Quality account

2025-2026

MSI UNITED KINGDOM
REPRODUCTIVE CHOICES

50 YEARS
HERE'S TO CHOICE


WARD

Contents

I am pleased to present the MSI Reproductive Choices UK Quality Account for 2025/26. This report outlines the quality of services we have delivered over the past year; the progress made against our improvement priorities and our areas of focus for the year ahead.

This year marks a significant milestone for our organisation as we celebrate **50 years** of delivering sexual and reproductive healthcare. From our first clinic in London, MSI has grown into a global organisation operating across **36 countries**. This global reach continues to strengthen the quality of care we provide in the UK, enabling us to draw on shared expertise, clinical evidence and innovation to support continuous improvement.

Part 1:

Managing

During 2025/26, we have continued to operate within a challenging healthcare environment, with sustained demand for abortion, vasectomy and contraception services and ongoing pressure on system capacity. In this context, our focus has remained on ensuring services are safe, effective, responsive and centred on the needs of our clients.

We have made strong progress against our quality priorities for the year. Notably, we exceeded our ambition to improve timely access to care, with 82% of clients having an initial review on the same day they first contacted us. We have also maintained treatment waiting times within national standards across our services, including achieving a five-day offered wait for abortion care and reducing vasectomy waiting times to within 18 weeks. These improvements reflect sustained efforts to strengthen clinical pathways, increase capacity and optimise service delivery.

A key development during the year has been the opening of our new Regional Treatment Centre in the West Midlands. This investment has expanded access to high-quality abortion care, improved geographical equity and increased service capacity. The centre also supports workforce development as a national

Director's update

training hub, contributing to addressing wider system challenges in clinical capacity.

We have continued to strengthen our approach to quality assurance and patient safety. Our governance framework provides robust oversight of clinical effectiveness, patient safety and experience, supported by a comprehensive audit programme and continuous monitoring of outcomes. The embedding of the Patient Safety Incident Response Framework has further enhanced our ability to identify, investigate and learn from incidents in a proportionate and improvement-focused way. Increased reporting of low-harm incidents reflects a positive and open safety culture, rather than a deterioration in care quality.

External assurance has also demonstrated the strength of our services. During the year, our Bristol Regional Treatment Centre was inspected by the Care Quality Commission and rated 'Outstanding', with inspectors recognising high standards of safety, effectiveness and compassionate care. This represents our second Outstanding rating and provides independent confirmation of the quality of care delivered across our organisation.

We have also continued to invest in service transformation, including digital developments to improve access and client experience. The introduction of the Blue Door Portal has supported more efficient access and improved the flow of information across the client pathway. Further enhancements to our digital infrastructure are planned to support more responsive, integrated and accessible services.

Feedback from clients remains consistently positive, with high levels of satisfaction and strong reports of dignity and respect in care delivery. We continue to use this feedback, alongside data from incidents, audits and complaints, to inform learning and drive continuous improvement across all services.

Our priorities for 2026/27 build on this progress and focus on strengthening leadership, improving inclusivity and communication, advancing digital capability and further developing our telemedicine model. These priorities are designed to enhance quality, improve equity of access and ensure services remain responsive to the needs of our clients.

I confirm that, to the best of my knowledge, the information contained within this Quality Account is accurate and reflects a balanced view of the quality of services provided by MSI Reproductive Choices UK.

I would like to thank our colleagues, partners and commissioners for their continued commitment to delivering high-quality care. Their professionalism and dedication remain central to our ability to provide safe, effective and compassionate services.

Richard Bentley
UK Managing Director

Part 2:

Priorities for improvement and statements of assurance from the board

2.1 Progress against 2025/26 priorities

We have made significant progress against the priorities set for 2025/26. Our performance in each area is outlined below, along with comparisons to previous years where relevant:

Priority 1: Increase the number of clients who receive their consultation on the day they contact us.

KPI: By the end of Q1 2026, 50% of clients will be offered consultation on the day they contact us – Achieved:

This initiative aligns with the Required Standard Operating Procedures (RSOP) for abortion services, which recommend that clients receive their consultation within five days of first contacting a provider. We have set a more ambitious standard to significantly reduce this timeframe.

By the end of Q1 2026, our aim was for 50% of clients to receive their consultation on the same day they contacted us. Supported by the introduction of the Blue Door Portal, which streamlines the journey from first contact to consultation, this work has improved client experience and reduced clinical risk by minimising delays.

By the close of Q1, we exceeded this target, with 82% of clients receiving their consultation on the day they first contacted us.

Priority 2: To operationalise our new Regional Treatment Centre in the West Midlands, enhancing service delivery and accessibility.

KPI: Operationalise by March 2026 – Achieved:

In January 2026, we successfully opened our new West Midlands Regional Treatment Centre, a purpose-built, modern facility designed to expand access to high-quality, compassionate abortion care across the region. The centre provides a full range of medical and surgical abortion services in an advanced clinical setting, increasing capacity and addressing long-standing gaps in provision outside London.

This investment has improved timely access to care, enhanced client experience, and strengthened equity across treatment pathways, including both face-to-face and telemedicine care. The centre's central location, with excellent transport links, makes it easier for clients to access care quickly and safely.

The opening coincided with MSI UK hosting the first Midlands Abortion Task force at the centre, bringing together local and national stakeholders to share learning and strengthen collaboration in the delivery of patient-centred, high-quality abortion care.

In addition to expanding service capacity, the centre has been established as a national training hub for abortion care. By supporting the development of clinicians from across the UK, it contributes to building the future workforce and addressing national shortages in surgical abortion provision.

Priority 3: To ensure a renewed focus on offered wait times for face-to-face abortion treatments are maintained at five days, meeting the Required Standard Operating Procedures (RSOP) for abortion services requirements.

KPI: The offered wait is five days – Achieved.

During the course of the reporting year, we maintained an offered average wait time of five days across all abortion treatment pathways, including both face-to-face care and telemedicine, in line with the Required Standard Operating Procedures (RSOP) for abortion services.

Meeting this standard has strengthened timely access to treatment, improved client experience, and ensured continued compliance with national requirements. Reduced waiting times also support greater choice and flexibility, enabling clients to select appointments that best meet their needs while receiving safe, responsive, and compassionate care.

Priority 4: To ensure all vasectomy clients are offered treatment within the 18-week timeframe.

KPI: 85% of our clients are treated within 18 weeks.

We achieved our priority to ensure that all vasectomy clients are offered treatment within the national 18 week standard. By the end of Q1 2026, the offered wait for vasectomy treatment had reduced to 16 weeks, compared with 24 weeks at the start of the reporting period.

This represents a significant improvement in access to care and brings the service fully in line with national standards and NHS performance expectations. Shorter waiting times support timely, reliable, and patient-centred care, improving client experience and reducing anxiety associated with longer waits.

Improved operational efficiency has been central to this progress. Teams have worked collaboratively across regions to streamline booking processes, optimise capacity, and strengthen clinical pathways. The Vasectomy Transformation Project, delivered throughout 2024, has been a key driver of this improvement. The programme consolidated services into Regional Treatment Centres, strengthened clinical leadership and oversight, improved capacity management, and expanded the trained vasectomy workforce. Together, these changes have enabled sustainable improvements in both quality and efficiency.

2.2 Priorities for improvement

We've agreed the following quality objectives for 2026/27 to build upon the significant progress achieved in 2025/2026:

Priority 1: To embed consistent, values-led leadership across MSI UK through our newly developed Leadership Charter.

In 2026, we will strengthen leadership capability across MSI UK to ensure all colleagues experience consistent, supportive, and values-led leadership. This will be achieved through the development and implementation of a unified Leadership Charter, setting clear expectations for leadership behaviours, alongside targeted development to equip leaders with the skills and confidence to support teams, manage risk, communicate effectively, and uphold MSI's values in everyday practice.

Benefits of achieving this priority:

Safer, more coordinated client care: Consistent leadership strengthens communication and risk management, reducing errors, and supporting safer treatment pathways.

More responsive services for clients: Confident, capable leaders enable quicker, clearer decision-making, helping services adapt rapidly to client needs.

A supported workforce delivering better care: When leaders are values-led and equipped to support their teams, colleagues feel empowered to provide high-quality, compassionate care.

Greater consistency in client experience across all sites: Embedding the Leadership Charter reduces variation in behaviours and expectations, ensuring clients receive reliable, high-standard care wherever they access our services.

KPI: 85% of leaders adopt and work to the newly developed Leadership Charter by the end of Q1 2027.

Priority 2: Enhance communication, safety and inclusivity for clients who experience language, cultural or communication barriers by introducing a digital communication tool into our face-to-face services during 2026.

To bridge language and cultural barriers and support accessible, inclusive and person-centred care for all clients, MSI UK will introduce a clinically developed AI digital communication tool to enhance communication during routine, low-risk interactions, aligned to the Royal College of Obstetricians & Gynaecologists Cross-Cultural Communication and Language Support: Standards for Maternity Care and Women's Health. This forms part of our wider commitment to reducing language-related barriers and strengthening equity across our services. A new communication tool complements and facilitates existing face-to-face and telephone human interpreting services, with clinically developed, multi-format communication resources directly to the point of care, enabling colleagues to provide clear, culturally sensitive information to clients who may otherwise struggle to engage confidently during their visit. By integrating this tool into everyday practice, we will ensure that clients with language, literacy, sensory or communication needs can navigate their care more easily and feel supported throughout their treatment journey.

Benefits of achieving this priority:

- **Improved client understanding during routine interactions:** With clinically written scripts, available in 50+ languages and inclusive formats (such as Easy Read, sign-language videos and read-aloud functions), the tool will ensure clients receive clear information for every day, low-risk conversations such as appointment details, practical instructions and pathway guidance.
- **More timely and efficient client journeys:** Using AI for routine communication reduces delays for clients who do not speak English, enabling smoother visits and quicker access to the information they need.
- **Better use of interpreter resources to protect client safety:** By using AI tools for low-risk communication, we can prioritise professional interpreters for high-risk and complex discussions – such as consent, safeguarding, mental health, capacity assessment and breaking bad news – ensuring we remain aligned with national standards.
- **A more inclusive and equitable client experience:** Multi-format accessibility supports clients with diverse language, literacy, sensory and communication needs, promoting equity across all services and strengthening client confidence and engagement.

KPI: Implement communication tool across all centres and ensure colleagues use it for routine, low risk communication by Q4 2026.

Priority 3: To deliver a unified digital client experience platform by launching MSI's self-service BI tool and Phase II of the Blue Door Portal

In 2026, we will advance our digital capability by expanding the Blue Door Portal and expanding seamless integration with our electronic patient record (EPR) and business intelligence (BI) data warehouse. This development will modernise how clients interact with our services, while enabling colleagues to access more timely and accurate operational insight. By improving the flow of information between the portal, the EPR and our BI systems, we will support more efficient processes, clearer visibility of demand patterns and smoother experience for clients as they book and manage their care.

Benefits of achieving this priority:

- **More responsive services through real-time insights:** Earlier visibility of behavioural and demand trends enables quicker operational decisions, improving service availability and efficiency.
- **Enhanced client autonomy and convenience:** Self-service appointment management reduces barriers, giving clients greater control over their care and improving overall experience.
- **Reduced administrative burden for colleagues:** Digital self-service and automated information flows free up colleague time, allowing teams to focus more on direct client care and support.
- **Greater consistency and reliability across all centres:** A unified digital platform ensures clients receive the same high quality, streamlined experience regardless of where or how they access services.

KPI: By the end of Q3, deliver MSI's self-service BI tool and Phase II of the Blue Door Portal

Priority 4: To evolve telehealth medical abortion services within our Contact Centres enabling nurses and midwives in RTCs to focus on face-to-face care.

We will develop our telehealth medical abortion services into our Contact Centres as part of strengthening our national service delivery model. This shift will allow Contact Centre clinicians – who already lead all post treatment care – to manage the full telemedicine pathway through dedicated clinical hubs. Establishing this service within the Contact Centres ensures a coherent, end-to-end remote telehealth model; while releasing clinical capacity within Regional Treatment Centres so their nurses and midwives can fully focus on face-to-face assessments, scanning and procedural care. This change supports a clearer division of responsibilities, improves overall service flow, client wait times, appointment availability and ensures clients receive the right support in the most appropriate setting.

Benefits of achieving this priority:

- **More predictable and timely access to telemedicine appointments:** Centralising telehealth within the Contact Centres creates a single national hub, improving scheduling efficiency and giving clients faster access to remote consultations.
- **A clearer and more consistent telemedicine pathway for clients:** Delivering the full remote journey – consultation, treatment support and follow-up – from dedicated teams reduces variation and ensures clients experience a smooth, joined-up process.
- **Improved continuity with clinicians experienced in remote care:** Clients will be supported by Contact Centre nurses and midwives who specialise in telephone-based consultations and post-treatment care, providing greater consistency and reassurance.
- **Enhanced overall experience in RTCs for clients choosing face-to-face care:** By releasing RTC clinicians to focus solely on in-person activity, clients attending centres benefit from shorter waits, more availability and improved quality during assessments, scanning and procedures.

KPI: Implement telehealth medical abortion services across all Contact Centres by Q3 2026.

2.3 Statements of assurance from the board

Throughout 2025/26, MSI UK delivered NHS sexual and reproductive health services through contracts with 47 commissioners, including Integrated Care Boards, Trusts, Local Authorities, and sexual health providers. To evaluate the quality of care delivered across these services, a thorough review of all available data has been undertaken.

NHS income

The income from delivering NHS services represents 99% of the total income generated during the review period.

Audits and confidential enquiries

During the reporting period, there have been no applicable national clinical audits. MSI UK's commitment to high-quality, safe services is supported by our clinical audit program (see table on the following page). Outcomes from clinical audits have led to changes in how clinical services are delivered to ensure constant evolution of clinical practice in line with learning from incidents and data collated.

Research and innovation

MSI Reproductive Choices is the leading global provider of reproductive health services. During 2025, we supported **27.8 million women and girls** across **36 countries** with contraception and safe abortion care. Although we did not publish any research this year, we continued to review our clinical practice in line with the latest **NICE Guidelines** and drew on our extensive UK evidence base and global experience to drive continuous quality improvement. Our best practice insights and UK-generated evidence contribute to strengthening global standards and developing information that enables reproductive choice around the world.

Audit	Aims and objectives	Sample criteria	Outcome
Did Not Proceed (DNP) – Early Medical Abortion Q2 Q3 Q4	To review cases where treatment did not proceed and provide assurance that clinical decision-making is appropriate, consistent, and supported by organisational policy.	All Early Medical Abortion cases recorded as Did Not Proceed during the review period.	The audit demonstrated that clinical decision-making was appropriate and aligned with policy. No systemic safety concerns were identified. Minor improvements relating to documentation clarity were identified and addressed through local actions.
Did Not Proceed (DNP) – Surgical Abortion Q2 Q3 Q4	To review cases where treatment did not proceed and provide assurance that clinical decision-making is appropriate, consistent, and supported by organisational policy.	All surgical DNP cases are reviewed per quarter.	Need to follow DNP SOP when there is a clinically complex or unclear pathway. When DNPs increased, this was not always in line with an increase in clinical DNPs.
Vasectomy infections Q2 Q3 Q4	To monitor post-vasectomy surgical site infection (SSI) ensuring that outcomes remain within the expected benchmark (<2%) and that robust infection prevention and control (IPC) practices are consistently followed.	Symptoms of infection reported within 30 days of vasectomy (fever, pain, purulent wound discharge). • Infections confirmed by wound swab or clinician diagnosis (GP, A&E, Urologist, MSI UK surgeon) requiring antibiotic treatment. • Scrotal haematoma with associated symptoms of infection.	The SSI rate has remained essentially unchanged. This provides assurance of consistent infection prevention performance and clinical oversight. Most sites reported isolated cases, often involving different surgeons and operating days.
Did Not Proceed (DNP) – Vasectomy Q2 Q3 Q4	Ensure that decisions behind DNPs with vasectomy are supported by existing processes, policies and guidelines, and that DNP rates are maintained within expected benchmarks.	All clients who attended a clinic with the intention of undergoing a vasectomy but were discharged without the procedure being performed.	Vasectomy DNP rates have remained stable and within acceptable parameters. Some improvement is required regarding adherence to the DNP SOP, particularly documentation and escalation processes.

Audit	Aims and objectives	Sample criteria	Outcome
Did Not Proceed (DNP) – LARC Q3	To review trends within the LARC DNP and identify any service or training development needs.	Any client that has not completed a booked LARC appointment.	Improvements in number of clients not attending appointments. Discrepancies identified in reporting and lack of code usage.
STI Results Management (Chlamydia & Gonorrhoea) Q2 Q3 Q4	To ensure that clients with positive STI results are informed promptly and managed in accordance with clinical policy.	All clients with positive chlamydia and/or gonorrhoea test results during the audit period.	The audit confirmed that clients received results and appropriate management in line with policy. No significant concerns were identified; minor documentation improvements were managed locally.
Failed Feticide Audit (Gestations >22 weeks) Q2	To assess the effectiveness and safety of feticide prior to surgical abortion and ensure compliance with clinical standards.	Review of case notes of every surgical TOP >21w6d case.	The audit demonstrated a high level of effectiveness, with no cases of fetal heart activity detected intra-operatively. Practice was assessed as safe. Documentation consistency was reinforced as part of routine quality improvement.
Termination Early Warning Score (TEWS) Q2	To review the implementation of TEWS in support of identification and response to clinical deterioration. Identify any variation in practice and set out recommendations for improvement where required.	15 random surgical clients per centre per month, this increases to 30 per month should the previous month's score drop below 95%.	Identified four main areas of concern when completing TEWS. Lack of consistency in the number of charts has been audited. Organisational wide compliance was over 95%, but individual clinics identified as under performing.
Telemedicine Q3 Q4	Is the telemedicine service being delivered in line with the Early Medical Abortion (EMA) policy and Telemedicine SOP?	Each centre provided their own report. A minimum of one call per Registered Nurse/Midwife per month.	Overall, clinicians demonstrated professionalism, politeness, and clarity during calls. Identified recurrent gaps in consultation.
Registered Professional led discharge Q4	Following on from feedback regarding discharge processes and a repeat of the audit one year on. Are we following correct Professional Led discharge guidance?'	Clients undergoing a surgical TOP. Data Collection Site visit to all centres carrying out surgical TOP.	The length of time in 1st stage recovery has significantly improved. It was identified the need for two team members to be present when a client is recovering. Discrepancies in documentation and incorrect use of timestamping on maxims. Extended TEWS trial commenced for 2nd stage recovery.
Post abortion care – antibiotic use audit Q4	This is a re-audit of antibiotic use in post abortion care and review of the following areas to see if any require improvement: • Are the SOP/policies being followed? • Review of trends • Appropriateness of antibiotic prescribing • Confirm prophylactic doxycycline no longer used for surgical ERPC • Review of index of multiple deprivation score distribution	All clients prescribed any antibiotic (doxycycline, metronidazole, azithromycin, co-amoxiclav) in this time frame, who also attended a post treatment appointment. Only regional treatment centres were included.	In general, standard operating procedures and policies are followed. No prophylactic antibiotics were given – as expected. Vast majority of antibiotic prescribing appropriate from information provided.
EMAP RightCare documentation audit Q4	To improve and increase standardisation (where applicable) of documentation for RightCare (RC) reviews to help the team and other colleagues review doctor reviews. To optimise clients' treatment journey through timely assessments, relevant information gathering and appropriate escalation.	Doctors chose the audit to correspond with their own learning objectives using the standardised templates available.	A large number of records have been reviewed for this audit cycle, providing assurance of standardised approach with use of Pre-existing Conditions Guidance (PECG) to guide management decisions. The audit standards were met. More than 90% of reviewed cases were covered by PECG.
Privacy and Dignity Audit Q4	Ensure that clients are experiencing care in an environment that protects their privacy and dignity and actively encompasses respect.	Observe one surgical or vasectomy day at each RTC. Manchester was excluded due to centre currently not in use.	Mainly positive client feedback and high compliance with staff attitudes and inclusivity. Outcomes largely due to space and layout within RTCs. Clinical Team Leaders to complete 10-point dignity challenge, feeding into Local Service Improvement Plans and risk registers.

Duty of Candour

Our Duty of Candour Policy incorporates the joint General Medical Council and Nursing and Midwifery Council's statement on professional responsibility in applying Duty of Candour. Incidents requiring consideration of Duty of Candour are identified, and their management tracked through our electronic incident reporting system, Datix®. All Duty of Candour incidents and complaints are monitored through our quality dashboard and reported quarterly to our Integrated Governance Committee. During the reporting period, 19 incidents met the threshold for Statutory Duty of Candour application, the majority of which related to recognised clinical complications, with seven incidents arising from other causes.

MSI Reproductive Choices Bristol Regional Treatment Centre was inspected by the CQC in July 2025 and received an 'Outstanding' overall rating. The CQC issued no enforcement actions against MSI UK and no warning notices, nor were we asked to participate in any special reviews or investigations during the reporting period.

Care Quality Commission status MSI UK's services are registered with the Care Quality Commission (CQC). Our current registration status is to carry out the following legally regulated activities:

Diagnostic and screening procedures

Family planning services

Surgical procedures Termination of pregnancies, including telemedicine for early medical abortion

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder, or injury

Transport services, triage, and medical advice (MSI Connect only)

At the following centres:

MSI Reproductive Choices Brighton Regional Treatment Centre

MSI Reproductive Choices Bristol Regional Treatment Centre

MSI Reproductive Choices Oxford Regional Treatment Centre

MSI Reproductive Choices West Yorkshire Regional Treatment Centre

MSI Reproductive Choices South Yorkshire Regional Treatment Centre

MSI Reproductive Choices Essex Regional Treatment Centre

MSI Reproductive Choices Maidstone Regional Treatment Centre

MSI Reproductive Choices Manchester Regional Treatment Centre

MSI Reproductive Choices Central London Regional Treatment Centre

MSI Reproductive Choices South London Regional Treatment Centre

MSI Reproductive Choices West London Regional Treatment Centre

MSI Reproductive Choices West Midlands Regional Treatment Centre

MSI Reproductive Choices National Patient Support Centre Connect

Spotlight on Bristol RTC

In July 2025, the MSI Reproductive Choices Bristol Regional Treatment Centre underwent a full Care Quality Commission (CQC) inspection. The findings, published in January 2026, awarded the centre an Overall rating of Outstanding, with inspectors recognising exceptional performance in the Safe, Effective and Caring domains, and strong leadership and responsiveness. This outcome reflects the consistently high standards observed across clinical practice, safeguarding, patient experience, and governance.

This latest rating marks a significant organisational milestone: Bristol is the second MSI centre to achieve an Outstanding rating, following Manchester's earlier recognition. MSI Reproductive Choices is now the only provider in the abortion care sector in England to hold two Outstanding CQC ratings, a distinction highlighted in the organisation's national CQC ratings overview. This demonstrates sector-leading consistency in delivering high-quality, person-centred reproductive healthcare.

Inspectors commended the Bristol team for their deeply compassionate, inclusive and respectful approach to care, noting that women consistently felt listened to, supported and treated with dignity and autonomy throughout their journey. The report praised the centre's strong safety culture, its personalised support for diverse needs, and its effective blend of face-to-face and telemedical pathways. These findings affirm our commitment to delivering safe, equitable and responsive services, and represent the outstanding achievements of our colleagues who embody MSI's values every day.

Hospital Episode Statistics

During the 2025/2026 period, MSI UK engaged with Secondary Uses Services to be incorporated into the Hospital Episode Statistics. Currently, we are submitting data on Termination of Pregnancy and Vasectomy activities from selected contracts, covering outpatient procedures, inpatient procedures, and outpatient procedures.

Information Governance

Our Information Governance Assessment, completed via the Data Security and Protection Toolkit, achieved 'Standards Exceeded' for a seventh year. We also received ISO 27001:2022 data, security and protection certification.

Payment by Results

MSI UK was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2025/2026.

Learning from deaths

There was one client death in the reporting year following medical abortion treatment. This incident was investigated externally, the outcome of which showed no direct learning for MSI.

Freedom to Speak Up

We are committed to creating a workplace culture where everyone feels safe, respected, and able to speak up. In line with national Freedom to Speak Up guidance, we actively promote an environment free from bullying and harassment, where colleagues are encouraged to share concerns, ideas, and suggestions for improvement.

Our Speaking Up Policy sets out clear, confidential routes for raising concerns and explains how these will be listened to and investigated. All colleagues can contact our MSI UK Speaking Up Guardians, who offer independent, confidential support and guidance. Their contact details and information on how to speak up are displayed prominently in our centres.

Freedom to Speak Up principles are woven throughout our organisation. They form part of our colleague's training, development programmes, and our iBelong induction, helping ensure everyone understands their rights, responsibilities, and the importance of raising concerns.

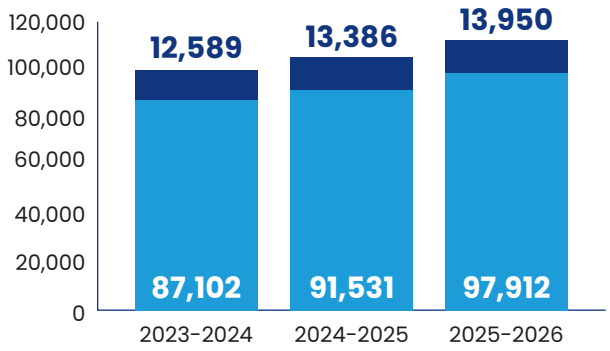
When colleagues speak up, their concerns are handled with care and confidentiality. We also support colleagues who make protected disclosures in line with relevant legislation.

During the reporting year, we handled **43 concerns from colleagues**, all of which were satisfactorily resolved. Some enquiries did not fall under the definition of 'Speaking Up', but those individuals were signposted to the most appropriate teams for support.

To ensure transparency and accountability, a Speaking Up Assurance Report is presented to our Divisional Board.

2.4 Reporting against core indicators

Number of clients



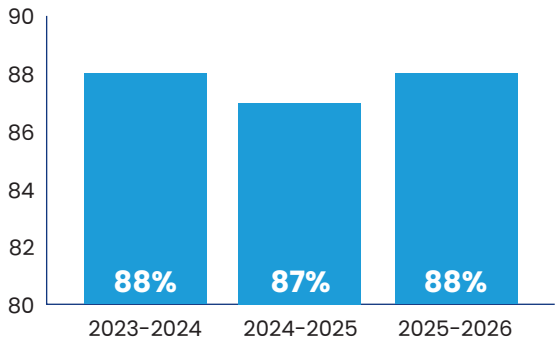
KPI – Planned activity

Analysis: Over the past year, there has been an increase in the number of early medical abortions (EMA) undertaken, alongside a continued rise in the volume of surgical abortion procedures.

Early medical abortion

Surgical termination of pregnancy

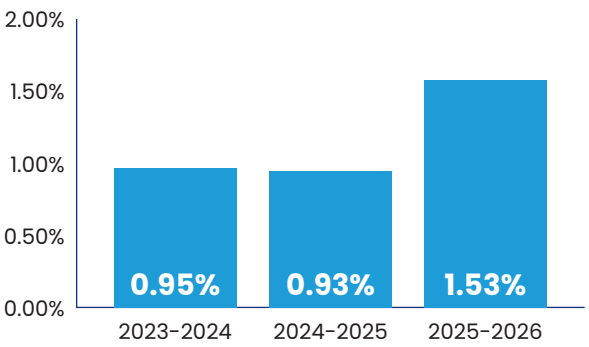
Early medical abortion (EMA) case mix



KPI – 80%

Analysis: Over the last three years, we have consistently sustained an EMA case mix above the KPI. This improvement has been achieved through proactive diary management and effective service planning.

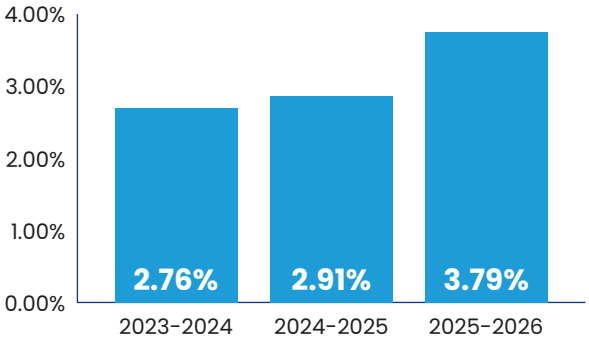
Non-clinical incident reporting rate



KPI – > 4%

Analysis: The non-clinical incident reporting rate increased this reporting year. This increase reflects improved reporting and identification of non-clinical issues, rather than a decline in service quality. Focused work over the year has strengthened colleague awareness of incident reporting expectations, particularly in relation to service delivery, administrative processes, and client experience. This has led to greater confidence in reporting low-impact issues, enabling earlier identification of themes and targeted improvement actions.

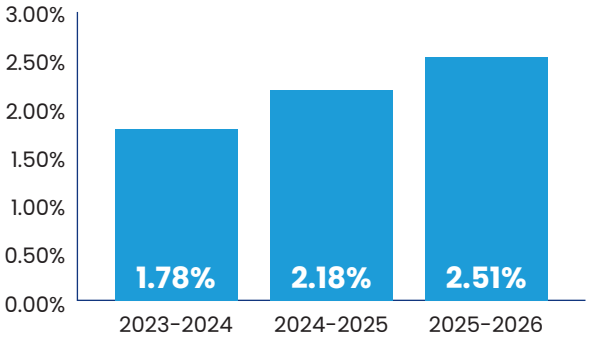
Clinical incident reporting rate



KPI – > 2% of total number of clients treated within the reporting year

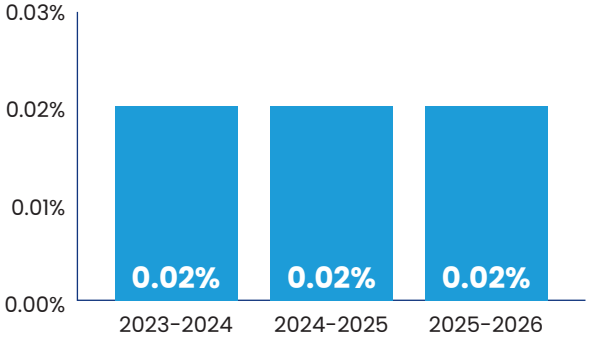
Analysis: We embrace an open and learning culture to ensure we have opportunities to learn from clinical incidents and continually enhance client safety. Incident reporting has increased during the year and remains above the organisational threshold. This reflects improved surveillance and reporting, rather than an increase in client harm, and supports our commitment to early identification of issues and continuous improvement.

Clinical complication rate (sub-set of clinical incidents)



Analysis: Most incidents reported during the year related to retained products of conception, failed termination of pregnancy, and failed vasectomy. These are recognised and known complications of treatment and are routinely discussed with clients as part of the informed consent process. While the overall reporting rate increased during the year, this reflects improved identification and reporting rather than a deterioration in clinical care. Clinical outcomes continue to be closely monitored at both local and organisational level through the termination of pregnancy outcome dashboard, supporting ongoing review, and service improvement.

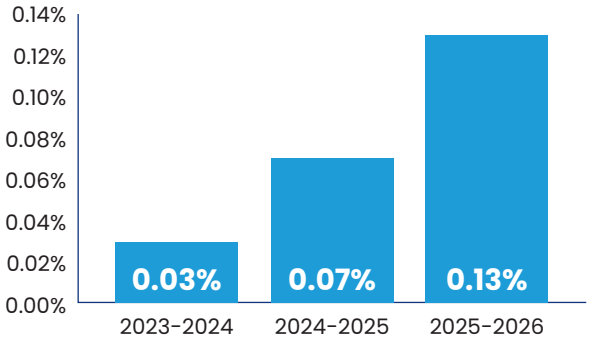
Moderate and above incident rate



KPI – 1.5% of the total number of clients treated within the reporting year

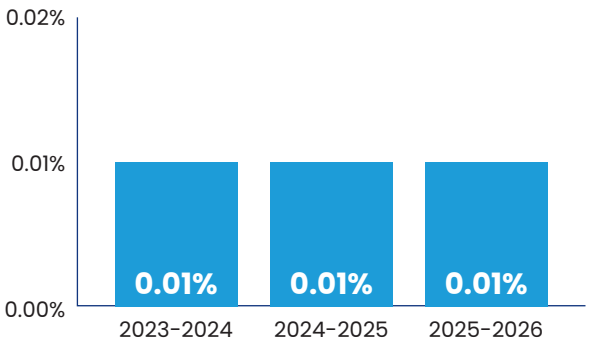
Analysis: We have maintained very low rates of incidents graded as moderate harm or above compared to the previous year. During the reporting period, 12 moderate incidents were recorded out of over 119,000 treatments, demonstrating that such events remain rare. These incidents predominantly involve recognised clinical complications and are subject to robust clinical review and organisational learning processes to support ongoing improvement.

Externally reportable incidents (i.e., RIDDOR, ICO, Police, LFPSE, by activity)



Analysis: The further rise in externally reportable incidents reflects our full integration with the Learning From Patient Safety Events (LFPSE) system. This enhanced reporting framework has strengthened our ability to consistently identify, capture, and submit incidents that meet national reporting criteria. As a result, the increase in reported incidents represents improved reporting and regulatory alignment, rather than an underlying increase in patient safety events, and demonstrates our ongoing commitment to openness, learning, and continuous improvement.

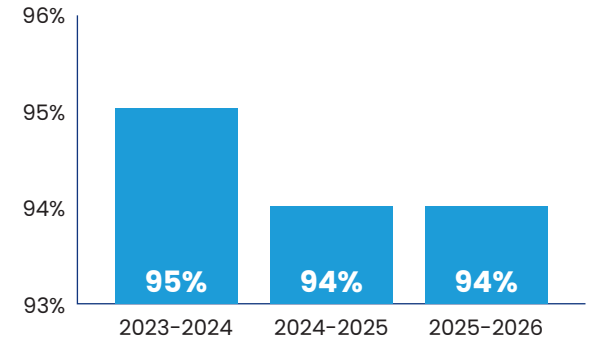
PSII/Significant incident rate (by activity)



KPI – < 0.1% of the total number of clients treated within the reporting year

Analysis: During the reporting year, the number of incidents meeting the threshold for a Patient Safety Incident Investigation (PSII) remained exceptionally low, with eight incidents recorded out of over 119,000 procedures. This demonstrates that significant incidents continue to be rare across our services. This position is supported by strong governance arrangements, including early identification and reporting of incidents, proportionate and timely reviews, organisational learning, and ongoing refinement of clinical pathways. Together, these measures contribute to safer care and improved outcomes for clients. To ensure incidents are graded consistently and the most appropriate learning responses are applied, a multidisciplinary team (MDT) meets weekly through the Clinical Learning from Incidents and Patient Safety (CLIPS) process to review all reported incidents. This approach enables timely remedial action, supports shared learning, and strengthens improvement at both local and organisational levels.

Compliance Monitoring Programme scores

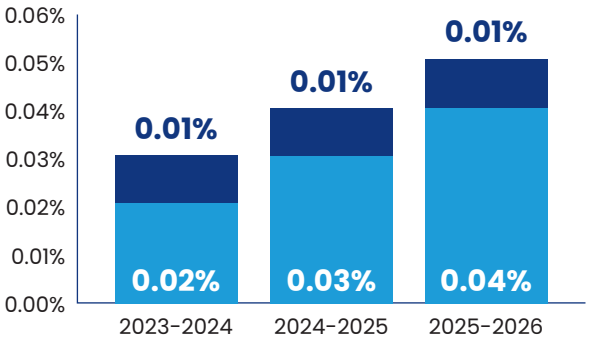


KPI – < 85%

Analysis: These results reflect findings from monthly audits across our regional treatment centres, which assess compliance with organisational policies and standard operating procedures. High levels of compliance have been consistently maintained throughout the year, providing assurance on the reliability of our clinical and operational processes.

Audit findings are reviewed by specialist clinical and professional leads, who work collaboratively with centres to ensure local practice remains aligned with current policy and any updates. This structured audit and feedback approach supports continuous improvement and contributes to sustained quality, safety, and consistency of care across the organisation.

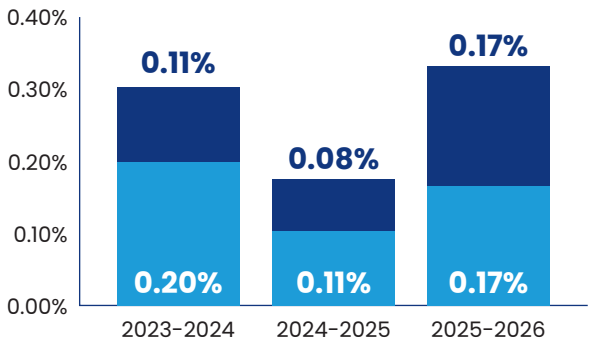
Formal complaint rate (by activity)



KPI – <0.01% of total number of clients treated within the reporting year

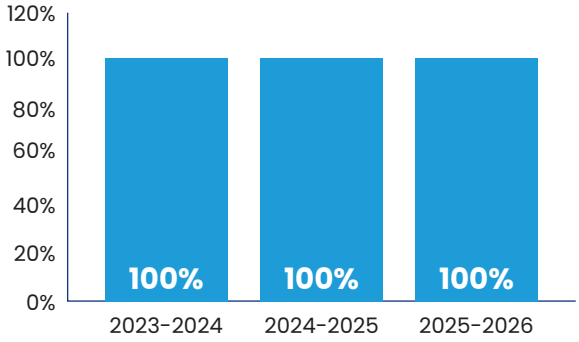
Analysis: As a result of proactive management of informal concerns and ongoing review of client feedback, formal complaints remain very low. During the reporting year, 13 complaints were upheld from more than 119,000 treatments, demonstrating consistently high levels of client satisfaction and service quality. Themes and learning from complaints are reviewed through our weekly Complaints, Litigation, Incidents, Patient Feedback and Significant Safeguarding (CLIPS) Group, ensuring learning is shared, actions are implemented, and improvements to the quality and experience of care are embedded across the organisation.

Informal complaint rate (by activity)



Analysis: During the reporting year, the number of informal complaints increased, reflecting improved processes for identifying and recording client feedback across a wider range of channels. These include digital platforms such as Google reviews, social media, live chat, satisfaction surveys, and feedback submitted via our website. This increase is viewed positively, as it enables earlier identification of concerns and a more responsive approach to listening to client feedback. Strengthened systems and colleague awareness support the consistent and timely resolution of informal issues, often preventing escalation to the formal complaints process. Learning from informal feedback supports continuous service improvement and is reinforced by clearer, more accessible information for clients through digital links and online resources.

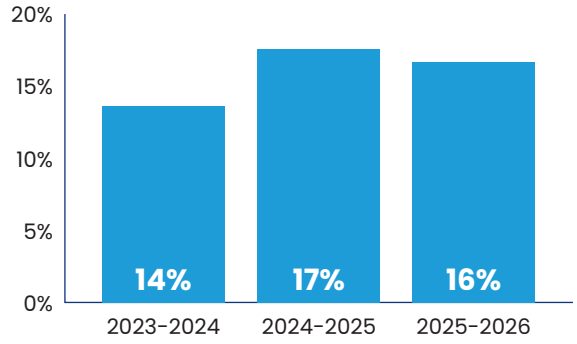
Complaints response rate against client negotiated timescale



KPI – >75% of the total number of clients treated within the reporting year

Analysis: In line with previous years' performance, all formal complaints were responded to within the expected timescale of 20 working days throughout the reporting period, demonstrating sustained compliance with complaints handling standards and a continued commitment to timely and responsive engagement with clients.

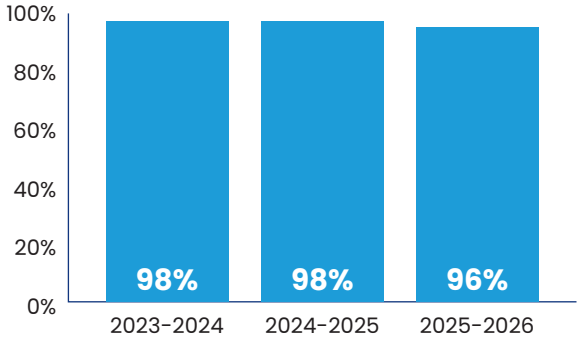
Client feedback response rate



Analysis: Our Tell Us About Your Experience questionnaire provides clients with multiple, accessible ways to share feedback about their care. Clients can complete the questionnaire using electronic tablets during appointments or by scanning QR codes on their own mobile devices. QR codes are clearly displayed throughout our treatment centres and included in telemedicine packages, treatment information, and aftercare booklets, allowing clients to provide feedback at a time that suits them.

We demonstrate how client feedback drives improvement through You Said, We Did displays in our centres, highlighting changes made in direct response to client experience. This approach supports transparency, engagement, and continuous improvement in the quality of our services.

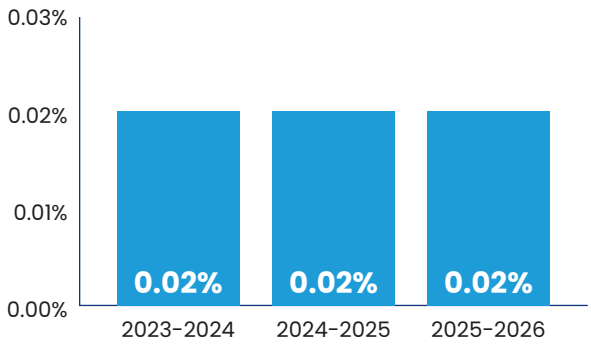
Overall care received was rated 'excellent' or 'very good'



KPI – 95% of the total number of clients treated within the reporting year

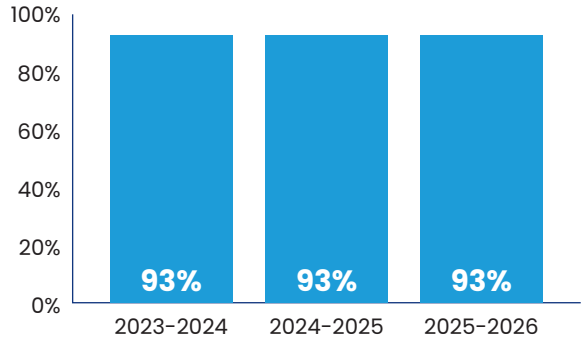
Analysis: Client experience feedback has remained consistently high, reflecting the ongoing quality of care and information provided across our services. During the reporting year, 96% of clients rated their overall care as excellent or very good, representing a slight decrease compared with the previous year. Reassuringly, 99% of clients reported being treated with dignity and respect, demonstrating our continued commitment to compassionate, respectful, and person-centred care.

Incidents where Duty of Candour was exercised (by activity)



Analysis: The number of incidents requiring the Duty of Candour remains very low and consistent with the previous reporting period. We consistently meet our Statutory Duty of Candour for all incidents resulting in moderate harm or above, including recognised clinical complications, ensuring openness, transparency, and timely, appropriate communication with clients.

Mandatory training rate (including contracted and sessional colleagues)



KPI – > 85%

Analysis: High levels of mandatory training are maintained through a structured induction programme, ensuring new colleagues are appropriately prepared for their roles from the outset. Our online learning platform supports this by automatically prompting colleagues when training is due and providing managers with improved oversight, helping to maintain compliance and identify training needs in a timely way.

Part 3:

Other information

3.1 Scope of our services

MSI UK has been providing sexual and reproductive healthcare services in England since our charity was founded in 1976. In the UK, we're best known for our high-quality abortion services, which were chosen by over 116,000 clients in the reporting year (April 2025 to March 2026), of which around 99% had their treatment funded by the NHS.

We also support people with their reproductive options, offering contraception advice and providing treatment through our network of services throughout the UK, offering the following NHS-funded services:

Termination of pregnancy

Contraception

STI testing

Counselling

Vasectomy

MSI UK activity

	2025	2024	2023
MSI UK medical abortion	95,262	91,531	82,363
MSI UK surgical abortion	13,446	13,386	12,114
MSI UK vasectomy	8,012	9,810	9,227
MSI UK telephone counselling appointments	7,869	8,235	6,601

MSI UK Contact Centres

MSI UK's Contact Centres, based in Bristol and South Yorkshire, provide centralised access to services and act as the primary point of contact for clients across the UK. The Contact Centres operate seven days a week, from 7am to 6pm, supporting appointment booking and general enquiries through telephone, webchat and online access routes. A dedicated post-operative clinical query line operates 24 hours a day, ensuring continuous access to clinical advice and support.

Live webchat is available on weekdays and weekends, offering an additional digital access option alongside telephone support. Maintaining multiple access channels remains important, as clients have differing needs and preferences, and many continue to value the opportunity to speak directly with a trained colleague.

During the reporting period, demand for Contact Centre services continued to increase. Operating across two locations supports resilience and flexibility, enabling services to respond safely and effectively to changes in demand while maintaining timely access to care. Hybrid working remains embedded within the Contact Centre model, supporting colleague wellbeing while ensuring appropriate oversight and consistent service delivery.

The Contact Centres also provide centralised booking and appointment support on behalf of several Integrated Care Boards (ICBs), working collaboratively with independent providers and acute hospitals. This system-wide approach supports coordinated access to care and helps ensure clients are guided to the most appropriate services.

In August 2025, MSI UK introduced the Blue Door online booking portal, enabling clients to securely submit key information prior to an appointment or consultation. This supports safer pre-appointment assessment and informed clinical decision-making,

alongside more efficient client journeys. Further improvements to digital access routes are planned as part of MSI UK's ongoing commitment to continuous improvement.

In addition to appointment booking, Contact Centres provide a wide range of client support functions. These include providing information about services and treatment options, coordinating appointments with other providers where required, confirming appointments through a choice of communication methods, and supporting centres with client care queries.

Clinical support is delivered through a centralised team of registered nurses and midwives, providing pre- and post-treatment advice and support 24 hours a day. Clients also have access to counselling services operating seven days a week, alongside specialist teams supporting test results, complex pathways and continuity of care. Pre-assessment consultations are delivered throughout the year for all eligible clients.

Quality, safeguarding and clinical oversight are embedded within the Contact Centre operating model. All colleagues receive safeguarding training appropriate to their role, with additional expertise available through specialist safeguarding practitioners. Structured quality assurance processes, regular audits and interaction reviews are used to monitor service quality, identify learning and support continuous improvement.

Clear clinical pathways are in place to support clients with complex medical needs. Where additional assessment is required, cases are reviewed by clinical teams and escalated appropriately, including liaison with other healthcare professionals where necessary. This ensures that clinical decision-making remains robust and that clients receive safe, timely and appropriate care.

Safeguarding concerns are identified through structured triage processes and managed in collaboration with relevant internal and external partners. Where risks are identified, enhanced support and multi-agency engagement are used to ensure clients receive personalised, coordinated and protective care.

MSI UK – Regional Treatment Centres

MSI UK Regional Treatment Centres provide high-quality abortion care, offering both medical and surgical procedures. Face-to-face medical abortion is available up to 9 weeks and 6 days (9+6) in all centres, while eligible clients can also access Telemedicine Medical Abortion (TMA) up to the same gestation.

Surgical abortion is provided for up to 23 weeks and 6 days (23+6) in nine of our Regional Treatment Centres:

- West London (Ealing)
- South London (Brixton)
- Essex
- Sussex (Brighton)
- Bristol
- Oxford
- Manchester
- South Yorkshire (Rotherham)
- West Yorkshire (Leeds)

Our newly commissioned West Midlands Regional Treatment Centre (Birmingham) offers surgical abortion up to 14+6, with plans to extend this to 23+6 by April 2026.

Surgical abortion

Surgical abortion up to 13+6 is also provided at our Kent (Maidstone) location.

As part of our commitment to safe, compassionate, and person-centred care, all treatment centres provide:

- Screening and follow-up for safeguarding concerns
- STI screening as part of abortion care and overall well-being
- Pre-operative and peri-operative assessments
- Post-abortion contraception, ensuring clients can access their method of choice
- Pre- and post-abortion counselling
- Medical or surgical evacuation of retained products of conception (ERPC) when required
- A 24-hour after-care telephone line staffed by registered nurses

At the beginning of every treatment journey, clients are assessed using our Pre-Existing Conditions (PEC) Guidelines to confirm they can safely receive treatment with us. During consultation, we ensure that anyone with complex medical needs has their care planned and coordinated appropriately. This may involve identifying alternative treatment options or referring a client to the NHS when this is the safest approach.

After treatment, clients are supported by specially trained nurses and midwives via our post treatment telephone helpline, where they can receive advice, reassurance, and guidance. If needed, we arrange follow-up assessments in our Regional Treatment Centres for further medical care, or – if urgent – support clients in accessing emergency services.

Expanding access to surgical care in the Midlands

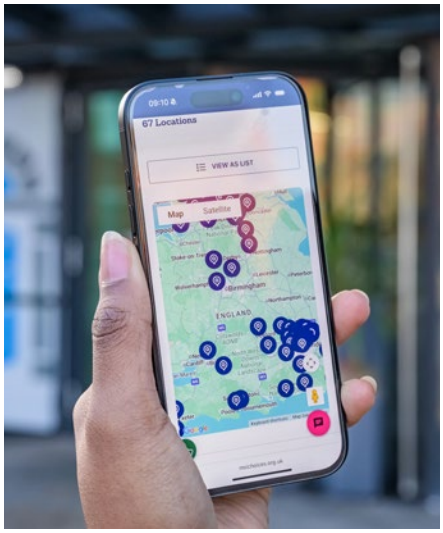
The development of MSI UK's new Regional Treatment Centre in Birmingham significantly improves access to surgical services for people across the Midlands. Its central location and excellent transport links enable more timely access to care and reduce the burden of long-distance travel, particularly for those who face socioeconomic or health related barriers.

Establishing a regional centre in Birmingham increases local capacity while enabling care to be delivered closer to home, reducing the risk of disengagement, delayed treatment and deterioration that can arise when access barriers are high.

The West Midlands experiences some of the highest levels of safeguarding vulnerability nationally, including elevated prevalence of domestic abuse, exploitation, mental ill health, substance misuse and unmet health need. Robust safeguarding is embedded throughout the Birmingham centre's design, governance and clinical pathways, recognising the region's complex and intersecting vulnerabilities. Services are delivered within a trauma informed, culturally responsive framework that prioritises safety, privacy and dignity. Staff receive enhanced safeguarding training aligned to local risk profiles, including domestic abuse, sexual exploitation, modern slavery and coercive control, with clear escalation pathways and strong links to local safeguarding partnerships and specialist support services.

Accessibility has been intentionally designed into the physical environment and care pathways, supporting inclusive access for individuals with protected characteristics, communication needs or heightened vulnerability. Clear referral routes, proactive risk identification and integrated digital systems support early recognition of safeguarding concerns and enable prompt, coordinated multiagency responses where required.

Birmingham Regional Treatment Centre supports a consistent, high quality approach to care that is responsive to local need, playing an essential role in reducing health inequalities while ensuring that people at greatest risk are identified, supported and protected throughout their care journey.



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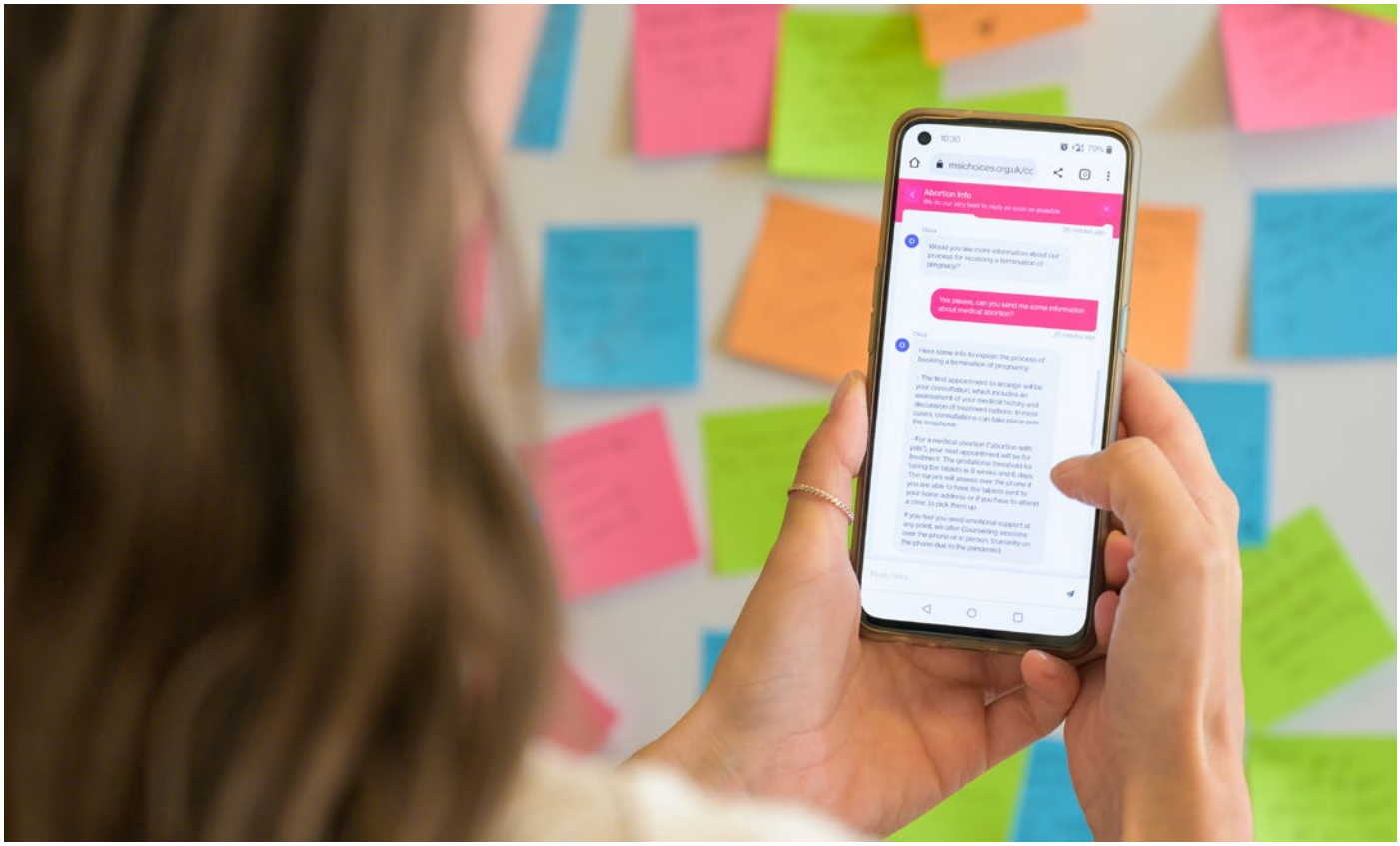


Early medical abortion by telemedicine

Telemedicine early medical abortion allows eligible clients to take mifepristone and misoprostol at home, without the need to attend a clinic. Consultations and assessments are conducted by telephone with a Registered Midwife or Nurse, and clients must meet defined clinical, safeguarding, and legal eligibility criteria, including confirmation that gestation is under 10 weeks. These criteria are kept under regular review to ensure risks remain very low.

We have continued to maintain low complication rates for TM-EMA. The rate of later-than-expected gestation remains at 0.01%, below the national benchmark of 0.04%, and the annual rate of ectopic pregnancy for telemedicine clients remains below 0.03%.

There was no significant new learning from incidents during the year. In one case where gestation was later than expected, the option of a face-to-face appointment was not made explicitly clear during the consultation. An additional audit check has since been introduced to ensure this discussion is consistently completed.

There were no changes to telemedicine eligibility criteria between April 2025 and March 2026.

Our telemedicine service is regularly reviewed by clinical, operational, nursing and midwifery, governance, digital, and communications teams to ensure the delivery of high-quality care. Quality is assured through a structured programme that includes:

- Call quality monitoring, peer review and feedback to individuals and teams, highlighting good practice and identifying areas for improvement.
- Clinical audit, with telemedicine audit findings reviewed at quarterly Clinical Effectiveness Group meetings to share learning and agree on any cross-centre actions.
- Quarterly review meetings with our external pharmacy provider, Chemist4U, and telemedicine clinics to ensure the postal medication service operates safely, efficiently, and effectively.

Since January 2025, all RTCs have been providing or working towards providing telemedicine services once training and competencies have been achieved. These centres have been included in quality monitoring since they were established.

Vasectomy

Vasectomy services are offered in nine of our Regional Treatment Centres.

We offer professional counselling to all clients both before and after treatment. Counselling is optional, ensuring that no one faces barriers to accessing care while still having the opportunity for support when they need it.

The vasectomy service is delivered by 17 surgeons across the majority of our Regional Treatment Centres, supported by highly skilled nursing teams. Throughout 2025, the service continued to demonstrate improvements in quality, safety, and overall client experience.

The positive impact of the Vasectomy Transformation Project – initiated in November 2023 – has continued driving enhancements across all aspects of service delivery. By March 2025, average organisational waiting times had reduced to 17 weeks, a significant improvement from 32 weeks in March 2024, ensuring more timely access to care in every region.

Clinical outcomes in 2025 remained strong, with complication rates consistently within national benchmarks:

- Post-vasectomy infection: 1.01% (vs 1.22% national average)
- Haematoma: 0.5% (vs 1.56% national average)
- Short-term pain: 0.1%
- A review of post-vasectomy semen analysis for all procedures undertaken in 2024 showed an early failure rate of 0.57%, aligning with CoSRH expectations of <1% and consistent with information provided during the consent process

The reduction in surgical site infections reflects the successful implementation of targeted quality interventions, including:

- Enhanced pre-operative clinical assessment
- Use of evidence-based antiseptic skin preparation
- Use of sterile, single-use surgical equipment
- Mandatory staff training in Infection Prevention and Control (IPC) and Aseptic Non-Touch Technique (ANTT)
- Strengthened post-operative advice and support

These measures contribute to consistently safe procedures and positive clinical outcomes.

The vasectomy pathway is designed to ensure strong clinical oversight at every stage:

- Admission: Full safeguarding checks and surgical site risk assessment prior to consent
- Procedure: Standardised surgical techniques with strict adherence to infection prevention protocols
- Discharge: Post-operative care delivered by trained and competent healthcare professionals

Client satisfaction remained exceptionally high:

90%	8%	1%	**99%** reported being treated with dignity and respect, receiving clear information, and feeling fully involved in decision-making.
Excellent	Good	Neither good nor poor	

These results demonstrate consistently positive client engagement and a strong, person-centred care experience.

Vasectomy training and workforce development

Maintaining a highly trained workforce continues to be central to service quality. In July 2025, MSI UK launched the Vasectomy Surgeons Training Agreement, providing structured training opportunities for external clinicians to increase the number of qualified vasectomy surgeons nationally and strengthen system-wide capacity.

Key workforce achievements included:

- Two surgeons achieved accreditation as Registered Trainers with the College of Sexual and Reproductive Healthcare (CoSRH)
- Five surgeons completed the CoSRH Special Skills Module (SSM) in Vasectomy
- A defined pathway enabling external clinicians to work toward equivalent CoSRH qualifications
- All clinicians work within a comprehensive competency framework that includes mandatory training in infection prevention and control, Aseptic Non Touch Technique
- and other key clinical skills

Service quality is further supported by:

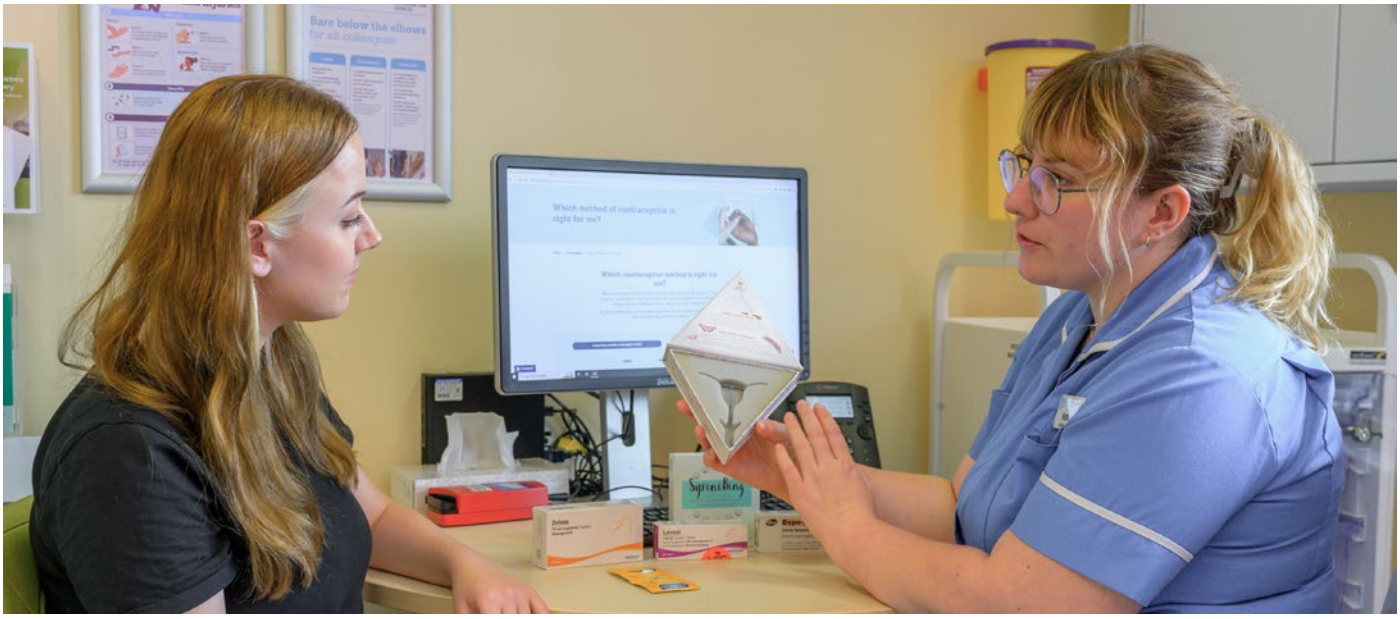
- A formal peer review process for surgeons
- Ongoing governance oversight to identify and address emerging concerns
- A biennial Vasectomy Surgeons Forum to promote professional development, collaboration, and shared learning

Contraception services and strategy

MSI UK is committed to expanding access to high-quality contraceptive care and improving the experience of everyone who uses our services. Our contraception strategy focuses on strengthening our long-acting reversible contraception (iLARC) provision, widening access across communities, and ensuring that clients receive clear, evidence-based information to make informed choices.

In 2025, we undertook a comprehensive client survey to understand experiences of contraceptive care and identify areas for improvement. While most respondents were satisfied with the information provided by our healthcare professionals, those who felt underserved highlighted barriers such as clinic accessibility and the complexity of booking appointments. In response, we continue to broaden the reach of our services through LARC clinics operating across several Community Treatment Centres, complemented by the convenience of completing contraception consultations through our secure online portal.

Survey findings also revealed a growing interest in **non-hormonal contraceptive methods** and identified ongoing myths and misconceptions surrounding hormonal contraception. To address this, we developed targeted digital content – including social media campaigns and blogs – to offer accurate and accessible information. Given that many respondents seek contraception advice online, strengthening our digital presence remains a key part of our strategy to better engage and inform those who may not yet be accessing care directly.



Independent contraception services

Beyond post-abortion care, MSI UK delivers independent iLARC services from eight sites, providing contraception to clients living in – or registered with a GP in – the contracted areas. These clinics not only enhance access to contraception but also support the development of LARC skills among both our clinicians and external practitioners.

In 2025, we launched our first iLARC contract that includes intrauterine device (IUD) fittings for non contraceptive indications. This important milestone allows individuals experiencing issues such as Heavy Menstrual Bleeding or those requiring support related to Hormone Replacement Therapy to access timely care through our South London Regional Treatment Centre. We are proud to broaden the scope of women's health services available locally and remain committed to growing this offer further to improve access and reduce health inequalities.

MSI UK is committed to expanding access to high-quality contraceptive care and improving the experience of everyone who uses our services.

Contraception training

High-quality contraception care is underpinned by a skilled and confident workforce. All registered nurses and midwives at MSI UK complete a foundational contraception training programme as part of their clinical induction, enabling them to assess, counsel, and support clients in choosing the right method of contraception following abortion care. Clinicians then complete the College of Sexual and Reproductive Healthcare (CoSRH) Letter of Competence in Subdermal Implant Insertion, ensuring that every client requesting an implant can receive one in any MSI UK clinic.

Opportunities for further professional development include the CoSRH Letter of Competence in Intrauterine Techniques and the CoSRH Diploma. These pathways ensure contraception specialists are embedded across our Regional Treatment Centres, building strong clinical leadership and expertise. Training is delivered by in-house CoSRH Registered Trainers, ensuring that excellence in contraception care is established from the outset of each clinician's career at MSI UK.

As part of our Lambeth LARC Hub contract, we also design and deliver specialist LARC training to primary care clinicians working within Lambeth. This initiative is driven by our commitment to reducing health inequalities and improving equitable access to contraception across the community. The success of this model demonstrates clear potential for wider replication across the organisation.

3.2 Quality assurance

During 2025/26, we have continued to strengthen our quality assurance framework, with a clear focus on patient safety, learning, and continuous improvement. We operate a robust, mature governance system that ensures safe, effective, person-centred care while fostering an open, just and learning culture across the organisation.

We operate a comprehensive Quality Management System (QMS) that ensures our services are delivered safely, efficiently, and in alignment with national and internationally recognised standards. Our QMS is embedded across all operational and clinical functions, providing a structured approach to governance, monitoring, and continuous improvement.

The QMS is designed to:

- Ensure compliance with statutory and regulatory requirements, including Care Quality Commission (CQC) standards and National Institute for Health and Care Excellence (NICE) guidelines.
- Promote patient safety and experience through evidence-based clinical practice and robust risk management.
- Drive continual improvement by integrating audit, feedback, and learning into service delivery.
- Maintain transparency and accountability through clear reporting lines and governance structures.

Our QMS integrates a comprehensive suite of quality indicators and monitoring mechanisms to ensure high standards of care. We collect and use data to continually improve the safety and quality of our services.

Clinical outcomes, including haemorrhage, emergency transfers, complications and significant incidents, are monitored through treatment outcomes dashboards. This information is reviewed within our governance structure both locally and organisationally through:

- Local Integrated Governance Meetings
- Clinical Effectiveness Group
- Medical Advisory Committee

Our Compliance Monitoring Programme (CMP) is a comprehensive audit schedule undertaken across all regional treatment centres, community treatment centres and hubs. Audits measure compliance with policy and standard operating procedures to identify improvement opportunities which are tracked on service improvement plans.

Assurance is escalated through the Integrated Governance Committee to the Divisional Board. This enables triangulation of incident data, audit findings, clinical outcomes and patient feedback to inform continuous improvement.

The effectiveness of our quality management system and governance arrangements was demonstrated during the Care Quality Commission inspection of our Bristol Centre in July 2025, where we were awarded an overall **Outstanding rating**. This outcome reflects:

- Strong leadership and governance
- A positive safety culture
- Evidence of learning and continuous improvement
- High-quality, compassionate care

The inspection outcome provides independent assurance that our quality systems are well embedded and effective.

Patient safety

We are committed to creating an environment where colleagues feel psychologically safe to speak up, report concerns, incidents and near misses without fear of blame. This commitment has been further reinforced through embedding the Patient Safety Incident Response Framework (PSIRF) across all regions.

The positive cultural impact of PSIRF has been evident throughout the year. We have seen:

- Increased incident reporting, particularly for no/low harm incidents. Reporting rates have increased from 4% during 24/25 to **5.3% in 25/26**
- Incidents of moderate harm or greater remain **low at 0.17%** against activity
- Improved engagement with learning responses and investigations from those affected/involved
- This assures us that staff feel psychologically safe to report incidents, are engaged in safety improvement and that risks are being identified and addressed earlier

PSIRF has four main aims

1 Compassionate Engagement and involvement of those affected by patient safety incidents.

- We have maintained training rates of 90% or greater across all PSIRF training modules including Patient Safety Essentials, Patient Safety Access to Practice and Essentials in Patient Safety Board.
- Learning response leads prioritise early engagement, encouraging and supporting those affected to participate in learning responses.
- We seek to understand who is hurt and who needs support through CLIPS and learning responses.
- We have developed a supportive Patient Safety Incident Investigation (PSII) colleague information booklet which outlines what to expect, aims of investigation, key contacts and available support.
- Engagement leads support clients in learning responses and investigations to ensure their questions and insights are sought and answered.

We are committed to creating an environment where colleagues feel psychologically safe to speak up, report concerns, incidents and near misses without fear of blame.

2 Application of a range of system-based approaches to learning

Learning responses include:

- Swarm huddles following emerging risks or complications
- After Action Reviews (AARs) to explore what went well and what could be improved
- Multi-disciplinary team reviews to build a shared understanding of what happened and conditions that shaped practice
- PSIIs where there is potential for significant learning
- Thematic reviews are undertaken to analyse themes and learning from investigations

We have developed strong internal capability to support effective investigation. Each region has trained learning responses that lead to facilitating swarm huddles. Quality and Governance Business Partners support AARs. Sixteen colleagues are trained in Systems Engineering Initiative for Patient Safety (SEIPS), including two Patient Safety Specialists trained to Level 4 in Patient Safety Syllabus, ensuring resilience and consistency in applying PSIRF.

This approach enables us to move away from blame or hindsight bias and instead understand how care is delivered in real-world conditions ("work as done").

3 Considered and proportionate responses

Responses are no longer driven by harm alone, enabling resources to investigate where learning is indicated. Our Patient Safety Incident Response Plan has been reviewed and refined during 2025/26 to ensure learning is directed to the areas where it will have the greatest impact on patient safety. Rather than investigating all incidents in the same way, our approach is now tailored, proportionate and improvement focused. CLIPS group reviews all incidents and agrees appropriate learning responses.

4 Supportive oversight focused on strengthening response system functioning and improvement

Our teams report anonymised patient safety events to NHS England's Learn From Patient Safety Events (LFPSE) which is a national platform to collect and analyse safety data across all care settings.

PSIIs are shared with relevant local Integrated Care Boards (ICBs) and our lead ICB for PSIRF, Kent & Medway.

Our Patient Safety Partner is engaged in PSIRF activity to provide insight through a patient lens.

We have formed a collaborative meeting with other independent providers to share successes and challenges within the PSP role and the application of PSIRF.

Key improvements from Patient Safety Incident Investigations

Six PSIIs were initiated during 2025/26 for mismanagement of pregnancy remains (2), failure to follow fetal anomaly pathway, retained surgical swab, incorrect coil device fitted and an information governance breach. Safety improvement actions include:

Clearer, more sensitive discussions and consent

We improved how we talk with patients about pregnancy remains and how their wishes are recorded, ensuring decisions are clearly discussed and documented before treatment.

Stronger safety checks and staff support

We updated policies, checklists and training to improve communication between staff and provide additional support for newer team members.

Improved patient information and escalation guidance

Clearer information for patients about infection risks, warning signs and how to seek urgent help after procedures.

Stronger staff training and competency checks

Updated training and regular competency assessments, particularly for telemedicine services, to support staff, reduce risk and improve reliability.

Safer contraceptive coil procedures and clearer consent

Strengthened safety checks, documentation and communication to ensure patient choices are clearly recorded and followed, including same-day decisions.

Enhanced safety checklists and policies

Updated policies and safety checklists to strengthen verification steps and reduce the risk of retained items or missed documentation.

Safety improvement actions implemented following an MDT for failed discharge include:

The introduction of routine clinician follow up calls to all clients signposted to emergency care by our aftercare service. Extended minimum recovery times for routine care following surgical abortion.

3.3 Nursing and midwifery

Progression Framework

In November 2025 we relaunched our Nursing and Midwifery Progression Framework. This ensures a clear, competency-based approach to career progression across MSI UK. Progression is based on achieving and embedding defined competencies at each banding, rather than time served, with digital tracking to ensure consistency and transparency. Colleagues are supported through structured discussions with line managers, and progression is inclusive of part-time staff.

The framework delivers key benefits by improving clarity, fairness and equity in progression, reducing duplication, and aligning skills development with service needs. It supports retention and engagement, provides visible career pathways, and strengthens leadership accountability, while remaining cost-effective through improved workforce stability.

The framework delivers key benefits by improving clarity, fairness and equity in progression.

Nurse and Midwife Forum

We also introduced a new Nurse and Midwife Forum of which all our nursing registrants are invited. This provides a formal mechanism for professional oversight, engagement, and assurance in relation to nursing and midwifery practice across the organisation.

The forum supports the organisation's commitment to delivering safe, effective, and high-quality care by enabling structured communication between frontline nurses and midwives and senior nursing and midwifery leadership. It ensures that emerging risks, workforce themes, and service pressures are identified, discussed, and addressed in a timely and consistent manner.

The forum contributes to continuous improvement by providing oversight of workforce capability, education and training, safeguarding, and professional standards, and by supporting shared learning and alignment with organisational quality and governance priorities.

Corporate Nurse Leadership Meeting

This has been introduced to provide a key mechanism for clinical governance, quality assurance, and continuous improvement across nursing and midwifery services. It enables senior clinical leaders to oversee delivery of our corporate nursing strategy ensuring safety, effectiveness, and responsiveness of care, ensuring services are delivered in line with regulatory standards, professional guidance, and organisational priorities.

The meeting supports assurance by reviewing clinical quality indicators, safeguarding and infection prevention arrangements, workforce capability, and service risks, with a clear focus on learning, improvement, and equitable outcomes for people using our services. It provides oversight of workforce development, including education, supervision, progression frameworks, and advanced practice roles, ensuring colleagues are appropriately supported, skilled, and competent to deliver high-quality care.

Through structured review of performance, risks, and improvement actions, the meeting ensures accountability, timely escalation, and alignment with the organisation's Quality Improvement priorities. The forum also promotes consistency of practice across regions and all service models and supports shared learning to drive sustainable improvement in patient experience, safety, and outcomes.

CTL huddle and quarterly meetings

As part of the organisation's commitment to delivering safe, effective and client-centred care, regular Clinical Team Leader (CTL) huddles and quarterly meetings have been introduced to strengthen clinical leadership, governance and quality assurance across services. CTL huddles support leadership visibility, timely communication of quality and safety priorities, and early identification and escalation of risks.

Quarterly CTL meetings provide structured reviews of clinical performance and learning from incidents, complaints, audits and regulatory feedback. Together, these forums enhance clinical oversight, consistency in leadership practice and continuous quality improvement, supporting improvements in patient safety, experience and outcomes.

Clinical education

During the reporting period, MSI UK strengthened its clinical education infrastructure through major improvements to both our preceptorship programme and our training platform, iLearn, ensuring full alignment with MSI's updated Clinical Competency Framework.

Our preceptorship programme has been redesigned to offer a more structured and supportive transition for newly recruited nurses and midwives.

The updated programme now provides clearer supervision, more consistent assessment processes, and a streamlined approach to competency sign-off across all regions. At the same time, we completed a comprehensive review of our digital learning provision, restructuring iLearn so that every module is now mapped directly to our revised competency domains, and removing any outdated or unnecessary content.

A significant development this year was the introduction of new, detailed training reports. These tools allow managers to review colleagues' learning needs at lesson-level rather than relying solely on percentage-based completion. This enhanced insight also supports our subject matter experts by giving them greater visibility of training activity, helping them identify centres that may require additional support to meet compliance expectations.

Alongside strengthening our internal development pathways, we continued to contribute to the wider clinical workforce by hosting both contracted and elective university student placements. These placements offer high-quality learning experiences and support the sustainability of the nursing and midwifery profession.

Collectively, these improvements have modernised our training experience, reduced administrative burden, strengthened colleagues' confidence, and reinforced MSI UK's commitment to maintaining high clinical standards and delivering safe, high quality care across all our services.

Doctor training

MSI UK is rapidly becoming a leader in training the future medical workforce with the skills to undertake surgical termination of pregnancy (STOP) at later gestations. Since the STOP training program was established in 2021, more than 25 NHS Consultants, SS and resident doctors have accessed the program, resulting in the expansion of local NHS TOP services. Furthermore, doctors from Wales and Scotland have been able to gain valuable dilatation and evacuation skills which are difficult to obtain in their home nations. This program is directly contributing to patient choice and safety as more doctors become competent in the management of later gestation TOP and miscarriage.

Ultrasound

March 2026 saw the introduction of a Picture Archiving and Communication System (PACS) across MSI UK. This digital imaging platform automatically stores ultrasound images within the Electronic Patient Record, removing the need for manual uploads. PACS strengthens imaging governance and data integrity, improves efficiency, and supports timely clinical review by the Ultrasound Team and senior clinicians. Immediate access to high-quality imaging enhances clinical decision-making, audit readiness, remote oversight, and overall service resilience.

We have also strengthened ultrasound teaching and mentoring for our scan-trained colleagues. The mentorship workforce has been expanded to provide a more robust support structure within regional centres. Over the year, the number of nurse and midwife scan mentors increased by 75%, improving access to experienced support and promoting consistent practice across all regions.

In addition, we launched the Ultrasound Teams channel, which provides educational resources for all ultrasound practitioners, including dedicated spaces for trainees and mentors. The platform supports engagement, best practice, and timely communication of process updates. It also hosts an ultrasound image bank drawn from our own client population, which will continue to expand as PACS enables easier access to high-quality imaging. This resource supports skill development through shared learning and pattern recognition, a key component of ultrasound competency.

3.4 Organisational development

Learning and development

We continued to enhance and refine our Learning and Development (L&D) provision across both the central L&D function and our Clinical Education teams. Our aim throughout has been to streamline and improve the training experience for colleagues – ensuring that learning is role-relevant, aligned to mandatory requirements, and consistent with MSI UK's best practice standards.

In March 2025, we completed a comprehensive review of our Training Needs Analysis (TNA), aligning it with the Skills for Health framework to maintain full compliance with CQC regulatory expectations. This review ensured that all colleagues, both clinical and non-clinical, receive training appropriate for their roles. As part of this process, we carried out a full content review to reduce duplication, increase relevance, and maximise engagement and impact.

A significant outcome of this work was the transition to Business Intelligence (BI) reporting within our learning platform, which has considerably strengthened organisational oversight, assurance mechanisms, and compliance monitoring. These improvements have enhanced clarity, consistency, and confidence in our learning provision across MSI UK.

Leadership and personal development

Alongside this, we continued our partnership with Franklin Covey to support leadership and individual development. Over the year, 75 colleagues, including leaders and individual contributors, completed structured development pathways focused on personal effectiveness, impact, and self-reflection. These programmes are intentionally designed to build growth mindsets and strengthen the capabilities needed to thrive and progress within MSI UK.

In March 2026, a further 60 colleagues were invited to begin the programme, with an additional 15 colleagues offered the opportunity to continue their progression through an extended pathway.

We also continued to provide access to external one-to-one coaching, enabling colleagues to undertake personalised development aligned with their goals and challenges. This offer will remain in place throughout 2026 to ensure colleagues can access targeted support where it will deliver the greatest benefit.

Values, culture, and performance

In the latter part of the year, we strengthened our focus on embedding organisational values and enhancing our performance framework. In February 2026, we launched a revised framework that integrates what we deliver with how we deliver it, explicitly embedding MSI UK's values alongside performance outcomes.

The framework is supported by monthly one-to-one conversations, enabling meaningful reflection on performance, behaviours, and development. This approach helps colleagues excel in their current roles and pursue progression where desired. To further reinforce this culture, we introduced values-based workshops designed to help colleagues explore how MSI UK values are lived day-to-day – strengthening behavioural capability, psychological safety, and professional practice.

VCAT and DEI programmes

We continued to deliver our Values Clarification and Attitudes Transformation (VCAT) workshops, which offer a psychologically safe space for colleagues to reflect on their thoughts and feelings about the termination of pregnancy. Building on this foundation, we launched a new VCAT module focused on decriminalisation and other complex topics colleagues encounter in their work. The pilot was highly successful, and we will roll out the programme to all colleagues during 2026.

Alongside this, we launched face-to-face, interactive Diversity, Equality and Inclusion (DEI) training. This programme explores what DEI means within MSI UK and covers areas such as stereotyping, bias, equality and equity, and inclusive practice. This work supports both colleague experience and the quality of care provided to clients.

Supporting local needs

While the developments outlined above represent key highlights for the reporting period, our teams continue to work closely with local centres and departments across MSI UK. This includes responding to bespoke needs, addressing emerging challenges, and designing personalised learning and development solutions tailored to local contexts, roles, and priorities. This flexible and responsive approach ensures that organisational development activity remains relevant, inclusive, and impactful for colleagues in both clinical and non-clinical settings.

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3.5 Digital transformation

Blue Door, our client portal, was introduced during the reporting period and continues to evolve through planned, phased development. The portal has already delivered significant benefits in supporting and empowering client engagement with our services. Since launch, we have received a strong volume of client feedback, with **satisfaction ratings consistently reflecting a very positive experience**. Blue Door enables clients to engage with MSI UK at a time that suits them, with secure, continuous access to information and support.

During 2025, MSI UK further strengthened its digital resilience by enhancing its cyber security arrangements. This included the introduction of around-the-clock security monitoring and response capabilities, providing improved protection of our systems and supporting the ongoing confidentiality, integrity and availability of information.

3.6 Advocacy

Access to abortion care does not exist in isolation from the legal framework in which it is delivered. Legal uncertainty, fear of criminal sanction, or inconsistent interpretation of law can lead to:

- Delayed presentation to services
- Avoidance of care altogether
- Increased clinical risk due to later gestation presentation
- Psychological distress and safeguarding concerns

From a quality perspective, services cannot be considered safe or accessible if the legal environment creates barriers to timely care.

MSI UK played a constructive role in national discussions on abortion law reform, working collaboratively with other providers and the Royal College of Obstetricians and Gynaecologists to support clarity and consistency in the legal framework governing abortion care.

During the year, MSI UK contributed clinical and service-based expertise to an amendment tabled to the Crime and Policing Bill, introduced by Tonia Antoniazzi MP. The amendment proposes to remove the application of criminal law to individuals ending their own pregnancies, while not altering existing eligibility criteria, regulatory frameworks, time limits or clinical standards for abortion provision.

MSI UK supported informed parliamentary consideration of the proposal by providing briefings to MPs and Members of the House of Lords, both in writing and through in-person engagement. We also encouraged public engagement through lawful and transparent channels. The amendment received cross-party support and was approved by the House of Commons by a substantial majority.

We continue to contribute proportionately and responsibly to engagement with partners and stakeholders as the Bill progresses through the remaining parliamentary stages. Throughout this work, MSI UK remains focused on its core purpose: supporting safe, lawful, high-quality abortion care and ensuring that clinical practice is underpinned by clear legislation and robust regulation.

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3.7 Carbon Net Zero and sustainability

MSI UK is committed to reducing its environmental impact while continuing to expand access to safe, high-quality healthcare. We report our carbon emissions **one year in arrears**, meaning this Quality Account presents data for the **2024 calendar year**. Data for 2025 is still being collected and validated at the time of publication.

Our Net Zero commitment

MSI UK has committed to:

Achieving **Net Zero Scope 1 and 2 emissions by 2035**, and

Achieving **Net Zero across all emissions (Scopes 1, 2 and 3) by 2045**.

This commitment was formalised in March 2023 through a sector wide pledge signed alongside other independent healthcare providers.

All targets are measured against a 2022 baseline, when total emissions across Scopes 1, 2 and 3 were **4,385 tonnes of CO_2 equivalent (tCO_2e)**. Our agreed milestones include:

- A 45% reduction in Scope 1 and 2 emissions by 2028
- Net Zero Scope 1 and 2 emissions by 2035, defined as at least a 90% reduction with any remaining emissions balanced through verified carbon removal
- An 80% reduction across all emissions by 2039, reducing total emissions to below 877 tCO_2e
- Net Zero across all emissions by 2045

These targets set a clear long term pathway, recognising that early years focus on strengthening data, embedding governance and managing carbon intensity during service growth.

Emissions in the 2024 reporting year

For 2024, MSI UK recorded:

Scope 1 and 2 emissions:

504 tCO_2e

Total Scope 1, 2 and 3 emissions:

5,409 tCO_2e

As is typical in healthcare, most emissions sit within **Scope 3**, which includes supply chains, estates development, capital investment and staff travel.

During 2024, MSI UK supported **approximately 13% more clients** than the previous year. To meet this increased demand, the organisation invested in new and expanded clinical sites and the infrastructure required to deliver care safely. Establishing and equipping these services led to a temporary increase in emissions, particularly within Scope 3. This pattern was anticipated within our Net Zero pathway and reflects planned service expansion rather than reduced operational efficiency.

To ensure a balanced view during periods of growth, MSI UK monitors both absolute emissions and carbon intensity (emissions per client). In 2024, carbon intensity increased modestly, reflecting short term investment activity that is expected to support greater efficiency and reduced travel over time.

Governance and oversight

Governance arrangements for carbon reduction continued to mature during the reporting period. In 2026, MSI UK established a Carbon Net Zero Steering Group, led by the Operational Excellence team, to strengthen oversight, pace and accountability for delivery.

This group complements existing sustainability governance and provides a clear mechanism for translating strategy into coordinated operational action across the organisation.

Focus for the next phase

MSI UK recognises that achieving Net Zero while expanding healthcare services requires sustained, phased action. While absolute emissions increased in 2024 in line with service growth, our overall direction of travel remains consistent with the commitments set out in our Carbon Reduction Plan.

Our current priorities focus on:

- Decarbonising estates and improving energy efficiency
- Reducing emissions through lower-carbon procurement and supplier engagement
- Digital optimisation and service redesign
- Stronger governance and data-led decision-making

These areas offer the greatest opportunity for meaningful and sustained carbon reduction over time.

Through this measured and evidence-based approach, MSI UK remains committed to meeting its Net Zero obligations while continuing to expand access to high-quality reproductive healthcare.

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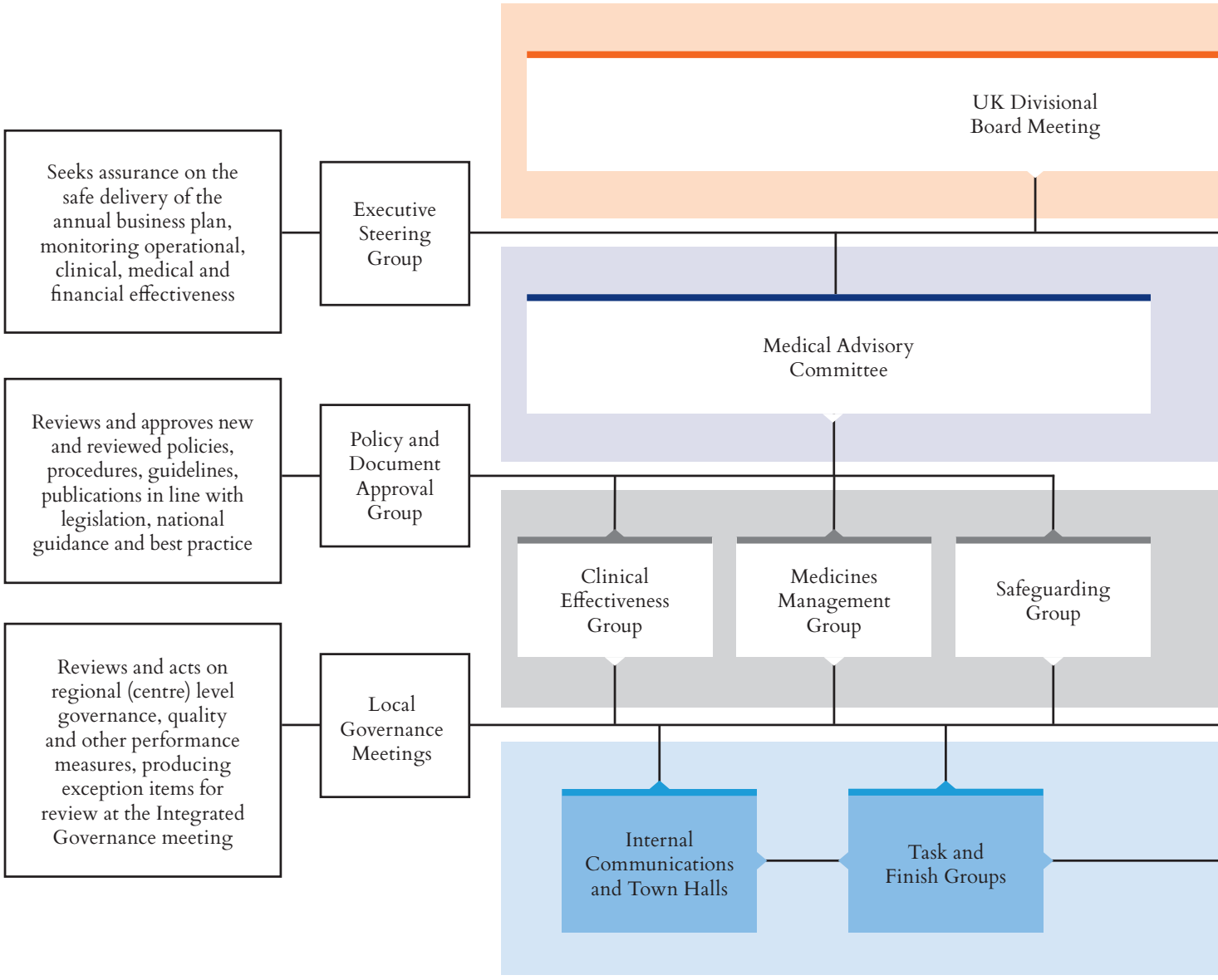
3.8 MSI UK governance

We're committed to monitoring and assuring the quality of our services, in line with Care Quality Commission standards and associated Department of Health Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy (Abortion).

A strong and transparent governance framework is essential to delivering safe, effective and high-quality care across MSI UK. Our governance structure is designed to provide clear lines of accountability, rigorous oversight, and meaningful assurance from frontline services through to our Board. It ensures that risks are identified early that learning is embedded, and that decision-making is informed, evidence-based, and always grounded in the needs of our clients.

In March 2025, MSI UK achieved certification to ISO 9001:2015 for Quality Management and ISO 27001:2022 for Information Security Management – internationally recognised standards that independently confirm the strength and reliability of our systems of internal control. Securing these accreditations demonstrates the maturity of our

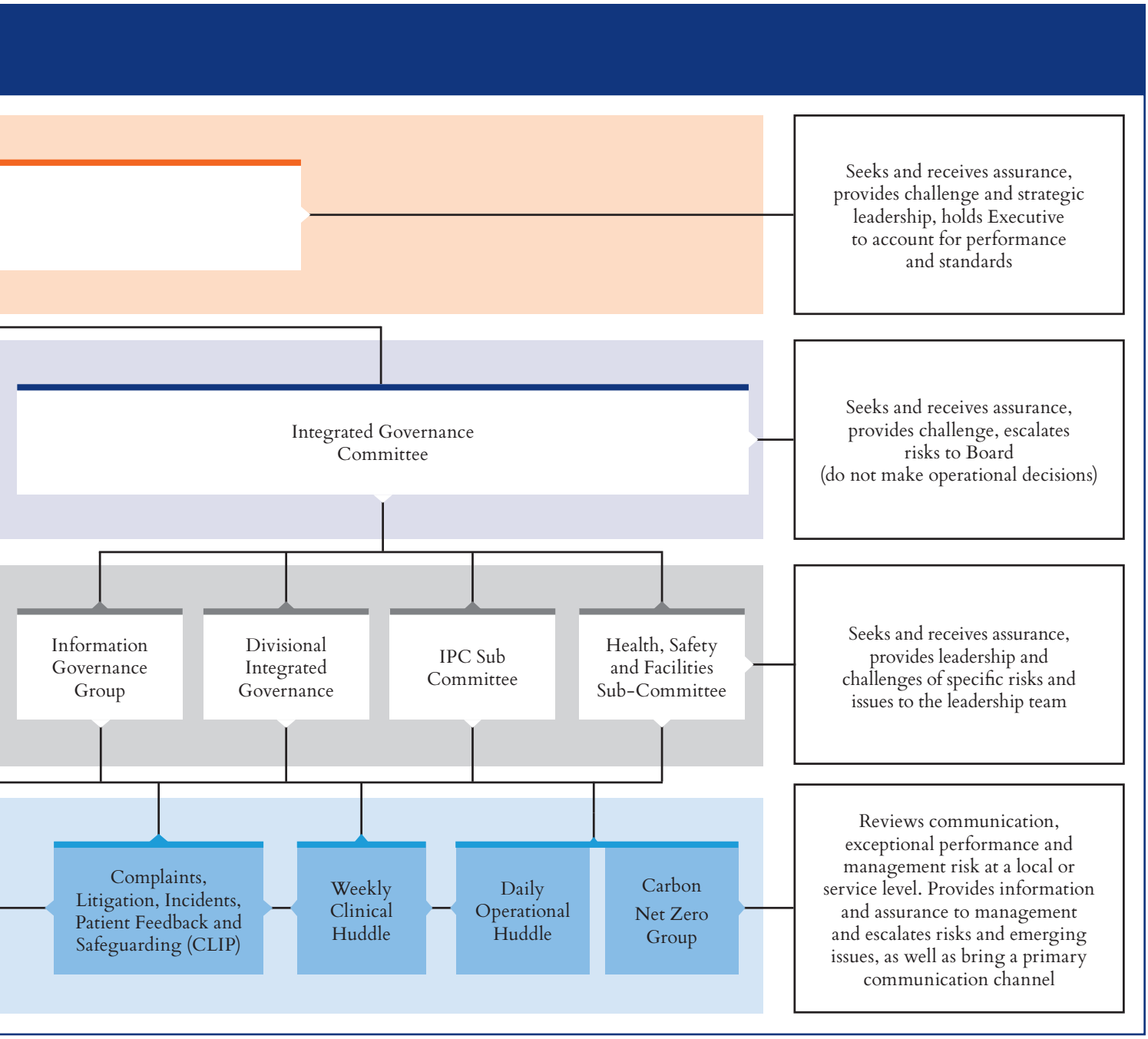
Our governance structure provides assurance to both the UK Divisional Board and International Board



governance arrangements and provides additional assurance that our quality, information governance and data security processes meet rigorous, globally benchmarked standards. This achievement reinforces our position as a trusted provider and underscores our commitment to delivering safe, resilient, and consistently high-quality, client-centred care.

The following pages outline our governance structure in detail. They include a visual diagram of our organisational governance framework, supported by descriptions of our committees and meetings that contribute to assurance and continual improvement. This structure ensures that insight flows clearly and consistently – from local teams through operational and clinical governance forums to Executive Leadership and, ultimately, our Board.

Together, these arrangements provide the foundations for strong, reliable governance across MSI UK, supporting us to uphold our responsibilities, meet regulatory expectations, and continually enhance the quality of care we provide.

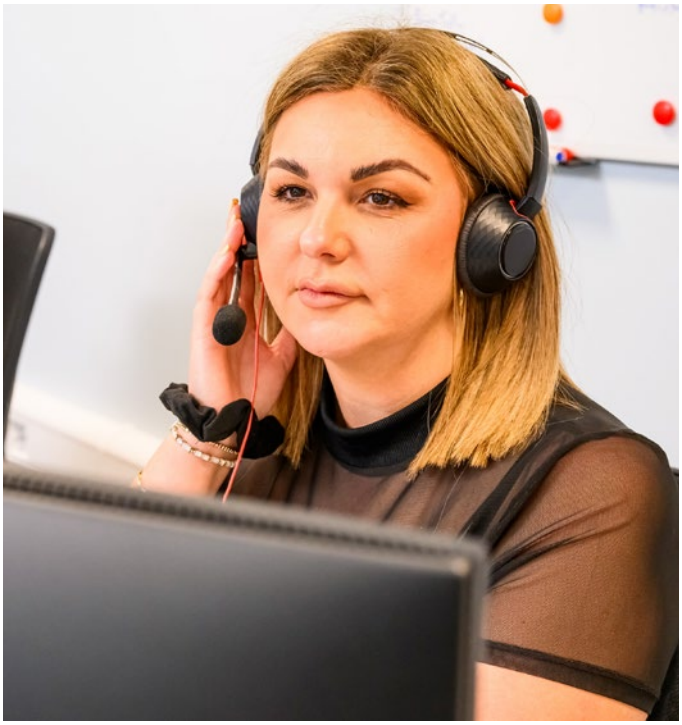


Divisional Board

Reporting to the MSI Reproductive Choices Global Board, the MSI UK Divisional Board is an executive committee that provides strategic oversight, governance, and assurance for all MSI services delivered in the UK. Chaired by the Global Chief Executive, the Divisional Board holds accountability for the full spectrum of governance, including clinical standards, financial stewardship, operational performance, and organisational risk.

The UK Divisional Board is responsible for:

- Considering strategic issues and risks as they relate to UK operations.
- Agreeing and overseeing delivery of the UK strategy and ensuring the effective governance of the UK healthcare business.
- Providing assurance on the quality and safety of client care, ensuring that all clients treated within MSI UK services receive safe, effective and person-centred care.
- Ensuring competent and prudent management, including appropriate accounting procedures, accurate recordkeeping sound risk management, effective internal control systems, and full compliance with regulatory and statutory obligations.



Reports submitted to the UK Divisional Board (reporting period)

During the reporting period, the following annual and cyclical assurance reports were submitted to the MSI UK Divisional Board:

Annual Complaints Report – November 2025

Quality Account – August 2025

Safeguarding Annual Report – August 2025

Controlled Drugs Report – February 2026

NHS Counter Fraud Authority Submission – November 2025

Data Protection Toolkit Submission – February 2026

Gender Pay Gap Review – August 2025

Responsible Officer Report – February 2025

Infection Prevention and Control Annual Report – February 2025

Data and Compliance DPO Report – August 2025

Client Equality and Diversity Strategy Annual Report – December 2025

Colleague Equality, Diversity and Inclusion Policy – December 2025

Annual Conflicts of Interest Register – May 2025

Speaking Up Guardian Reports – Quarterly

Medical Advisory Committee

The Medical Advisory Committee (MAC), chaired by an independent advisor to the UK Divisional Board, provides a dedicated forum for discussing issues of strategic and operational relevance to medical colleagues across MSI UK. It plays a key role in strengthening clinical leadership, supporting innovation, and assuring the safety and quality of medical practice.

The Medical Advisory Committee:

- Supports open communication, providing medical colleagues with a structured space to raise, explore, and resolve views, ideas and concerns.
- Enables professional dialogue on the development of clinical strategy and the strategic direction of MSI UK, ensuring medical perspectives inform organisational decision-making.
- Promotes clinical innovation and best practice, offering 'critical friend' advice to the Executive Team and Divisional Board on the triangulation of key clinical indicators, implementation of national guidance, and opportunities for clinical audit and research within MSI UK's areas of expertise.
- Provides assurance on clinical safety and performance by regularly reviewing datasets relating to deaths, unplanned transfers to NHS hospitals, adverse clinical incidents, Never Events, and surgical site infection rates following vasectomy, ensuring practice meets national and international standards.
- Monitors and ratifies clinical policies, guidelines and operating procedures, ensuring they remain evidence-based, safe and aligned with regulatory expectations.
- Oversees the operation of the Practising Privileges Framework, ensuring full alignment with best practice recommendations.

During 2025/26, the Medical Advisory Committee delegated work planning, monitoring, and reporting through the following:

- Medicines Management Group
- Clinical Effectiveness Group
- Infection, Prevention and Control Sub-Committee

Policy and Document Approval Group

These groups provide focused oversight into their areas of expertise and report to the Medical Advisory Group through their formal minutes, providing regular updates, highlight reports and escalations.

The Medical Advisory Group provides assurance to the UK Divisional Board through its formal minutes and Medical Directors Report. This ensures a clear, consistent flow of assurance and enables the Board to maintain strong oversight of safety, quality and regulatory compliance across MSI UK.

Integrated Governance Committee

The Integrated Governance Committee (IGC), chaired by an independent advisor to the UK Divisional Board, meets quarterly and brings together members of the Executive Management Team, senior leaders, and clinicians. As a key assurance committee, the IGC is accountable to the Divisional Board and is delegated to:

- Gain assurance on the management, monitoring, performance and continuous improvement of clinical quality across MSI UK.
- Agree actions and make recommendations to the Divisional Board and Executive Management Team in relation to reported or emerging clinical risks.
- Receive and review integrated quality and governance reports, along with minutes from MSI UK governance meetings, and provide recommendations to strengthen safety and quality.
- Seek assurance on compliance with safeguarding requirements, including duties relating to children, young people and vulnerable adults.
- Promote meaningful client involvement by reviewing client feedback, engagement activity and learning from complaints to strengthen service quality and experience.
- Monitor and ratify policies, guidelines and operating procedures, ensuring they remain safe, evidence-based and aligned with regulatory expectations.

During 2025/26, the IGC delegated aspects of work planning, monitoring and reporting to the following specialist groups and sub-committees:

- Infection Prevention and Control Sub-Committee
- Information Governance Steering Group
- Safeguarding Group
- Health & Safety, Facilities and Estates Sub-Committee
- Policy and Document Approval Group

These groups provide focused oversight into their areas of expertise and report into the IGC through their formal minutes providing regular updates, highlight reports and escalations.

The IGC provides assurance to the UK Divisional Board through its formal minutes, the Quality Assurance Report, themed reports, recommendations on significant risks or concerns, and any other matters requiring escalation. This ensures a clear, consistent flow of assurance and enables the Board to maintain strong oversight of safety, quality and regulatory compliance across MSI UK.


YOUR BODY,
YOUR CHOICE

Infection Prevention and Control Sub-Committee

The Infection Prevention and Control (IPC) Sub-Committee is a formal sub-committee of the Integrated Governance Committee (IGC). Chaired by MSI UK's Infection Prevention and Control Consultant Adviser, it provides specialist oversight and assurance on all matters relating to infection prevention and control across both clinical and non-clinical services.

The IPC Sub-Committee reports into the IGC and, through it, to the UK Divisional Board, offering assurance that effective controls, monitoring mechanisms and governance arrangements are in place to ensure safe IPC practices are consistently embedded across MSI UK.

The Sub-Committee:

- Provides professional interpretation and guidance, ensuring MSI UK meets all relevant external standards, guidelines and regulatory requirements.
- Assures compliance with expectations from organisation including the Care Quality Commission (CQC), NHS England (NHSE), UK Health Security Agency (UKHSA), National Institute for Health and Care Excellence (NICE), Royal College of Obstetricians and Gynaecologists (RCOG), Human Fertilisation and Embryology Authority (HFEA), and the Faculty of Sexual & Reproductive Healthcare (FSRH).
- Ensures alignment with the Health and Social Care Act 2008, under which all providers must maintain robust IPC systems and processes.
- Oversees outbreaks and surveillance of Notifiable Diseases, causal organisms and healthcare-associated infections (HCAIs).
- Agrees and monitors the annual infection control audit programme, ensuring findings are acted upon and improvements sustained.

Throughout the reporting year, the IPC Sub-Committee continued to provide assurance that IPC across MSI UK remained safe, effective and well led. The Committee reviewed, discussed and agreed:

- IPC Annual Report, including compliance with the ten IPC criteria within the Health and Social Care Act 2008 (updated December 2022).
- The Corporate IPC Board Assurance Framework incorporates statutory IPC compliance requirements.
- The IPC Strategy and progress against agreed objectives.
- Supportive Quality Annual Reviews (SQAR) and annual IPC environmental and clinical audit data.
- Compliance Monitoring Programme findings, including IPC-related audits and outcomes.
- Review and ratification of IPC policies and standard operating procedures.
- Surveillance data for surgical termination of pregnancy (STOP), medical abortion, vasectomy and LARC, including surgical site infections, outbreaks and emerging themes or trends.
- IPC incidents, adverse events and associated investigation findings.
- IPC risks recorded on the Risk Register and IPC-related adverse events.
- New guidance on respiratory infections – including COVID-19 – issued by NHSE and UKHSA, along with updates covering wider IPC standards.
- IPC alerts relevant to MSI UK.
- IPC training, competencies and compliance for clinical and non-clinical colleagues, including induction and ongoing competency requirements.
- Development and support of the IPC Leads Training programme, (a two-day session for new IPC Leads, including training through the programme designed to strengthen knowledge, confidence and competence.
- Flu and COVID-19 vaccination updates, including dissemination of information to promote vaccination and monitoring of uptake via Microsoft line-list data.
- Surgical site infection and outbreak surveillance data, including discussion of investigation outcomes.
- Antimicrobial stewardship activity, including antibiotic prescribing audits and surveillance.

Clinical Effectiveness Group (CEG)

The Clinical Effectiveness Group (CEG) is a sub-group of the Integrated Governance Committee (IGC), chaired by the Associate Head of Nursing and Midwifery. The group plays a key role in ensuring that clinical practice across MSI UK is informed by evidence, aligned with national standards, and focused on achieving the best possible outcomes for clients.

CEG's primary purpose is to translate new initiatives, innovation and emerging research into evidence-based clinical guidelines and care pathways. By doing so, the group supports consistent, high-quality, and clinically effective care across all services.

On behalf of MSI UK, the CEG:

- Ensures clinical decision-making is grounded in the best available evidence so that treatments deliver optimal outcomes for clients.
- Promotes alignment with national guidance and recognised best practice, ensuring services remain safe, effective and up to date.
- Applies a cyclical framework of informing, implementing change, and monitoring impact to support continuous quality improvement.

CEG key responsibilities include:

- Ensure strong arrangements to continuously improve clinical effectiveness, support service improvement, and meet statutory and professional requirements.
- Review best practice, research evidence, and national guidance to inform safe, effective, and up-to-date care.
- Deliver and oversee a clinical audit programme, monitoring practice against national and local standards to support consistent, high-quality care.
- Provide assurance on clinical effectiveness to the Medical Advisory Committee through regular reporting and agreed performance indicators.
- Embed evidence-based practice through policy development, clinical protocols, and training for clinical and operational colleagues.
- Monitor and evaluate the impact of changes to practice through ongoing audit, evaluation, and engagement with clients and colleagues.
- Routinely review compliance with NICE Guidance and Quality Standards, supported by a clear governance framework, to promote equity, effective use of resources, and continual improvement in care delivery.

The CEG also reviewed several clinical policies and practices during 2024/25, including our:

Medication Management Policy (V8)

Controlled Drugs policy (V6)

Patient Safety Incident Response Plan (V3)

NICE & Clinical Best Practice Monitoring policy (V3)

Contraception Clinical Policies & SOP

Vasectomy PEC Guidance

Privacy and dignity policy

STI and antibiotics policy

Anti D policy

Safe and sustainable Healthcare Waste management policy

EMA policy

Pregnancy remains

HIV Testing policy

Ultrasound SOP

Safeguarding policies

ILS SOP

Hyperglycaemia Management SOP

Telemedicine SOP

Equality, Diversity and Inclusion (EDI) Policy and Strategy

EDI strategy

Information Governance Steering Group (IGSG)

The Information Governance Steering Group (IGSG) supports MSI UK in meeting its regulatory responsibilities and ensuring that information is handled, stored and monitored in line with national guidance and legal requirements. The group also provides oversight of compliance with the Data Security and Protection Toolkit.

The IGSG is chaired by MSI UK's Senior Information Risk Owner (SIRO), who oversees organisational information risk and chairs meetings to review all information governance activity. The Caldicott Guardian – MSI UK's Deputy Medical Director for Surgical Abortion – plays an active role within the group, working closely with the Data Protection Officer (DPO) to ensure that client information is processed fairly, lawfully and in accordance with data protection legislation and the eight Caldicott Principles.

During the reporting year, the Data Compliance Team focused on continuing to incorporate best practices required by the UK GDPR (General Data Protection Regulation) and data protection requirements into our business processes, such as data protection by design and default, including data protection impact assessments for projects and digital initiatives, including the online Client Portal, and processes involving client information.

Key areas of focus included:

- Completion of the NHS Data Security and Protection Toolkit, achieving an outcome of Standards Exceeded for the sixth consecutive year, reflecting a sustained commitment to high standards of data protection.
- Maintaining high completion rates for mandatory information governance training across the organisation, alongside the introduction of enhanced, role-specific training to ensure colleagues understand their responsibilities in relation to data protection.
- Ongoing unannounced visits to services, incorporating supportive quality assurance and review activity to promote best practice, including compliance with data protection and information governance requirements.
- Continued emphasis on cyber security awareness through structured internal education and assurance activity to support safe and responsible use of digital systems.
- The safe and confidential management of records remained a priority, with established processes in place for the secure retention, deletion and destruction of electronic and paper records in line with data protection legislation.
- Regular review and update of policies and standard operating procedures to reflect evolving best practice, national guidance and legislative change, alongside the introduction of new procedures where this supports improved processes and client experience.
- Routine governance and audit activity to oversee appropriate access to Summary Care Records, initially through designated safeguarding roles and, more recently, through carefully managed access for selected clinical colleagues to support continuity and quality of care.
- Publication of MSI UK's first Artificial Intelligence (AI) Policy, setting clear expectations to ensure any use of AI is lawful, ethical and fair.
- A small number of information governance incidents were assessed by the Information Commissioner's Office (ICO) during the period. No enforcement action was taken, and no ICO complaints were received.

Medicines Management Group

Chaired by our Deputy Medical Director for EMA and LARC, and attended by clinicians, senior managers and our Consultant Pharmacist, the Medicines Management Group provides routine governance and assurance for all aspects of medicines management across MSI UK. This oversight ensures that medicines are handled, prescribed and monitored safely, effectively, and in full compliance with national standards. Core governance activity includes structured monitoring, adherence to regulatory requirements, and clear organisational accountability for the safe optimisation of medicines across all services.

Key areas of focus included:

- Ongoing assurance of compliance with external standards and legislation for the safe and secure handling of medicines – covering Controlled Drugs, Home Office requirements and associated training.
- Monitoring and reviewing all medicines-related incidents and risks to identify organisation-wide learning and areas for improvement.
- Oversight of Controlled Drugs Accountable Officer (CDAO) responsibilities, including licensing, renewals and compliance inspections.
- Regular review and update of medicines management policies, SOPs and guidance to support safe, consistent practice.
- Oversight of national Medicines Alerts (MHRA/NPSA) and dissemination of required actions and learning.
- Review of antimicrobial and antibiotic stewardship arrangements to support safe, appropriate prescribing.
- Revision of the Medicines Management Audit Proforma as part of the Compliance Monitoring Programme.
- Updates to the organisational formulary to reflect best practice and ensure cost-effective procurement.
- Oversight of medicines procurement, stock management, wastage monitoring and supply chain resilience, with digital improvements introduced to strengthen batch-number and expiry-date traceability.
- Governance and competency oversight for Non-Medical Prescribing (NMP), ensuring role clarity and safe prescribing practice.
- Review of medicines storage standards, temperature monitoring processes and temperature-excursion responses across Regional Treatment Centres (RTCs) and Community Treatment Centres (CTCs).
- Oversight of prescribing frameworks across contraception, termination of pregnancy and telemedicine pathways.

Safeguarding Group

Chaired by the Director of Nursing, Midwifery and Quality, the Safeguarding Group provides strategic leadership and a unified operational function for safeguarding across MSI UK. The group assures the Integrated Governance Committee that effective controls, oversight mechanisms and monitoring arrangements are in place to ensure safeguarding best practice is consistently embedded throughout the organisation.

Safeguarding Group meetings are strengthened by the involvement of external safeguarding professionals from Integrated Care Boards (ICBs), providing independent scrutiny, challenge, and assurance. The Group ensures that MSI UK meets all legal safeguarding duties and national guidance, with arrangements fully reflected in our policies and processes. This supports compliance with our CQC registrations and effective partnership working to safeguard adults, children, and young people across all services.

During the reporting year, the Safeguarding Group received assurance and provided oversight that:

- Safeguarding supervision compliance improved year on year, with four centres meeting or exceeding organisational standards.
- Safeguarding data and reporting were strengthened, including the implementation of a safeguarding dashboard, improving visibility of activity, trends, and emerging risks at regional and national levels.
- Safeguarding caseloads were managed effectively through the Advanced Safeguarding Practitioner (ASP) model, confirming that concerns often involve multiple, overlapping risks requiring early identification and coordinated responses.
- Safeguarding partnership activity across the organisation was appropriate and effective, supporting multi-agency working for clients with complex needs.
- Annual Supportive Quality Assurance Reviews (SQARs) were completed across all Reproductive Treatment Centres, with each achieving a rating of Good or above, confirming safe and client-centred safeguarding practice and identifying priority areas for continued improvement.
- Colleagues consistently demonstrated strong understanding and application of key safeguarding processes, with compliance monitoring exceeding 90% across all centres.
- Safeguarding risks linked to digital and service developments, including the Online Client Portal and telemedicine provision, were identified and appropriately mitigated, with actions monitored through governance processes.
- The introduction of the Duty ASP model within MSI Connect supported improved early identification of risk and consistent safeguarding oversight from first contact.
- Compliance reviews against internal safeguarding standards were undertaken, with practice gaps identified and clear improvement actions agreed.
- Safeguarding risks were routinely monitored and reviewed, with mitigation strategies implemented where required.
- Safeguarding policies and standard operating procedures were reviewed and updated to remain current, robust, and aligned with best practice.

Carbon Net Zero and Sustainability Delivery Group

Chaired by the Director of Nursing, Midwifery and Quality, the Sustainability and Carbon Net Zero Group was established to lead, coordinate and monitor MSI UK's efforts to integrate sustainable practices across all areas of operation and drive progress toward our commitment to achieving Carbon Net Zero by 2035.

The primary objectives of the Sustainability and Carbon Net Zero Group are to:

Develop and implement strategies that embed sustainability principles into organisational operations, products and services.

Set milestones and action plans that support delivery of our Carbon Net Zero target by 2035.

Monitor progress, evaluate performance and report on sustainability initiatives, carbon-reduction activities and organisational impact.

In the last 12 months, the group has established a project plan with a clear list of initiatives to help us achieve our Net Zero targets and has already implemented the following:

- Strengthened our approach to Net Zero across existing and new sites, using nationally recognised NHS standards to guide how sustainability is considered within estates planning, refurbishments and investment decisions.
- Completed targeted energy and carbon assessments across higher-impact sites, helping us better understand where emissions reductions can be achieved and informing longer-term estates improvement planning.
- Enhanced internal governance for Carbon Net Zero delivery, improving organisational oversight, accountability and coordination to support consistent progress across estates, operations and supporting functions.
- Completed comprehensive organisational carbon data collection, covering direct and indirect emissions, to strengthen our baseline understanding and support transparent annual reporting.
- Improved the quality and robustness of carbon reporting, addressing data gaps and strengthening internal processes to increase confidence in emissions information and future reporting readiness.
- Further embedded sustainability within procurement practices, supporting the use of lower-carbon options where clinically appropriate and balancing environmental considerations with quality, safety and value for money.
- Increased engagement with key suppliers, communicating our sustainability ambitions and encouraging greater transparency to support longer-term reductions in supply-chain emissions.
- Integrated Carbon Net Zero considerations into service and project governance, ensuring sustainability is routinely considered as part of estates upgrades, service change and operational improvement programmes.
- Used digital innovation as a sustainability enabler, supporting reductions in paper use, greater operational efficiency and opportunities to reduce unnecessary travel over time.
- Used digital solutions to support carbon reduction, aligning digital improvements with sustainability objectives to reduce paper use, improve efficiency and support opportunities to minimise unnecessary travel where appropriate.

Complaints, Litigation, Incidents, Client Feedback and Safeguarding Group (CLIPS)

The CLIPS Group provides a central forum for real-time oversight of complaints, litigation, clinical incidents, client feedback and significant safeguarding concerns across MSI UK. Clinical incidents are reported through Datix®, and cases are reviewed weekly through CLIPS conferences or virtual calls.

Meetings are chaired on a rotational basis by Quality and Governance Business Partners, experienced facilitators and the Associate Head of Nursing and Midwifery. They are attended by representatives from all regions, subject-matter experts and members of the clinical senior leadership team, ensuring comprehensive multidisciplinary input.

CLIPS provides a contemporaneous overview of all complaints, incidents, client feedback (including compliments and concerns), litigation and safeguarding issues. This enables prompt investigation, timely remedial action and the identification of emerging themes or material risks.

Learning from incidents, complaints, feedback and safeguarding cases is shared weekly with all colleagues and is routinely discussed in team meetings to support continuous improvement and strengthen organisational safety culture. Through the sustained focus and responsiveness of this group, MSI UK has maintained the same level of incident severity as the previous year.

The CLIPS Group is responsible for:

- Reviewing all complaints, litigation, incidents, client feedback and significant safeguarding concerns reported within the previous week, and agreeing harm levels, investigation approaches, required actions and learning responses.
- Identifying any significant incidents that require escalation as a Patient Safety Incident Investigation (PSII) in line with MSI UK's Patient Safety Incident Response Plan.
- Highlighting emerging themes and risks and ensuring these are captured within the appropriate Risk Register.
- Identifying incidents or complaints that may progress to legal claims.
- Ensuring immediate remedial actions are taken to improve client experience where issues have been identified.
- Determining where additional support or peer facilitation is required, and coordinating this as needed.
- Identifying significant events requiring external reporting and/or escalation to the Executive Management Team and/or Multidisciplinary Team review.
- Facilitating shared learning, including centre presentations on key themes, trends and insights from reported incidents.

Trend analysis undertaken through CLIPS has led to a range of quality improvement initiatives, service enhancements and changes to clinical practice, including:

- Development of a Rhesus Testing Standard Operating Procedure to guide colleagues on a reliable and safe testing process.
- Enhancements to Maxims workflows to improve usability.
- Refined our informal complaints escalation process to improve response times.
- Standardised operational processes across regions.

Annex 1

Statement from Commissioners

NHS
Kent and Medway

Private and confidential

Simon Cooke
MSI Reproductive Choices
1, Conway Street,
Fitzroy Square,
London.
W1T 6LP

Sent via email
19th June 2026

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Kent and Medway Integrated Care Board – MSI Reproductive Choices Quality Account Comments 2025/2026

Dear Simon,

We welcome the Quality Account for MSI Reproductive Choices and Kent and Medway Integrated Care Board (ICB) confirm that this has been produced in line with National requirements and includes all required areas for reporting. Throughout the account you have provided clear outcomes and progress, with future plans and priorities in a format that would be easy to follow for members of the public who may have an interest in reading this report.

Your Quality Account celebrates 50 years of delivering sexual and reproductive healthcare whilst outlining the ongoing challenges in delivering such a service, and how these have been addressed to ensure safe, effective and responsive provision.

The priorities for 2025/26 included three areas for improvement in abortion care – same day consultation, a new regional treatment centre, and 5-day wait times for face-to-face treatments, all of which have been achieved. Together, these represent improved assurance around capacity, resilience, and timeliness of the service. Further, the new regional treatment centre will provide more equitable access to treatments going forward, and serve as a training centre for staff development.

During 2025/26 there has also been a focus on strengthening assurance, governance and safety processes for robust clinical oversight, and the implementation of the Patient Safety Incident Response Framework (PSIRF) is a notable positive step in this transformative work.

We strongly support the 2026/27 priorities for improvement which focus on leadership , communication, and digital infrastructure – all essential elements for safe, efficient, and inclusive provision which is fit for the future. There are clear and objective benefits to both staff and service users – particularly those who experience language, cultural, and/or communication barriers in accessing healthcare.

We recognise your achievement in being awarded a CQC rating of 'outstanding' for your Bristol Regional Treatment Centre with feedback of exceptional performance in Safe, Effective, and Caring domains and commendation for your deeply compassionate, inclusive and respectful approach. This is to be congratulated, and clearly demonstrates your commitment and values in delivering safe, compassionate, equitable care.

Acting Chair | Angela McNab
Chief Executive | Adam Doyle

Together, we can

www.kentandmedwayicb.nhs.uk

We look forward to working with you over the next year and continuing our strong supportive relationship which focusses on collaboration for the delivery of high-quality abortion and reproductive care for the population we serve.

Kent and Medway ICB thanks MSI for the opportunity to comment on these accounts and the overview gained in terms of improvements, progress, and strategic planning.

Ian Brandon
Associate Director of Quality and Safety
NHS Kent and Medway

Cc

Jennie Hall
Chief Nursing and Quality Officer
NHS Kent and Medway ICB

Annex 2

Statement of Responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. We are committed to producing a Quality Report as a charitable organisation providing NHS care. MSI UK has followed guidance issued by Monitor on the form and content of our annual Quality Account (which incorporates the above legal requirements). In preparing the Quality Account, directors have satisfied themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and subsequently released supporting guidance where relevant
- The content of the Quality Report is consistent with internal and external sources of information, including:
  - Board minutes and papers for the period April 2025 to March 2026
  - Papers relating to quality reported to the board over the period April 2025 to March 2026
  - Feedback from commissioners dated 19th June 2026
  - MSI Reproductive Choices UK Annual Complaints Report published under Regulation 18 of the Local Authority dated November 25
  - The MSI Reproductive Choices UK colleague feedback surveys between April 2025 and March 2026
  - The Quality Report presents a balanced picture of MSI Reproductive Choices UK's performance over the period covered
  - The performance information reported in the Quality Report is reliable and accurate

By order of the board:

Richard Bentley,
MSI Reproductive Choices UK
Managing Director

Simon Cooke,
Chair of UK Divisional Board
and CEO of MSI Reproductive
Choices International


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