



2025 Quality Report

Sciensus

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Foreword



Sir Jonathan Asbridge
Chief Clinical Officer

I am delighted to present our second quality report providing an opportunity for Sciensus to recognise the challenges and successes for the period over 2025.

On reflection I continue to be proud of my colleagues, their commitment and dedication to all those using our services. This is evidenced by our continued high patient satisfaction ratings, which have increased year on year.

In terms of patient safety, we completed the roll out of NHS England's Patient Safety Incident Response Framework which was an organisation-wide programme of change over eighteen months. We appointed a Director of Pharmaceutical Governance and Patient Safety who is our Designated Patient Safety Specialist to provide senior level patient safety expertise and leadership. We continue to develop our patient safety culture evident by our excellent performance against incident reporting and pharmacovigilance training which is evidenced in this report.

We have combined the role of Director of Nursing and Clinical Operations to ensure the quality and governance objectives and standards are completely embedded in the day to day care our patients receive.

We have been working closely with our patients and set up our first patient support group for mesothelioma and developed digital platforms to support them with adherence with their treatment. This is being rolled out to other cancer specialties.

Our Clinical Governance Committee is a valued forum for sharing and learning, to enhance quality and practice sharing learning opportunities across the organisation. We continue to work closely with our Medical Advisory Committee and our governance arrangements for our healthcare professionals, including consultants, are robust.

I am extremely pleased with our performance in terms of quality over the last year and to the best of my knowledge, the information contained in this report is an accurate reflection of the services and outcomes we have delivered.

Introduction

At Sciensus, our purpose is to enable safe, effective access to specialised medicines by connecting patients, healthcare systems and pharmaceutical partners through high-quality clinical services.

With more than 30 years' experience operating within the European healthcare landscape, Sciensus works in partnership with pharmaceutical companies, health systems and research organisations to support patients across cancer, rare diseases and chronic conditions. Our services are designed to ensure that appropriate patients receive the right therapy, supported by robust clinical oversight and consistent standards of care.

Each year, our multidisciplinary clinical workforce of more than 500 licensed professionals delivers services to over 300,000 patients, working in collaboration with more than 4,000 hospitals, pharmacies and clinics across Europe. We support medicines across their lifecycle, from clinical development and early access programmes through to commercial distribution, real-world evidence generation and ongoing patient support.

By providing these services through a coordinated, centralised operating model, Sciensus helps to simplify access pathways, support consistent implementation across markets and enable scalable delivery. Our approach brings together in-person clinical care, digital capabilities and data-driven insight to support informed decision-making and sustainable service delivery.

Quality and patient safety sit at the centre of everything we do. Whether delivering complex therapies in the home, supporting adherence through technology-enabled services or generating evidence to inform future innovation, our focus is on ensuring that care is delivered safely, reliably and in line with regulatory and partner expectations.

Vision and values

Our strategic aim is to give patients control of their health through knowledge, choice, convenience, and connection.

We will achieve this by being the global leader in helping each patient make the most out of their medicine and this can only be achieved if we adopt the right values and behaviours within Sciensus.

Passionate about patients

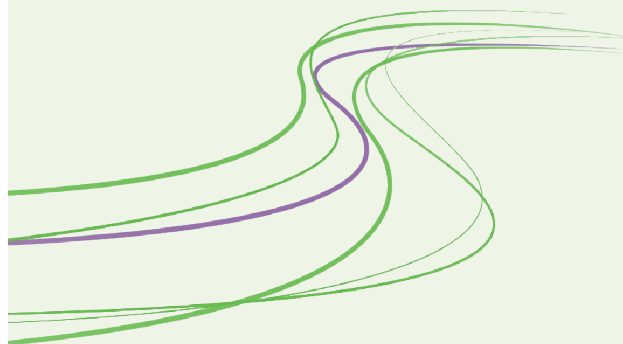
We provide knowledge, choice and exceptional care to help every patient take control of their unique health journey.

Ambitious to be the best

We listen, learn, adapt and innovate. We're accountable and continually improve to deliver the best experience for our stakeholders.

Together, we win

We value our differences and respect each other. We build strong, trusted relationships and together we achieve more.



Purpose

This report reviews and presents data, summarising performance, governance arrangements and improvements against the quality objectives for calendar year January to December 2025 in relation to the following domains of quality:

- Safe care (patient safety) – This means that healthcare is delivered in a way that maximises things going right and minimises things going wrong; continuously reduces risk and ensures continuous improvements are made where lessons or issues have been
- Effective care (clinical effectiveness) – This means that practice is informed by consistent and up-to-date high-quality training, guidelines and evidence delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
- Patient experience – This is about clinical care being delivered with compassion, dignity and mutual respect. Ensuring that our services are responsive and personalised, shaped by what matters to people, empowering them to make informed decisions and being involved in designing their own care, which is coordinated, inclusive and equitable.

Where areas of performance and risk have been identified, an explanation will be provided along with the plans to make sure improvements are made for the future. These will then inform our quality priorities and objectives for 2026.



Patient Safety

Patient safety is at the heart of everything we do, and we are committed to continuous learning and improvement when things go wrong.

We have aligned our workstreams with NHS England Strategy (2019)¹, while also meeting the requirements laid down by healthcare regulators and national standards². These expectations are embedded in our policies and standard operating procedures.

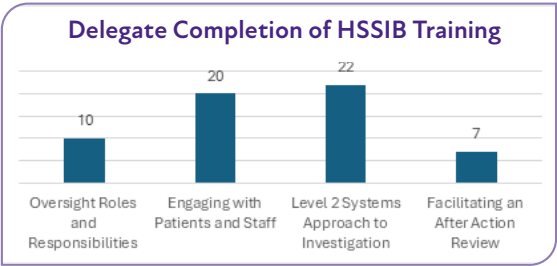
Patient safety updates – including policy changes, safety alerts and shared learning (detailed descriptions of learning and actions taken following specific incidents or complaints) – are communicated monthly. Reported incidents, levels of harm and emerging trends are reviewed and scrutinised at our monthly clinical governance committee.

This section provides an overview of our approach to patient safety, highlighting key insights, lessons learned, and areas for further improvement.

Patient safety training

As part of the implementation of the Patient Safety Incident Response Framework, training was sourced via the Health Services Safety Investigations Body (HSSIB) relating to the key principles of the framework. Various training modules were sourced and completed during 2024, which has supported our PSIRF implementation throughout 2025:

Module	Delegates
Oversight Roles and Responsibilities	10
Engaging with Patients and Staff	20
Level 2 Systems Approach to Investigation	23
Facilitating an After-Action Review	7



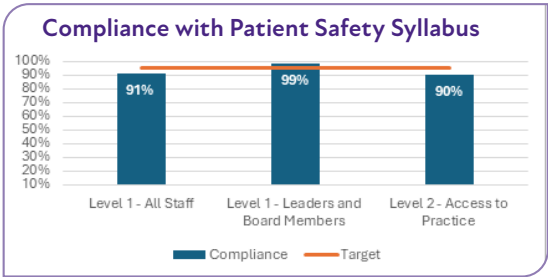
A focus for 2026 will be to expand training out to further colleagues across the organisation to build on our safety culture and increase knowledge and skill with understanding system-based investigations.

Written by the Academy of Medical Royal Colleges and commissioned by NHS England, the National Patient Safety Syllabus emphasises a proactive approach to Patient Safety by identifying risks to safe care, including systems thinking and human factors.

The Level 1 modules (all staff, and leaders and board members) were launched via the e-learning platform in 2022, with the Level 2 modules (access to practice) launched in December 2024 as part of the PSIRF implementation.

Compliance as of January 2026:

Module	Assigned	Compliance
Level 1 - All Staff	1671	91%
Level 1 - Leaders and Board Members	68	99%
Level 2 - Access to Practice	125	90%



1. NHS Patient Safety Strategy | 2. Such as Care Quality Commission, Scotland and Northern Ireland, Professional Standards for Homecare

Two delegates enrolled onto the Patient Safety Syllabus levels 3 and 4 via Loughborough University commencing September 2025. Course completion expected June 2026.

Aims for 2026:

- To promote all modules and monitor compliance monthly via e-learning report to maintain compliance of all modules at 95% and above
- Compliance reported to and tracked by the bi-monthly Clinical Governance Committee
- New employees assigned Level 1 all staff module at induction
- New employees in management/leadership positions to be assigned Level 1 and 2 modules at induction
- Further delegate to enrol on the Patient Safety Syllabus Levels 3 and 4

Duty of Candour

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 20: Duty of Candour, registered providers must act in an open and transparent way with people receiving care or treatment from them. The regulation defines notifiable safety incidents and specifies how registered providers must apply the statutory duty of candour if these incidents do occur.

No incidents reported in 2025 met the criteria of a notifiable safety incident under Regulation 20, where the statutory duty of candour was applied.

PSIRF and a Patient Safety culture

Sciensus transitioned to the Patient Safety Incident Response Framework (PSIRF) in January 2025 following a two-year implementation project. FY2025/26 focused on beginning to embed the principles of the framework and build a strong patient safety culture across the organisation.

The principles of the framework are focused on compassionate engagement, proportionate responses, systems-based approaches to learning and a well-functioning oversight structure. Patient Safety documents and policies are aligned against these principles and linked to our overarching response plan and policy.

Whilst we are applying the principles of PSIRF across the organisation and all services, we recognise that regulatory requirements for Scotland and Northern Ireland must be acknowledged and as such are included within our policies. Regulatory criteria relating to serious adverse incidents as defined by the Care Inspectorate for Scotland and the RQIA for Northern Ireland are referenced into the relevant policies.

Investigations completed under PSIRF:

AAR	19
Swarm huddle	16
Thematic review	2
MDT review	24
SEIPS	11
Observational study	2

An important area of focus for FY2025/26 was the language we use and ensuring we are fostering a culture of collaboration and engagement without blame. A system update was completed in 2025 to remove terminology such as 'root cause' and 'error' from the Patient Safety incident coding and reporting.

The Patient Safety Team launched the organisation's first annual 'Patient Safety Awareness Week' in March 2025. A series of interactive webinars were held across the week to:

- Share and promote our organisation's growth and success in patient safety over the previous year
- Build understanding of PSIRF and what it means for staff across the organisation
- Meet employees across the organisation to understand their roles and what patient safety means to them
- Describe the journey of a patient safety incident and share how patient safety incidents are managed at Sciensus
- Celebrate the successes of individuals who have demonstrated an exceptional commitment to patient safety

The week was met positively with colleagues engaging with the webinars, and 22 individuals were nominated for their commitment to patient safety, receiving a 'Thank You' award from the Patient Safety Team.

World Patient Safety Day, observed annually on 17 September, is one of WHO's global public health days. Established in 2019, the day is rooted in the fundamental principle of medicine – "first do no harm". Its objectives are to increase public awareness and engagement, enhance global understanding and drive global action to improve patient safety.

Each year, a new theme highlights a priority area requiring urgent and concerted efforts. The theme for 2025 was 'Safe care for every newborn and every child', emphasising the need for stronger measures to protect children from preventable harm. The Patient Safety Team worked with the paediatric clinicians to write an educational blog on Mucopolysaccharidosis type I (MPS I), detailing the condition and how we work with patients and families to provide high quality care. Paediatric clinicians were invited to engage and share their thoughts on their roles and how they maintain quality and safety:



The best part of being a paediatric nurse with Sciensus is having the time to give the very best, individualised, care to every child and family I encounter. Going into homes and schools, whether it is for short training visits or longer infusion visits, I can give my patient and their family my undivided attention. Working with children with rare conditions requires me to adapt my approach to meet the needs of the child either due to their physical disability or developmental age. They will always have the support of a parent or carer with them, but it is important to include them in decisions about their care wherever possible.

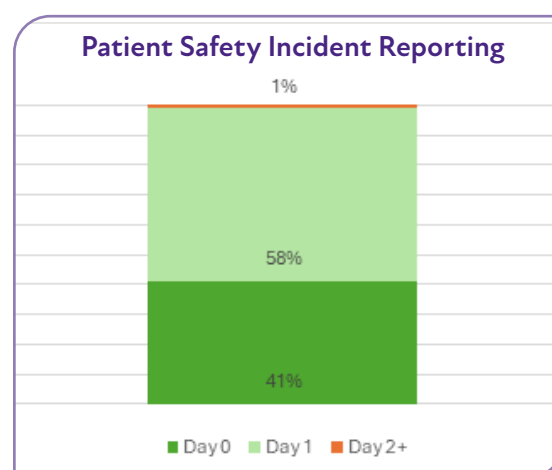
Aims for 2026:

- Work is underway to align our Patient Safety Team roles with PSIRF and National Strategy, with the appointment of a Head of Patient Safety in January 2026 and revision of job roles to reflect a Patient Safety Specialist and Medication Safety Specialist
- Early 2026 will begin a reflection of our incident data and safety profile to review our current Patient Safety Incident Response Plan (PSIRP)
- The PSIRP and our local priorities will be revised where appropriate as focus areas for 2026
- Plans are underway to celebrate Patient Safety Awareness Week March 8-14th with a week of activities to engage the organisation, focusing on collaboration
- Whilst the theme hasn't yet been officially announced as of early 2026, the annual World Patient Safety Day will be celebrated within the organisation

Patient safety incident reporting

Upon reporting of an incident using the D365 Incident Management System, all incidents are to be triaged to the relevant incident management team within 1 business day. Incident triage is completed by the Pharmacovigilance team, per the SOP for Triage of Patient Incidents and Complaints in D365. Upon review of patient safety incident triage, 98.9% of patient safety incidents reported in 2025 were triaged to us either on the same day or on the next working day.

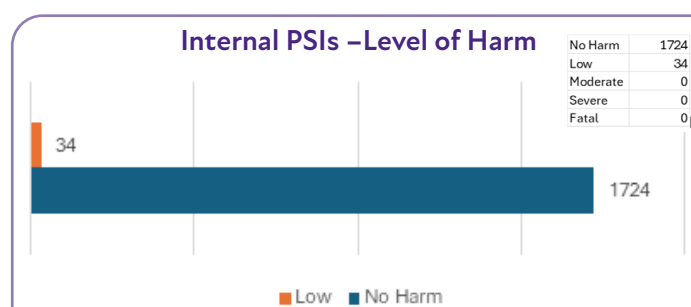
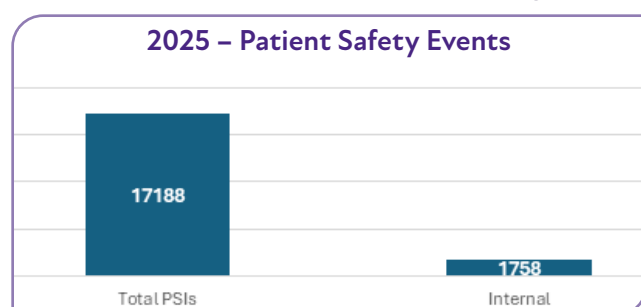
A key aim for 2026 will be to maintain this KPI by working with the PV team in keeping our triage criteria up to date within the SOP for Incident Triage and supporting with any training requirements and implementation of systemic aids.



Patient safety incidents and events

During 2025, a total of 17,188 patient safety events were reported out of 1.23m deliveries to over 250,000 active patients, which is a 0.03% reduction on 2024. Patient safety incidents resulting from internal contributing factors accounted for 10.2% of this total. And 98% of internal patient safety incidents resulted in no patient harm.

The largest patient safety incident trend for internal PSIs was 'Medication error (Medication not administered)' which reports a medication error leading to a missed or delayed dose of medication. This was broken down into the following trends:



Areas of focus for 2026:

New risk codes were created in 2025 to highlight analytics events for further drill down. Further work is underway with the relevant teams to understand whether this is a systemic issue or being driven by activity further upstream. SMS confirmation of deliveries has been an emerging risk resulting in deliveries being scheduled later than required.

‘Unclassified delivery failures’ relates to deliveries that have failed with the ‘delivery issue’ failure reason code applied. Further work is required to clarify the use of this failure code and identify upstream issues resulting in deliveries being scheduled onto routes that are over-capacity. The Patient Safety Team are working with the Logistics and Patient Services leads to review incidents of deliveries not being routed/scheduled due to capacity to identify areas for improvement.

Both areas have been highlighted as key incident trends within the Patient Safety Improvement Group, with ongoing work to identify the drivers and understand how this can be improved.

Mortality review

In accordance with guidance given by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and subsequent established good practice standards set by Public Health England (PHE), the Cancer Mortality Review Committee (CMRC) was established in November 2021 to review deaths of Sciensus private cancer patients who have died within 30 days of receiving a cycle of systemic anti-cancer therapy (SACT).

The purpose of the CMRC is to provide a strategic review of deaths to ensure that standards of care for patients who have died whilst receiving cancer treatment from Sciensus were in accordance with the expectations established in the organisation’s cancer-related guidelines, policies and procedures. In 2025, 20 reported deaths were within 30-days of SACT, which is a reduction from 27 the previous year.

There were 24 separate cases reviewed by the CMRC in 2025, including review of deaths reported at the end of 2024.

Patient safety alerts

As we fulfil our responsibility to keep our patients safe, we ensure that our colleagues have immediate access to new important safety information or learning from incidents is brought to their attention via a system of Safety Alerts. During 2025 ten such alerts were issued.

Alert No.	Date	Name of Alert	Cascaded to:
Sciensus/Alert/25/01	13/01/2025	Ensuring Safe Administration of Injectable SACT in relation to Expiry Date and Time	Pharmacists and SACT nurses
Sciensus/Alert/25/02	05/02/2025	Enzyme Replacement Therapy Stock Check	All clinicians
Sciensus/Alert/25/03	07/02/2025	Change to Tyenne Packaging	All clinicians, all pharmacists, PDNs
Sciensus/Alert/25/04	13/03/2025	IMCIVREE Dosing in Bardet-Biedl Syndrome (BBS)	Paediatric nurses
Sciensus/Alert/25/05	15/04/2025	HSE Alert - Labelling of laboratory samples	All clinicians
Sciensus/Alert/25/06	13/05/2025	Incorrect Use of Demo Pens for Biologics Patients	All clinicians
Sciensus/Alert/25/07	18/06/2025	Rotating of Ancillary Stock	All clinicians
Sciensus/Alert/25/08	18/07/2025	National Patient Safety Alert in relation to incorrect recording of penicillin allergies	All clinicians, all pharmacists, PDNs
Sciensus/Alert/25/09	13/08/2025	Flush Rates for IV Infusion	All clinicians
Sciensus/Alert/25/10	15/10/2025	Activities when a RP is present	All of dispensary, all pickers and all pharmacists

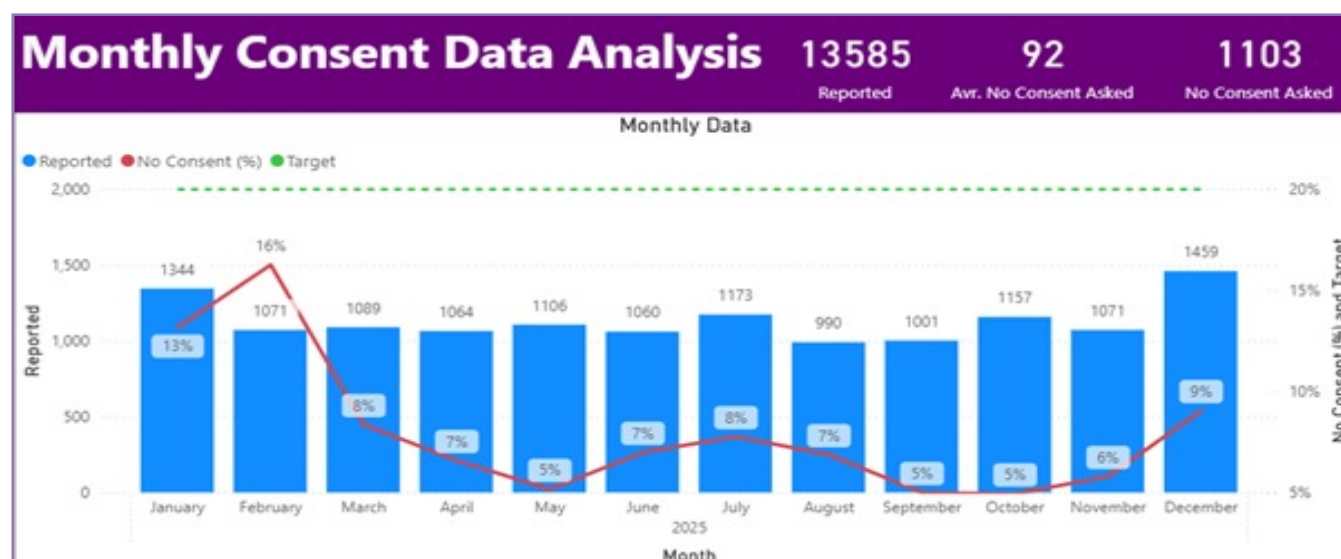
Pharmacovigilance

Good Pharmacovigilance Practice (GPvP) is the minimum standard for monitoring the safety of medicines in the UK.

The Medicines and Healthcare products Regulatory Agency (MHRA) inspects marketing authorisation holders (MAH) to determine whether they comply with pharmacovigilance obligations established within the UK. Pharmacovigilance (PV) is the science of detection, assessment, understanding and prevention of side effects of medicine to make sure they are safe and compliant. We work to ensure our patients are safe and receive the best possible care and advice, and pharmaceutical companies deeply understand the needs of those in our care.

Ensuring staff are trained in Pharmacovigilance (PV) is part of this good practice since it addresses how to report adverse events and issues with product quality. This is important as it raises awareness and understanding of adverse events and produces quality across our organisation, ensuring we are reporting on time to pharmaceutical companies to manage patient safety risks. Over 2025, 100% of our staff had completed PV training, achieving our specified training target.

Part of GPvP is the requirement to gain consent from patients before adverse events (AE) or product quality control (PQC) issues can be reported. This is important so that they understand why their details are shared with manufacturers and is a crucial step for ensuring the highest standards of safety complying with regulatory obligations. We are required to get consent from our patients before reporting AE or PQC at least 80% of the time having a 20% threshold. Monthly consent data analysis for 2025 is presented in the chart below:



Over 2025, a total of 13,585 adverse event and product quality complaint (AE/PQC) incidents were reported. Across the year, the average proportion of reports where consent was not obtained remained well within the permitted threshold, demonstrating continued compliance with Good Pharmacovigilance Practice requirements.

Monthly analysis shows some expected variation, with a higher proportion of no-consent reports observed early in the year. This was addressed through targeted action, including the reinforcement of Pharmacovigilance training within the clinical induction programme. Performance improved and was maintained at low levels for the majority of the year, with close monitoring in place to identify and respond promptly to any emerging trends.

This ongoing review of consent performance, alongside sustained staff training, provides assurance that patient data is handled appropriately and that safety reporting continues to meet regulatory expectations.

Clinical effectiveness

A core aim of our work is to continually improve our clinical effectiveness by developing standards against which we can measure the effectiveness of treatment and care delivered and ultimately improve outcomes for patients.

This is achieved by ensuring up-to-date, high-quality training, guidelines and evidence delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit. This section presents data and highlights learning for improvement concerning clinical effectiveness.

Quality management system

To ensure safe practice, healthcare professionals are required to follow current policies and guidelines. Sciensus has a legal obligation to ensure that policies and respective guidance documents are regularly reviewed and kept up to date to ensure that they are aligned with current best practice, legal and regulatory requirements and evidence-based guidelines. This is achieved by our Approval of Clinical Documents Group (ACDG) which reviews and updates documents monthly.

There is a robust system and process in place to ensure that all Sciensus documents are reviewed and updated in accordance with latest guidance and best practice. Over 2025, compliance for our document management system (DMS) reviews achieved 98.2%. The numbers of clinical documents published on the Document Management System (DMS) and compliance to review, and update are presented below:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Avg
Total number of documents	491	491	490	490	485	491	491	492	489	490	481	485	488.8
Documents overdue	2	0	1	2	1	2	3	20	2	24	9	10	11.6
Documents compliant	489	491	489	488	484	489	488	472	466	472	475	480	480
Compliance %	99.6 %	100 %	99.8 %	99.6 %	99.8 %	99.6 %	99.4 %	95.9 %	93.5 %	95.1 %	98.1 %	97.9 %	98.2 %

Document Management System Compliance (Clinical Documents Only)

Clinical audit activity

The regulatory frameworks of the Care Quality Commission (CQC), the Regulation and Quality Improvement Authority (RQIA) and Care Inspectorate Scotland require registered healthcare providers to monitor the quality of their services. The requirements for good governance, including clinical audit, are set out in Regulation 17 of The Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. A clinical audit aims to improve patient care by reviewing services against agreed standards of care and making changes where necessary. It involves measuring, or benchmarking, clinical practice against pre-determined standards of best practice. These pre-determined standards can be taken from various sources, including national clinical practice guidelines, regulatory requirements and Sciensus' internal policies, procedures and guidelines.

Sciensus have adopted IQVIA Connection, which is a real-time, web-based patient satisfaction survey and audit solution which enables questionnaire data (audit tools and audit standards) to be captured electronically, via a laptop, desktop or tablet computer, with audit results made available in the IQVIA Connection Manager’s Dashboard.

Standards of quality and safety are audited during six-monthly cycles. During each cycle every field-based clinician has their clinical practice audited at least once during a Field Clinician Audit and five pieces of documentation that they have written audited using the Clinical Documentation Audit tool. There are additional audit tools capturing standards of quality and safety for clinicians working in Care Bureau and those working as Clinical Educators.

Clinical Audit activity and percentage compliance for the calendar year 2025 is presented in the table below and we are below our target. This area will continue to be a focus for in 2026.

Audit	KPI %	Performance %
Field Clinical Audits	100%	96.7%
Care Bureau Audits	100%	96.6%
Therapist Audits	100%	91.7%
Clinical Education Audit	100%	92.5%
Clinical Documentation Audit	100%	88.1%

Audit progress and outcomes are monitored at our Clinical Governance Committee and action areas for improvement have been identified.

Quality in cancer therapy and services

To ensure effective high-quality care, we ensure that all System Anti-Cancer Treatments (SACT) are administered in accordance with the Independent Sector Cancer Network Cancer Standards based on robust evidence and national / international guidance. We aim for all patients to receive their cancer therapy within 10 days of a consultant referral depending on their medical status and if it is safe to start treatment.

In 2025, onboarding to treat within 10 days of requested start date was achieved 96.63% of the time, a small increase from 2024.

Our quality performance for excess to treatment exceeded NHS England’s national target for this area. In the NHS the referral to first treatment target is 62 days from urgent suspected cancer referral to first definitive treatment with a target performance of >85% of patients demonstrating efficient and effective access to treatment ultimately impacting on patients’ wellbeing reducing psychological harm.

System Anti-Cancer Treatments (SACT) competency and education

Sciensus has teams of specialist nurses within cancer services who are highly educated and competent professionals who administer SACT treatment in patients’ homes. Educated to degree and master’s levels they support our patients with their treatments, managing side effects and providing continuous support throughout the treatment journey. They deliver quality care in a familiar environment, reducing stress and inconvenience associated with hospital visits.

Our SACT Practice development nurses enhance the quality and safety of SACT delivery. They develop and implement best practices, ensure adherence to treatment protocols and provide ongoing education and training to nursing staff. Their roles are pivotal in maintaining high standards of care and ensuring that patients receive the most effective and safe treatments possible.

Our dedicated Cancer Clinical Nurse Specialists offer personalised support tailored to each patient's unique needs. They assist with symptom management, provide psychological support and help navigate the complexities of cancer treatment. By coordinating care among various healthcare providers, CNSs ensure a seamless and integrated approach to treatment, which can lead to improved patient outcomes and satisfaction.

Sciensus adopts the UKONs SACT Passport as part of our accredited SACT course. This ensures that nurses are trained to a nationally recognised standard, improving safety, competency, and confidence in delivering SACT.

The SACT Passport aligns with national cancer standards, ensuring that nurses receive consistently high-quality training. It provides a clear framework for competency assessment, helping nurses develop the required knowledge and skills to safely administer SACT. It enhances patient safety, increases confidence and professional development. In addition, it supports continuous learning and career progression and facilitates mobility across healthcare settings.

Cancer Medical Advisory Committee

Sciensus' Medical Advisory Committee (MAC) is a Standing Committee of the Sciensus Pharmaceutical Services Limited (SPSL) Board and provides medical advice and services to the company. The MAC meets quarterly and is attended by key operational and management leaders as well as senior clinicians with experience working within Sciensus as service managers and users.

This forum provides advice on developments in clinical activities, quality assurance and ensures that medical advances are incorporated into the protocols and systems used by the company.

Key highlights in 2025 were:

- Practising privileges ratification KPI = 96% we achieved 98.40%, an improvement on 2024
- An overview of 25 SACT 30-day mortality reviews were presented, and protocols modified where appropriate
- A first CMRC Annual report for 2024 with service improvement actions for 2025 was presented
- 20 new consultants recruited in 2025



Research

With over 70 million patient interactions across Europe, Sciensus provides real-world data services that deliver high-quality, real-time insights. Our expertise in patient engagement and data analytics ensures that pharmaceutical companies, regulators and healthcare professionals can make informed decisions that drive better health outcomes.

Our world-class expertise combined with a deep understanding of evidence requirements and industry leading digital solutions help collect, generate and communicate invaluable real-world evidence (RWE). This evidence underpins a wide range of activities, including securing market access, supporting regulatory submissions, optimising brand launches, conducting post-marketing safety studies and informing patient-level healthcare decision-making. We will continue to collect this RWE to inform our business and align with quality improvement.

We have implemented the requirement for a Research and Development Group to drive innovation and showcase our cancer services impact through scholarly activity and knowledge dissemination. Including opportunities to present our achievements, highlighting best practice, service development and patient-centred innovations. Furthermore, we need to stay ahead by undertaking horizon scanning to ensure that we are best placed to plan for future quality challenges. Collective insight will allow us to learn, inform, adapt and respond to quality challenges and innovations.



Our staff

We recognise and value the commitment and dedication of all our colleagues. Investing in our workforce is at the heart of Sciensus – ensuring their wellbeing, inclusion, and a positive, rewarding working environment.

Our People Plan outlines strategies for recruitment and retention, leadership development, career development, engagement and equality and diversity. To ensure governance and oversight, workforce meetings are held regularly with a Human Resources Business Partner to review data, develop actions plans and update the People Plan.

Staff satisfaction, turnover and absenteeism

Our clinical staff satisfaction score achieved 691.9 out of 900 for 2025, this equates to a 1 Star accreditation according to Best Companies reflecting our workplace engagement.

Managing absence and turnover is key to understanding our colleagues and ensuring they are valued and rewarded. We use workforce information and data to flex our workforce, ensuring we have sufficient capacity and capability.

Our attrition rate averaged around 12.69% for 2025 (half the average rate for 2024), where the highest point was in January at 17.06%, but for the last six months of the year was stable at 10.7% and has continued to be stable into 2026. The top two reasons for clinical staff leaving the organisation are due to family commitments and failure to achieve competency in the probation period.

Absenteeism due to sickness in 2025 is slightly lower than the previous year at 8.02 days lost per employee per annum. This is monitored and reviewed closely with team leaders with health and wellbeing strategies in place to reduce this where possible. To support absenteeism, we provide high-quality care and training with our flexible staffing bank nurses and agency staff who receive the same induction, training programme and competency sign off process as our permanent staff. To ensure resilience and quality we engage our agency staff to work for a minimum period of three months – not on a shift-by-shift basis. Our agency staff usage per month averaged at 2% of all clinical staff throughout 2025 which had reduced from an average of 3% in 2024.

Clinical education and development

Our Clinical Education Team promotes a culture of continuous learning to support clinicians in maintaining patient safety, regulatory compliance and delivering high quality care. We ensure that our clinicians gain and sustain the skills, knowledge and competencies required for safe practice through a structured blend of theoretical learning, hands-on training and reflection guided by professional standards.

As an experienced team of Clinical Educators and Practice Development Nurses, the team creates a supportive learning environment that builds confidence and competence amongst our clinicians. Through high-quality training, supervision, assessment and constructive feedback, the team strengthens both individual development and the wider clinical service, ensuring clinicians are equipped to provide safe, effective and person-centred care.

Patient experience

The way people experience our services is an important component of quality and we are committed to making a difference.

Analysing complaints or compliments that patients', carers and stakeholders submit can also be a good source of feedback about patient experiences, especially when a systematic analysis approach is implemented. We have several approaches for measuring patient experience through gaining feedback from compliments, complaints, surveys and social platforms. This next section provides an overview of these approaches, specifying highlights and areas for improvement.

Complaints

We are committed to ensuring that all of our patients, customers and stakeholders are satisfied with the care, treatment and services provided and to meet our regulatory requirements laid down by our regulators including Care Quality Commission (England), the Regulatory Quality Improvement Authority (Northern Ireland) and the Care Inspectorate for Scotland Health and Professional Standards for Homecare. To do this, we have an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders.

There is a requirement for all complaints to be acknowledged within three working days, and a written response sent to the complainant within thirty working days from the date of the complaint being raised. All complaints are investigated thoroughly and where necessary action taken to reduce risk of recurrence. Throughout 2025, our complaints were 0.05% per active patient.

NHS patient satisfaction surveys

Sciensus conducts an annual Patient Satisfaction Survey for all NHS patients (approx. 230k). Before email invitations are sent, hospitals have the option to exclude their patients from participation. The survey follows the NHMC template, with two additional questions included, and is conducted in March / April each year. It remains open for responses for three weeks after the final invitation is sent, ensuring a consistent data collection period.

Using a standardised template allows for year-on-year comparability of results. The 2025 survey results have been benchmarked against 2024 to assess trends in patient satisfaction.

In 2025, 212k invitations were sent out, with 16,685 responses (7.8%).

There were approximately 8.5k verbatim comments that could be analysed and used for feedback. Of those approximately 4.5k comments were overwhelmingly positive, with approximately 4.2k comments which suggested one or more improvements. The Customer Experience Team read each comment as well as using an AI tool for thematic analysis.

Top line scores

- Net Promoter Score (NPS) saw a change from 57 in 2024, to 64 in 2025 which is exceptional
- Customer Satisfaction (CSAT) shifted from 83% to 87%
- Customer Effort Scores (CES) improved from 88% to 91% (good)

These year-on-year comparisons highlight areas of improvement and consistency, providing valuable insights for future patient experience initiatives. A sample of our 2024 Patient Satisfaction Survey Results are shown in the table below:

How satisfied are you with:	% Net Satisfied 2024	% Net Satisfied 2025
The overall quality of the customer service team?	92%	92%
The way information is provided to you?	91%	90%
The professionalism of the clinical/nursing staff?	95%	94%
The confidence in the quality of support and advice you receive?	95%	93%
The overall quality of our nursing and clinical support services you receive?	94%	92%
The punctuality or arrival of the start of your virtual appointment for the clinical/nursing visit?	94%	93%
The timeslots that you were given for your clinical/nursing visit?	93%	92%
The ease of booking your clinical/nursing visit?	92%	91%
The information provided by Sciensus in the welcome literature	92%	90%
The information available on the Sciensus Patient Hub on the website	92%	91%
The information provided by Sciensus on the Sciensus Intouch app	87%	89%
The support given to you by the information provided	91%	90%
The overall quality of the delivery service	91%	91%
The helpfulness and courtesy of the person making the delivery	96%	91%
The punctuality of your deliveries	94%	93%
The choice of delivery day that was offered to you	91%	90%
the confidence in the quality of support and advice you receive?	95%	93%

The survey results highlighted that patients highly value our clinicians, drivers and other staff, with professionalism, efficiency and convenience appearing as key themes in the verbatim feedback.

Patient quotes



I have been incredibly impressed with the level of service from everyone at Sciensus.
Always punctual, very very courteous and nothing too much trouble. Brilliant!

I’m very happy with my care plan, and the way it’s delivered, the nurses are all very kind, and approachable, they are all very caring, and I’m very happy with my service provided.



The app is very good and Customer Service team are very helpful on occasions I've had to call. Delivery drivers are reliable and text message updates give pretty accurate timings. Can only suggest to keep going with the existing set up!

2025 key improvements

Patients reported difficulties contacting Sciensus for more complex therapies, as they often had to wait for a callback. In response, we improved the process to allow direct transfers to the appropriate team member. Patients also noted that the app needed enhancements. This feedback was shared with the product team, who implemented necessary improvements. Additionally, some patients faced challenges ordering sharps bins. To address this, we launched an educational campaign to help patients with the process.

Patients also asked for earlier notification of their delivery windows, so we have pulled forward the notification of the 4-hour delivery window, from 48 hours to 72 hours.

There are four key areas for improvements moving forwards. A summary of actions can be found in the table below:

Area of improvement	Driver to Improve Satisfaction	Actions
Significantly Improve Communication	The NHS and patients should have accurate information regarding the Sciensus service, from before patient referral and throughout the Sciensus journey. Patient Services should be easy to contact. Pharma should be informed of all service enhancements and other changes to the Sciensus service	Update printed collateral. Completed in May 2025 Review of Sciensus website, FAQs and search function. Completed in 2025 but under constant scrutiny and smaller updates. Live chat in Patient Services, now live via the Intouch app Legal team, NHS Commercial and Pharma Commercial Teams working together more collaboratively – Completed and BAU process in place.
Choice of Delivery Slot	Patients expressed a wish for choice of delivery times and earlier notification of the 4-hour window. Extension of M-Fr & Sat deliveries to more areas.	Implementation of notification of 4-hour window, three days ahead of delivery. Implementation of more deliveries per route, results in more choice for patients as more patients can select the same delivery day. Planning a regular delivery time window upon prescription receipt, for patients who receive regular deliveries, will result in patients being able to plan their deliveries up to 6 months ahead.

continued overleaf...

Area of improvement	Driver to Improve Satisfaction	Actions
The importance of Complaint/ Issue Management	Sharing QRT, Informal and Formal Complaint data with the CX team for thematic analysis and recording of learning. Patient Services should be easy to contact, and unresolved issues should be escalated appropriately.	Data regarding calls that are escalated to a Patient Services Coach is shared with CX team for the identification of themes and recording of learning. Escalated calls are analysed on a quarterly basis for themes. The biggest consistent themes are: - no valid prescription received from the clinical referring centre - rearranging failed deliveries (for all failure reasons)
Understanding our Customers	Patient feedback is essential for improving the Sciensus service, both direct from patients and from patient communities. Customer Journey Mapping is a key element in understanding our customers and users of our service. Regular feedback from Patient Advocacy Groups is essential to improving the service	CX team support SMEs to collate and analyse feedback and learnings are applied/ processes adapted. CX team continues to introduce Customer journey mapping into Sciensus Patient research and regular contact with 14 Patient Advocacy Groups – details of individual projects are recorded by CX team.

Customer Satisfaction Targets for 2026

KPI	Current 2025	Target
Net Promoter Score – Patient April 25	64	
NPS – Private Patients Dec 25	77	>50
NPS – Biologic Clinical Visits	89	
Net Promoter Score – Pharma March 25 (repeat April 26)	-10	>0
Net Promote Score – NHS Teams Oct 24 (repeat Feb/March 26)	24	>20

Patient Advocacy Group collaboration

Sciensus has excellent relationships with Patient Advocacy Groups (PAG) that represent the communities of patients receiving the Sciensus clinical homecare service. The Customer Experience Team meets with these groups individually on a quarterly basis and has an open invitation for PAG representatives to visit the Burton on Trent operational sites.

In 2025, Sciensus hosted three days where PAG representatives spent the day following the prescription journey of a theoretical new patient and then visited the Pharmacy Dispensary and Compounding Unit. Feedback was extremely positive with each of the PAGs stating that the care for patients was evident along with a clear commitment to each other.



Just wanted to drop you a note to say a huge warm thank you from all of us!

You we're an exceptional host today. The insight into Sciensus was not only fascinating but also incredibly helpful as we start to scope out what a partnership might look like. I'd also like to add that we had so much fun. You clearly have an incredibly dedicated and passionate staff team, and a working culture that many would envy. It was a joy to meet everyone today!

Thank you so much for inviting us up to Sciensus. It was truly an eye-opening experience, especially for us as patients, to see exactly how much work goes into supplying our life saving medication. You and your whole team do an immense job and it's so evident that Sciensus are patient-focussed by all the processes put in place to deliver a first class experience. But it's also evident that they value their employees and it was lovely to meet some of them.

Quality assurance and governance

Safety is our top priority for our patients and staff and to realise this we have processes in place to provide assurance on our compliance with standards and our statutory obligations. The processes we have established are carried out every single day of the year, with the resulting data being closely reviewed and collated by our experts.

Everything we learn from them is escalated throughout our organisation, right up to our executive leadership team. This section provides an overview of the frameworks we have in place, including regulators to assure quality, identifying key highlights and areas requiring improvement.

Healthcare regulators

We work closely with our regulators to ensure standards are met and continue to deliver a consistently outstanding level of care. As a provider of out-of-hospital care in the UK, we are regulated by several health and social care bodies, including the Care Quality Commission (England), the Regulatory Quality Improvement Authority (Northern Ireland) and the Care Inspectorate for Scotland. We are also registered with the General Pharmacy Council for our pharmacy activity and our medication logistic network complies with Good Distribution Practice regulations from the Medicines and Healthcare products Regulatory Agency (MHRA). We work closely with all our regulators to ensure standards are met and continue to deliver a consistently outstanding level of care.

Internal assurance

We are proactive in monitoring ourselves against the standards that our regulators set using our governance structure that our teams perform. We have introduced self-inspections (mock inspections) to quality assure services and to prepare teams for actual regulatory inspections.

Supported by our regulators these inspections are useful since they help to identify, analyse and record areas of good practices and areas requiring improvement. Furthermore, these inspections provide internal assurance to the Clinical Governance Committee and respective Boards that regional services are providing high quality, safe care.

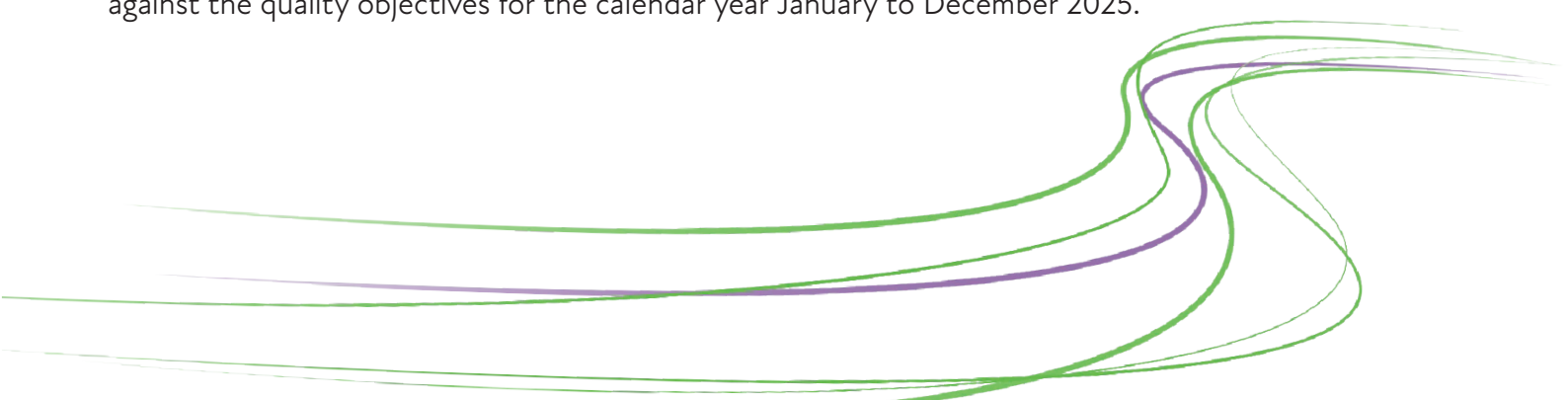
Information Governance

The Information Governance team is essential in keeping our organisation's information safe, ensuring confidentiality and that data is used ethically and appropriately. They handle everything from creating and enforcing policies to making sure we're following the right regulations and protecting our data. The team also takes care of data risk, helps everyone stay up to date with training on best practices, and jumps in quickly if there's ever a security incident.

All these efforts help ensure we're delivering quality service, staying resilient and always finding ways to improve. The team's excellence was recently recognised by the Strategic Information Governance Network – a body that supports and promotes best practice amongst IG functions across the NHS and Homecare sector – where they won Information Governance Team of the Year.

Summary

This quality report has reviewed and presented data, summarising performance and improvements against the quality objectives for the calendar year January to December 2025.





Appendix