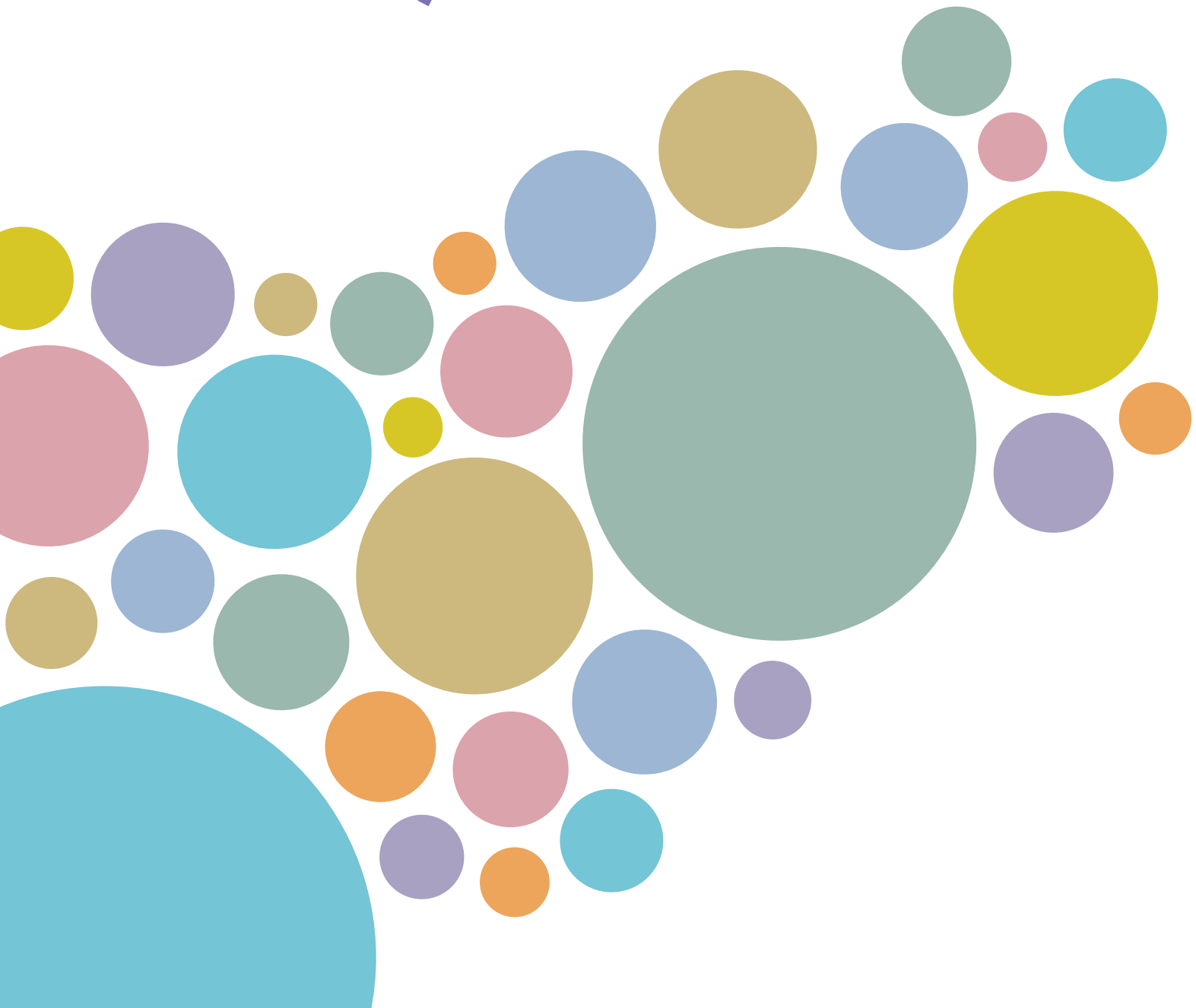


ANNUAL  
QUALITY ACCOUNT  
2025/26



# Contents

|  |    |
|--|----|
| Message from our Chief Executive                                       | 3  |
| Overview:  | 4  |
| What is the purpose of this report?                                    | 6  |
| PART ONE – NATIONAL AND LOCAL CLINICAL AUDITS AND OUTCOMES             | 8  |
| PART TWO – UPDATE AGAINST QUALITY PRIORITIES 2025/26                   | 10 |
| PART THREE – EVALUATION AND QUALITY PRIORITIES 2026/27                 | 12 |
| CORROBORATIVE STATEMENT – BIRMINGHAM AND SOLIHULL NTEGRATED CARE BOARD | 14 |
| STATEMENT FROM ANTENATAL RESULTS AND CHOICES                           | 15 |
| CORROBORATIVE STATEMENT- CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD | 16 |

# Message from our Chief Executive

I am delighted to introduce our Quality Account for 2025/26. This account brings together the progress we have made against the quality priorities we set ourselves to improve our services and the care we provide for our patients.

Over the year, we have continued our commitment to delivering excellent care, while also innovating and improving clinical outcomes for our patients. We have made good progress against our quality priorities for 2025/26, and this work provides a solid foundation for our priorities for 2026/27.

Our approach focused on clear overarching themes: strengthening accountability and assurance, using data to drive improvement, and increasing patient engagement and involvement. These themes will continue to shape our work, with our priorities for 2026/27 building on this progress and aligning closely with wider transformation across the organisation to become a clinically led, digitally enabled organisation.

Our commitment to quality and safety has also been reflected through regulatory activity this year. We received ten positive CQC and Healthcare Inspectorate Wales inspections, with all services where ratings were awarded achieving Good overall ratings. Several services were rated Outstanding for safety or care. These results reflect the professionalism, dedication and compassion of our teams.

Our aim is always to provide the highest standards of clinical care. Where things don't go as planned, we are committed to learning and improving, so that we can deliver better services and experiences for our patients. High-quality care also depends on strong partnership working between our colleagues, patients, commissioners and neighbouring NHS organisations.

Partnership working remains central to our quality improvement journey. Our work with Antenatal Results and Choices (ARC) highlights how partnerships strengthen the support available to our patients. We are grateful for the supporting statement from ARC's Chief Executive included at the end of this account, which provides a valuable independent perspective on the impact of our joint working.

Looking ahead, our priorities for 2026/27 will build on the progress already made, driving further improvements in care, access and patient experience.

Finally, I would like to thank all BPAS colleagues, who work tirelessly every day to provide compassionate, high-quality care to our patients. Your commitment and professionalism underpin everything outlined in this Quality Account.

**Heidi Stewart, CEO**

**April 2026**

## Overview:

BPAS exists to support and enable people to make their own reproductive choices. We believe women are the ones best placed to make their own choices in pregnancy, from contraception, to pregnancy and birth choices, using unbiased, evidence-based information to support their decisions, and high-quality services to exercise them. We have been providing woman-centred sexual reproductive healthcare for more than 50 years, mostly on behalf of the NHS.

## Our patients:

We provided 110,970 abortions including 12,660 surgical abortions and 93,310 Early Medical Abortions (EMA). Just under half of EMAs were managed with Pills by Post.

99.4% of the treatments we provided at BPAS were funded by the NHS.

We performed 1,085 vasectomies.

We provided contraception to 46,743 patients – a 12% increase on 24/25 figures.

We undertook 134,373 consultations, with over 83% of these taking place using Telemedicine.

Our Booking & Information Centre handled 187,244 calls – a slight reduction on previous years, reflecting the introduction of an online booking system in October 2025.

65 different languages were supported through our interpreting services.

98% of our patients would recommend our services to others

## Our people:

BPAS employs 1033 members of staff, with 770 working full time.

67% of our workforce responded to the BPAS People Survey, with 94% stating that they have a worthwhile job with colleagues who demonstrate the BPAS values.

We introduced our Values Awards to recognise and reward each other through peer nominations.

We commenced a programme of Chief Officer Roadshows and All Staff Conferences.

## Our places:

We have a nationwide footprint with over 40 clinics and contracts in place across England and Wales.

We opened new clinics in Luton and Leeds, with plans in place for new premises in Leicester, Cardiff and Stoke on Trent.

| Trustees  |                     |
|---|---------------------|
| IN POST AT MARCH 2026   | IN YEAR CHANGES     |
| Dr Lucy Moore, Chair  |                     |
| Sam Smethers, Deputy Chair  |                     |
| Julian Atkins   |                     |
| Graham Colbert  |                     |
| Dr Edgar Dorman   |                     |
| Dawn Johnston   |                     |
| Siobhan Kenny   |                     |
| Professor Sheelagh McGuinness   |                     |
| Dr Caroline Turner  |                     |
| Natasha Walton  |                     |
| Ian Hill  |                     |
| Cathy Geddes  | Appointed July 2025 |
| Chief Officers  |                     |
| Heidi Stewart - CEO   |                     |
| Mary Sexton – Chief Clinical Officer                                  |                     |
| Laura Clare – Chief Finance Officer                                   |                     |
| Jo Deans – Chief People Officer (until October 2025)                  |                     |
| Catherine Sibbald – Interim Chief People Officer (from November 2025) |                     |
| Nigel Acheson – Interim Chief Medical Officer                         |                     |
| Ingrid Granne – Chief Medical Officer (from March 2026)               |                     |
| Adam Ward – Chief Technology Officer                                  |                     |
| Natalie Blunt – Chief Operating Officer                               |                     |
| Katie Saxon – Chief Strategic Communications Officer                  |                     |

# What is the purpose of this report?

This Quality Account has been produced in accordance with the NHS England quality account regulations and demonstrates the BPAS commitment to quality and safety of services.

This report will be publicly available and provides information about the quality of our services over the last year (2025/26), and a description of our quality priorities for 2026/27 including indicators of success.

## Our Ambition

A future where every woman can exercise reproductive autonomy and is empowered to make her own decisions about pregnancy.

## Our Purpose

To remove all barriers to reproductive choice and to advocate for and deliver high-quality, woman-centred sexual reproductive healthcare.

## Our Values

At BPAS our values are the foundation of everything we do. Our values are more than just words on a page; they are the essence of our identity.

As set out in our business plan, our refreshed values aim to place our people at the heart of BPAS. Our values are the guiding principles that define who we are, what we do and what's most important to us. Our behaviours put our values into practice, turning them into everyday actions and to shape our BPAS culture.

- Be people and patient focused - We value, support, and empower every patient and employee, making sure their voices shape the care and workplace experiences we provide.
- Be kind and considerate - We listen to each other and our patients and build relationships based on kindness, dignity, trust and respect.
- Be courageous and dedicated - We believe women are best placed to make decisions about their bodies and we will advocate for the changes needed to enable this.
- Be innovative and pioneering - We will push boundaries and challenge the status quo in pursuit of practical excellence and equity in reproductive healthcare.

## Looking after public money

BPAS is a company limited by guarantee (No. 01803160) and a Registered Charity (No. 289145). As such, we are subject to audit and submit audited annual financial statements to Companies House and an annual return and accounts to the Charity Commission. BPAS is also regulated by the Care Quality Commission (CQC), and the Healthcare Inspectorate in Wales (HIW), which regularly visit registered treatment units. BPAS operates under licenses for healthcare provision from NHS England and for abortion services from the Department of Health and Social Care.

## Quality care at BPAS

BPAS is committed to providing high quality care in line with external and internal quality standards, including the NICE Abortion Care Quality Standards (2021)<sup>1</sup> which set expectations for performance monitoring, care provision, compliance and effectiveness and these are routinely reported to our commissioners.

Our quality account for 2025/26 is laid out in accordance with the NHS England guidance<sup>2</sup>, using the broad categories indicated:

- Patient safety
- How effective patient treatments are
- Patient feedback about care provided

Our quality priorities and ambitions for 2026/27 build on cultural foundations (accountability and assurance), objectively triangulated (using data to drive improvements) and independently evaluated (amplifying the patient voice).

<sup>1</sup> [Overview | Abortion care | Quality standards | NICE](#)

<sup>2</sup> [NHS England » Quality accounts FAQs](#)

# PART ONE – NATIONAL AND LOCAL CLINICAL AUDITS AND OUTCOMES

The care and service provided by BPAS does not require submissions to the HQIP National Clinical Audit Programme<sup>3</sup> therefore there are no contributions to Statement 1.

Statement 2 is met by the completion of 23 local audits. To promote patient safety, quality governance and provide clear assurance, BPAS maintains an extensive clinical audit programme. The aim of the audits is to encourage a continuous improvement culture and deliver assurance.

Audits follow a multi-tier reporting system to ensure staff involvement, organisational oversight, and appropriate responsiveness. All results and trends follow a clear reporting system, reporting by exception to the Quality and Risk Group for escalation and action.

## BPAS clinical audit programme -

| Organisational/national         |   |                                    |
|---------------------------------|---|------------------------------------|
| Surgical case notes             | Compliance with HSA1 (abortion legislation)   | Sepsis (relevant to BPAS services) |
| Local (Unit and Hubs)           |   |                                    |
| Consultation                    | Consent                                       | Vasectomy                          |
| Crash trolley                   | Haemorrhage trolley                           | Pregnancy remains                  |
| Aftercare                       |   |                                    |
| Quality Assurance- Call handler | Quality Assurance- Nurse Midwife Practitioner |                                    |
| Minimal bleeding                | Pain  | Heavy bleeding                     |
| Medicines Management            |   |                                    |
| Medicines Management            | Patient Group Directions                      | Controlled Drugs                   |

<sup>3</sup> [A-Z of National Clinical Audits – HQIP](#)

| Safeguarding   |                      |         |
|--|----------------------|---------|
| Safeguarding- Under 18s  | Safeguarding- Adults |         |
| Ultrasound   |                      |         |
| Ultrasound Practice Audit  |                      |         |
| Infection Prevention & Control   |                      |         |
| Monthly Specific Audit- Sharps, PPE, Cleaning, Equipment, Linen, Waste | Hand Hygiene         | Uniform |

Audit is a core component in quality improvement and organisational assurance. Trend analysis during 2025/26 has led to improvement projects in the following areas:

- An efficiency programme to improve clinical responses and processes for suspected sepsis.
- Strengthening of software systems to prompt and direct completion of mandatory data fields. This has resulted in improved data quality and reliability; and a consistently high compliance rate when auditing abortion legislation compliance.
- Creation of new Standard Operating Procedures to provide clear guidance, such as a new Early Medical Abortion SOP which was provided in online webinars to support staff. Compliance with staff expectation has been evidenced by improvements in staff action when supplying EMA, an area reviewed within the HSA1 audit.

The audit programme is reviewed annually and regularly to ensure BPAS is responsive, and auditing areas that are of value to both patients and staff, whilst providing supportive foundations for quality improvement and assurance frameworks. 2026 will see 'Audit Assurance month' where units and hubs complete the audits of other locations, audit support for the review of patient transfers, and an update around the auditing of Surgical case notes.

## PART TWO – UPDATE AGAINST QUALITY PRIORITIES 2025/26

There were three quality priorities identified for 2025/26, consolidating our approach to creating conditions for success which could be embraced across all our clinical and non-clinical settings. Each quality priority included a statement of intent, and these are reflected below, with an updated position.

### Accountability and Assurance

**By April 2026 we will:**

- Be using an agreed quality assurance framework through our clinical governance structures.
- Have a robust clinical risk register underpinned by policy, training and collaborative risk assessment.
- Have a clear and transparent clinical workforce strategy which includes standardised job roles and descriptions, a competency framework which enables progress and succession planning, and updated guidance on safe staffing in clinical areas.

The approach to quality assurance and governance has been strengthened during 2025/26. This includes the launch of a quality assurance framework which standardised the evidence domains, approach to triangulation and reporting templates. A language of assurance has also been adopted throughout formal committee and sub-committee meetings, enabling consistency and transparency of reporting, confirmation and challenge.

The clinical risk register was established in April 2025 and is maintained by the Quality and Risk Group (QRG), with assurance reporting to the Risk Management Group. In addition, a comprehensive risk management improvement programme was delivered during Q3 and Q4. This has built risk management capacity into operational and frontline clinical roles, supported by migration of manual risk registers to an online platform, and aligned with the BPAS Risk Management Policy which was updated in 2025.

The clinical workforce strategy foundations have been agreed, to align with the organisation's transformation programme and ambition to become digitally driven and clinically led. The revised Safe Staffing policy was launched in April 2026, devolving clinical decision making to local level based on clinical acumen and local variations in the built environment.

## Using data to drive improvement

### By April 2026 we will:

- Be reporting against an agreed set of quality indicators via established governance routes.
- Provide evidence of impact as an essential aspect of quality improvement reporting and evaluation.
- Be using an electronic audit tool and tracker.

In March 2025 NHSE published commissioning guidance which included recommendations for quality indicators in the abortion care sector<sup>4</sup>. These indicators have been adopted at BPAS and mapped to existing reporting arrangements, with a separate Patient Safety Dashboard launched for oversight and response where clinical learning themes are identified.

The dashboard provides an early indication of challenges in the management of non-clinical incidents, enabling a targeted system response which resulted in a reduction of open incidents from 263 to 77 (July to December 2025), and the creation of a bespoke governance function to raise awareness, provide appropriate access and hold incident owners to account.

Section 1 above provides more detail about the audit programme at BPAS. The Insight platform was launched at BPAS in December 2024 and there were some delays in the development and roll out programme for the early part of the contract. These are now resolved and the audit programme is in its pre-launch phase (January 2026) with a go-live date anticipated for March 2026.

## Patient voice and engagement

### By April 2026 we will:

- Have identified areas of significant health inequalities across our geographical divisions.
- Include a stakeholder statement from a patient or a patient representative group (eg HealthWatch) with our Quality Account, based on regular touchpoint and involvement meetings throughout the year.
- Have recruited to our patient representative cohort and provide examples of where they have been involved in improvement and/or safety activities.

Our work on identifying and responding to health inequalities is still in its early phases and will be explored in more detail in Section 3 below.

We are really pleased to be including an additional stakeholder statement in our Quality Account this year, following partnership working with Antenatal Results and Choices (ARC) in the development of the Termination of Pregnancy for Fetal Abnormalities (TOPFA) policy and pathway.

We continue to work closely with our Patient Safety Partner who is an active contributor to review of complaint responses, patient information leaflets and setting terms of reference for safety responses.

<sup>4</sup> [NHS England » Abortion commissioning guidance](#)

# PART THREE – EVALUATION AND QUALITY PRIORITIES 2026/27

Evaluation of the Quality Priorities for 2025/26 demonstrates good progress in setting foundations for robust quality assurance and reporting, supported by a comprehensive training plan and digital resources for recording, analysing and responding to clinical and non-clinical incidents and risks.

Our use of data has developed during the year, with our ambitions for this Quality Priority achieved in part. Data quality and its application to improvement of services are key organisational priorities which will strengthen the focus of this priority into 2026/27.

Continuous improvement in the way we seek and hear the patient voice is a theme across all BPAS departments and is not confined to clinical services. Section 3 below builds on our ambition for the patient voice in the context of our strategic direction for the coming year.

Based on this evaluation and the contribution of internal and external stakeholders, it is proposed that the overarching quality priorities remain for 2026/27 with refined objectives and indicators of success as set out below.

| ACCOUNTABILITY & ASSURANCE   |
|--|
| <p><b>Background:</b></p> <p>During 2025/26 the functions of assurance were strengthened, using a defined structure and consistency to support reporting practices and culture.</p> <p>The clinical workforce strategy was developed as an element of the longer term clinical transformation strategy, resulting in the adoption of a professional framework for registered staff and a revised Safe Staffing policy.</p>   |
| <p><b>Over the next year we want to:</b></p> <ul style="list-style-type: none"><li>• Improve levels of assurance by building on increased awareness and confidence in reporting activities internally and externally.</li><li>• Realign accountability structures in the clinical workforce to simplify lines of reporting and facilitate professional development.</li><li>• Refine our risk register profile using the Insight platform, to standardise the language, scoring and management of risk in all departments and functions.</li></ul>   |
| <p><b>By April 2027 we will:</b></p> <ul style="list-style-type: none"><li>• Have an auditable trail of improvement from 'limited' to 'good' assurance across at least one reported domain in the Patient Safety and Quality activities.</li><li>• Have made demonstrable progress in the implementation of the clinical transformation programme, specifically in relation to clinical accountability structures.</li><li>• Have achieved full migration of risk registers onto the Insight platform and established triangulation of action plans across other patient safety and quality improvement responses.</li></ul> |

## USING DATA TO DRIVE IMPROVEMENT

### Background:

We were able to establish a baseline position during 2025/26 of the sources and nature of data in use across the organisation. Whilst some progress has been made in specialist areas (patient safety and incident reporting), significant gaps persist in the consistent availability and quality of data and the potential to improve services as a result.

### Over the next year we want to:

- Develop a 'demand and capacity' tool which facilitates service improvement through optimising patient pathways and reducing unwarranted variation.
- Establish an organisational 'data lake' - a central store of all structured and unstructured data generated in BPAS which facilitates large scale analysis and accessibility.
- Expand the reach of improvement activities to include research and innovation projects which further access to evidence based reproductive healthcare and choices.

### By April 2027 we will:

- Demonstrate improvements in efficiency indicators (which enhance patient access and experience) using the demand and capacity tool.
- Achieve a reduction in manual data reconciliation and spreadsheet-based reporting, and build a responsive business intelligence system to support decision making.
- Have Research Champions at clinic/site level who are trained and equipped to promote a research culture built on high quality and reliable data.

## PATIENT VOICE & ENGAGEMENT

### Background:

We made good progress during 2025/26 towards demonstrable and impactful engagement with partners in the third sector. It has proved more challenging to engage directly with patients for local level feedback and there are opportunities to improve on this during 2026/27.

### Over the next year we want to:

- Develop and apply a Population Health approach for BPAS, to support our understanding of factors which may influence patients accessing our services.
- Work proactively to reduce barriers to seeking, recording and responding to patient feedback.
- Ensure that patients and their families are actively involved in shaping our research and innovation activities.

### By April 2027 we will:

- Have a ratified Population Health Framework based on empirical data which includes recommendations for future service improvements to address inequalities.
- Have a library of curated and potential patient stories, voiced by patients or their representatives, for sharing with the Board of Trustees and BPAS colleagues.
- Have a published Patient Voice Strategy and a plan for or evidence of co-design in service improvements.

# CORROBORATIVE STATEMENT – BIRMINGHAM AND SOLIHULL INTEGRATED CARE BOARD

**British Pregnancy Advisory Service (BPAS)**

**Quality Account 2025/26**

**Statement of Assurance from NHS Birmingham and Solihull Integrated Care Board**

**May 2026**

1. Birmingham and Solihull Integrated Care Board (ICB) as coordinating commissioner for BPAS welcomes the opportunity to provide this statement for inclusion in the providers 2025/26 Quality Account.
2. A draft copy of the Quality Account was received by the ICB on 5th May 2026 and the review has been undertaken in accordance with the Department of Health and Social Care Guidance. This statement of assurance has been developed from the information provided to date.
3. The information provided within this account presents a balanced report of the healthcare services that BPAS provides. The report demonstrates the progress made by the provider against the 2025/26 priorities. It identifies what the organisation has done well, where further improvement is required and what actions are needed to achieve these goals and the priorities set for 2026/27
4. We have worked closely with BPAS over the course of 2025/26 working collaboratively to review the organisations' progress in implementing its quality improvement initiatives including strengthening accountability and assurance, using data to drive improvement, as well as increasing the use of patient voice/ engagement to shape services. In particular it has been assuring to see the positive impact of the Quality Improvement Boards within units driving local quality improvement, and consolidation and continued embedding of learning around PSIRF. We are committed to continuing to engage with the provider in an inclusive and innovative manner and hope to continue to build on these relationships as we move forward into 2026/27.

Yours sincerely,



Sally Roberts

Chief Nurse/Clinical & Quality Officer



# Antenatal Results & Choices

## STATEMENT FROM ANTENATAL RESULTS AND CHOICES

I am CEO of the UK charity Antenatal Results and Choices (ARC). We provide information and support to parents through antenatal testing and its consequences. ARC offers specialised support to those who have a termination of pregnancy following a prenatal diagnosis. We know in the painful circumstances of ending a wanted pregnancy, choice of method between medical and surgical termination (MTOPT/STOP) is very important to parents.

Most diagnoses happen after 12 weeks of pregnancy which means surgical management in NHS hospitals is very limited and most parents need to access this care in the independent sector.

BPAS was the first independent sector provider to recognise that this client group needed a designated pathway of care and have had this in place for over ten years. Feedback from ARC parents using BPAS for STOP is consistently positive, highlighting the sensitivity and professionalism of staff.

I have worked closely with BPAS for over a decade and can attest to their commitment to providing high quality care to these particularly vulnerable clients. In the last year they have gone above and beyond in working with us to improve communication and liaison with NHS maternity and fetal medicine units to make referral as straightforward as possible.

I look forward to maintaining our close collaborative relationship with BPAS to the benefit of parents going through this distressing life experience.

**Jane Fisher**

# CORROBORATIVE STATEMENT – CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Cheshire And Merseyside ICB welcome the opportunity to comment on the British Pregnancy Advisory Service (BPAS) Draft Quality Account for 2025-26. The ICB acknowledge the Providers continued efforts to improve quality and enable choice and support for women and we would extend our thanks to all staff working at BPAS for their commitment in ensuring patient care is safe and of the highest standard.

Commissioners have worked closely with the organisation throughout 2025-26 to gain assurance that the services you deliver are safe, effective, and personalised to patients and we will continue to monitor the progress in these areas throughout 2026/2027.

The ICB would like to note the following areas of this quality account:

- We acknowledge the progress made in delivering the 2025/26 priorities and have seen the benefits of your strengthened approach to quality assurance and governance, evidenced through detailed reporting and the development of consistent, effective relationships.
- It was encouraging to see the positive outcomes from regulatory activity over the past 12 months, which included our local Merseyside service. This provides additional assurance for commissioners and patients whose care pathways may extend beyond Cheshire and Merseyside. Our recognition and thanks go to staff.
- It is positive to see the comprehensive audit programme, together with the subsequent project work, has supported improvements in areas relating to clinical response for the management of sepsis and the development of standardised procedures for Early Medical Abortion. The peer audit approach proposed across units and hubs represents good practice, promoting greater consistency in quality and clinical practice.
- We recognise that, to fully embed the foundations established in 2025/26 and strengthen your data quality and risk management processes, continued effort is needed in 2026/27 to enable staff across the organisation to actively participate in a robust quality assurance framework. This will support teams to make more effective use of data to enhance oversight, drive service quality and safety improvements, and advance your ambitions in research, innovation, and assurance. In turn, this will underpin more informed, evidence-based decision-making in reproductive health which will benefit all populations.
- We fully support the priority to strengthen engagement with the patient voice and recognise the value of developing a Population Health Framework to enable a more focused understanding of the populations accessing your services. Cheshire and Merseyside ICB observe first-hand the positive patient experience activity undertaken at a local population level; however, we also recognise that patients may access services outside their immediate area. A broader framework, inclusive of patient representative groups, will provide a richer, more comprehensive understanding of the patient story across the wider BPAS footprint and this is a really positive opportunity.

Overall, the Quality Account reflects the organisation's commitment to improving quality and we would like to thank BPAS colleagues for the collaborative and transparent working with the ICB throughout 2025/26 and look forward to our continued partnership working in 2026/27.

Yours sincerely

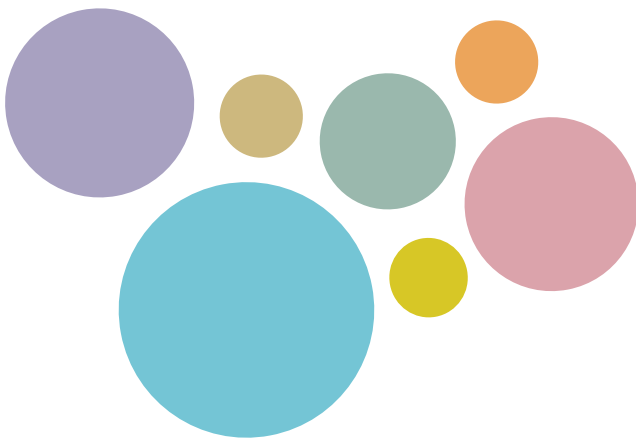


Jane Sanderson

Deputy Head of Quality and Safety Improvement

Cheshire and Merseyside ICB





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Registered Charity 289145 as British Pregnancy Advisory Service  
BPAS is registered and regulated by the Care Quality Commission

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May 2026