aim to resolve any concerns as soon as possible however sometimes these concerns escalate into a formal complaint. We welcome complaints in a positive way and recognise that they give us a valuable insight and an opportunity to improve our services.

Over 2023/24 NUPAS have worked hard to improve how we capture report and learn from concerns and complaints and will utilise this year's data as a benchmark for future analysis and improvement. Complaints data is reported monthly to members of our Board s. In addition, we publish in-depth quarterly complaints reports and an annual complaints report.

If a complainant remains dissatisfied following completion of the local resolution process for a complaint (the first stage of the NHS complaints procedure), a complainant can self-refer their complaint to the PHSO. The PHSO will then assess their complaint and may decide to undertake a further investigation. NUPAS had 0 PHSO referrals for 2023/24.

In 2023/24 we received 71 complaints of which 100% were acknowledged within 3 working days.

The main reoccurring themes for improvement across the organisation were;

- Staff attitudes and behaviours
- Correct processes not followed.
- Communication

Examples of improvements made have been.

- We have recognised the importance of Customer Care Skills training and have rolled this out to all non-clinical staff. Phase 2 will see this undertaken with all clinical staff.
- Over the past year a new service has been developed to improve our aftercare services and strengthen our processes for specialist placement. This means a new dedicated team with managerial oversight is in place with standardised policies and procedures meaning all patients receive the consistent high standard of care expected across our national portfolio of services.

Complaints Outcomes 2023/2024

Type of feedback received	Total number received for 2023/24	Upheld	Partially Upheld	Not Upheld	Rejected/ Unable to Process	Under Investigation
Complaint	71	33	13	4	16	5
Concern	23					
Compliments	36					



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 risk assessments with all our patients in order to identify any vulnerabilities, for example learning disabilities, care leavers, patients who may have Adverse Childhood Experiences that impact on their ability to keep themselves safe etc, and utilise additional risk assessment tools such as Spotting the Signs, SafeLives DASH RIC and Mental Capacity Assessment all which enable us to initiate appropriate support measures, necessary referrals to external agencies and/or signposting.

In order to continue to ensure the safety of our patients we have completed a full review of our current safeguarding assessment template and divided it into an under 18 and an over 18 assessments recognising the diversity of our patients and ensuring that we identify the most vulnerable patients. This will allow us to ensure timely and appropriate support.

Strengthening Our Structure

We work as a team; we support our staff. Our patients are at the heart of our service. The role of the Head of Safeguarding has expanded considerably with the growth of NUPAS and in order to reflect the commitment and dedication in safeguarding and protecting children, young people and vulnerable adults who access our service, and the support provided to colleagues with regards to safeguarding expertise, leadership and oversight, in addition to providing safeguarding quality assurances, this title has been amended to Designated Midwife for Safeguarding Adults & Children.

All NUPAS colleagues are trained in Level 2 Safeguarding as a minimum, with some remote services coordinators trained to Levels 3. All patient-facing colleagues are trained to Level 3 and the regional Safeguarding Leads are currently trained to Level 4. The Designated Midwife for Safeguarding Adults & Children is trained to Level 5 and we are in the process of identifying a Deputy and a Designated Doctor for Safeguarding Adults & Children who will both be trained to Level 4 Safeguarding Adults and Children as per the intercollegiate guidance documents and to reflect our expanding safeguarding provision.

As an identified quality improvement all remote services colleagues will receive face to face Level 1 training provided by the Designated Midwife for Safeguarding Adults & Children, to equip them with the tools to recognise and respond to safeguarding concerns, with Level 2 being completed online.

All patient facing colleagues receive Level 3 safeguarding training face to face three yearly and all clinical colleagues additionally complete CSE, DA, FGM and Prevent training modules online. Compliance is monitored by the Designated Midwife for Safeguarding Adults & Children and Head of HR through the governance process.

Safeguarding Support

The Designated Midwife for Safeguarding Adults & Children 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 activities for service specifications, tenders and contracts.
- Delivering Level 1 and level 3 face to face 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 quarterly 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 our commissioners.
- Building and maintaining effective working relationships with the local Children's Social Care and Adults Social Care.
- Is the Lead for Managing Safeguarding Allegations Against Staff (or Lead for Persons in a Position of Trust);
- Is the Mental Capacity Act Lead;
- Is the Prevent Lead.

NUPAS has a Safeguarding Team who meets quarterly. Each region has a lead representative at the Safeguarding Team Meeting to ensure that local issues are raised and addressed and that safeguarding priorities are embedded at an operational level, and this feeds back. The Safeguarding Team meeting reports to the Patient Safety & Risk Oversight Committee for assurance.

NUPAS Safeguarding Activity 2023/2024

Data collected for the 2023-2024 financial year demonstrate that NUPAS saw in excess of 30,000 patients, 100% of patients received a safeguarding assessment. Of this number it was identified or disclosed 15-20% had a level of safeguarding concern which was addressed appropriately, whether this be signposting or required a referral to the local authority or police. Of the 30,000 patients, 3% were under 18 years of age which is in line with 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.

Going forward safeguarding data and activities will be reported quarterly into the Patient Safety & Risk Oversight Committee and will be reported up through the organisational governance structure. Identified risks and quality improvements will continue to be reported to the board.

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. Mean average of audit results reported is 93.75%.

As the safeguarding assessment template has been reviewed and divided into two separate assessments which will be more relevant to adults and under 18s, the function of the safeguarding audit will increase to reflect the change and areas for improvement will be identified as auditing continues.

Currently any gaps or areas for improvement and learning identified with regards to our referral completion processes are addressed via our quality improvement processes and appropriate action plans and training are provided.

The safeguarding practice audit is completed monthly and results are fed up to the Head of Nursing and reported into the Senior Leadership Team meeting for assurance.

Safeguarding Policies

To ensure a strong focus on safeguarding all patients accessing our services, we have a suite of quality-assured policies for the safeguarding of adults and children, aligned to statutory guidance and legislation as defined in Working Together to Safeguard Children 2018 and in the Care and support statutory guidance issued under the Care Act 2014. These set out our lines of intervention and clear referral pathways and are supported by safeguarding training and supervision for all colleagues.



Infection Prevention and Control

This section of the account provides an overview of the infection prevention and control measures implemented at NUPAS over the past year. Infection prevention and control are paramount in ensuring the safety and well-being of our patients, staff, and visitors. NUPAS strive **To be a Centre of Excellence in the delivery of sexual health services, specifically termination of pregnancy and contraception.** Through a comprehensive approach encompassing policies, training, monitoring, and audits, NUPAS aims to maintain the highest standards of infection prevention and control.

Key Personnel and Committees:

NUPAS is led by a dedicated Director of Infection Prevention and Control (DIPC), who also serves as a trained Infection Control Nurse. The DIPC plays a central role in ensuring compliance with regulations outlined in the Health and Social Care Act and the standards set by the Care Quality Commission (CQC). NUPAS are committed **To be a well led organisation, with leadership and governance arrangements that support person-centred care, learning and innovation and promotes an open and fair culture.**

An infection control committee, chaired by the DIPC, meets quarterly to oversee the organisation's infection prevention and control program. The committee comprises key stakeholders from various departments, including management, nursing, clinical, human resources, quality, and procurement.

Training and Education:

All staff members at NUPAS undergo infection prevention and control training during their induction and participate in regular updates thereafter. Additionally, each clinic appoints a trained infection control link practitioner responsible for conducting audits and monitoring infection control practices.

Infection Prevention and Control Manual and Policies:

NUPAS has developed a comprehensive infection prevention and control manual that encompasses various policies related to infection control practices, cleanliness, and environmental issues. These policies are regularly reviewed and updated to reflect best practices and regulatory requirements and are mapped to the national infection control policies.

Sterilisation and Decontamination Practices:

Surgical instruments at NUPAS are sterilised by accredited external providers under Service Level Agreements. Cleaning schedules have been developed, and cleaning staff are trained to use appropriate equipment following color-coded guidelines. Clinical staff also receive training in equipment cleaning procedures.

Incident Management and Antibiotic Stewardship:

Reported infections are logged in NUPAS's incident management system and investigated promptly where appropriate. Critical pathogens such as C. diff, MRSA, MSSA, and E.coli bacteraemia's trigger thorough investigations through PSIRF.

NUPAS implements a strict antibiotic prescribing policy with a limited drug formulary to prevent overuse. Regular audits are conducted to ensure compliance with these guidelines and promote responsible antibiotic stewardship.

Patient Assessment and Risk Management:

Every patient visiting NUPAS undergoes a thorough infection risk assessment during their initial appointment. A comprehensive medical history is obtained, and any relevant risk factors are identified and communicated to the treating clinician.

In conclusion, NUPAS remains dedicated in its commitment to maintaining the highest standards of infection prevention and control. Through the commitment of our staff and the implementation of robust policies and procedures, we strive to provide a safe and healthy environment for all those entrusted to our care.

For more information or if you would like this document provided
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