

2022-23
**Quality
Account**



passionate about what you do?
So are *we*



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About HUC

Our Mission

Our mission is to provide high-quality, fair, sustainable healthcare services to the communities we serve whilst offering rewarding careers that support the professional development for all our colleagues.



Our Vision

Our vision is to be an outstanding provider of healthcare services with a commitment to high quality and performance as well as compassionate care on a scale that ensures the organisation is sustainable and able to attract and retain a highly skilled and committed workforce.



Our Values

Collaborative

We ensure that our shared objectives are understood, and we work together as a team to achieve these.

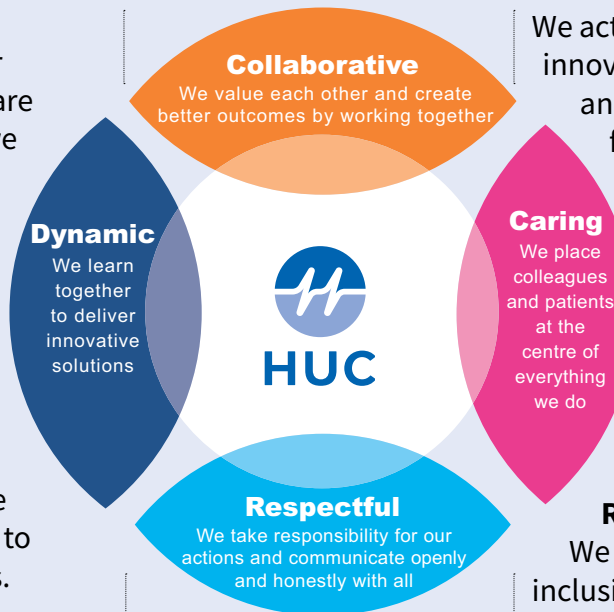
We appreciate each other and enjoy working together and, where appropriate, create a fun environment to undertake our jobs.

We build effective relationships with our stakeholders and develop our business with them to achieve our shared goals.

Caring

We put our patients and colleagues needs first.

We demonstrate empathy and kindness to all those we interact with and



We actively encourage innovation at all levels and adopt a solution-focused approach to challenges.

We are always learning as individuals and as an organisation to develop ourselves and our services.

Respectful

We are welcoming and inclusive to all who use our services or join our team.

We are open, honest and transparent in all of our interactions and value the same qualities in others.

We take pride in our work as individuals, as a team and as an organisation and we are proud to work for HUC.

take time to listen and understand other's points of view.

Dynamic

We welcome and appreciate the contributions of all colleagues and consider ideas with enthusiasm and imagination.

1. CEO Statement

► **Our teams have shown amazing dedication and resilience, while we have all been inspired by the way our colleagues have continued to strive to deliver high-quality patient care, innovation, and new services**



I would like to extend a warm welcome to HUC's 2022/23 Quality Account and share with you the amazing work and dedication that we have witnessed to support the delivery, transformation, and improvement of our services.

It has been another challenging but successful year for HUC as we have faced the ongoing challenges brought about by recovery from the pandemic, volatile activity levels, and even cyber attacks.

Our teams have shown amazing dedication and resilience, while we have all been inspired by the way our colleagues have continued to deliver high-quality patient care, innovation, and new services.

I am incredibly proud of this year's achievements given the extreme pressures and tight timescales we have faced, in addition to the challenges arising from our merger with Devon Doctors Group and the need to ensure our governance and delivery solutions are of the highest standard.

Despite continued pressures in relation to activity levels, workforce, and numerous

operational challenges, HUC continued to innovate and provide new service models to support personalised patient care. These new services included NHS 111 in both Cornwall and Somerset, as well as the creation of the innovative St Albans Urgent Care Hub. At the same time, there has been significant investment, development, and innovation in a wide number of existing services, all with the common theme of improving patient experience, outcomes, and efficiency, so we can provide more without significant resource implications.

I am immensely proud of everything we have achieved in the last year, which is testament to the hard work and dedication of our colleagues, and our patients who work with us continuously to improve services. This commitment to providing high-quality care has become particularly evident as we continue to recover from Covid-19 and embrace the opportunities for change this has generated.

Improving our governance arrangements has been a high priority over the last 12 months, during which time we have also seen a successful overhaul of our committee structure and the appointment of a new safeguarding team, as well as further investment in the resilience and capacity of our clinical leadership.

HUC has also invested in additional specialist resources to provide advice and assurance around all aspects of data

► **Everyone involved should be incredibly proud of their contribution to patient care and the development of an organisation that is close to many people's hearts**

security and, as part of our commitment to be an open and transparent organisation, we have commissioned a 24/7 Freedom to Speak Up service to provide support and guidance to colleagues on any concerns they may have.

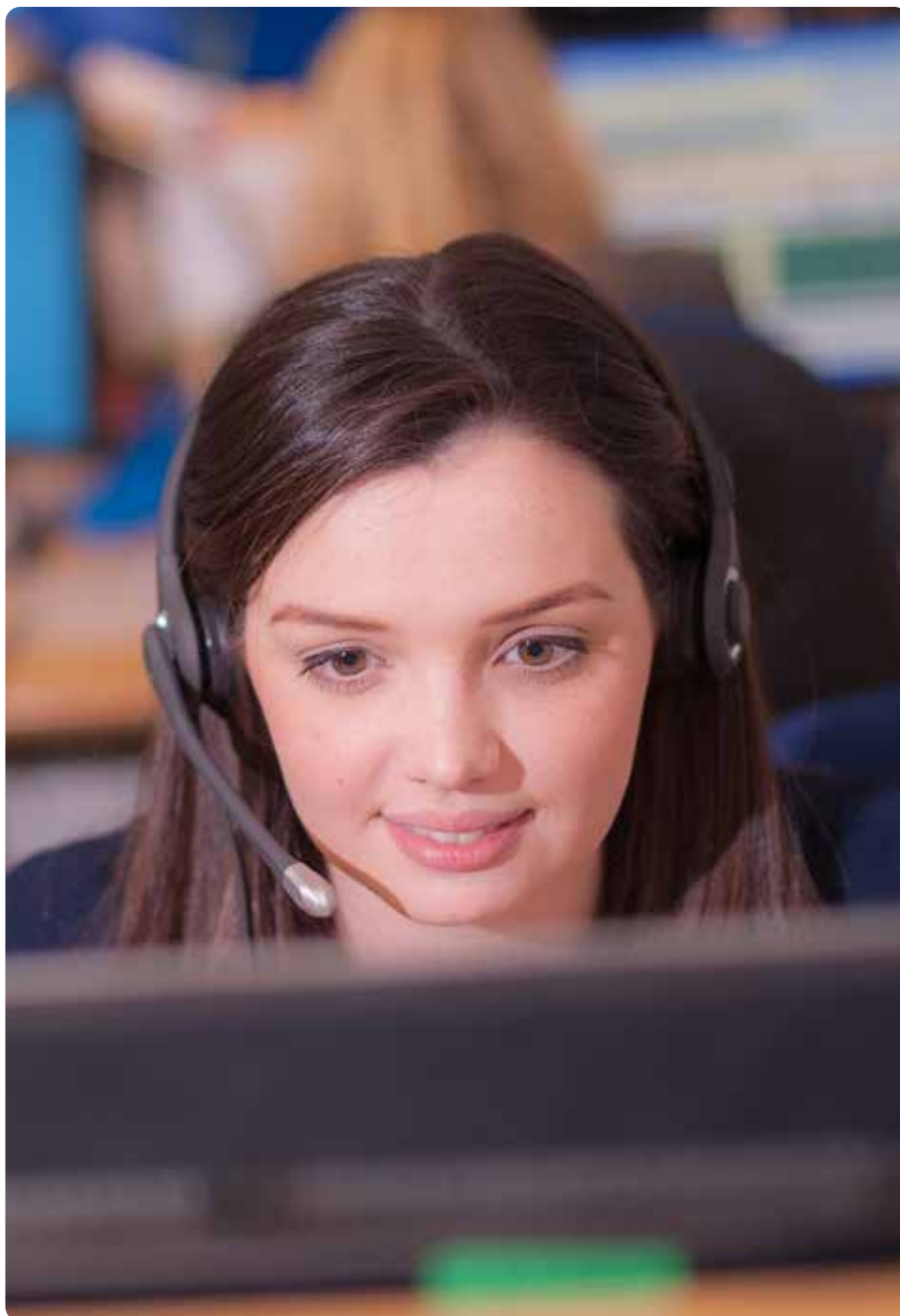
This year is already turning into an exciting one for HUC with lots of opportunities to develop services and drive forward improvements in performance. I am very much looking forward to seeing the ways in which our colleagues will innovate and the positive results this will generate throughout the communities and systems we serve.

We have learned and grown so much over the last 12 months, building on our experience of the pandemic to innovate and govern effectively over what is now a much larger and more complex organisation.

Every day we witness amazing examples of how our clinicians and operational teams support patients – everyone involved should be incredibly proud of their contribution to patient care and the development of an organisation that is close to many people's hearts.*

David Archer
Chief Executive Officer

**To the best of my knowledge, the information contained in this Quality Account is accurate.*



Statement from HUC chair Sarah Pickup

I was delighted to be appointed as the new Chair of HUC, taking up my role at the start of April.

The Quality Account for 2022/23 sets out HUC's achievements over the last year, ranging from setting up new committee structures and strengthening safeguarding arrangements to taking on a set

of new services in the south-west, all while ensuring a focus on patient experience and supporting staff.

I am excited to work with the board and all HUC staff as we strive to continuously learn, improve and innovate to enable us to deliver the best-possible outcomes for people and reduce pressure on wider health services.

2. HUC Priorities for Improvement and Statement of Assurance from the Board

Quality priorities for 2023/24

■ Quality Priority One:

Develop Clinical Assurance Forums

Over the past year, HUC successfully embedded Service Level Clinical Governance meetings as part of standard practice and business as usual principles.

This organisation seeks to continue its cultural growth and development by nurturing a blame-free, just culture, with a consistent approach, standards, and clear accountability boundaries.

This objective is to develop Assurance Forums, sitting under the Clinical Governance Committee as a sub-committee of the board, which the Service Level Clinical Governance meetings will report into.

These Forums will monitor clinical quality through the review of themes and trends in relation to patient safety, satisfaction and service level provision based on reports generated from the monthly Service Level Clinical Governance Meetings. They will facilitate an additional layer of internal scrutiny and assurance in relation to patient safety and satisfaction in line with continuous learning and improvement.

Areas for consideration, inclusion and mapping include:

- Clinical Safety
- Clinical Quality
- Safeguarding
- Medicines Management
- External Scrutiny

■ Quality Priority Two:

Review and Enhance the Non-Pathways Clinical Audit Policies, Processes and Outcomes

The organisation will review and revise the existing Clinical Audit processes, for clinical consultations outside of NHS Pathways, to include:

- GP telephone triage
- Consultation clinician (telephone)
- Base appointments and home visits

■ Primary Care:

- Luton Town Centre Surgery
- Clock Tower Surgery

■ Community and Prevention of Admissions and:

- Decision to Admit (D2A)
- Special Allocation Scheme (SAS)
- Community Medical Cover

■ Luton Urgent Treatment Centre

■ Cheshunt Minor Injuries Unit

■ St Albans Integrated Urgent Care Hub

The objective is to develop an internal policy, and bespoke audit template, formatted and tailored to the specific needs of each service, using internal systems and processes, without the use of the Clinical Guardian auditing system.

The objective outcomes include enhanced ability to:

- Track individual clinician scores, areas of strength and areas for development.
- Identify themes and trends across specific service types and the organisation as a whole for shared learning and ability to identify any new or emerging risks.
- Share standards as part of on-boarding and induction for all clinical colleagues to ensure transparency and consistency in approach and benchmarking.

In addition, the revised policy will articulate roles and responsibilities in terms of ensuring all clinicians are audited in line with the set standards. Colleagues who require support will have clear pathways developed within the policy to ensure they receive the feedback, training and engagement they need from the Senior Clinical Leads to develop and to ensure patient safety and the quality of care is maintained at a high and consistent level across the organisation.

■ Quality Priority Three:

Develop and embed meaningful and accessible policies and working practices to support the organisation to successfully transition from the existing NHS Serious Incident Framework to the new Patient



Safety Incident Response Framework (PSIRF)

This objective has two clear outcomes, the first being to develop, ratify and embed a new organisational Incident and Near-Miss Management policy, in line with the PSIRF requirements, and the implementation of the associated training packages for colleagues working across the organisation.

The second is to finalise and work through the inaugural PSIRF annual plan. This will define how the organisation intends to respond to patient safety incidents reported by colleagues and patients, their families, and carers as part of the work to continually improve the quality and safety of the care we provide.

■ Quality Priority Four: Embed the Patient Voice further into our Processes

In line with our organisational ethos of 'Putting Patients at the Start and Heart of Our Care', the objective is to build on our existing foundation of patient engagement and participation. In addition to the communication pathways already established, this objective is looking to strengthen the patient voice. The workstreams

around this objective will seek to:

- Develop and enhance Patient Participation Groups (PPG) at individual service level where already in operation and where appropriate:
 - Luton Town Centre Surgery
 - Luton Urgent Treatment Centre
 - St Albans Integrated Urgent Care Hub (IUCH)
 - Cheshunt Minor Injuries Unit
 - Clock Tower Surgery
- Develop service level and organisational PPG forums.
- Develop links with local partner providers to share and receive relevant patient feedback, themes and trends, to include:
 - GP practices
 - Trusts
- Strengthen relationships with external agencies such as Healthwatch to actively engage and work in partnership to better understand the challenges facing our patient population and to learn from shared experiences to effect tangible change and drive continuous learning and improvement.

3. Review of 2022/23 Priorities

Review of 2022/23 Priorities

■ Quality Priority One:

Develop and implement organisation-wide committee structure – ACHIEVED

HUC successfully launched its new committee structures over the course of 2022/23. This has included the creation of six new Board Committees, each chaired by a Non-Executive Director (NED).

The committees have facilitated closer scrutiny of the risks and challenges around our key workstreams, as well as providing new escalation channels to the HUC Board. The meetings enable positive external challenge from our NEDs, whilst also providing greater documented assurance. They have also acted as models in the subsequent creation of new sub-groups, as well as wider Service Level Clinical Governance meetings.

The creation of associated specific reporting and escalation templates has also encouraged closer working between our Operational and Business Intelligence teams, in corroborating our performance data particularly in our Performance and Service Delivery Committee.

Whilst we recognise that there are further refinements to be made to the committee meeting agendas in 2023/24, including the

adoption of themes to support senior problem-solving discussions, we have implemented our overall framework, which is felt to have been a considerable assurance success.

■ Quality Priority Two:

Introduce Service Level Clinical Governance meetings – ACHIEVED

Across the organisation HUC hold 12 individual Service Level Clinical Governance meetings, *as per Table 1 over the page*.

These meetings ensure each service has the support and scrutiny of the Operational, Clinical, and Clinical Quality teams in terms of the service they provide to our patients. These meetings review progress and learning in relation to:

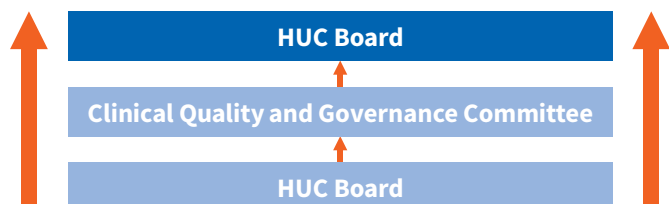
- Incidents and near misses
- Health Professional Feedback (HPF)
- Patient feedback and engagement (complaints, compliments, and surveys etc)
- Audits
- Training and compliance levels
- Safety alerts and National Guidance

In addition, the meeting reviews and ratifies local, service level policies and Standard Operating Procedures (SoPs) and celebrates good practice and learning through excellence.

The service level risk register is reviewed,

Name / Region / Portfolio	Service Level Clinical Governance Meeting
South West Services	1. South West NHS 111 2. Clinical Advisory Service (CAS) & Out of Hours (OOH) / Unscheduled Care 3. Clock Tower Surgery 4. Devon Services (SAS, D2A, Community Medical Cover, District Nurse Allocation)
Primary and Urgent Care	5. Cheshunt MIU 6. Luton Town Centre Surgery 7. Luton Urgent Treatment Centre 8. St Albans – IUCH 9. Dental services
Integrated Urgent Care (IUC)	10. East of England (EoE) NHS 111 11. EoE CAS and London Ambulance Service – resilience 12. EoE OOHs / Unscheduled Care and Prevention of Admissions

ensuring risks are actively and effectively mitigated, that actions are progressing in line with timeframes, assessing current risk scores and exploring and articulating any new or emerging risks.



The Service Level Clinical Governance meetings report up to the Clinical Quality and Governance Committee and sub-group of the Board, *as above*.

■ Quality Priority Three: Develop and implement an annual audit schedule – ACHIEVED

Each service has an agreed schedule of audits, relevant and tailored to the nature and provision of the care they deliver to ensure we measure their safety and quality standards to drive continuous learning and improvement.

■ Quality Priority Four: Develop and implement a bespoke Enhanced Patient Satisfaction Questionnaire – PARTIALLY ACHIEVED

This objective was met in that each service has access to the standard NHS Friends and Family cards and a service-specific Quick Response (QR) code. In addition, each service has a tailored enhanced patient satisfaction survey developed and facilitated internally.

HUC's long-term provider of patient surveys ceased trading in March 2023. There is an active procurement process running to secure a new provider; which includes a review of the current service-level question sets, frequency provision and format etc.

■ Quality Priority Five:

Develop an internal bespoke patient safety and quality-focused inspection programme, developed around the core Care Quality Commission (CQC) domain principles, ie safe, effective, caring, responsive and well-led – PARTIALLY ACHIEVED

Cheshunt Minor Injuries Unit had a full, announced inspection in November 2022, as a result of which it received an overall rating of Good, as well as the same rating in each of the CQC's five domains – see below.

In line with the CQC's changing inspection programme, HUC is reviewing its internal support programme to ensure it reflects and encompasses the CQC's revised structures.

■ Quality Priority Six:

Nurture the maturation of HUC's reporting culture – ACHIEVED

Incident and Near Miss reporting training was facilitated by Clinical Governance managers, which included support on how to use the organisational online incident reporting system RADAR. These sessions focused on tailored service specific examples to spark discussion and engagement.

The lifecycle of an incident demonstrated the process each reported case goes through from being allocated to a service level manager to

investigate, then shared at the service level Clinical Governance meeting for learning and actions to be extracted.

Following this, delegates learnt about the possible consideration for adding learning to the risk register, in addition to the trend analysis and overview level headlines which are shared with the Board.

This context was shared to demonstrate the positive impact Incident and Near



3. Review of 2022/23 Priorities

Miss reporting can have; the principles of Just Culture and No Blame were included.

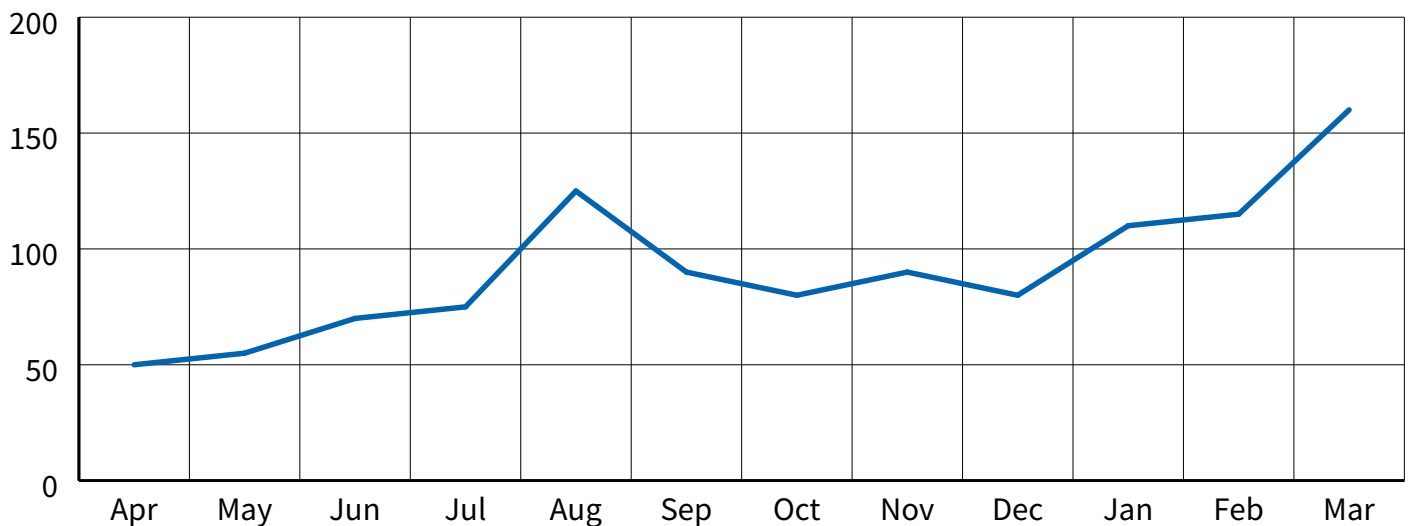
There are early signs of improving numbers of reported Incidents and Near Misses. The graph at the bottom of this page demonstrates this maturing culture with an overall, steady increase in the number of Incidents and Near Misses; however, this increase needs to be balanced with the additional services provided by HUC since its acquisition of Devon Doctors Ltd.

Services increased from October 2022, with HUC principles, processes and training becoming embedded from early 2023.



Incidents and Near Misses

April 2022-March 2023





4. Clinical Quality and Governance

Learning Culture & Incident Reporting

HUC promotes active incident reporting with our easy-to-use reporting software RADAR, facilitating real-time reporting and escalation with responsibilities and accountabilities defined. All incidents are proportionately and robustly investigated, ensuring all opportunities for learning and improvement are identified and actioned.

RADAR is accessible to all colleagues working across the organisation; it is formatted to ensure that it is easy to operate and intuitive.

RADAR provides notification alerts in real time at the point of reporting with immediate alerts for escalation, allocation of an investigator whilst notifying them of the case. Alerts are also sent to the wider HUC Management Team for awareness ensuring a 'no-gaps' approach. Additional escalation notifications include, but are not limited to, incidents relating to:

- Safeguarding
- Infection control
- Information governance
- Security
- Medication management
- Levels of harm

The Operational, Clinical and Clinical Quality and Governance teams work in partnership to enable full engagement, ownership and accountability for Near Misses, Incidents, complaints and audits. This ensures each service benefits from the embedded subject matter experts who understand the service and are familiar with colleagues and working environments, with contextual knowledge and understanding to develop robust, meaningful, corrective actions.

Levels of Incident

HUC have the following incident levels:

- **Routine:** Near miss, no and low harm incidents
- **Higher Level Incident (HLI) 1:** Potential for learning is significant (though not reaching serious incident threshold) and wider than the

one service in which the incident occurred. Such incidents may also be complex in nature and, therefore, require a more structured, senior level review and investigation.

- **HLI2:** Moderate harm with statutory Duty of Candour (DOC)
- **Serious Incidents (SIs):** Whilst transitioning into the new Patient Safety Incident Review Framework, in line with the NHS SI Framework, incidents resulting in serious harm or death and / or those with significant potential for learning and / or organisation reputational risks etc.

In line with the principles of DOC, colleagues are open and honest with patients and their families in real time as incidents occur, sharing with them any learning and actions taken to ensure their safety.

More significant cases, managed as an HLI2 or SI have a more formal structure and approach to statutory DOC. This includes a verbal and written apology and explanation of how the case will be investigated, as well as internal classification of level of incident. We provide supporting documentation in the form of patient and colleague information leaflets to support this process.

Many senior members of the wider Clinical and Clinical Quality and Governance teams are trained on Root Cause Analysis (RCA), with experienced support and oversight provided by the Associate Director of Clinical Quality and Governance and the Chief Medical Officer.

Across the organisation we have declared two Serious Incidents:

Case 1: Unexpected death – multiple touchpoints across the health system, including HUC's own

- NHS 111 and Clinical Assessment Service
- St Albans Integrated Urgent Care Hub
- Out of hours GP appointment

At this time the report has been approved by the ICB and we are following up with family to share our investigation findings in line with our DOC processes.

Case 2: Unexpected death – patient contacted HUC via 111 and received a GP call back assessment (case open and under investigation)

Our standard approach is to liaise quickly with the ICB in the event of an SI being identified, in real time, as we declare the case on the national reporting system StEIS (Strategic Executive Information System).

HUC work under the guidance and requirements of the current NHS Serious Incident Framework (SIF). SIs are investigated using the RCA methodology, by appropriately RCA trained members of the team including, when required, subject matter experts such as Head of Safeguarding, Lead Pharmacist etc.

Prompt escalation

Senior members of the Clinical and Clinical Quality, and Governance Teams review all cases that have the potential to trigger and be logged and investigated as either an HLI1, HLI2 or SI, in that they have resulted in moderate harm or above. There is the potential for significant learning, significant complexity or reputational concern.

These cases are reviewed on a weekly basis within the escalation call, which is stood up more frequently as and when required. As well as incidents, the group also review any of the following, as applicable:

- Complaints
- Health Professional Feedback (HPF)
- Allegations of abuse against a staff member
- Information Governance breaches
- Significant violence and aggression incidents
- Initiation of other investigations for example:
 - Serious Case Reviews (SCRs)
 - Safeguarding Adult Reviews (SARs)
 - Safeguarding Adults Enquires, Domestic Homicide Reviews (DHRs) etc
- Whistleblowing
- Audit findings
- Prevention of Future Death Reports issued by the coroner

As cases are identified, the required documentation and call recordings are collated and immediately escalated to the Chief Medical Officer, Associate Director of Clinical Quality and Governance, and the Head of Nursing and Non-Medical Professionals.

Each case is then discussed in detail and a decision agreed by the group regarding the level of harm and potential for learning, as well as the level of incident to declare.

The escalation call is routinely attended by:

- Head of Clinical Governance (chair of meeting)
- Chief Medical Officer
- Associate Director Clinical Quality and Governance
- Head of Nursing and Non-Medical Professionals
- Clinical Directors
- Head of Patient Experience and, when required, the wider patient experience team
- Clinical Governance managers
- Head of Safeguarding and, when required, the wider safeguarding team
- Lead Pharmacist
- Clinical Quality and Governance Coordinator (minute taker)

Depending on the nature of the cases being reviewed, invitations are extended to the following team members and subject matter experts (this is not an exhaustive list):

- Portfolio Clinical Quality and Governance Managers
- Portfolio Complaint and Patient Experience Managers
- Head of Safeguarding
- Corporate Governance Manager
- Lead Pharmacist

As a minimum, there must be either the Chief Medical Officer and one Clinical Director present plus a senior member of the Clinical Quality and Governance team.

Incidents that are declared as an HLI or SI will

have a nominated Medical or Nursing lead and governance accountability assigned.

Clinical and Clinical Quality and Governance Provision:

The organisation has invested significantly in the quality and governance teams. Each service across the organisation now benefits from a dedicated Clinical Governance Manager per portfolio, supported by the Head of Clinical Governance and a dedicated Patient Feedback and Improvement Manager, who, in turn, is guided by the Head of Patient Experience.

Additional support is provided by the Associate Director of Clinical Quality and Governance, the Head of Nursing and Non-Medical Professionals, a Clinical Director and the Chief Medical Officer.

As a result, service level operational and clinical colleagues receive support to ensure early identification and escalation as appropriate, with the quality and timeliness of investigations monitored to articulate and extract learning, ensuring the golden thread from learning translates into completed actions.

Reporting Structure

HUC's robust reporting structure reflects the symbiotic relationship between colleagues working within its services through to the Operational Leadership team, Senior Clinical and Clinical Quality Governance teams up to the Executive team and the Board. The structure supports reciprocal communication to reflect HUC's 'ward to board' approach.

In line with HUC's ethos and culture, which is anchored in continuous learning and improvement, each service has a monthly, service-level Clinical Governance meeting. In these, a standard agenda sets a tailored framework which mirrors the clinical governance and quality approach outlined above, as well as audit findings and actions in relation to any safety alerts, new national or NICE guidance, local and national standards and service level compliance.

The focus of this meeting is to ensure each element has a proportionate, robust investigation and scrutiny, with findings clearly articulated

and reflected in actions. This facilitates active reflection of care and the organisation's standards. It also drives learning from experience and practice improvements to further effective, efficient quality services and patient safety. Known, new and emerging risks are reviewed to ensure actions are progressing and mitigations assessed whilst ratings are reviewed to ensure that safety is maintained.

The identification of supportive actions is seen as a positive step to improve individual and HUC-wide safety and quality standards.

In addition, HUC have an alternate-month Clinical Quality Governance Committee, chaired by HUC's senior Clinical Non-Executive Director. This meeting looks at themes and trends, benchmarking comparisons and is a forum to share good practice, articulate key learning and develop organisational actions to drive safety and quality improvements with dual-directional communication. The Minor Injury Unit is further supported by Review Groups, such as the Risk Review Group and the Policy Review Group.

Change and Transformation

Devon Doctors Ltd

Perhaps one of the most significant events for HUC over the course of the last 12 months was the acquisition of Devon Doctors Ltd and its subsidiary companies, on 1 October 2022.

HUC's relationship with the company started when it was approached earlier in the year to form a collaboration to support their Integrated Urgent Care services bid. This developed into a more formal partnership.

Leads from both HUC and Devon Doctors have worked together to create a single organisation under the HUC umbrella and to identify synergies and opportunities to benefit from shared best practice. Operations previously under the Devon Doctors banner are now referred to as South West services.

More than 260 employees across multiple functions and departments were retained as part of the acquisition and have been embedded into their HUC-equivalent teams, providing key local



knowledge and stability to the contracts that transferred with them, as well as vital support to the burgeoning services in the South West.

During 2022/23, the South West has undertaken significant recruitment activity, primarily focused on mobilising the NHS 111 services in Somerset and Cornwall (in partnership with Kernow Health CIC), both of which are serviced from the HUC contact centre in Taunton.

The Cornwall service went live on 30 November 2022, followed by Somerset NHS 111 on 30 March 2023. Once fully staffed, the South West NHS 111 contracts will represent an additional 75.91FTE for Health Advisors and 23.83FTE for Clinical Advisors, which in turn will provide resilience to HUC's 111 contracts in the East of England.

Under Devon Doctors Ltd, Practice Plus Group had been subcontracted to provide the Somerset NHS 111 service. Monthly sub-contract meetings were held to discuss performance, workforce, and clinical governance. During the reporting period,

there were performance challenges, as a result of which a recovery action plan was implemented by HUC and Somerset ICB.

In November 2022, Somerset Integrated Care Board (ICB) agreed that HUC should run the 111 part of the service in conjunction with the out-of-hours element. Subsequently HUC mobilised its Somerset 111 service on 30 March, 2023.

Clinical Quality and Governance Restructure

Following the introduction of the Associate Director of Clinical Quality and Governance role, the Patient Experience and Clinical Governance teams have been restructured. This will ensure robust Clinical Governance provision, experience, and expertise across the organisation in line with the wider clinical team restructure.

Both teams now support three distinct portfolios of services:

- East of England IUC with NHS 111, CAS, Out of Hours service and Prevention of Admission



- East of England Primary and Urgent Care
- South West IUC, the Clock Tower Surgery and Devon Services
 - To include SAS, D2A, Community Medical Cover and District Nurse Allocation

The aim of the restructure is to:

- Ensure service level oversight, assurance, and accountability
- Monitor and nurture continuous learning and improvement, while bridging the knowledge and resource gaps between departments, from a governance and regulatory perspective
- Ensure the required standards are achieved and maintained.

With this development of teams, HUC's organisational culture will be nurtured and the processes and systems that support it reviewed and refined. The aim is to ensure an open and blame-free organisation that is committed to learning and improvement.

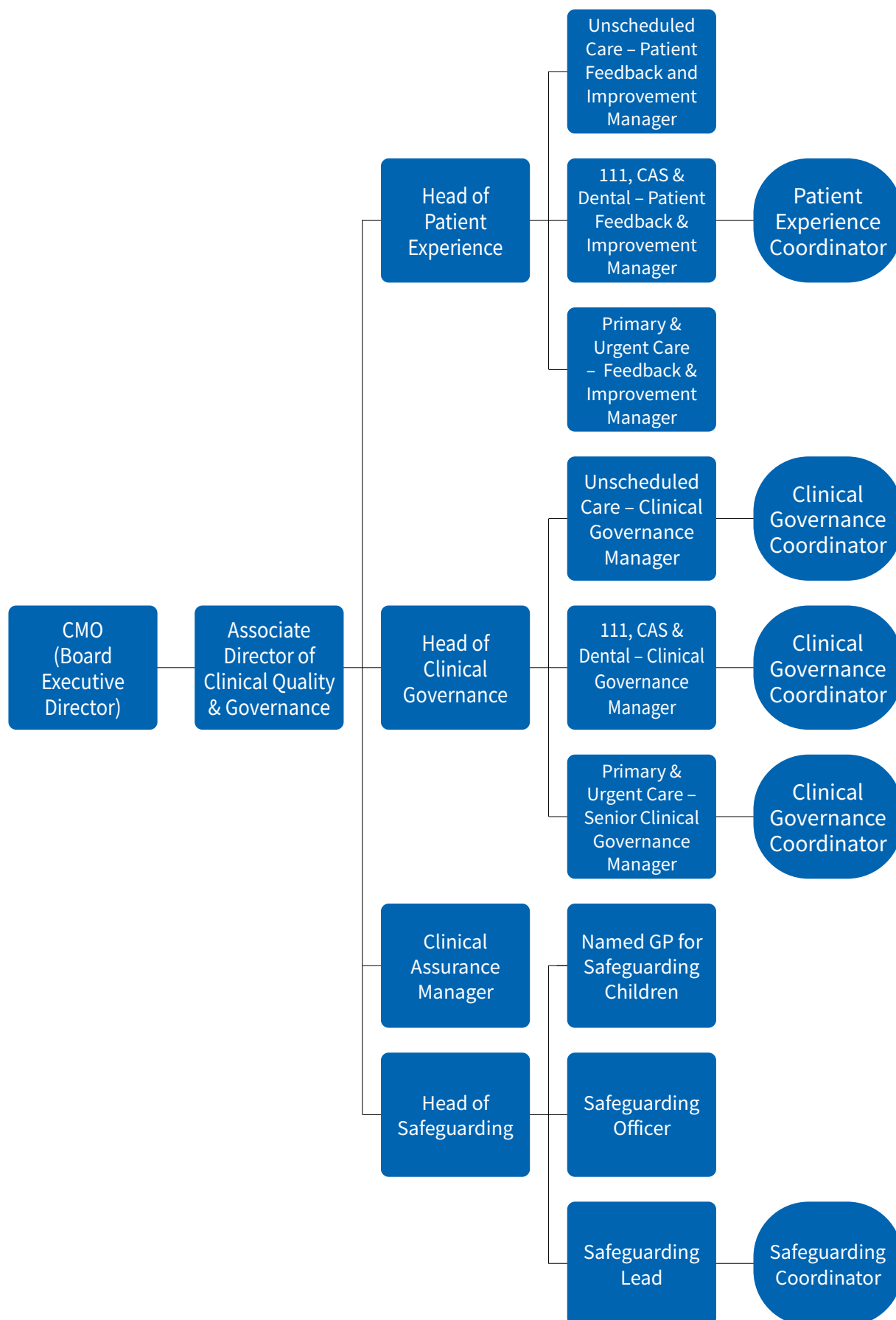
HUC is taking a consistent pan-organisational

approach to enhance investigations, and corrective actions to ensure we meet and surpass minimum standards. At the same time, HUC will keep patients at the start and heart of everything it does, while protecting the wellbeing of our colleagues.

As a result of this restructure, a stratified succession plan was created, as well as career progression for colleagues wanting to pursue a role within management. The restructure will also increase accountability and connection between the Clinical, Operational and Governance teams.

In line with the principles of quality governance, the Safeguarding team has been moved under the Associate Director of Clinical Quality and Governance's remit, as per the graph on the following page.

Structure under HUC's Associate Director of Clinical Quality and Governance



5. Safeguarding

Safeguarding

HUC is committed to working with partner agencies to ensure that children, young people, and adults accessing the service are treated with dignity and respect. We aim to ensure that all service users receive smart effective care that is in line with both local and national policies and guidance.

The Safeguarding team helps the organisation to fulfill its statutory duty to safeguard patients and colleagues to promote a 'Think Family' and 'Making Safeguarding Personal' approach when assessing risk, providing care and preventing harm.

This report provides an overview on:

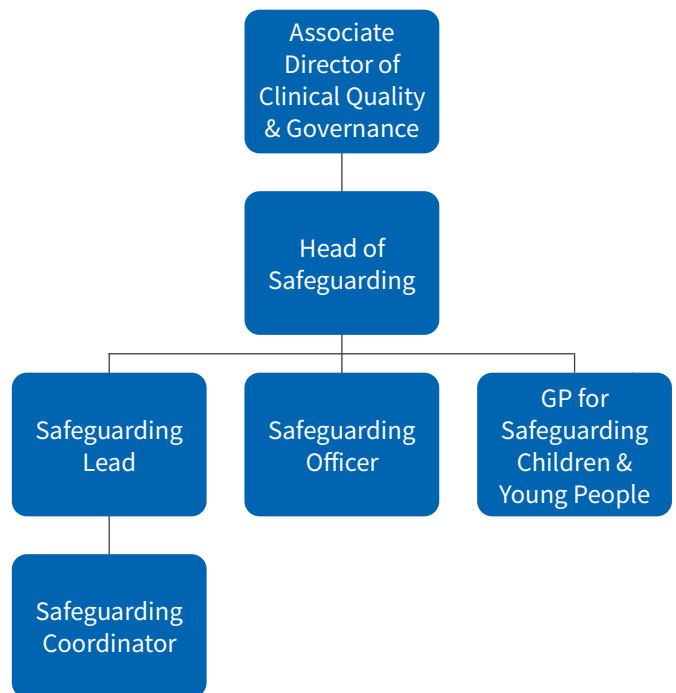
- The Safeguarding team
- Safeguarding governance and assurances
- Key safeguarding achievements
- Legislative duties
- Safeguarding activities
- Work undertaken in response to Section 11 self-assessments
- Key safeguarding priorities for 2023/24

Safeguarding Team

As previously stated, the whole clinical directorate has recently undergone a restructure, which also included investment in the growth and development of the Safeguarding team who hold responsibility to provide high-quality safeguarding arrangements that seek to prevent and protect individuals from harm or abuse.

The Safeguarding team forms part of the wider Clinical Directorate reporting into the Chief Medical Officer, who is the executive lead for safeguarding in the service and supported by the Associate Director of Clinical Quality and Governance. Working closely with the Head of Nursing and Non-Medical Professionals and the Clinical Governance team, the Head of Safeguarding is the strategic lead. They provide safeguarding oversight, leadership, and management to ensure that HUC fulfills its statutory duties and delivers on all contractual safeguarding performance indicators.

Safeguarding Team



The Safeguarding team consists of the newly appointed Head of Safeguarding and Safeguarding Lead, the named GP for Safeguarding Children and Young People, a Safeguarding Officer and a Safeguarding Coordinator. Together, the team are working to ensure that effective training and responsive systems embed safeguarding across the HUC community.

Safeguarding Governance and Assurance Arrangements

The Safeguarding team provides assurance to the Board via the aforementioned Clinical Governance Committee. They are also active participants in the weekly Escalation call, chaired by the Clinical Governance Team, to review any clinical or safeguarding incidents of concern. The team support the comprehensive analysis of data across the organisation by completing quality validation and drafting briefing reports identifying good practice, learning themes and trend analysis.

Both the Head of Department and Safeguarding Lead have strong links with the Hertfordshire and West Essex ICB, local authorities, healthcare professionals, Safeguarding Adults Boards and

Safeguarding Children Partnerships. They also attend multi-agency meetings and training sessions for joint working, learning from Serious Incidents, Safeguarding Adult Reviews and Domestic Homicide Reviews.

With HUC's increasing geographical footprint, both members of the team, whilst still relatively new in post, are in the process of widening these boundaries, establishing links with all ICBs, local authorities and health professionals in all areas. This will support robust partnership working, learning, information sharing and streamlining of safeguarding systems.

Safeguarding Achievements

Child Protection – Information Sharing service (CP-IS)

When a child is known to social care and is a 'Looked After Child' or on a Child Protection Plan, basic information about that plan is shared securely with the NHS. If that child attends an NHS unscheduled care setting, such as an ED or MIU then the following will occur:

- The health team is alerted that they are on a plan and has access to the contact details for the social care team
- The social care team is automatically notified that the child has attended
- Both parties can see details of the child's previous visits to unscheduled care settings in England

To ensure NHS 111 Health Advisors are identifying children who are known to the local authority, a question set has been included in Adastra, which prompts the NHS 111 professional to ask if the child is on a child protection plan, is a 'Looked After Child' or is known to social services.

Care Leavers

HUC recognises that care leavers are a particularly vulnerable group: they may have experienced abuse, neglect, and trauma. This can lead to significant emotional, behavioural and mental health needs, putting them at increased risk of being groomed or exploited by people offering the attention, affection or support that they have struggled to find elsewhere.

A care leaver question set has been incorporated into Adastra to highlight patients who are care leavers, who may therefore have additional vulnerabilities, to clinicians. The Safeguarding team have links with the Looked After Children (LAC) team in Hertfordshire for joint working and are in the process of establishing LAC team contacts in all localities that HUC covers.

Bruising in Non-Mobile Infants

An audit identified that our patient-facing colleagues, both clinical and non-clinical, may benefit from further training on the significance of bruising in non-mobile infants, particularly in those aged under six months.

As a result, our designated GP Lead for Safeguarding Children and Young Adults devised training sessions in line with local and national policy. This session is now mandatory for all patient-facing colleagues.

In addition, we identified that there was no question set within NHS Pathways that specifically asked about bruising in infants aged under six months. As a result of our conversations, April 2023 saw a new 'injury in the non-mobile infant' symptom discriminator added to NHS Pathways. This will allow for local DoS profiling to ensure the most appropriate service for child protection and safeguarding is selected when contacting our services.

As a result of this work, a recent audit demonstrated that colleagues were compliant in following the local and national guidelines on bruising in non-mobile infants.

Amended Adastra Pathways

The Safeguarding and Transformation team worked together to embed mental capacity and children known to social services into Adastra.

The Mental Capacity Act's recommendations for assessment have been included on Adastra to prompt Clinicians to document the patient's capacity. This assessment is used for all patients over the age of 16. Should the Clinician conclude the patient lacks capacity, they are asked to consider a home visit.

A question set has also been added to Adastra to prompt NHS 111 Health Advisors to ask if the child is on a Child Protection plan, is a 'Looked After Child', or is known to social services.

The Patient Journey

The HUC Safeguarding team has worked closely with the organisation's Patient Safety, Patient Experience, and Clinical Governance teams to internally review patient experience, including complaints, plaudits, and safety to improve the patient journey.

The Safeguarding Team regularly collates data on the types and quality of safeguarding referrals made and any themes and trends identified, as well as local and national learning. This is disseminated via safeguarding supervision, training, and the Safeguarding Champion programme.

Legislative Duties for Children and Adults

Legislative frameworks that HUC needs to be compliant with for both children and adults when exercising safeguarding duties include:

- Mental Capacity Act 2005
- Care Act 2014
- Children's Act 2004 (updated)
- Human Rights Act 1998
- Mental Health Act 1983
- Modern Day Slavery Act 2015
- Crime and Disorder Act 2015
- Female Genital Mutilation Act 2003
- Working Together to Safeguard Children 2020
- Safeguarding Children and Young People Competencies for Healthcare Staff 2019
- Adult Safeguarding: Roles and Competencies for Healthcare Staff 2018
- Deprivation of Liberty Safeguards 2009
- Domestic Abuse Act 2021

Our colleagues who work with patients are aware of their duty to identify and raise safeguarding concerns to protect children and vulnerable adults where they believed the threshold for statutory intervention have been met.



HUC fulfils its duty by having in place:

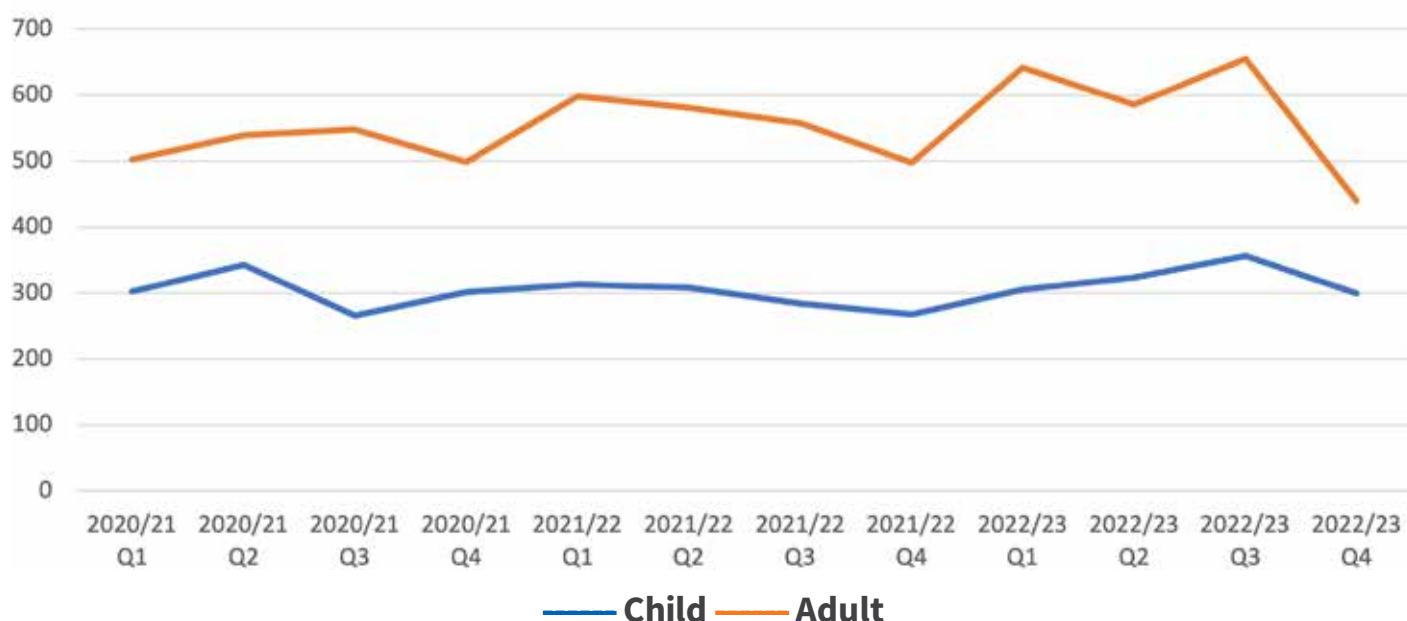
- Named safeguarding professionals
- Safeguarding systems and processes
- Safeguarding policies and guidance
- Safeguarding training for all colleagues commensurate to their role
- Robust partnership working with the Local Safeguarding Children Boards
- Systems to assist Local Authorities in carrying out enquiries into whether, or not, a child is at risk of significant harm and provide the appropriate information

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) provide the legal framework applied when a person, resident in a care home or an inpatient in hospital who lacks capacity to consent to their care and treatment, is deprived of their liberty, either through a restriction or by restraint to keep them safe from harm.

The Mental Capacity Amendment Act was enacted in 2019, heralding the introduction of Liberty Protection Safeguards to replace the current DoLS process, requiring HUC to be legally accountable for the management of patients who

Safeguarding Referrals 2020-23



are deprived of their liberty, as defined under the Liberty Protection Safeguards Code of Practice.

The timeframe for their introduction has been significantly delayed and it is unlikely to be implemented nationally before 2024. HUC's Head of Safeguarding has completed the Best Interest Assessor training but will require a Liberty Protection Safeguards conversion training, when available, to deliver training across all services prior to their implementation.

Safeguarding Activity

The graph above represents the year-on-year number of referrals colleagues within HUC made to the local authority.

Training sessions focusing on referral thresholds and how to evidence these have taken place to ensure that any referrals made are of a high quality and appropriate. We rely on the quality of the data submitted within the referrals to ensure that all safeguarding concerns are identified and escalated appropriately.

Members of the Safeguarding team scrutinise the contact our services have with members of the public as part of Children's' Rapid Reviews, Local Child Safeguarding Practice Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews, Section 42, and Section 47 enquiries.

These formal processes help identify any missed opportunities for referrals, or themes which can be embedded into future training sessions to heighten awareness amongst colleagues.

Safeguarding Champions

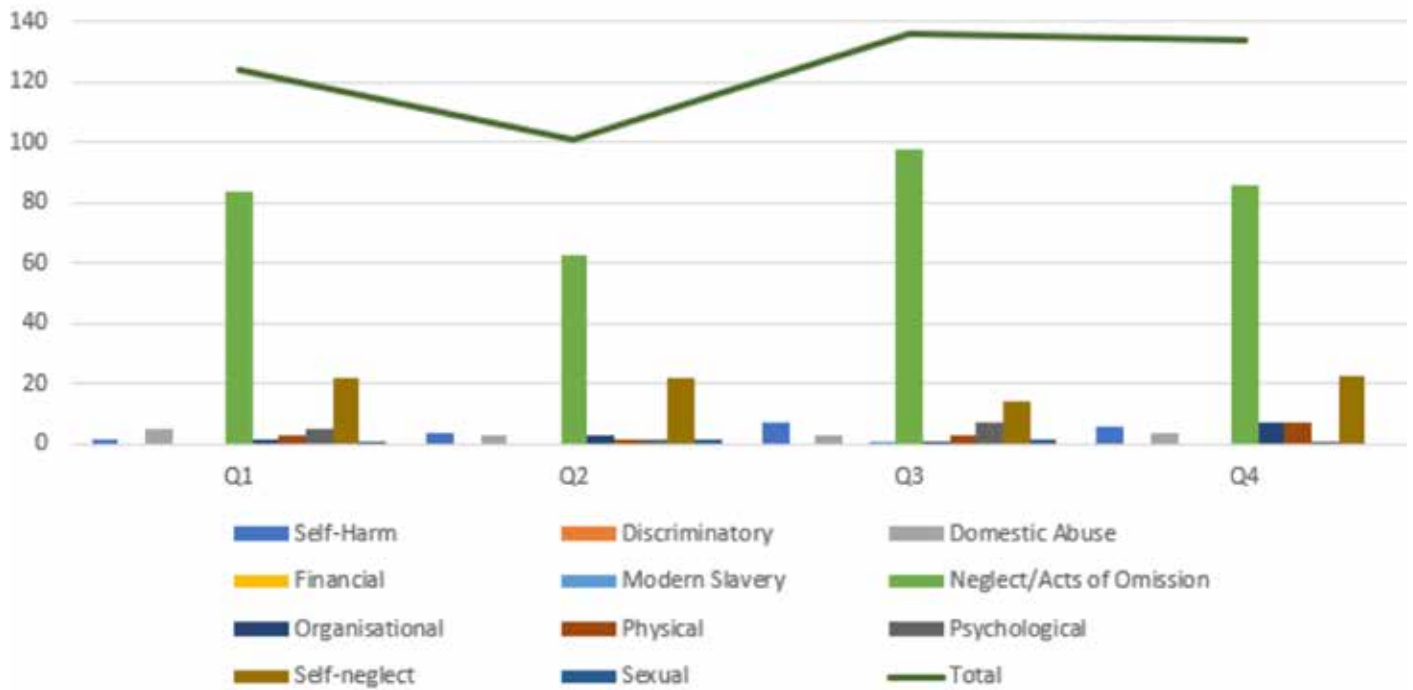
The organisation actively recruits patient-facing colleagues into the extended role of safeguarding champion. These team members are supported and receive further development via monthly training sessions delivered by the named GP for Safeguarding Children and Young Adults. These sessions cover topics including, domestic abuse, contraception, and neglect.

Our safeguarding champions have continued to support colleagues in making non-urgent referrals, providing advice and support to those who are unsure whether a referral is required.

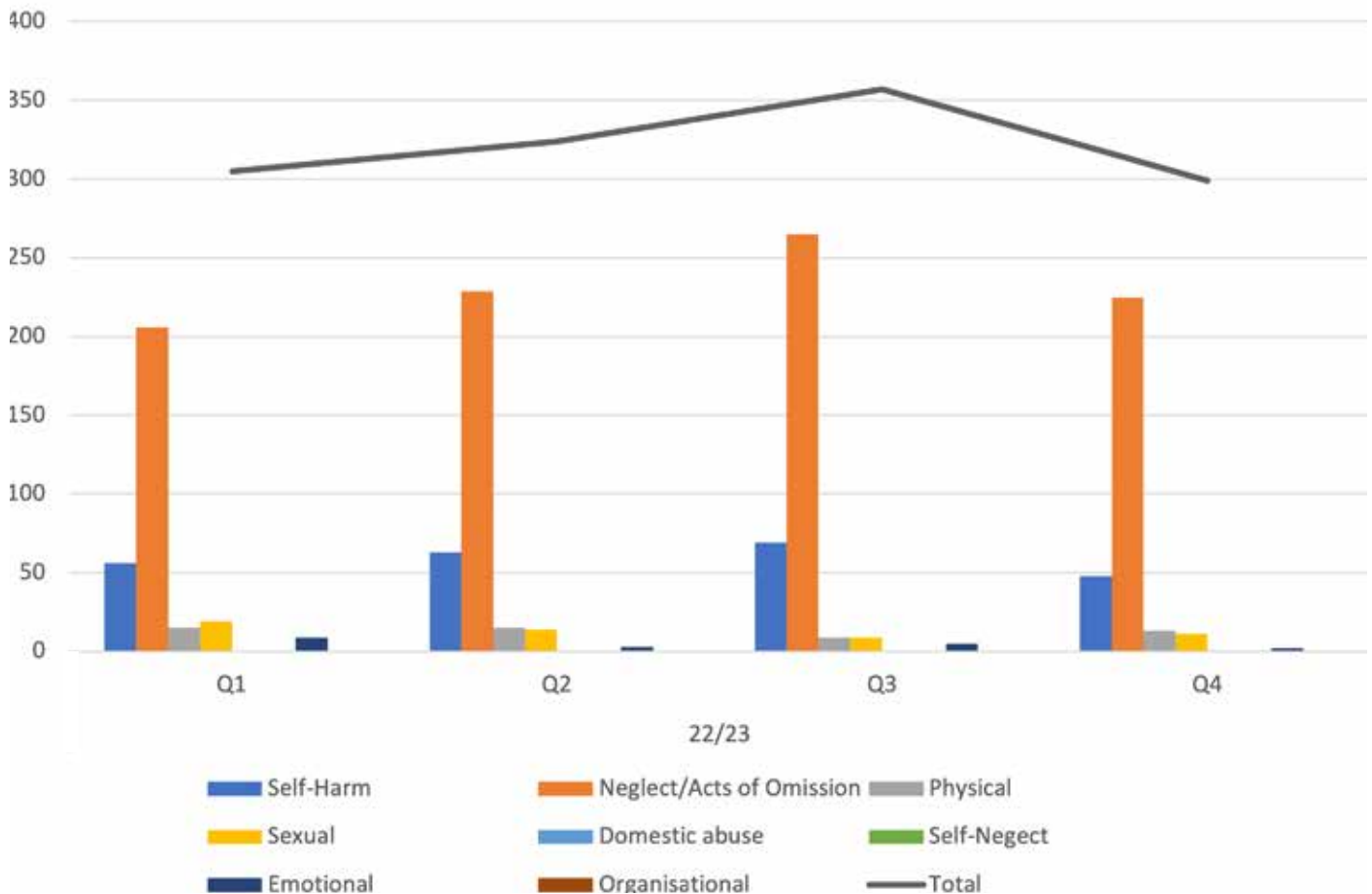
Multi-Agency Working

The use of virtual meeting platforms, predominately Microsoft Teams, means HUC is consistently represented at meetings across its geographical footprint to facilitate the safeguarding of children and adults, eg the Infant Crying and How to Cope (ICON) group steering meeting, health safeguarding training group, Joint Agency Response and professional meetings.

Reason for Safeguarding Adults 2022/23



Child Safeguarding Trends 2022/23



Child Death Notifications

Throughout 2022/23, the Safeguarding team continued to meet its statutory responsibility and engage fully with local Child Death Overview Panel teams when receiving notification of a child death.

As an organisation, we ensure any such notifications are investigated and responded to in a timely manner. In instances where a child has had contact with HUC they go to HUC's Senior Management Team for discussion. Furthermore, the Safeguarding team works closely with colleagues to ensure any organisational learning or good practice is identified and shared.

Policies and Guidance

All relevant safeguarding policies are up-to-date. Our organisational Policy Review Group ensures safeguarding is considered when policies and procedures are being developed. Similarly, the Safeguarding team work with safeguarding boards to support the development of multi-agency policies and guidance.

Training

This report has already touched upon several safeguarding training initiatives undertaken over the last year – these include bruising in non-mobile infants and our regular safeguarding champion sessions

In addition, a significant amount of investment and resource has been given to deliver other safeguarding training sessions in the last 12 months. New e-learning modules – both national, such as the trauma-informed care module, and locally-developed sessions – have been implemented along with instructor-led presentations for all colleagues. The Safeguarding and Training and Development teams often share responsibility for these.

HUC recognises the importance of our colleagues being compliant with safeguarding training, although we are aware that current compliance is below the organisation's expected standard of 100%. We set expectations for all our colleagues and several of our senior team members are trained at Level 4 and act as role models.

The Safeguarding team work closely with all Heads of Department and HUC's Clinical Lead to help overcome issues with compliance. Where colleagues are not showing on our systems as compliant, the team works to support them in completing any required training and up-loaded certificates onto our system.

We value training opportunities to develop our teams and as such all training is readily available to colleagues as soon as they start their roles, though everyone is given a run-in time to complete. This does impact the overall percentages as above. Compliance monitoring is a real-time activity; the figures shown reflect the position at the time this reported was drafted

Section 11 Audit: Self-Assessment

The Section 11 template was submitted by HUC and we engaged in the ICB-facilitated meeting that took place in November 2022. Positive feedback was provided at the time and all recommended actions have since been addressed and presented to the ICB.

Key Priorities Going Forward

The safeguarding priorities for 2023/24 are:

Safeguarding Referrals

- Review the safeguarding referral system to ensure that colleagues across the services are supported in identifying safeguarding concerns, making appropriate high-quality referrals, using a modified referral process, and gaining access to the outcome of referrals made to complete the patient journey.

Training

- Continue to deliver training in line with the expectations and requirements set out in the Royal College of Nurses intercollegiate documents for both children and adults and identify key themes from the safeguarding processes, as well as any additional learning needs.
- Introduce a training passport via our online learning management system, the HUC Academy, where colleagues can access internal and external training

Safeguarding Adults & Children Compliance 2022/23

% Eligible training at level	C&P	SW	Herts	L&B	WE	LAS	Total
Level 1 Safeguarding Children including FGM / CSE	94%	100%	95%	89%	NA	NA	95%
Level 2 Safeguarding Children including FGM / CSE	93%	51%	95%	90%	91%	76%	83%
Level 3 Safeguarding Children including FGM / CSE	83%	66%	90%	72%	67%	NA	76%
Level 4 Safeguarding Children including FGM / CSE	100%	100%	100%	100%	100%	100%	100%
Level 1 Safeguarding Adults	98%	84%	99%	96%	NA	NA	94%
Level 2 Safeguarding Adults	92%	43%	90%	80%	73%	88%	78%
Level 3 Safeguarding Adults	75%	39%	71%	58%	33%	NA	55%
Level 4 Safeguarding Adults	100%	100%	100%	100%	100%	100%	100%
Relevant clinical and medical colleagues who have undertaken DoLS training	83%	94%	79%	94%	67%	NA	83%
Relevant clinical and medical colleagues who have undertaken Mental Capacity Act training	81%	95%	78%	88%	67%	NA	82%
Relevant clinical and medical colleagues who have undertaken Prevent / Workshop to Raise Awareness of Prevent training	94%	95%	85%	94%	67%	NA	87%

NB: HUC's training system provides 'live' results, so the figures above may differ slightly from previously reported results, which were correct at the time of reporting.

sessions, as well as reflective practice. This has had a significant impact on their learning, development, and professional practice, thereby increasing safeguarding competencies and compliance rates.

- Provide learning opportunities via webinars, Lunch and Learn sessions, and other channels convenient for all colleagues to raise awareness of safeguarding concerns, themes, trends, SIs, Safeguarding Adult Reviews, and Domestic Homicide Reviews both locally and nationally.

- Disseminate training sessions provided by the Safeguarding Adults Board and Safeguarding Children Partnership to all HUC colleagues.
- Provide relevant, up-to-date and researched safeguarding information and learning in line with national and local reviews and guidance.

Safeguarding Assurance Group (SAG)

- Develop and implement the Safeguarding Assurance Group (SAG) to engage with the Board, clinical teams and ICBs to celebrate good practice and deliver safeguarding



priorities, assurances, and learning, in line with our organisational objective.

Safeguarding Supervision

- Establish group safeguarding supervision with colleagues throughout the service on a quarterly basis. This involves discussion and reflection on cases identified by colleagues, dissemination of safeguarding information, learning, updates, and provision of a forum for colleagues to discuss issues and concerns.
- Ensure all colleagues have access to the Safeguarding team's contact details to provide ad hoc supervision as required.

Policies

- Review safeguarding policies and procedures and update as required.
- Establish dates that policies need to be renewed to ensure continuity.
- Ensure HUC policies align with those of the local Safeguarding Adults Board and Safeguarding Children Partnership.

Safeguarding Champions

- Continue the development of the

safeguarding champion role.

- Provide training and supervision to champions on a regular basis.
- Ensure that colleagues are aware of who the safeguarding champions are and how they can support when making safeguarding referrals.

Communication

- Work together with the Communications team and the HUC Academy to promote learning and disseminate essential safeguarding information.
- Continue to establish links with partner agencies, ICBs and local authorities and ensure that safeguarding supervision, processes and support are aligned throughout the service and in all our locations.
- Organise a safeguarding conference in 2024/25 with a guest speaker to inform colleagues on pertinent safeguarding topics, such as Prevent, modern slavery, and child sexual exploitation.

6. Services

NHS 111

HUC Expansion into the South West

In November 2022, HUC launched the Cornwall 111 Service working alongside Kernow Health CIC who deliver the Out of Hours element of the Service. The 111 Service operates a 24/7 from Ashford Court, in Taunton, Somerset.

The mobilisation time was very short but the Service managed to recruit and train 39 full time equivalent (FTE) Health Advisors, the service also runs with Clinical Advisors both substantive and agency, some of the Clinicians on the Service are home based.

A Clinical Advisor Recruitment Training programme is underway for nurses and paramedics to upskill these Clinicians in NHS Pathways to support with clinical recruitment as this is a challenge across all 111 providers.

The 111 Clinicians also provide front ending resilience in times of pressure or in periods of escalation. Due to the Service being very new, the East of England have provided support since the commencement of the Contract and the calls are currently networked to provide that additional resilience for all 111 Contracts.

The Service continues to recruit for Health Advisors, we are working very closely with the Colleges in Taunton and Bridgwater. In addition to this the HUC Recruitment Team have been out and about in the Town Centers promoting recruitment and the HUC Brand within Somerset.

Following the commencement of the Service we have in place really good succession planning, this has resulted in the South West now have its on Trainers, Coaches and Auditors, this is a great achievement as the Service only had 3 FTE back in October.

The Service now has established Mental Health First Aiders who work closely with all staff to support with challenging calls or just to provide additional onsite support.

Following the mobilisation the Operational Team have built up a great working relationship with Kernow Health, we promote collaborative working and meet weekly to discuss Service

Delivery and Performance Improvement.

The service has developed with the support of BI a recruitment flightpath and an attrition trajectory which is supporting with staffing forecasts and workforce.

In March 2023 the Somerset ICB awarded HUC South West an extension of the Somerset IUC Contract and to deliver the 111 Service.

In March 2023, the service was delighted that one of the new staff who has progressed from a Health Advisor, Coach to a Team Leader with a very short space of time, this individual won the HUC Hero Award for 'Rising Star'.

Induction of New Team Members

All new NHS 111 Health Advisors and Clinical Advisors attend an extensive NHS Pathways training course, lasting six weeks for a Health Advisor and eight weeks for a Clinical Advisor, which is a nationally mandated requirement.

From April 2022 to March 2023, HUC have run 67 courses, 58 in the East and nine in the South West. During this time, over 500 Health Advisors and 25 Clinical Advisors have started training with us. Approximately 11% have left the training due to personal reasons or deciding that the role did not fit their needs. Of those that sit the NHS Pathways exams, 93% pass exam paper one and 96% pass exam paper two.

Health Advisors and Clinical Advisors return to the classroom approximately five weeks after they have taken independent calls to complete their Core Module Two training. These courses are delivered remotely for Health Advisors and in the classroom for Clinical Advisors. By delivering the training for Core Module Two remotely we have been able to run over 60 sessions with a 99% pass rate, ensuring that all Health Advisors are signed off in a timely manner.

In addition to the Core Module training, the NHS Pathways training team have also run coaching courses for Health Advisors and Clinical Advisors and workshops which help Health Advisors improve the quality of the call, for example practising probing techniques and call length training.

The NHS Pathways Training team have run an additional 14 Service Advisor courses in our three East of England Contact Centres, training 33 new Service Advisors all of who successfully completed the course.

All new starters have their 'Go Live' audits completed face-to-face at the end of their supervised practice, which enables feedback to be given after every call and additional support implemented immediately. The Auditors then facilitate in person monthly feedback and self-reflections are completed if required to help develop learning.

Homeworking

HUC continue to support the home working policy and take a more flexible approach to workforce resilience. During the Covid-19 pandemic, colleagues that had been advised to self-isolate but remained well enough to work could support the services by working from home. Due to the success of home working, HUC continue to give out more homeworking kits each month and, subject to meeting the robust audit criteria, we continue to increase our homeworking workforce, which supports flexibility and resilience.

Cross-Site Working

Cross-site working continues across the East of England to help increase resilience of the service, ultimately improving the patient journey by being directed to the next available Health Advisor instead of waiting for an available Advisor at the patient's local contact centre. Cross-site working also enables recruitment for all contracts across all areas, increasing overall opportunities for successful candidates to join the organisation.

HUC have also introduced cross-site working for Service Advisor calls to further support the networking of these calls, eg dental, Healthcare Professional and repeat prescription calls, across the smaller pool of colleagues supporting the patient journey and call performance.

Mental Health First Aiders

We realise that working within the NHS 111

services and frontline services in general can be challenging. That is why HUC have a group of Mental Health First Aiders, trained externally with an internationally recognised training course accredited by the Royal Society for Public Health, to ensure that colleagues receive support when they need it. Those trained as Mental Health First Aiders have an in-depth understanding of mental health and the factors that can affect wellbeing as well as practical skills to spot triggers and signs of mental health issues to provide help on a first aid basis. They can reassure colleagues, offer support and signpost to relevant agencies particularly if an individual is in a crisis.

Critical Debriefers

In a similar vein, HUC's contact centres boast a number of colleagues who are trained as Critical Debriefers. This group of colleagues can support others after difficult or challenging calls or after any incidents they may feel that they need support with afterwards. Only those that have undertaken formal training can undertake a debriefing session with a colleague.

Floorwalker / Coaches

NHS Pathways trained Non-Clinical Coaches support our NHS 111 contact centre colleagues on shift. They provide supervision and guidance on a one-to-one basis during training buddy or shadow shifts. NHS Pathways trained Non-Clinical Coaches are also available for 'floorwalking' and this has recently been undertaken 'remotely' to provide real time support across the wider HUC footprint. These roles complement the skills and experience of individual team members and support the delivery of safe, high-quality care.

Innovations within our Contact Centres / Cross-Site Working

Cross-site working continues across the East of England to increase resilience. This allows us to direct callers to the next available Health Advisor, rather than having to wait for an advisor to be available at their local contact centre, thereby enhancing the patient journey.

In addition, cross-site working enables the service to recruit for all contracts across all areas

increasing overall onboarding and recruitment opportunities.

HUC have also introduced cross-site working for our Service Advisor calls to further support the networking of these calls – ie dental, health care professional, and repeat prescription – across the smaller pool of staff supporting the patient journey and call performance.

Interactive Voice Response (IVR) Review

The Transformation team have worked with our Operational Management teams to review the telephony IVR options available to patients when they call NHS 111. This helps to ensure they go through to the most appropriate Advisor to facilitate the correct type of service and support. Additional checks have been embedded to help the caller make the most appropriate selection. This has shown an overall improvement in the call answering performance, patient journey and experience.

Uniforms

In consultation with colleagues, HUC introduced mandatory uniforms in all of our NHS 111 contact centres at the end of April 2023. Over several months, colleagues had the opportunity to feed into the introduction of this uniform and what it would look like, eg meetings were held with representatives of different staff groups.

The overall consensus was that uniforms would align our NHS 111 colleagues with nurses and paramedics who wear uniforms to work and give colleagues a sense of pride when on duty. Although uniforms have only been mandatory for a short time, the initial feedback from colleagues has been very positive and encouraging.

Health Advisor and Service Advisor Audits

HUC are NHS Pathways licence compliant for our non-clinical audits and all Health Advisors and Service Advisors are audited in line with section 5.3 of Schedule 1a of the Core Pathways licence.

The NHS Pathways Non-Clinical Audit Team complete monthly audits to monitor and assess the performance of colleagues working within our services. This helps celebrate achievements

and identify any areas for development or gaps in knowledge. HUC have a strong auditing and learning culture.

HUC are NHS Pathways licence compliant for our non-clinical audits and all Health Advisors and Service Advisors receive audits in line with section 5.3 of Schedule 1a of the Core Pathways licence.

If an audit highlights that a Health Advisor or Service Advisor requires further support, the NHS Pathways Training team facilitate bespoke workshops, and arrange buddy or shadow shifts with a trained Coach to provide further support.

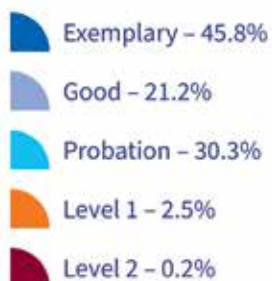
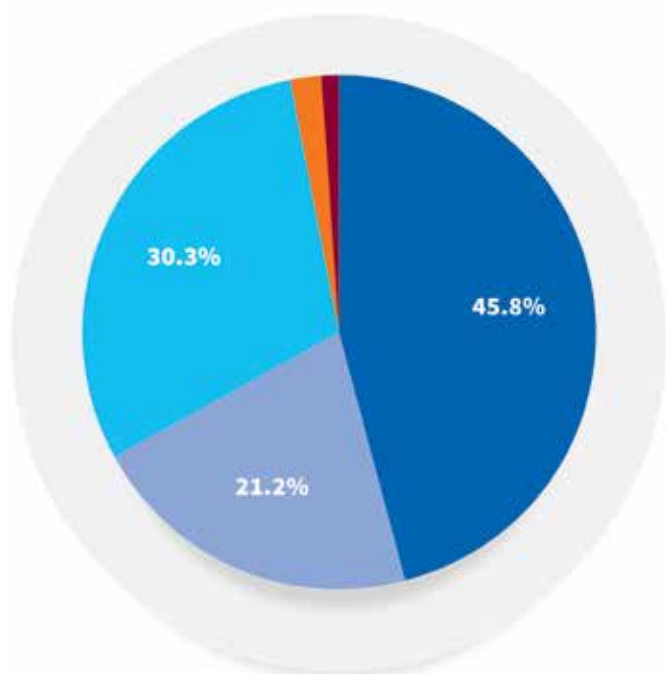
During 2022/23, working with the Human Resources teams, documentation and policies were revised to link the capability and performance process with the NHS Pathways Audit process. As a result, a new toolkit was developed to support understanding of the audit process and the steps Managers need to follow if a Health Advisor or Service Advisor is not performing well.

The toolkit and associated training were rolled out to all the Contact Centre Managers through interactive Lunch and Learn sessions. The performance plan templates and letter have also been updated, so that they are easy to read and give clear direction on progress, areas to focus on and clearly show any supportive measures that have been put in place. In addition, the performance plan monitors overall performance over the upcoming months ensuring everyone is aware of any issues.

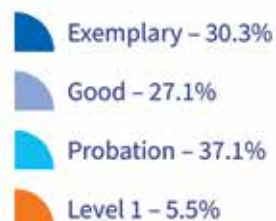
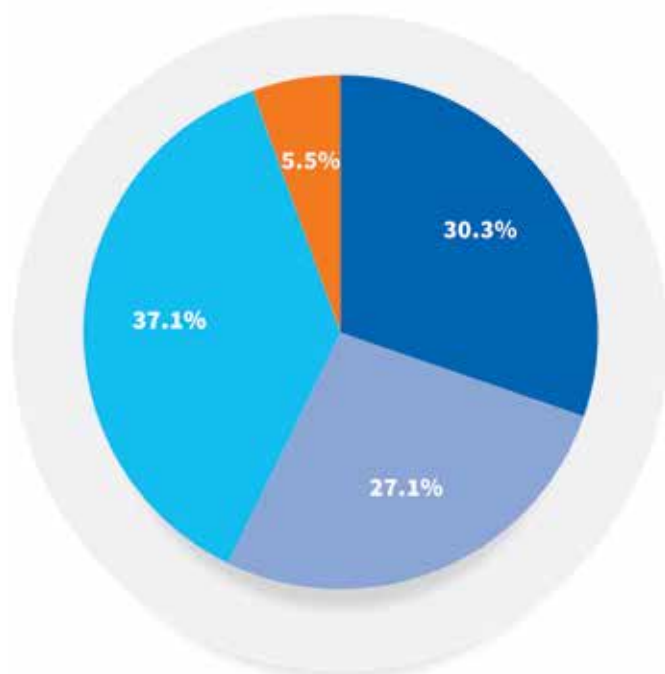
The Auditing team look for trends each month from the audit data and additional learning is shared across all the Contact Centres along with training packages. These trends then become the theme for subsequent audit months to ensure learning is embedded and the correct processes are being followed. The team work collaboratively with both the Clinical Governance and Transformation teams to investigate specific issues, highlight areas for development and increase awareness of issues.

The Adastra outage in August affected the Non-Clinical Audit team's ability to complete NHS

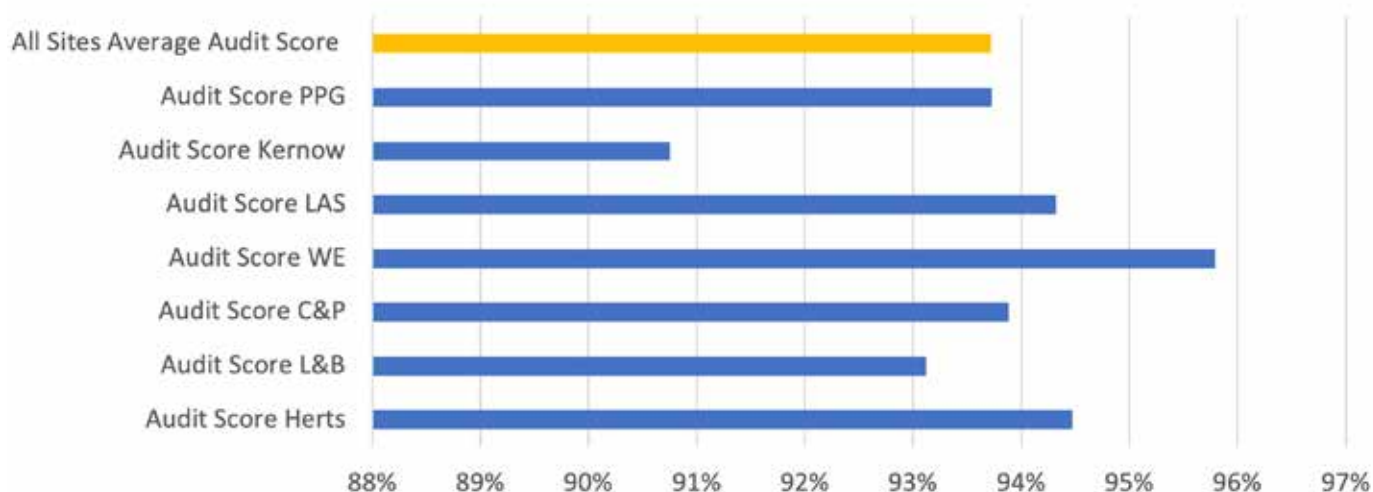
Health Advisors Performance



Service Advisors Performance

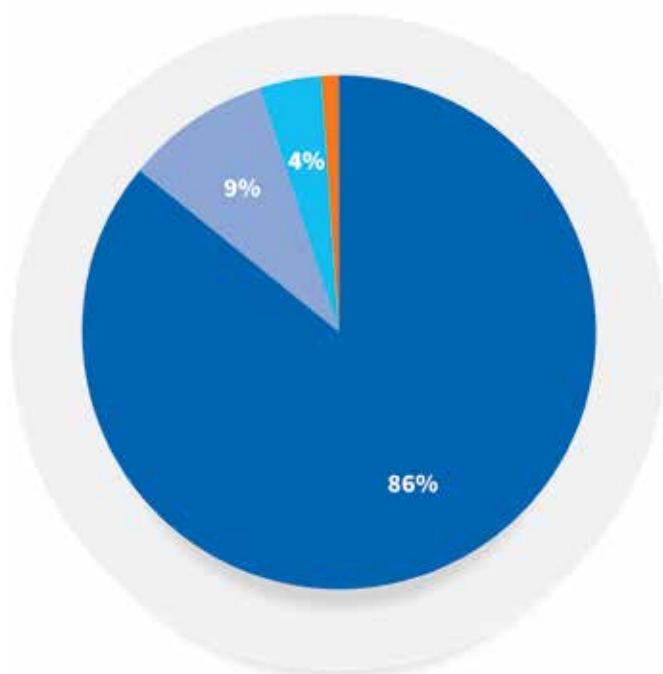


Average Health Advisor Audit Performance 2022/23



Clinical Advisors

January 2023



Pathways audits retrospectively; therefore, to ensure that Health Advisors still received an NHS Pathways Audit, the team attended the contact centres to complete seven live audits. Service Advisors did not complete any calls during this period and assisted with administrative tasks.

Performance Levels

Exemplary: Over 200 calls and average 94% or above on monthly audits.

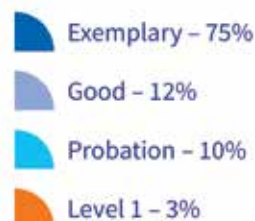
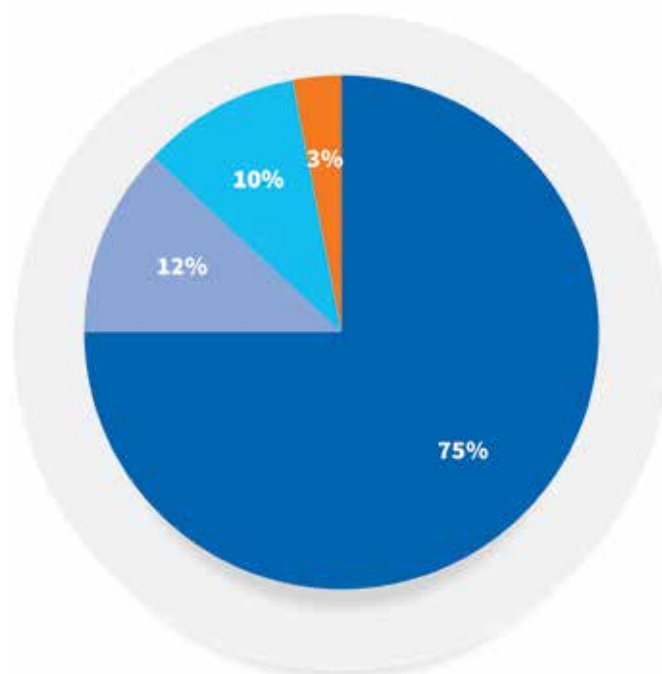
Good: Under 200 calls or average under 94% on monthly audits.

Probation: Call Handlers in their first six months of employment.

Level 1: Call Handlers who fail at least one call a month for three successive months, or who have been involved in a Serious Incident or Incident notified by Q&I Team, Clinical Governance Team or Patient Experience Team.

Clinical Advisors

Competency



Level 2: Call Handlers who show no improvement after being on a Level 1 Performance Plan.

Clinical Advisors

All Clinical Advisors are continuously monitored on a monthly basis, using a specific audit theme for the month. The themes represent real-life or typical cases as well as seasonal symptoms our callers present with.

These themes can also be influenced by specific changes within the community, as in December 2022 when a rise in Step A paediatric mortality prompted a large increase in calls from worried parents and carers.

HUC value peer-to-peer Clinical Audits, which produce very powerful learning. The results give HUC the assurance of a competent Clinical

Advisor team and may highlight areas for development for individual Clinical Advisors or across the team.

All clinical auditing follows the eight Clinical Competencies set by NHS Pathways which are used daily in the clinical assessments. To pass an audit a minimum score of 86% is required. The Competencies confirm the safe use of the NHS Pathways system and upholding the accompanying knowledge and clinical skills of a Clinical Advisor.

Should they have a clinical audit score below 86%, a Clinical Advisor receives intensive support with an individual dated learning plan to enable them to further develop into their role. When a they achieve an overall monthly score of 94% and above, this is recognised as exemplary performance. Across HUC, we are very proud of our consistently high monthly scores (see the pie chart below for January 2023 results, which is a true reflection of our monthly performance).

The Clinical Auditor team undertake a monthly Levelling process whereby all Clinical Auditors audit the same case and compare audit results. This ensures that all members of the team are auditing competently and consistently using the NHS Pathways Clinical Competencies.

The HUC Clinical Audit team also meet with NHS Pathways and NHS Digital every 6 months for joint Levelling meetings, which means that NHS Pathways assess the competency of the HUC Clinical Audit team.

In March 2022, HUC was the first NHS 111 provider to submit Clinical Advisor Floorwalker audits for Levelling to NHS Pathways. Feedback from NHS Pathways is consistently positive and complimentary about the Clinical Audit team, which reinforces a resilient team.

Over the last year, HUC have had a total of a total of 21 new starters who successfully completed their probationary period.

Directory of Service (DoS) Workshops

The Transformation team facilitated new mandatory training workshops for Health Advisors and Clinical Advisors that build on DoS

information and knowledge delivered in Core Module 2 training. With the aim to increase first service type selection and improve patient pathways, the workshops have been very well received by staff. From February 2023 an additional session to cover Southwest contracts has been introduced.

As of the 20 February 2023, 207 people have attended a workshop.

Sample Feedback:

- *'Terrific session, much appreciated, thank you. The right length and interactive, slides not too busy, succinct and what I needed to see. It has definitely assisted my use of the DoS and role as Clinical Advisor'*
- *'The session was very enlightening and great consideration will now be taken on selection of services on DoS. Also, the importance of putting refusal reason will now be seen as more important'*
- *'Thank you. I'm hoping, aimed with the knowledge I've learnt today, I'll be much more confident when reaching the DoS'*

Acute In Hours Visiting Service (AIHVS)

Over a 12-month period, 6,834 consultations were undertaken by 47 clinicians (four Urgent Care Practitioners and 43 GPs).

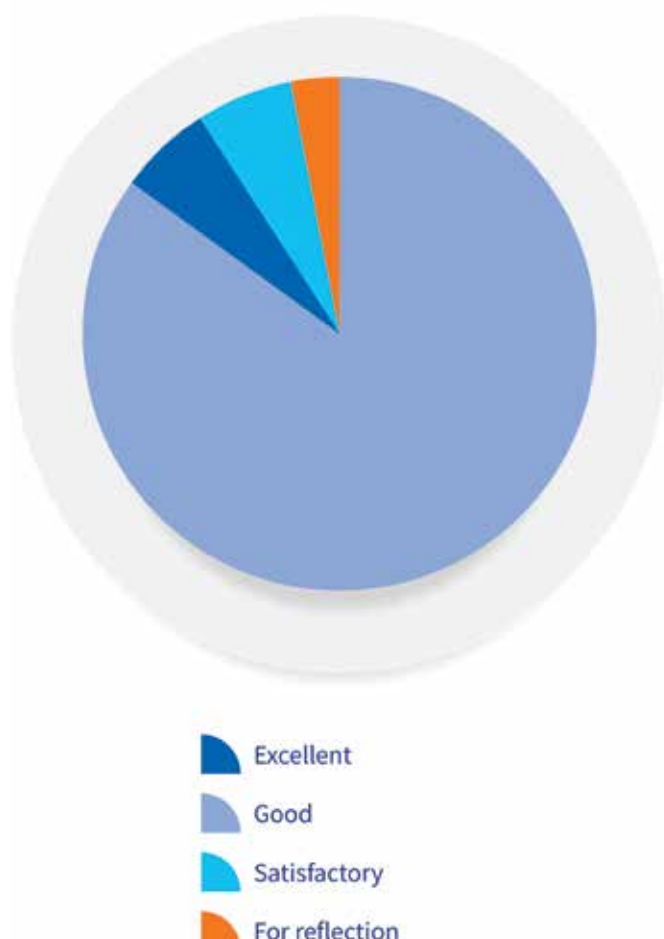
An audit programme, supported by the online Clinical Guardian platform designed around the Royal College of General Practitioners (RCGP) Toolkit, is facilitated across the service. Clinicians receive regular feedback and any concerns are addressed with reflective practice.

No concerns were noted this year and the standard of consultations were consistently 'Good'.

The Patient Experience team implemented a new patient feedback survey available in paper form or, alternatively, accessible online via a QR code. This helped us to better understand patient expectations with a view to providing the best-possible care.

This year, AIHVS will have a bespoke clinical audit schedule, focusing on key areas:

AIHVS Audits



- Infection control
- Calibration of equipment
- Medicines management

Minor Injuries CAS (MICAS)

Following a successful pilot in Cambridgeshire and Peterborough, HUC began the rollout of its MICAS across Luton & Bedfordshire and Hertfordshire & West Essex on 15 March 2022. The service runs for 12 hours per day, seven days per week, directing Emergency Department (ED) validation cases with associated injuries to a Minor Injury Specialist Clinician, which HUC successfully recruited to substantive, contracted roles. This assures shift fill and has supported peer learning.

The service aims to minimise the number of patients being referred to ED with a minor

injury when there are more appropriate and accessible care options available to them. Where appropriate, patients are given self-care advice or, if necessary, are referred to an Urgent Treatment Centre or Minor Injury Unit. Moving from a manual process, referrals into the MICAS are now DoS-driven, meaning there is a consistent approach to cases being referred to the team.

The table below shows that, over a 12-month period, more than 87% of patients who were managed by MICAS were diverted away from ED.

It also shows activity from each area since January 2022; the full rollout across the East of England contracts happened in March 2022 (*August 2022 data missing due to Adastral outage).

Virtual Waiting Room

Our last Quality Account documented the rollout of our award-winning Virtual Waiting Room pilot across HUC's East region contracts from January 2022. This rollout, which took place between January and September 2022, was funded by the Regional NHSE Urgent and Emergency Care (UEC) team. The funding was utilised very cautiously, as a result of which the pilot was able to run until the end of March 2023.

The bottom table on the following page details the 1,781 VWR consultations completed between January and September 2022. Of these, 70.69% were diverted away from Ambulance and ED.

**August 2022 data missing due to Adastral outage.*

Out of Hours

Operating across the whole of HUC's geographical footprint, we provide face-to-face services for patients who have an unscheduled and urgent care need when their own surgery is closed.

Following an NHS Pathways assessment by NHS 111 colleagues, patients who need to be seen are booked into a clinic for a face-to-face appointment. The locations we offer provide good availability across the whole footprint, meaning we are able to offer a conveniently located clinic that is equipped for the urgency of the patient's presenting symptoms.

Patients Managed by MICAS

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Total	%
C&P	66	47	114	224	313	327	292		303	393	542	512	3,133	36.75
L&B	1	1	115	180	253	300	234		192	278	405	408	2,367	27.76
Herts	1	0	6	8	49	287	317		301	399	573	629	2,570	30.14
West Essex	0	0	2	3	15	33	51		46	68	121	117	456	5.35
Total	68	48	237	415	630	947	894		842	1,138	1,641	1,666	8,526	100

Diversions Rate Arising from MICAS Activity

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Total
ED / Ambulance	8	7	55	68	121	130	111		91	117	190	180	1,078
Diverted Away	60	41	182	347	509	817	783		751	1,021	1,451	1,486	7,448
% Diverted	88.2	85.4	76.8	83.6	80.8	86.3	87.6		89.2	89.7	88.4	89.2	87.3

Virtual Waiting Room Consultations

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Total	%
C&P	30	28	48	62	42	63	36		31	340	19.1
L&B	86	127	92	171	136	64	60		60	796	44.7
Herts	35	36	73	98	61	61	83		65	512	28.7
West Essex	10	15	21	18	14	21	18		15	132	7.4
OOA		1								1	0.1
Total	161	206	234	349	253	209	197		171	1,781	100

NB: Any slight variance between the figures above and, for example, sitrep will be the result of end-of-year reconciliation work undertaken in the interim.

HUC provides overnight GP cover for patients from 18:30 to 08:00 on weekdays and continuously from 18:30 on a Friday evening to 08:00 on a Monday morning, or the following day if it is a bank holiday.

Operating from 20 locations across Cambridgeshire and Peterborough, Luton and Bedfordshire, Hertfordshire and West Essex and four locations in the South West, many of HUC's clinics, or 'bases', are co-located with other health system partners, for example acute hospital trusts, community hospitals or GP surgeries. Consisting of reception and waiting areas, one or more consulting rooms and secure

storage for medicines and equipment, our sites are continuously assessed to ensure they remain fit for purpose and meet the needs of the populations we serve.

For patients who are assessed as needing to be seen but who are unable to travel to a base location themselves, perhaps being too frail to travel or needing end-of-life (EOL) care, we can organise a visit to their home or place of care. To this end, we have a well-appointed fleet of 4x4 vehicles that facilitate visits across the whole of HUC. Earlier this year, we placed orders for new hybrid vehicles that will help to support HUC's green agenda.

Changes implemented in response to the Covid-19 pandemic, whereby all patients have a telephone consultation with a clinician before they receive an appointment or a home visit is arranged, remained in place until the end of March 2023. This ensured that patients, colleagues and facilities were safeguarded against the potential spread of the disease. While this reduced the volume of face-to-face activity, we are now seeing a return to more usual levels.

Bi-monthly, area-specific Out of Hours operational workforce team meetings have recommenced with colleagues from other departments, or external partners, eg the Guardian Service, the Clinical Governance manager, Patient Experience managers and the Safeguarding team, giving specific overviews and talks. In addition, other departments are encouraged to raise any concerns they might have and submit agenda items for discussion points.

Operational, Clinical and Clinical Quality colleagues reviewed the Base Audit schedule to gather the most meaningful data and information. The overall aim being to draw themes from audits and use these to optimise each site's quality standards. HUC are working collaboratively with our ICB Quality colleagues on this topic, and they will be joining HUC team members on some base audit visits.

GP engagement sessions continue monthly with a range of topics being discussed. This is an opportunity for our Clinicians and our Service Leads to come together to answer queries and listen to feedback in an open forum. These sessions are proving to be hugely popular and very beneficial to forging effective relationships.

A working group was set up earlier in the year to ensure consistency in terms of patient and colleague literature and displays across all the areas we serve in line with best practice and CQC requirements. During the Covid-19 pandemic, leaflets were removed from bases to support infection prevention measures. Therefore, this presented an opportunity to look at requirement afresh. The working group, which included colleagues from the Communications, Clinical,

Out of Hours and Patient Experience teams, also considered how we can encourage feedback from our service users.

With support from their Administrator, the out of hours management team developed a new training and induction programme for the newly recruited Out of Hours Assistant Service Managers. This programme contains all the information they require to guide them through their first few weeks with HUC and support them in gaining the knowledge required to become effective managers. It includes meetings with key colleagues, getting to grips with procedures and policies, and a full introduction to their teams and specific areas, all in a supported environment.

In partnership with key stakeholders at Cambridgeshire University Hospital NHS Trust, we have developed a streaming procedure to support the smooth and safe transfer of appropriate patients away from ED and into the Out of Hours setting on site. This helps to ensure patients are seen by the most appropriate Clinician for their needs and relieves some pressure on Acute Trust colleagues. This will be rolled out to other co-located sites over the coming months.

Significant work has been undertaken to develop a scope of practice document for Non-Medical Practitioners. This is specific to each individual and reflects their own scope, in line with competencies and experience. Shared with our operational colleagues such as Shift Managers; the document has greatly improved the booking of patients into our bases and ensures the right skills are available to meet the patient's needs.

The introduction of RADAR, which has replaced the Datix system, has now been fully rolled out. Training has been provided to all Out of Hours team members, both clinical and operational, including GPs. This will enable timely and accurate reporting of incidents across the service. Posters have also been distributed to the bases for reference in case of doubt or pertinent query.

The use of Urgent Care Practitioners is well established in Hertfordshire and is now extending to West Essex. As part of the Staff Development

strategy within the Out of Hours team, Urgent Care Practitioners are expected to have undergone enhanced training within fields such as clinical assessment, minor illness and injury.

Where they do not have these qualifications, courses are being offered and colleagues are expected to attend. As a career path and progression opportunity, an Advanced Care Practitioner qualification could be undertaken. We are also looking to encourage our Urgent Care Practitioners to utilize their non-medical prescribing qualification when and where appropriate.

Mission Control

Over the course of the year HUC sought to implement 'Mission Control', a centralised management of our Out of Hours period. Whilst the introduction itself was hampered by such things as the Adastra outage in August of last year, we were able to pilot the principles, with our Bronze on-call managers collaborating from one out of three Mission Control rooms (one within each contact centre).

The sites are virtually linked through video conferencing and have access to the same real-time HUC-wide performance data via wall boards. This means that it is highly likely there will be management presence in more than one contact centre out of hours. Managers have helped create the concept and there will be additional strengthening of the arrangement over the next year.

In-hours Primary Care

Town Centre Surgery (Luton)

Town Centre Surgery (TCS) holds a large registered population of around 12,600. It continues to offer a combination of face-to-face appointments and telephone triage to better accommodate patient needs. The surgery team have recently revised and agreed a staffing model which reflects HUC's commitment to consistent clinical staffing to enhance patient access and the quality of care for the locality. This continues to be supported by a duty doctor system, accommodating emergency same-day-

care of urgent or complex patients. Nursing and Healthcare Assistant clinics were restructured to increase capacity and offer a wider variety of appointments in line with locality needs.

The average number of appointments per month between April 2022 and March 2023 was 3,205, which represented a slight increase from 3,172 during the same period the previous year. The overall 'Did Not Attend' (DNA) rate over the year remained around 7%, which was similar to the previous year.

In line with HUC's corporate objectives for the year, the practice introduced an improved audit schedule actively monitored within the monthly Clinical Governance meetings. This process is designed to highlight and recognise any areas of good practice and any areas for potential improvement.

Over the winter period, the practice also delivered a comprehensive schedule of flu clinics over weekend and evening periods, with significant take-up from the local patient population.

Oasis Primary Care Network

In 2022/23 HUC continued to act as the lead for the Oasis Primary Care Network (PCN). All partners agreed a change in the PCN membership from April 23, with Oasis PCN moving forward as TCS and Castle Medical Group.

The PCN's Enhanced Access provision is supplied by Evexia and provides patients with full access to an appointment with a healthcare professional according to their requirements. It also delivers practice support to a local care home.

The PCN's membership continues to meet monthly to discuss wider locality strategy in terms of adoption of the recommendations contained within the Fuller Report, key areas of shared learning, and localised challenges. The surgery has benefited from various PCN clinical programmes, including:

- A pharmacist-led initiative to improve detection and earlier management of undiagnosed hypertension via opportunistic Atrial Fibrillation screening

- An agreement with AstraZeneca to increase PCN clinical capacity to expedite the review of Cardio, Renal and Metabolic (CVRM) patients caused by Covid-19.

PCN working has also improved integration with the wider system of care and helped strengthen working relationships between community pharmacy and GP practice colleagues. Furthermore, Additional Roles Reimbursement Scheme (ARRS) colleagues, including Pharmacists and Care Coordinators, can assist with medication reviews, prescription administration, medical audits, Central Alerting System (CAS) notifications and diabetic reviews.

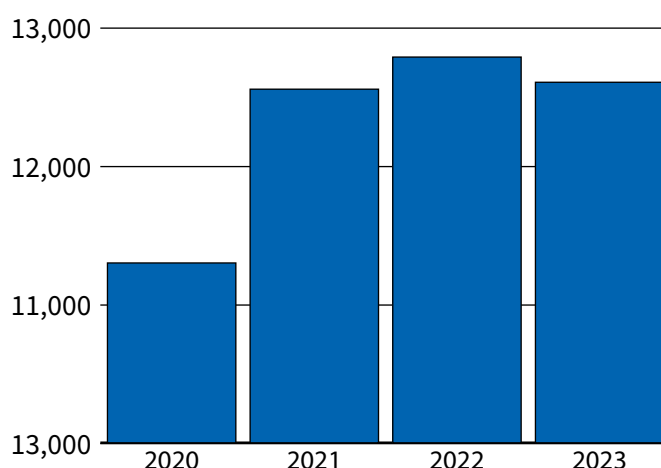
A Clinical Director was appointed who supported the development of a strategy with a focus on local recruitment. Recruitment and staffing remains challenging and this is compounded by significant attrition of salaried GPs. However, HUC as a whole has reinvested in salaried GP offers, utilising benefits within the wider organisational footprint to maximise recruitment opportunities.

In terms of facilities, in partnership with the ICB, HUC identified areas of concern in relation to cleaning services and building limitations, which were raised with NHS Properties. The ICB confirmed limited options in terms of potential relocation and agreed continued funding to mitigate corresponding risks assessments.

For 2023/24, HUC has committed to a series of objectives as part of a wider transformation plan linked to the organisational primary care strategy. These include:

- Focusing on recruitment of key clinical roles with recourse to the agreed localised recruitment strategy
- Ensuring the practice maximises opportunities for training local clinicians, increasing engagement with vocational training service partners
- Ensuring the realisation of economies of scale in terms of utilising same-day appointment booking via the HUC IUC service
- Increasing patient access by reviewing the increased usage of the local IVR system and surgery digital access pathways to ensure that patients and providers alike are aware of how to access the system to better utilize resources
- Ensuring a consistent approach to the Quality and Outcomes Framework (QOF), which will focus on overall performance as well as:
 - The systematic recall of patients
 - The increased training of colleagues,
 - The prioritisation of more challenging domain areas, including the management of patients with chronic conditions, the provision of cervical smears, and childhood immunisations
- Regular review by local clinical and operational leads

Patient List Size



Oasis Primary Care Network

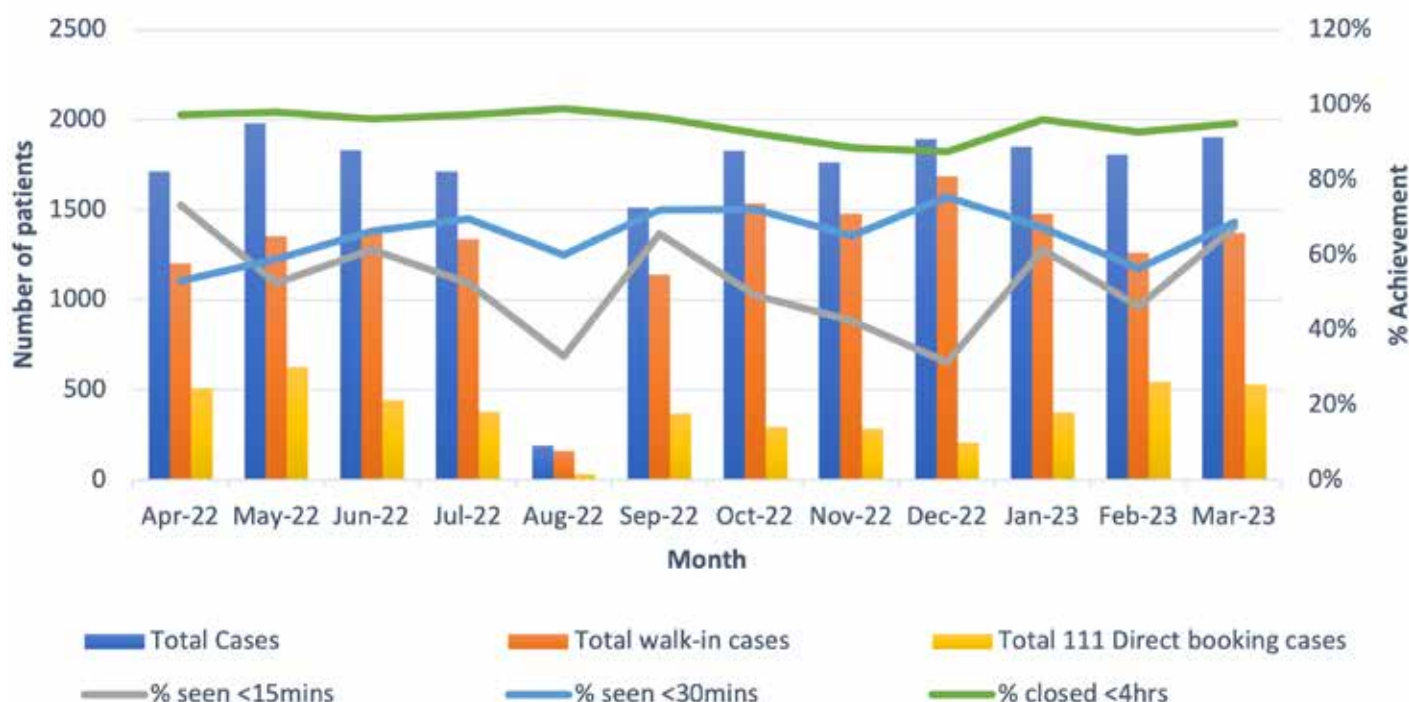
Year	Patient List Size
2020	11,299
2021	12,554
2022	12,786
2023	12,604

Urgent Care

Luton Urgent Treatment Centre (UTC)

Luton UTC observed an increase in attendance of around 3% from the previous year, in line with demand observed across the system as a whole. This is reflective of a restoration of normal activity after the Covid-19 pandemic.

UTC Performance 2022/23



In terms of targets, the percentage of patients discharged within four hours decreased from around 98% in 2021/22 to around 95% in 2022/23. Conversely, the number of patients assessed within 30 minutes of their booked appointment time increased from 51% to 65% year on year. However, the number of patients streamed within 15 minutes reduced from 74% to 53% over the same period.

During the reporting period, the service was impacted by recruitment challenges relating to key clinical roles and a reliance on bank and agency staff, which had a corresponding impact on the service's rota resilience. As a result, the frequency of episodes in which the number of appointments available to the NHS 111 service was reduced increased in line with available clinical staffing – this equated to an increase of approximately 40% in the number of patients that accessed the service without an appointment in 2022/23.

As HUC attempted to mitigate the impact on service delivery, it invested in bank and agency staffing in order to increase the number of colleagues available. This helped manage corresponding rota pressures and allowed for

flexibility in terms of rota planning.

A significant improvement was evident between Quarter 3 and Quarter 4, both for the number of appointments booked via NHS 111 (around 70% increase) and performance against Key Performance Indicators (KPIs). The management of patients within four hours increased by 5.56% and streaming of patients within 15 minutes by 17.43% over the same period.

Our data shows that outcomes for all cases at the UTC have remained relatively consistent, with most patients being discharged home or back to their own GP for follow up. The exception was a notable drop in the number of patients that were referred for follow up in ED, from 5.1% in 2021/22 to 3.3% in 2022/23.

The organisation has also observed a change in attendance distribution throughout 2022/23. Significantly more patients are now selecting to walk into the service between 08:00-10:00. There have also been increases in the frequency of surge attendance distribution, noting increased episodes of high demand over Mondays and Tuesdays, which is mirrored across the wider system.

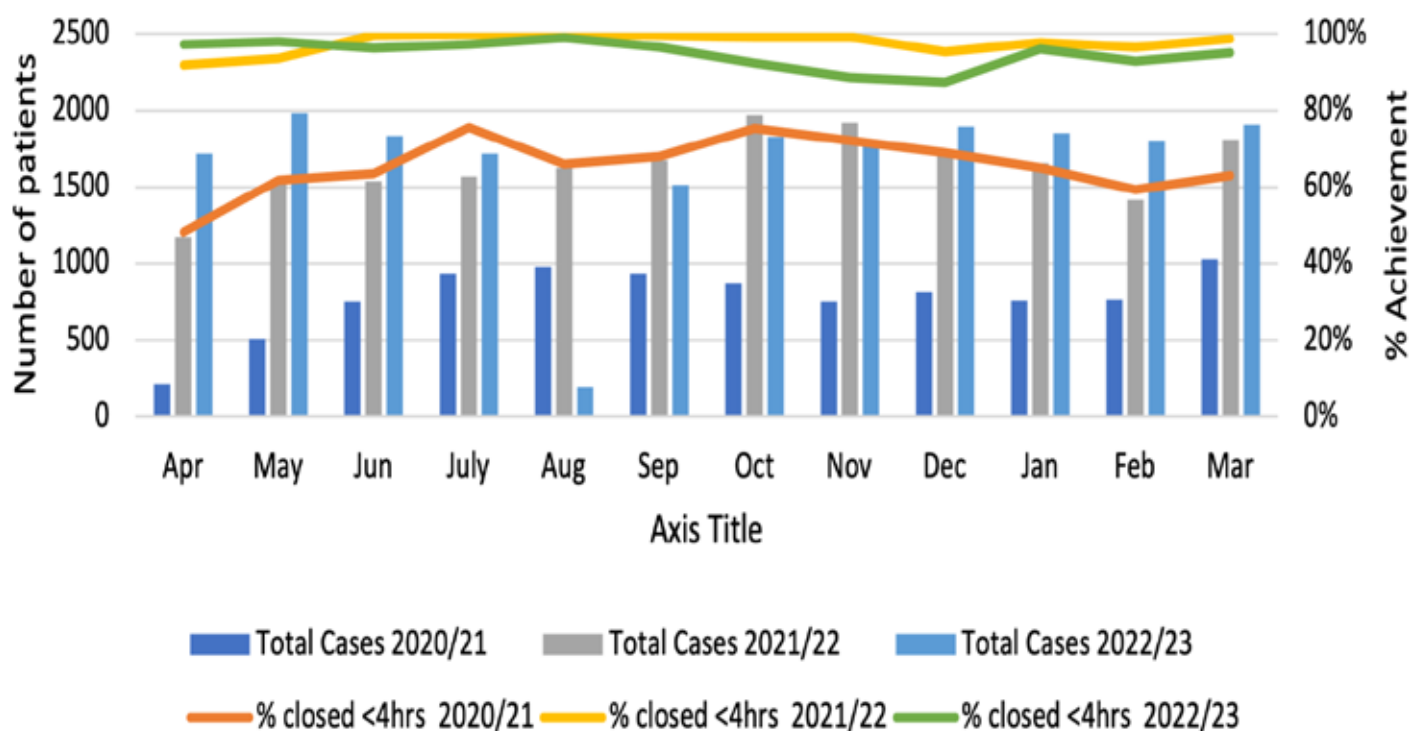
UTC Performance 2022/23

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 23	Jan 23	Feb 23	Mar 23
Total Cases	1,715	1,980	1,833	1,715	192	1,515	1,830	1,764	1,894	1,853	1,805	1,905
Total Walk-in Cases	1,204	1,353	1,389	1,338	161	1,143	1,537	1,478	1,687	1,479	1,261	1,374
% seen <15 mins	73%	53%	61%	52%	33%	66%	49%	42%	31%	61%	46%	68%
Total NHS 111 direct bookings	511	627	44	377	31	372	293	286	207	374	544	531
% seen <30 mins	53%	59%	66%	70%	60%	72%	72%	65%	75%	67%	56%	69%
% seen <4 hrs	97%	98%	96%	97%	99%	97%	92%	89%	87%	96%	93%	95%

UTC Performance 2022/23

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Admitted to Hospital Bed (Same Trust)	11	16	7	1			5	1			3	4
Discharged – Follow-up Treatment by GP	1,292	1,622	1,396	1,246	160	1,107	1,318	1,198	1,169	1,461	1,328	1,377
Discharged – No Follow Treatment	211	97	150	208	11	139	201	298	167	109	175	296
Left Department Before Treatment	42	31	52	59	3	65	117	146	173	90	126	73
Left Department Having Refused Treatment							1	1	2	1	2	
No Follow-up											1	
Non-Clinical Discharge – Adastra Outage							1					
Other	131	145	144	122	9	120	109	97	364	128	106	162
Prescription Given – Patient to Contact Own GP								1				
Referred to ED	57	66	80	78	6	71	72	42	30	55	52	59
Referred to Fracture Clinic				1							1	
Referred to Other Out-Patient Clinic	3	1	4	1	1	13	3	7	2	7	8	2
Referred to Other Healthcare Professional	3	2	1	4			3	6		2	3	
	1,750	1,980	1,834	1,720	190	1,515	1,830	1,797	1,907	1,853	1,805	1,973

UTC Historic Performance



Recently, HUC has remodelled the staffing profile to ensure an optimal distribution of clinical hours according to the recorded patterns of patient demand. The model utilises a multi-disciplinary clinical workforce that ensures the service will remain GP-led. However, it also incorporates Advanced Nurse Practitioners to ensure increased rota resilience.

In addition, as outlined previously, the model also includes a further investment in recruitment of key salaried clinical roles to ensure the overall consistency of staffing, which is supported by the aforementioned localised recruitment strategy. On a continuous basis, HUC is reviewing new models of clinical working to create resilience whilst taking advantage of a wider organisational footprint. To this end, the local team are reviewing a virtual assessment process as a contingency option for remote clinical assessment.

On a related note, the team are also in the process of reconfiguring the local Adastra module to facilitate the assessment of patients within an appointment schedule, with a view to improving clinical efficiency and meeting future national

requirements. The update will improve the ability to report on patient redirection, improve case tagging, better delineate treatment and streaming queues and facilitate the mapping of cases referred via NHS 111 without an appointment.

Finally, the organisation continues to review the implementation of the NHS Digital Streaming and Redirection Tool. This will help to ensure the consistent differentiation of patients attending the department, as well as increasing the number of clinical hours available for clinical colleagues to accommodate periods of surge demand.

Cheshunt Minor Injuries Unit (MIU)

Cheshunt MIU has observed a significant increase in attendances over the last financial year. This represents an increase of more than 12% on the data recorded during a comparable pre-Covid-19 period between 2019-2020 (and an increase of around 19% since 2021/22).

Attendances continued to follow a pattern of seasonal demand, with daily demand peaks observed over the summer and activity decreasing over the winter months. Again, there

has been a significant increase in the frequency of surge attendance distribution, noting increased episodes of high demand over Mondays and Tuesdays, in line with wider system demand.

The four-hour discharge target has been achieved consistently over the reporting period, averaging at 98%. This is reflected in the median time spent in the MIU, which averaged at 82 minutes over the year. Increased attendances locally have caused the need for a clearly defined initial assessment process. As a result, a collaborative workstream made up of MIU team members and the Clinical and Clinical Quality Governance teams developed a SOP, which was locally ratified in parallel with the introduction of competency measures and a supportive training rollout.

The median time to treatment averaged at 22 minutes over the period it was developed, although it is noted that this decreased to 10 minutes once the new process was embedded in Quarter 4.

Our data shows that patient outcomes have remained relatively consistent, with most patients being discharged home or back to their own GP for follow up. That said, there was a proportional increase in the number of patients that were referred for Virtual Fracture Clinic (VFC) follow-up, from 15% in 2021/22 to 17% in 2022/23. In addition, the service saw an increase in the number of patients referred to ED following their assessment – from 5.1% in 2021/22 to 7.4 % in 2022/23. The local team are actively working to mitigate this increase, supported by training and supervision.

The MIU managed various challenges in relation to staffing absence. These were related to attrition, short notice sickness absence and episodes of industrial action, all of which impacted on the service delivery over the course of the year.

HUC has agreed multiple measures with Hertfordshire Community Trust (HCT), who are sub-contracted to provide clinical staff. All of these measures are designed to improve rota resilience and include a weekly rota escalation meeting for staffing review, during which

any mitigation related to usage of bank and agency staff, or reallocation of staff from both organisational footprints, is confirmed.

The MIU team took a proactive approach to clinical and quality measures across the service. One such workstream was the review and revision of the Cold Chain policy. This policy refers to the management and storage of certain medications required to be kept at temperatures between 2 and 8 degrees Celsius to maximise their efficacy. Its review ensured the process was systematic and robust in maintaining the highest standards of clinical safety whilst also being sufficiently auditable. Additionally, the team also improved the local x-ray discrepancy process to ensure a robust and expedient review, as well as actioning, of any noted x-ray findings.

The team have developed operational and clinical training as well as induction materials to holistically and robustly train colleagues, including agency workers. They also facilitate daily recorded communication and briefing ‘huddles’ to increase engagement amongst colleagues and provide them with the opportunity to feed back any issues that may be affecting service delivery.

One example of issues raised during these sessions was the security of the site. As a result, a risk assessment was facilitated, prompting the installation of panic alarms in each room.

Plans are in place to ensure that the consistency of staffing is addressed, which is aligned to the substantive recruitment up to the agreed FTE. The team also intend to review how bookable appointments can be made available using the SystemOne platform.

As mentioned previously, the CQC inspection in November produced an overall rating of ‘Good’, with each domain also rated ‘Good’. As an organisation, we were very proud of this achievement, which demonstrates our commitment to providing high-quality care.

St Albans Integrated Urgent Care Hub (IUCH)

The St Albans Integrated Urgent Care Hub went live on 31 October 2022, having been

MIU Performance 2021/22-2022/23



MIU Performance 2022/23

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Total Attendance	2,286	2,601	2,544	2,579	2,484	2,223	2,168	2,017	1,882	2,106	2,070	2,300
Against Four-Hour Target	99%	99%	99.4%	98.1%	98.7%	99%	97%	92.2%	96.7%	99.6%	98.4%	99.4%
Median Time To Treatment	21:18	29:09	28:18	41:05	29:12	28:18	24:22	20:40	11:55	10:55	11:3	08:16

commissioned with the intention of reducing pressure on the wider system, especially local emergency and primary care services, by offering appointments to patients presenting with minor injury and minor illness symptoms.

To this end, the service has two primary agreed pathways, one a direct referral from NHS 111 and the other from local GP surgeries via a direct booking platform, subject to guidance.

Such was the clinical need, the service was mobilised very quickly. As a result, there were initial challenges in terms of the agreement of key Service Level Agreements (SLAs) with West Hertfordshire Teaching Hospitals (WHTH), where the service is based, in relation to the premises. Wider challenges included recruitment and the training of substantive colleagues, as well as the parallel development of NHS Pathways.

To date, the service has successfully recruited most of the operational and clinical colleagues

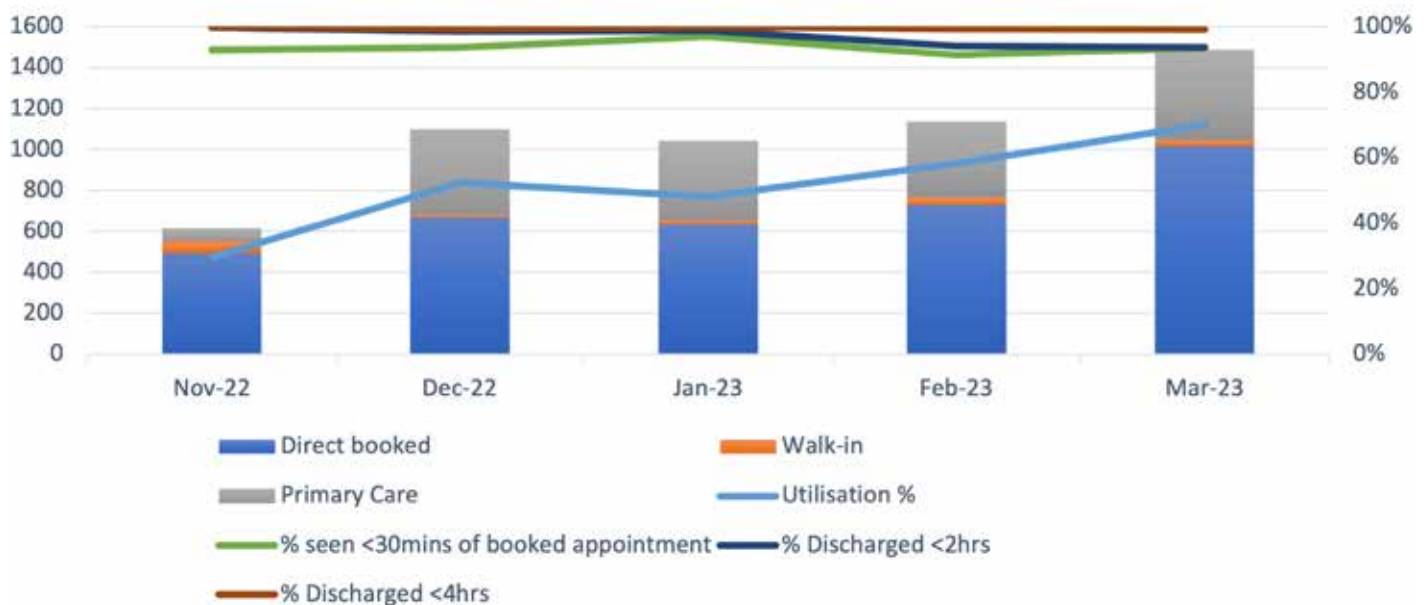
needed with some remaining roles still actively within the recruitment process. All colleagues have undergone a comprehensive induction and have received training, thereby improving service quality and resilience.

Going forward, HUC has agreed to establish a contract directly with a system provider to create a platform that facilitates access to the Virtual Fracture Clinic. It will also incorporate any plastics referrals made from the IUCH, thus increasing the quality of onward referrals.

The service is consistently meeting KPIs with over 95% of cases discharged within two hours and over 98% discharged within four hours. Over the same period at the IUCH, 93% of patients were seen within 30 minutes of their booked appointment.

Our data shows that most patients are either discharged home or back to their own GP for a follow-up, with only 8.4% referred on to ED.

St Albans IUCH Performance 2022/23



We will continue to review patient outcomes, ensuring the development of robust pathways which will minimise episodes in which a referral back to their GP or an onward referral to ED is required.

Although the number of appointments booked at the IUCH has increased month-on-month, further work is still needed to increase activity. Now that the service is fully operational, a review of data indicates that minor injuries account for a much smaller percentage of cases than anticipated, which impacts on overall activity levels. Originally, the service was modelled and staffed on the basis of a 60:40 ratio of minor illness:injury.

The DoS has been amended to ensure that the IUCH is ranked higher than local GP surgeries for referrals via NHS 111 to help alleviate pressure on local primary care providers. HUC has also reviewed the competency of colleagues, and profiled additional minor illness appointments, in order to increase overall activity levels into the service, while measures designed to address injury referrals are agreed.

In addition, the local team are reviewing a pathway designed to support the redirection of cases streamed at Hemel UTC that could be booked for an appointment at the IUCH, while ICB and WHHT colleagues are discussing the

extension of local radiology provision to cover the weekend period.

Going forward, HUC will utilise data relating to patient outcomes to review how best to enhance the local care provision as part of a commitment to developing the service more widely.

Overwhelmingly positive feedback has been received for the service from patients both via the NHS Friends and Family test as well as bespoke local patient surveys.

In fact, 96% of the 157 respondents recorded positive feedback. Similarly, ICB colleagues have been extremely supportive. They facilitated a Quality Assurance visit during February and found the department to be operating at a high standard.

Dental

South West England

Access Dental runs six Out of Hours, ie weekends and bank holidays, emergency dental clinics in the South West, as well as a contact centre for booking appointments for the Devon, and Bristol, North Somerset, South Gloucester (BNSSG) regions. In addition, it manages the administration of the dental waiting list for Devon and Cornwall.

St Albans IUCH Performance 2022/23

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Directly Booked Via NHS 111	493	669	632	731	1,016
Walk-In	59	12	20	34	29
Primary Care	62	417	390	372	442
Appointments	2,100	2,100	2,170	1,960	2,170
Utilisation	29%	52%	48%	58%	70%
Seen <30 Mins of Booked Appointment	93%	94%	97%	91%	93%
Discharged < 2 hours	100%	99%	99%	94%	94%
Discharged < 4 hours	100%	99%	100%	99%	99%

St Albans IUCH Performance 2022/23

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Totals
No Follow-Up Treatment	112	236	353	499	726	1,926
Follow-Up Treatment by GP	355	684	444	319	394	2,196
Referred to ED	67	64	75	109	142	457
Unknown	59	83	150	157	202	651
Other	18	22	13	17	17	87
Referred to Other Healthcare Professional	0	1	1	24	31	57
Admitted to Hospital	1	4	5	16	9	35
Left Department Having Refused Treatment	1	0	1	0	0	2
No Follow-Up	2	0	0	0	0	2
Prescription Given	1	0	1	0	0	2
Left Department Before Treatment	1	3	0	0	0	4
Patient to Contact Own GP	1	0	0	0	0	0
Patient to Contact Own GP – Patient to Call Back	0	1	0	0	0	1
	618	1,098	1,043	1,141	1,521	5,421

The demand for emergency dentistry has grown since Covid-19 pandemic, with increasing numbers of dental practices handing back their NHS contracts in the past 12 months. This affects the number of available in-hours appointments offered to patients and, conversely, the amount of calls coming into the service.

Since April 2022, the organisation has managed

to increase the number of patients seen in both Exeter and Plymouth. This is due to two dentists now being available who started performing AGPs (Aerosol Generating Procedures) again post-pandemic.

Access Dental has also welcomed 13 new dentists and eight new nurses and support colleagues to its team over the past 12 months.

Dental Calls Received – All Services

	BNSSG	Dental Emergency Line (Devon)	Dental Emergency Line (Cornwall)	IUCS (Devon)	Somerset	Total
March 22	2,484	1,634	1,432	1,837	634	8,021
April 22	2,672	1,707	999	1,915	737	8,030
May 22	2,160	1,382	1,128	2,048	1,543	8,261
June 22	2,096	1,353	965	2,535	1,428	8,377
July 22	2,305	1,562	959	1,864	1,309	7,999
August 22	2,047	1,534	855	1,461	1,756	7,653
September 22	2,101	1,564	826	1,035	1,480	7,006
October 22	2,668	2,259	915	325	1,620	7,787
November 22	2,729	1,883	863	1,232	1,644	8,351
December 22	2,225	1,720	467	968	1,572	6,952
January 23	2,372	1,642	959	960	1,617	7,550
February 23	2,679	1,111	982	1,190	1,608	7,570
Total	28,538	19,351	11,350	17,370	16,948	93,557

Appointments Made

	BNSSG	Devon	Total
March 22	821	1,056	1,877
April 22	765	968	1,733
May 22	784	971	1,755
June 22	722	957	1,679
July 22	737	912	1,649
August 22	703	883	1,586
September 22	677	773	1,450
October 22	662	832	1,494
November 22	678	790	1,468
December 22	662	850	1,512
January 23	686	904	1,590
February 23	639	739	1,378
Total	7,715	9,579	17,924

Out of Hours

	Devon Face-to- Face	Dorset Face-to- Face	Dorset Triage
March 22	385	12	249
April 12	534	35	341
May 22	478	23	297
June 22	436	31	340
July 22	440	33	306
August 22	421	29	231
September 22	326	19	277
October 22	453	39	253
November 22	380	23	223
December 22	501	36	251
January 23	498	22	281
February 23	378	15	211
Total	5,230	317	3,260

South West Services

Special Allocation Scheme (Devon & Somerset)

Summary

As part of HUC's acquisition of Devon Doctors, we took ownership of providing the Special Allocation Scheme for patients residing within Devon and Somerset. This means we provide primary care services to patients who have been deregistered from their own practice due to anti-social, aggressive or violent behaviour.

The service comprises of call handlers, clinicians and a management team that carry out a mixture of proactive and reactive advice, treatment and review for our patients. HUC hold sub-contracts with various practices across the geographical area that allow us to provide a mixture of remote and face-to-face assessments.

Access and Availability

This service runs during core-primary care hours and is accessible via telephone.

Headlines

HUC have served notice on this service as part of a review of Devon Doctors services and will cease to provide the service at the end of June 2023.

Achievements

Increased locations to see patients face-to-face over the last several months in order to improve patient access and reduce any health inequalities driven by residential location.

Discharge to Assess Service

Summary

HUC provide the GP primary care cover to patients who are enrolled onto Devon's Discharge to Assess Service. This service was designed to support patient flow from secondary care and provide an interim care service whilst the patient awaits safe discharge to their usual place of residence.

These patients reside in a variety of temporary locations including wards, care homes and residential homes that have offered beds as part of the service. HUC act as the temporarily registered GP services provider for these patients

and provide proactive and reactive assessment, diagnosis and treatment for primary care conditions. HUC provide these services through a mixture of telephone / video assessments and face-to-face visits.

Access and Availability

This service runs during core-primary care hours and is accessible via telephone.

Headlines

Service continues to grow through ICB collaboration, providing valuable capacity within the system to promote rehabilitation and reduce unnecessary lengths of stay in secondary care.

Achievements

Addition of more beds within the service to provide care to a wider audience. Nominated for a Parliamentary Award.

Community Hospital and Influenza Cover Devon Service

Summary

HUC provide the out-of-hours GP cover to community hospitals within Devon – including telephone assessment and GP face-to-face visiting resource if required.

As part of this contract HUC are also responsible for responding to UKHSA requests for potential Influenza outbreak. This requires assessment of the patients and, if appropriate, prescribing of anti-viral medication.

Access and Availability

This service is accessible during the out-of-hours period, seven days a week. The service is accessed by phone.

Headlines

Successful service supporting community hospitals. Activity peaked during the winter months, as expected, particularly challenged during the Strep A outbreak.

District Nurse Single Point of Access Devon Service

Summary

HUC acquired the District Nurse call handling service for Devon upon its ownership of Devon



Doctors. This service comprises of a team of call handlers who take referrals into any of the District Nursing teams across Devon. Upon receiving a call our call handlers refer the patient to the most appropriate District Nurse team for action ensuring minimal delay for the patient.

Access and Availability

Available out of hours, seven days a week

Clock Tower Surgery

Summary

HUC are also responsible for the Clock Tower Surgery, located in central Exeter. This surgery provides primary care service to individuals who are of no fixed abode or in temporary housing.

The Clock Tower houses a team of extremely dedicated and specialist clinicians who are passionate about their patients.

Access and Availability

Available in-hours Monday to Friday, accessible by telephone or for drop-in clinics.

7. Complaints, Praise and Feedback

Complaints, Praise and Feedback

The number of patient complaints received by HUC has remained largely consistent with the previous 12-month period – see graph on next page.

At the same time, it is worth noting that the organisation has grown considerably with the addition of several services and geographical footprints. As such, going forward, HUC is working to establish complaint rates per attendance, or contact, in addition to absolute numbers.

Year-on-year, across HUC in its entirety, complaints for 2022/23 were down on the previous year, with 477 received, in comparison to 488 in 2021/22. This represents:

- **NHS 111:** 241 complaints | 1,288,568 calls | Complaints in 0.018% of cases
- **Out of hours:** 231 complaints | 294,255 cases | Complaints in 0.07% of cases
- **AIHVS:** Five complaints | 9,850 calls | Complaints in 0.05% of cases

Numbers above exclude August 2022 due to the nationwide Adastra outage. Out of hours relates to telephone consultation, base visits, and home visits.

In addition to facilitating individual investigations for each complaint received across the organisation and ensuring that patients receive high-quality, holistic responses, the Patient Experience team also analyse themes and emerging trends to support wider organisational learning and continuous improvement.

The team identified that ‘patient referral’ and ‘call-back delay’ accounted for the highest proportion of complaints received. Here are some of the most-common themes in complaints HUC received about onward referrals:

- Patients reported being unhappy about referrals back to their own GP during the in-hours period.
- Issues regarding the information provided by colleagues, i.e. referring a patient to ED with what was perceived as an appointment time rather than an arrival time.

As an organisation, HUC is currently reviewing both its internal processes and DoS instructions to improve the information provided to patients. Where it is identified a colleague has made an error with the information provided, their line manager supports the colleague with additional guidance.

Furthermore, a HUC working group is currently reviewing the comfort calling process across our services, with a view to improving communication with our patients and keeping them better informed of any potential delays.

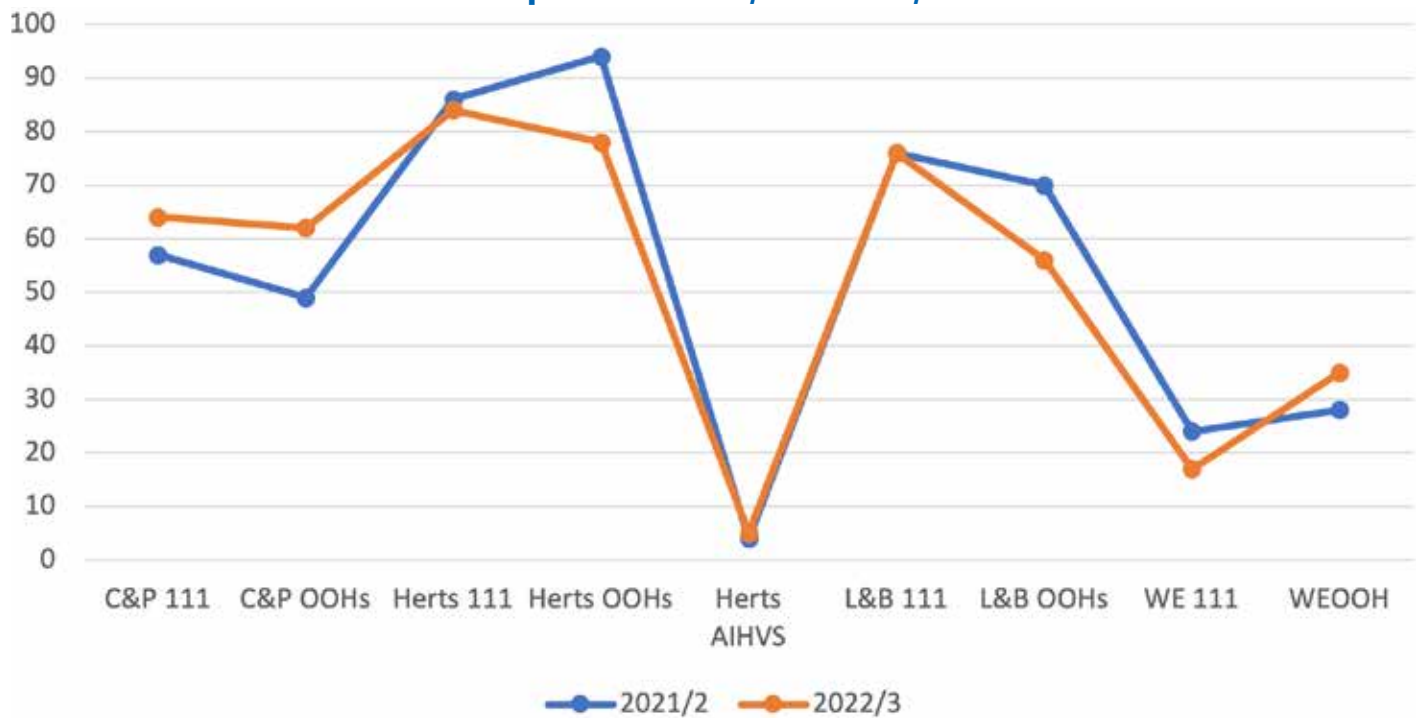
Examples of Accolades Received

- *I am sending you a card, but thought I would precede it with an email, to offer you rather more emphatic thanks than I think I did when you attended me the Wednesday night the week before last, after my wife dialled 111. Whether because of my condition then or for any other reason, I don't think I fully realised quite what a crucial part your sober and authoritative sense of urgency played in – very probably – saving my life. As you will probably know, I underwent cardioversion immediately on admission to hospital, which I am sure basically dealt with the problem, and was kept in for tests over the next week or so. Many, many heartfelt thanks – in more than one sense!*
- *My **** wishes to thank you for sending an ambulance as you may have saved her life.*
- *This doctor is lovely. She is absolutely amazing and so much patience and very thorough and good at her job, I would highly recommend her. I wish she was my doctor in *****, she recommended things to me that even my own doctor has not. That is what I call a very professional and highly trained doctor. Thank you for helping me today.*
- *The patient found the doctor visiting her to be wonderful – a credit to the NHS – she has no adequate words for him.*

New Services

At the point of the acquisition of Devon Doctors Ltd, HUC's Patient Experience team completed a

Complaints – 2021/22 v 2022/23



review of the organisation and their associated services in terms of complaints received, specifically Access Dental services.

This identified that complaints were low, with only 20 complaints having been received, since 'go live', across all the services HUC assumed responsibility for in the South West.

The main theme of these complaints was the dental waiting list, which, as previously stated, is managed by Access Dental on behalf of NHS England. There is a significant lack of NHS dentists in the South of England with long waiting times for registration.

8. Medicines Management

Prescriptions Outside HUC CD Prescribing Guidance

	Q1 21/22	Q1 22/23	Q2 21/22	Q2 22/23	Q3 21/22	Q3 22/23	Q4 21/22	Q4 22/23
Herts & West Essex	5.2%	3.9%	5.4%	2.0%	4.2%	2.9%	2.9%	2.0%
L&B	5.9%	3.8%	4.7%	4.2%	2.9%	3.0%	2.3%	3.2%
C&P	2.0%	1.7%	1.9%	1.3%	2.1%	1.2%	1.9%	2.1%

Antibiotics Prescribing Audit

	Q1 21/22	Q1 22/23	Q2 21/22	Q2 22/23	Q3 21/22	Q3 22/23	Q4 21/22	Q4 22/23
Herts & West Essex	97.5%	97.5%	82%	85.9%	93%	95.8%	93%	97.4%
L&B	93%	99.1%	78%	85.4%	98%	69.2%	96%	97.6%
C&P	94%	96.3%	91%	91.4%	94%	88.2%	93%	87%

Controlled Drug (CD) Prescribing

HUC prescribing guidance sets limits on the quantity of CDs that should be prescribed to patients in the Out of Hours period to no more than a five-day supply.

We expect our Clinicians to be 100% compliant with guidelines when issuing CDs. To this end, since January 2022, a pop-up alert has been incorporated on our Adastra platform to remind the prescribing Clinician not to issue more than the minimum supply. In addition, our GP induction programme has been revamped and refreshed to ensure new Clinicians are made aware of the prescribing guidelines.

As a result, compliance with HUC prescribing guidelines has improved as demonstrated by the figures above. Clinicians who prescribe outside these guidelines, are issued with reminders via email. Should they repeatedly fail to adhere to prescribing limits, the relevant Clinical Lead will discuss this with them.

Antibiotic Prescribing

Antibiotic resilience is an issue HUC takes very seriously. Each quarter, a specified condition is chosen to focus our antibiotics auditing.

As a rule, Clinicians are expected to follow local antibiotics guidelines. Whilst there may be reasons to prescribe outside of these guidelines,

these should be clearly documented on the patient's records. If no reason is documented, feedback is provided detailing any concerns arising and highlighting our expectations – in addition, they will be provided with a copy of the antibiotic guidelines to inform their prescribing.

Clinicians who appear to repeatedly prescribe outside antibiotic guidelines will be reviewed by the Lead Pharmacist, Clinical Lead and the Chief Medical Officer. This may result in a face-to-face meeting, an increase in audits, and a dedicated action plan.

Themes

- **Quarter 1:** Antibiotic prescribing in Otitis Media
- **Quarter 2:** Antibiotic prescribing in urinary tract infections
- **Quarter 3:** Antibiotic prescribing in sore throat infections
- **Quarter 4:** Antibiotic prescribing in lower respiratory tract infections

There was a significant reduction in compliance with antibiotics prescribing in sore throats during Q3. However, this needs to be seen in the context of a rise in Strep A infections and a shortage of first line antibiotics like penicillin, leading to Clinicians having to prescribe alternative antibiotics.

9. Infection, Prevention and Control

Infection, Prevention and Control (IPC)

HUC recognises that effective Infection Prevention and Control (IPC) measures are an essential focus of all healthcare providers to reduce any healthcare associated infections (HCAI). This is vital to ensure patient safety and must be an integral and consistent part of everyday practice.

In addition, good management and organisational processes are crucial to ensure high standards are maintained. This report demonstrates the systems HUC has in place for compliance with the Health and Social Care Act 2008. It covers:

- Any infection transmission incidents and any action taken. These will have been reported in accordance with our Significant Event procedure
- Details of any infection control audits and actions undertaken
- Details of any control risk assessments undertaken
- Details of training for colleagues
- Any review and update of policies, procedures, and guidelines

Reported IPC Incidents

- There was an identified flu outbreak in one of HUC's contact centres in Nov 2022, which, following investigation and risk assessment, resulted in the reinstatement of face masks in the workplace. The outbreak highlighted the need to be cautious whilst at work, attending meetings, social gatherings and sharing unpacked food items.
- In May 2022, the government issued national guidance regarding management of Monkeypox. Internally, the management of a suspected case of Monkeypox was circulated to all Clinicians, which mirrored the UK Health Security Agency's (UKHSA) national guidance document. HUC were commissioned to provide a Monkeypox swabbing service during the Jubilee Bank Holiday weekend in June 2022.
- There was a significant nationwide rise

in Strep A infections during the month of December 2022, which was accompanied by a shortage in availability of liquid antibiotics. This led to increased pressures and demand on the services HUC provide. Government-issued guidance relating to the clinical management of invasive Strep A cases was circulated to all Clinicians, as well as serious shortage protocols (SSPs), to manage these shortages

Infection Control Incidents

In 2022/23, six incidents were reported related to IPC and raised on RADAR. These were:

- Cleaning (two incidents)
 - Occurred Out of Hours within a hospital setting: Trust colleagues did not clean the room after use and a used couch roll had been left on the examination bed
 - Unclean trolleys in one of our Out of Hours bases
- Sharps (two incidents)
 - The Bedford car sharps bin had an ill-fitting lid which came off exposing used needles
 - A used needle and syringe were discarded in a paper bag and left in a file storage compartment within an Out of Hours base
- Discarding of waste (one incident)
 - A used swab for microbiology was not properly stored
- Miscellaneous (one incident)
 - Domestic waste had been inappropriately disposed of

All cases were closed following local actions with no harm coming to any colleagues or patients.

Local, National and International Alerts

UKHSA is accredited to publish National Patient Safety Alerts to ask healthcare providers to take action to prevent, or reduce, the impact of a threat to public health from:

- Communicable diseases, such as outbreaks of infectious disease, microbial contamination of products (but not medical devices)

- Non-infectious hazards, such as exposure to radiation and chemicals
- Supply disruption such as vaccines

In addition, they also issue Urgent Public Health Messages as a communication cascade to the health system. Such messages are related to urgent and emerging public health matters which do not meet the threshold for a National Patient Safety Alert.

At HUC, alerts received from UKHSA are disseminated to all Clinicians and other relevant colleagues as appropriate. Notable alerts received for 2022/2023 included:

- Potential contamination of Alimentum and Elecare infant formula food products
- Contamination of hygiene products with *Pseudomonas aeruginosa*
- Ebola virus outbreak in Uganda (Sudan ebolavirus)
- Actions needed in response to health protection issues identified in asylum seekers
- Enhanced Genome Sequencing for Hospitalised Patients from China

IPC Audits and Quality Assurance

All our Out of Hours bases are audited on a rolling programme for, amongst other things, IPC and hand hygiene – as previously mentioned, the prescribing of antibiotics is audited monthly.

Findings are discussed in the monthly Clinical Governance meetings and any actions required are tracked and followed up in subsequent meetings and site visits. As previously mentioned, the prescribing of antibiotics is audited monthly.

Training on IPC policies

At HUC, IPC training is included in all job descriptions. There are two levels of IPC training for HUC colleagues, both of which are online-based:

- Level 1: Non-clinical staff
- Level 2: Clinical Staff

In addition, all clinical colleagues must complete Sepsis training.

Vaccinations

All patient-facing colleagues are offered influenza and Covid-19 vaccinations to protect themselves and our patients. A flu vaccination campaign ran from September 2022 to the end of February 2023, during which time 34% of our colleagues were either immunised by us or another source – this represented a fall of 6% in comparison with the previous year.

Covid-19 Risk Assessments

Our Covid-19 group met on a regular basis throughout the pandemic to review risks and any updates to government guidelines. Guidance was provided to all colleagues on requirements for wearing masks and other IPC measures as necessary. Following the decrease in infections amongst the population, this group was stood down at the end of March 2023.

Policies, Procedures, and Guidelines

The following policies related to IPC are updated every year. They are reviewed and approved by our Policy Review Group as well as relevant policy owners. In addition, policies are updated prior to review date if national guidance changes:

- Standard Infection Control
- Notification of Infectious Diseases
- Sharps Policy
- Hand Hygiene
- Healthcare Waste Management Policy

Throughout the active months of the pandemic, the Clinical and Operational teams introduced new patient pathways to separate infected, potentially exposed, or unknown status patients from negative patients. These had to be changed again as elective activity was reintroduced.

They also worked closely with relevant site management teams in placing patients to reduce cross infection.

10. Training



Statutory and Mandatory Training

In June 2022, we launched our new HUC Academy learning management system, which made our previous Blue Stream platform obsolete.

All statutory and mandatory training moved to the HUC Academy. This resulted in some fluctuations in compliance as we completed data clean-up exercises across June and July 2022. We also saw a significant drop in compliance due to many three-yearly modules expiring, with a significant number of HUC employees having last completed their modules in 2019.

Due to this, and a learning curve with using the new system, compliance has been lower than previously. However, we are starting to see a steady climb on compliance figures as colleagues adapt to the new system – see *table opposite*.

More details on Safeguarding training can be found in the Safeguarding section.

Apprenticeships

At HUC, we encourage our colleagues to enroll for apprenticeships to hone their skills in their area of work. We are passionate about offering

opportunities for development and to help our colleagues achieve their career goals.

Currently we have the following apprenticeships in progress, with more in the pipeline:

- **Level 7 Accountancy:** four colleagues
- **Level 5 Operations Manager:** one colleague
- **Level 3 Team Leader:** two colleagues
- **Level 2 Finance:** one colleague
- **Level 4 Data Analyst:** one colleague
- **Level 3 Procurement:** one colleague
- **Level 4 Marketing:** one colleague
- **Level 3 Contact Handler:** five colleagues
- **Level 7 Senior Leader Higher Apprenticeship:** one colleague
- **Level 7 Advanced Clinical Practice:** one colleague

Moving forward, our colleague enrolled on the Level 7 Senior Leader Higher Apprenticeship programme at the University of Hertfordshire will assist our Senior Leadership team to grow their skills in leadership and strategy, in order to support HUC's future growth.

HUC Academy Training

Module	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Adult Basic Life Support Level 1	91%	95%	94%	83%	80%	76%	82%	86%	88%	93%	94%	97%
Adult Basic Life Support Level 2	86%	93%	92%	66%	51%	51%	52%	62%	79%	81%	86%	87%
Paediatric Basic Life Support Level 2	85%	91%	91%	57%	50%	43%	42%	59%	63%	74%	80%	86%
Conflict Resolution	95%	96%	95%	92%	88%	90%	89%	91%	94%	95%	93%	97%
Data Security Awareness	Not available on Blue Stream					Not reported on			82%	91%	89%	94%
Deprivation of Liberty	94%	96%	92%	85%	83%	84%	85%	86%	89%	91%	88%	88%
Equality & Diversity	90%	96%	95%	90%	84%	87%	89%	90%	93%	95%	93%	97%
Fire Safety	94%	95%	94%	90%	82%	84%	87%	92%	93%	94%	93%	96%
Infection Control	93%	94%	93%	81%	80%	82%	80%	84%	86%	89%	91%	89%
Information Governance	91%	94%	91%	Replaced by Data Security Awareness								
Mental Capacity Act	92%	95%	92%	87%	80%	81%	82%	84%	86%	87%	84%	86%
Moving and Handling	94%	95%	94%	92%	89%	88%	88%	90%	91%	94%	93%	91%
Prevent	94%	95%	93%	90%	87%	88%	89%	91%	91%	92%	90%	95%
Principles of Health & Safety	94%	96%	94%	90%	83%	84%	83%	87%	89%	93%	91%	96%
Records Management	90%	92%	91%	Replaced by Data Security Awareness								
Risk Management	93%	95%	94%	Not currently available on HUC Academy								
Safeguarding Adults (Level 1)	94%	95%	94%	83%	83%	84%	85%	95%	93%	95%	95%	98%
Safeguarding Adults (Level 2)	91%	97%	94%	73%	70%	74%	77%	82%	88%	87%	89%	91%
Safeguarding Adults (Level 3)	85%	89%	92%	100%	100%	97%	74%	52%	57%	61%	68%	76%
Safeguarding Children (Level 1)	90%	93%	93%	67%	59%	68%	78%	90%	91%	93%	93%	97%
Safeguarding Children (Level 2)	91%	96%	94%	93%	86%	85%	88%	94%	95%	93%	90%	95%
Safeguarding Children (Level 3)	89%	91%	92%	74%	72%	74%	66%	63%	72%	79%	81%	88%
Sepsis	91%	89%	87%	75%	75%	72%	75%	80%	75%	83%	83%	83%

NB: The figures above are HUC-wide and relate to staff in both the East and South West. This being the case, the likelihood is that they will vary slightly from the figures for specific HUC locations.

HUC Academy

As previously mentioned, the HUC Academy platform officially launched in June 2022 with its own brand and promotional plan. The goal of the platform was to provide not only statutory and mandatory training modules, but to provide a centralised space for training, enabling employees to view and access more opportunities than ever before.

Since its launch, HUC Academy has allowed employees to enrol in a variety of new e-learning and instructor-led courses, *as per the table opposite*.

One of the most exciting elements of HUC Academy is the ability to create and broadcast essential training quickly to a large audience, allowing the organisation to respond to training gaps and organisational need in a timely manner.

For example, in December 2022 when corporate colleagues were asked to support comfort calling efforts on Adastra, we were able to create and host the training these colleagues required at speed so that they could start supporting without undue delay.

This training effort included an e-learning component with a demonstration video and the appropriate SoP, and also virtual training sessions led by our Head of CAS. Employees looking to support the organisation with comfort calling could log into the HUC Academy and book an available sessions, allowing them to gain confidence and ask any questions they might have.

Alongside the HUC Academy, we also have a self-employed GP portal which allows our external workforce to view the training modules available to them and book themselves onto courses, as well as any clinical educational events, in line with IR35.

further resources to support their growth and achievements at HUC.

In the next financial year, we plan to complete a new video-based corporate induction to help new starters get acclimatised quickly. Following on from that, the Training team plans to partner

New Training Available

New optional e-learning	Instructor-led Courses
Comfort Calling on Adastra	Appraisal Refresher Training
Embedding Public Health into Clinical Services	Bruising in the Non-Mobile Infant
Environmentally Sustainable Healthcare	Comfort Calling
Microsoft Teams	Domestic Abuse
MindEd for Blue Light Services	Diversity, Equality & Inclusion for Managers
National Early Warning Score (NEWS) for Primary Care	DoS Drop-in Sessions
Remote Consultation Training	Face-to-Face Basic Life Support
Vulnerabilities and Trauma Informed Practice	Handling Difficult Conversations
	Incident Debrief Facilitator Training
	Lunch and Learn: Performance and Capability
	Management 101s
	Management Bootcamps
	Mental Health First Aid
	Probing Workshops
	Risk Management for Managers
	Safeguarding Supervision Training
	Team Leader Review Sessions

with other departments to create HUC-centric in-house e-learning modules to make training more beneficial to learners.

We are already working on an incident reporting and risk management e-learning module and are looking to build more e-learning modules to address specific HUC needs.

11. Human Resources and Workforce

Human Resources and Workforce

Following the Covid-19 pandemic, the recent Strep A crisis, national industrial action and the cost-of-living crisis, the impact of constant pressure has been felt by both individuals and the organisation as a whole. As such, it has been a challenging year for both HUC and its employees.

In 2022/23, HUC's workforce in the East of England was made up of 1,654 contracted employees (760 FTE) with 1,268 (472 FTE) part-time employees, most of whom live and work in the community HUC serves. We also contract 119 bank workers and engage around 423 self-employed clinicians on a regular basis supporting our Out of Hours, NHS 111 and Primary Care services.

With effect from 1 October 2022, our South West workforce has 243 employees (74.3 FTE) following the acquisition of Devon Doctors Ltd.

Culture and Recruitment Marketing

HUC continues to embed its Employee Value Proposition (EVP) across all its employee communications, its careers site, social media channels, job descriptions, appraisals and virtual meeting backdrops.

We are continuing to support colleagues and our services by attracting the right talent and retaining a flexible and resilient workforce. To this end, we focus on quality, compliance, onboarding and induction, as well as inclusivity and engagement.

The pandemic has changed the way in which we work, increasing the availability of hybrid and home-based working not only for back-office and managerial colleagues but for many operational roles, including around 90 Health Advisors.

Many of our colleagues appreciate being able to work from home at least some of the time and there are many advantages in terms of work-life balance, as well as environmental and resilience factors. Homeworking Health Advisors can 'jump on' quickly to provide additional resilience where a couple of hours assistance would really help but coming into the office is not feasible.

During the reporting period, we outsourced

recruitment to third parties for our contact centre roles, building on our EVP and recruitment marketing strategy. This developed a pipeline of candidates to manage ever-increasing call volumes. As a result, we had a large volumes of new joiners (around 35 candidates) being inducted every month across each site. To support these new colleagues, our NHS Pathways Training team increased our training offering, ensuring at least 85% of candidates achieved their NHS Pathways licence at the end of their first six weeks.

HUC is not immune to the high attrition and recruitment difficulties of a tight labour market and we continually adjust our advertising, recruitment practices and training programme. This helps us maximise our chances of recruiting people who are going to be successful and who will want to stay with us. We are constantly reviewing and improving our employee engagement strategies to make sure we are not only attracting but also retaining our top talent.

We have had some success with clinical recruitment campaigns, successfully appointing six Clinical Team Leaders in NHS 111 to support colleagues on shift and the workforce managers. We also recruited 5.6 FTE Advanced Nurse Practitioners, Advanced Care Practitioners and Emergency Nurse Practitioners as part of our new nurse-led service in St Albans.

Refer A Friend

We recognise that our existing employees are our biggest asset and we are keen to recruit more similarly minded individuals who share our values and our ethos. The Refer A Friend scheme offers a dual benefit; acting as a great way for our existing colleagues to earn some extra money, with no limit on the number of referrals that colleagues can make. What is more, this guarantees that candidates brought forward are aware of what we do and what real life at HUC looks like from the outset.

Colleagues can refer anyone that they know, however they will not be involved in selecting and appointing the individual. This is very exciting and a good way to bring in new candidates to our

services that have been recommended by our colleagues.

We have a comprehensive communications plan in place to raise awareness of this scheme and have received an number of referrals resulting in our multidisciplinary teams growing and strengthening in headcount, skills and experience.

Senior Appointments

There have been several changes and appointments within our Senior and Executive leadership teams in the last year, arising not only from normal attrition but a desire to strengthen our teams in areas such as Governance, Resource Planning, Safeguarding and general management.

Roles such as Lead for Prevention of Admissions, Lead for Primary and Urgent Care, and Associate Director of Clinical Quality and Governance have been added to enhance our management and provide specialist input in a growing organisation. Lead clinical roles will bring real focus on clinical standards, productivity and quality.

After seven years at HUC, Graham Clarke's tenure as Chair came to an end and Non-Executive Director Nigel Hopkins took over as Interim Chair until the successful appointment of Sarah Pickup, who took over as HUC's new Chair on 1 April 2023. In addition, Dr Bruce Hughes from Devon Doctors Ltd joined our Board to bring independent assessment, scrutiny and expertise to HUC's strategy, performance and governance.

Employment Compliance Checks

HUC has robust policies in place to ensure it keeps the safety of our patients at the start and heart of our care. Key checks are carried out during the recruitment process, including Right to Work, criminal record, medical, reference and online and social media checks for all roles. Disclosure and Barring Service (DBS) certificates together with professional qualifications are also rechecked on a regular basis for patient-facing colleagues.

For NED and Executive Board appointments, the

following background checks and screenings are conducted before consideration for appointment pursuant to Regulation 5 of the Social Care Act 2008 (Regulated Activities) and Regulations 214, ensuring legal, compliance and governance standards are met.

'Fit and Proper Person' including:

- Enhanced DBS check
- Board Level Declaration
- Right to Work
- Pre-employment medical
- Employer references

For all patient-facing roles:

- Right to Work
- Professional registration(s)
- Two employment references – ideally in last three years
- Enhanced Disclosure and Barring Service check
- Occupational questionnaire
- Social media checks
- Evidence of vaccinations in accordance with CQC and best practice requirements

For many members of the clinical workforce, our Credentia platform collects this information in real time from Performer Lists. The software allows for automated checking of professional and clinical registers. It also sends out daily digest reports to notify HUC if there has been a change in the compliance status of Clinicians registered on the platform.

Furthermore, all patient-facing colleagues are encouraged to sign up to the DBS updated service, saving the organisation and individuals having to manually collate appropriate documents to go through rechecks and renewals. The DBS updated service provides real-time automated alerts to all should there be an issue.

When the temporary Covid-19 measures were implemented, the Home Office said that follow-up checks on any employees who had had a Covid-19 adjusted Right to Work check would need to be carried out within eight weeks of the temporary measures ending. However, the

Home Office subsequently confirmed that these retrospective checks would not be required. Temporary adjusted Right to Work measures brought into force in March 2020 came to an end on 30 September 2022 and HUC and our agents have now reinstated manual check of Right to Work documents.

As an organisation, we are a subcommittee member of the Better Hiring Institute working with the Home Office, DBS and other third parties to influence several changes, including submitting suggestions on updating the Online Checking Service to include visa types to aid employers with hiring. Furthermore, we are working with the Digital Identify team at the Department for Science, Innovation and Technology with a view to better utilising digital identities and reusable digital identities in the hiring process.

Spotlight on Leadership and Organisational Development

Developing Team Leaders

Our 'Management 101' training aimed at Team Leaders is a highly participative course which covers five modules, each of 2.5 hours duration, to equip our newest managers with the knowledge and skills to undertake basic people management roles.

Seeking to capitalise on the learning through the 'Management 101' programme, HUC is running follow-on sessions using the principles of Action Learning Sets to support continual learning. As we continue to grow, this also provides a networking opportunity for our junior managers.

Manager Bootcamps

These are back by popular demand and are oversubscribed by members of HUC's management team. The Bootcamps have been designed to provide leaders and managers with a refresh on how to undertake people management activities and reset how they lead and manage their teams, ensuring they give their best and get the best out of colleagues.

In anticipation of the organisation signing up

for the Mind pledge, they bootcamps include a managers toolkit to bring health and wellbeing into the everyday. They are delivered in three modules as follows:

- Managing self and others which includes coaching, action-centred and situational leadership
- Resourcing and talent management
- Employment relations

Given the number of topics to cover, the sessions are managed in bite-size modules covering legislation, HUC policies and best practice, case study group work with plenty of time set aside for discussion, feedback and breaks. The days are busy, fast-paced and rely heavily on active participation from all attendees. HUC is beginning to see the results and impact coming through with decreasing numbers of employee-relation issues across the organisation.

Leadership Development

Our more senior managers can access NHS East of England Leadership Academy programmes to uplift their capacity and create positive continuous cultural and behavioural change. This programme enhances patient and employee experiences by supporting our leaders to deliver against HUC objectives and our people plan.

Five managers successfully completed the Mary Seacole Programme facilitated by our local ICB, whilst our Head of Unscheduled Care participated in the Accelerated Director Development Scheme (ADDS), a Chief Executive sponsored scheme to develop leaders for Hertfordshire, West Essex and the BLMK Partnership. The ADDS is focused on identifying and developing high-potential leaders from clinical, operational and corporate backgrounds and HUC's Head of HR Strategy and Insourcing sits on the Talent Programme Board. Our Chief Executive, along with fellow Chief Executive Officers in the ICB, is an official mentor to candidates on the programme.

Risk Management and Board Assurance Framework Processes

Throughout 2022-23 HUC has considerably developed its risk management and board

assurance framework processes. This has included:

- The further development of our Risk Strategy and Policy for Management of Risk Register
- The significant expansion in both numbers and types of risks within our Risk Register on RADAR
- The establishment and monthly undertaking of a new Risk Review Group
- The further tagging and review of relevant risks, via our committee structures

In November 2022, the Board virtually attended a risk management workshop externally facilitated by NHS providers. This session provided the Board with training and guidance in supporting strategic risk identification, best practice approaches around board assurance frameworks, and further understanding of risk appetite principles.

In February 2023, the learning from this training was utilised at an internal board workshop. This saw HUC establish and populate the strategic risk register against its corporate objectives and further agree associated processes moving forward, with a view to ensuring clear escalation processes for risks from team and department level all the way up to Board.

Equality, Diversity, and Inclusion

Fostering a culture of inclusion and belonging is a thread that runs through all our work at HUC as we strive to deliver leadership development interventions that are inclusive and reach a diverse cross-section of the workforce, reflecting the communities we serve.

We invested in a comprehensive blended training programme on Diversity Awareness and Inclusion and rolled this out to all HUC colleagues and NED members of the Board to ensure it is embedded across all levels of the organisation. To date, 1,492 colleagues have completed the programme.

This programme delivered e-learning modules and virtual classroom sessions for all colleagues. Feedback on the sessions was overwhelmingly positive from managers and Board members.

Managers were open and honest when it came to discussing their needs and what they saw as being areas of improvement for Diversity, Equality and Inclusion. Individuals recognised the opportunity to do more and learn more to embed an inclusive culture within the strategic priorities, demonstrating a significant increase in awareness of how concepts such as unconscious bias can impact people's work.

The programme also provided a strong foundation on which the organisation will look to build. The rich qualitative and quantitative data collected shows where HUC is performing well but also highlights where room exists for improvement.

Mindful that we are finding some of the newest recruits to NHS 111 are neurodivergent, moving forward neurodiversity will form part of Diversity training, in the same way as unconscious bias, so that colleagues can become more educated on this issue. We will seek to build awareness, as well as provide reasonable support and adjustments throughout the recruitment and training process, thus building greater empathy.

More work needs to be done in 2023 regarding Diversity, Equality and Inclusion. Our overall strategy and policy will continue to be reviewed considering these findings to ensure we are well placed to demonstrate our position as an organisation with people at the heart of everything we do.

Gender Pay Gap 2022

HUC is committed to fostering inclusion, fairness and flexibility and we take our responsibility to lead by example seriously. One of the ways we do this is by reporting our gender pay gap data and when doing so, we choose to go behind the headline figures to help us understand our culture and identify actions to close the gap.

Reporting annually is an important way to track how recruitment, reward and progression decisions impact the achievement of a diverse, inclusive workforce.

The gender pay gap is calculated by taking all employees across the organisation and

comparing the average pay between men and women. Even though we have clear, externally benchmarked salary ranges in place for all roles, to ensure that everyone is paid fairly for undertaking the same or a similar role, it is still possible to have a gender pay gap.

This year, our median pay gap reduced by nearly 0.5 percentage points to 0.3%. Our mean pay gap dropped five percentage points to 9%, the lowest it has been since reporting began.

Gender pay is measured in quartiles, which are calculated by splitting all employees in an organisation into four even groups according to their level of pay. These quartiles give an indication of women's representation at different levels of the organisation. Women occupy 78% of HUC's highest-paid roles, ie those in the upper quartile, and 69% of the lowest-paid roles.

HUC's workforce is made up of significantly more female (73%) than male colleagues (27%), the majority of who work in frontline and support roles. The majority of frontline roles are of a flexible part-time nature. This suits the organisation and provides the opportunity for shifts to be worked around family and other caring commitments.

However, the last six years of reporting have taught us that the drop in HUC's Gender Pay Gap may not necessarily be sustained. We see significant fluctuations in our reported pay gap because we are a medium-sized organisation with a predominately female workforce, so small changes in our employee profile have a significant impact.

Closing the gender pay gap is not a quick and easy fix. It requires meaningful, consistent and sustained shift in cultural norms. Our report shows the important actions we are taking to drive this much needed change – in areas of recruitment and retention, pay, transparency, flexible working and parental leave.

Disability Pay Gap

It has been difficult to collect the data around employee disabilities and ethnicity of HUC's workforce but the implementation of a new HR

Information system should help alleviate this. It should also help improve the response rates by being transparent about how the data will be used.

HUC will continue to recruit people from unrepresented groups and improve their means of progressing within the organisation. We are nurturing and promoting our internal talent pipeline looking for ways to make HUC a truly inclusive place to work, which can mean anything from improving our office space, to flexible working, to help employees understand the value of a diverse workforce.

We intend to start capturing this data and report progress, pledging to listen to our own people and to shape our policies, practices and roles based on what we learn. We know that creating an inclusive culture within a talented and growing organisation means doing things differently. Whilst not a mandatory requirement, it is planned to provide a voluntary report to improve the representation of all employees at all levels in the organisation.

Performance Appraisal

The performance appraisal process is an integral part of HUC's performance management programme. It is an ongoing communication process between a manager and an employee that occurs throughout the year, supporting the achievement of the strategic objectives of the organisation.

The overall aim of the appraisal process is to maximise the effectiveness and potential of each employee, at the same time supporting HUC in successfully achieving its corporate and financial objectives for the year.

It is also an opportunity to check that statutory and mandatory training and clinical supervision is up to date and to discuss any future learning and development opportunities. All of these together provide ample opportunities for colleagues to improve in their current role and to plan their career so as to benefit themselves as an individual and the organisation as a whole.

The annual performance appraisal takes place

in April-May with a mid-year review scheduled in October-November each year. Managers are invited to an Appraisal Refresher training session and prepare a schedule so that each member of their team is allotted an appraisal meeting. New employees who are still in their probationary period will be seen as normal for their probation one-to-ones. Otherwise, all colleagues with over three months' service will be included on the appraisal schedule.

In 2022/23, 95% of employees participated in the annual appraisal process and 92% completed their mid-year review.

Health and Wellbeing

We are passionate about ensuring that HUC is an organisation that focuses on the mental health and wellbeing of its workforce, encompassing mental, physical, financial and social wellbeing.

We strive to practice a proactive and preventative approach, which reflects what our employees need to be fulfilled and empowered within the workplace. We place a great deal of importance on employee feedback, and this is what is used to form the basis of our plan when deciding which initiatives take priority under the wellbeing umbrella.

Due to the nature of the business and the challenges that our colleagues face daily, it is important for us to ensure that they have access to a range of support, which is easily accessible, suitable to individual needs, and beneficial to them.

That is why we have over 100 Mental Health First Aiders (MHFA) – a significant proportion of our workforce. This preventative resource encourages early intervention, reduces stigma around mental illnesses and provides a safe place for colleagues.

We also have Debriefers who are trained to provide reactional support to colleagues across HUC who, as part of their professional role, may experience incidents which can cause them distress and upset.

In the last year, we recruited a Wellbeing Lead to own and push forward our wellbeing agenda. Focus areas include leading our well-established

Health & Wellbeing group, with managerial representatives from across HUC, planning and leading on an employee activity plan, as well as awareness days, and coordinating support packages including our employee assistance scheme.

Since its inception, our Health and Wellbeing group has planned and rolled out several successful incentives and activities across HUC:

■ Mental Health Awareness Week

One of these was the annual Mental Health Awareness week which ran from 9-15 May 2022. While we care for the health and wellbeing of colleagues year-round, this was an opportunity to focus on good mental health.

We are aware of the impact the pressures on our services can have on one's health and wellbeing and used this week to focus on the support we offer and the range of resources that are available.

The theme for this year's week was loneliness. The week opened with a video message from our Chief Medical Officer who discussed the importance of making positive mental health a priority. People can feel lonely even when surrounded by others and millions of people hide their feelings of loneliness from family and friends. This year's focus week raised awareness that we can tackle it by working together.

■ Steps Challenge

In addition to the above, in May 2022, for the second year running, we held a four-week team Steps Challenge as part of a range of activities linking to Mental Health Awareness Week in time for the National Walking Month.

Participation was voluntary with groups from various directorates mixed at random so that colleagues were able to get to socialise with people they didn't ordinarily work with.

Teams took a group name that was themed around Mental Health Awareness Week to provide a little reminder and positive affirmation every day. Prizes were awarded to the two teams with the most steps and there was also a prize for the best photo.

■ Cost of Living payments

Employees report that finances are the most common cause of stress outside work, with 37% of employees experiencing financial stress. The cost-of-living crisis is clearly taking its toll especially on those on lower salaries and, through its Employee Assistance Programme and Heroes Hub Reward platform, HUC has taken steps to support those employees, offering financial wellbeing coaching and signposting.

Furthermore, to recognise our employees commitment and help mitigate the impact of the cost-of-living crisis, HUC funded a cost-of-living award to lower-paid employees. The payments were made to those earning less than £35,000 per annum in instalments across their October, November, December 2022 and January 2023 salary payments.

■ Winter Bonus

HUC also funded a one off 'Thank You' award in February 2023 to reflect the incredible contributions of employees during what was an extremely challenging winter.

■ EAP – Care First

HUC is proud to provide all employees and their families with access to the aforementioned Employee Assistance Programme available to them 24 hours a day, 365 days a year.

The service is available to all HUC employees with counsellors on hand to assist with a range of issues, eg financial, personal, and work-related.

HUC receive a quarterly report highlighting the demographics of the caller, the topic, and if any further actions followed the call, such as ongoing counselling. This report is then analysed by our Wellbeing Lead to identify specific trends, topics, call frequency and participation.

■ The Heroes Hub Benefits Platform

HUC is supporting employees to save money and look after their wellbeing through the previously touched upon new employee benefits platform, The Heroes Hub.

Employees can save money on everyday purchases from over 800 retailers via instant vouchers, cashback and reloadable cards. There

are exclusive offers on everything from groceries, fashion, dining and entertainment to travel and gifts for special occasions. There's a whole host of recognisable retailers on the site and something for everyone.

The incorporated Wellbeing Centre also offers tools, articles, recipes, workouts and much more to help employees on their journey to optimum wellbeing. Whether that is to move more, get some ideas on how to eat well, understand how to manage money matters or simply get a bit of me time.

The platform is available to colleagues who have joined the organisation from Devon Doctors Ltd.

Plans are in place to extend the benefits of the Heroes Hub to include an employee-focused recognition programme, giving our managers the opportunity to recognise those employees who go that extra mile.

We will continue to monitor the participation of the platform and raise awareness with a comprehensive communications plan to encourage more uptake of the available perks and benefits at HUC.

The Year Ahead

Working with the Health and Wellbeing group, our Wellbeing Lead will continue to strengthen and improve our current health and wellbeing offerings focusing on Mind's Mental Health at Work Commitment pledge.

This encompasses the promise to follow the six Mind standards as follows:

- Prioritise mental wellbeing in the workplace by developing and delivering a programme of activities
- Proactively ensure work design and organisational culture drive positive mental wellbeing outcomes
- Increase organisational confidence and capability
- Provide mental wellbeing tools and support
- Promote an open culture around mental wellbeing
- Provide mental wellbeing support

In addition to the above, plans are in place to bring together our current team of Mental Health First Aiders to encourage discussions and ongoing awareness around mental health with a focus on lifting bias and stigmas which can sometimes be associated with workplace mental health.

Awareness Events

Awareness events will continue to be a large part of our commitment to our colleagues. They will be created in collaboration with the Health and Wellbeing Group with a focus on the commitment to focus on mental, physical, financial and social wellbeing, in close liaison with the Communications team.

Engagement

At HUC, we care about our people and the communities we serve. That is why we are keen to give our colleagues a chance to provide feedback, make suggestions for improvement and generally engage with our Executive and Senior leadership teams about what it is like working for HUC. Ultimately, this will make HUC a great place to work, supporting our ambition of becoming an 'Outstanding' organisation.

Pulse Survey 2021/22

The Pulse Survey conducted in 2021/22 focused on health and wellbeing. It also offered the opportunity for colleagues to provide feedback, which in turn provided a wealth of information to improve working environment across all sites. In the main employees were satisfied with the action the organisation has taken with respect to health, wellbeing and support received from their managers and Senior Leadership teams.

However, as a result of some of the more detailed feedback, a revamp and refresh of many of the contact centres was implemented with better rest rooms and breakout areas.

Our new Wellbeing Lead has assumed responsibility for our 2023 Employee Survey, which is benchmarked from the national NHS Employee Survey. We are encouraging all managers and employees to complete this survey to check the temperature and our employees'

experience. This is an opportunity to continue to make improvements in our employees' experience and wellbeing, which will ultimately improve patient care whilst ensuring we remain synergistically aligned with HUC's corporate strategy, EVP and values.

Cuppa and a Chat with our CEO

Our 2021 staff survey highlighted that colleagues would prefer more opportunities to directly feed back to our leadership team. To that end, we introduced monthly informal sessions with our CEO entitled 'Cuppa and a Chat'.

These sessions were aimed at facilitating two-way communications and providing an opportunity to ask questions, give feedback and make suggestions. Initially take-up was slow but following a review of the sessions and a rollout as a more formal Team Briefing with a Q&A timeslot at the end, attendance has soared.

Sessions are now well-attended and colleagues take their opportunity to listen to updates or ask unfiltered questions. Furthermore, the sessions are recorded and available on the intranet with viewing figures showing interest amongst colleagues who, for whatever reason, were unable to attend.

GP Evenings with HUC Leadership team

In addition to our employed workforce, a series of talks were held in spring and summer 2022 to foster a positive relationship and exchange of thoughts between self-employed GPs and our HUC Leadership team, with a view to improving clinical shift fill and creating a forum for two-way communication.

As a result of the feedback received from attendees, a working group was created to help address some of the comments in a timely and efficient way, benefitting all of our colleagues by changing some of our ways of working to establish a more collaborative approach.

Staff Forum

The Staff Forum was formed in 2020 to provide two-way communication between all colleagues and the Executive and Senior Management



teams, enabling employees to give feedback, as well as involving and engaging them in important organisational developments.

The Staff Forum has representation from all services and representatives are elected via a formal nomination and election process. The Forum plays an integral role in improving communication from the top-down and the bottom-up, helping to create a 'one-organisation' culture across services and regions.

There have been great outcomes from the regular Staff Forum meetings – for example, the launch of our new corporate values, the commissioning of our Covid-19 stars to recognise everyone's contribution to our communities during the pandemic, as well as the annual 'Thank You' Love2shop vouchers gifted to colleagues at Christmas.

The tenure of most Staff Forum representatives came to an end in late 2022, two years after the launch of the Forum. Due to organisational challenges, including the Adastra outage, interest from potential new candidates was low. As a result, previous representatives agreed to

continue their tenure for a further year.

During the winter period, Staff Forum meetings were paused to help colleagues support operational challenges, including the Strep A crisis and adverse winter weather.

HUC Heroes Staff Awards

Our annual HUC Heroes Staff Awards recognise colleagues who have excelled in their area of work, demonstrated HUC values, and gone above and beyond in caring for patients and supporting colleagues.

Nominations are accepted all-year round with a closing date (usually 31 December each year), following which the anonymised versions are shared with a panel of judges, made up of frontline and corporate colleagues, eg a member of our Staff Forum, a previous winner, a manager or lead from our NHS 111 and Out of Hours services, two Board representatives and external individuals from our commissioners or partners.

From 1 October 2022, after the formal incorporation of the Devon Doctors Ltd, the

nomination process was opened to colleagues in the South West. We also had two judges from our South West services.

Our HUC Heroes Staff Awards have eight categories, four of which are for individuals, with winners and runners-up chosen in both Frontline and Corporate sub-categories:

- Unsung Hero
- Outstanding Achievement
- Rising Star
- Role Model of the Year
- Shift Managers' Choice
- Partner Award
- Team Excellence Award (Best Team)
- Chair Award

In 2022/23, we had 152 nominations in the individual categories, and 20 for team awards. This translated into a grand total of nearly 200 HUC Heroes across our East of England and South West sites.

Overall, there were 10 winners and 13 runners-up in the individual categories, two team winners (Team Excellence and Chair Award) and two joint runners-up (Team Excellence). The winners were decided after the diligent judging of a panel of nine judges.

The award presentations took place locally at all four contact centres – Welwyn Garden City, Peterborough, Bedford and Taunton, where Executive team members personally congratulated winners and runners-up with a trophy, a gift voucher, and a small hamper.

Once again, this year's HUC Heroes Staff Awards were seen as a shining success in recognising and celebrating our colleagues.

Covid-19 Star

The pandemic had a huge impact on HUC, however our teams came together in a heroic way to overcome the challenges thrown our way.

We quickly adapted to the pressures associated with Covid-19 to support the wider healthcare system by introducing new services and changing our delivery models and technology. Facilitating

such significant change brought many challenges to all our teams, who were pushed to the limit yet worked relentlessly to help the NHS fight Covid-19.

In honour of the selflessness, dedication and hard work of NHS workers, a Covid-19 star badge was designed by Cambridge artist Harry Gray and produced by emblematic jewellers Thomas Fattorini.

To celebrate their commitment and contributions in response to the national pandemic, in September 2022 all colleagues received a Covid-19 star from our Executive team. The badges were commissioned and handcrafted in the Birmingham jewellery quarter. Every colleague made a difference, regardless of their area of work, whether in a patient-facing or support role, as a clinician or non-clinical professional.

The Covid-19 star was designed to provide lasting recognition of the dedication they have demonstrated and the exceptional things they have achieved, not only for HUC but also as a valued part of the NHS family.

Freedom to Speak Up

In November 2022, HUC launched its new Freedom to Speak Up service which is now independently provided by the Guardian Service.

The Guardian Service is a private organisation established to support NHS employees at all levels and in all roles, to discuss any matter relating to patient care, patient safety and work-related concerns.

The service already supports 19 NHS organisations and the British Medical Association with significant success. It operates on a 24/7 basis, which as an Out of Hours provider is important in maximising opportunity for colleagues to raise concerns.

As part of the service, HUC has a dedicated Lead Guardian and Deputy Guardian, enabling these individuals to develop deep insights and knowledge of our organisation. There has been a considerable communications campaign across all our sites to promote the service.



Our Lead Guardian has regularly visited our sites, spoken at multiple team meetings, and has also given talks in CEO briefings and Staff Forum sessions. Whilst acting as an independent advocate for concerns, the Guardian also works closely with the Senior Management team.

The Guardian provides regular briefings to our CEO and Chair and also reports directly into the Board with anonymised findings from concerns that are raised.

Green Plan

In April 2022, HUC published its Green Plan with support of social enterprise ETL Ltd. The document includes a baseline assessment of our current CO2 emissions, areas of focus to support our ambition to be net zero, and incorporates proposed actions based on feedback from colleague workshop sessions and surveys.

Since its publication, passionate volunteers across the organisation have come forward as Green Ambassadors to help with the implementation of the plan. Our ambassadors act as local champions for matters around sustainability and, since December, have held

monthly meetings to discuss ideas to support the Green Plan as well as any other initiatives they feel might have a positive impact on sustainability.

Work has already been completed on a number of points, including the launch of new local recycling schemes as well as initiatives undertaken by our Medicines Management team such as:

- Removal and recycling of cardboard packaging from expired drugs. This has almost halved local clinical waste bin usage
- Greater utilisation of consolidated orders from suppliers thereby avoiding multiple deliveries
- Increased processes to responsibly source stock by vetting suppliers and benchmarking and considering the lifecycle of products

In addition, HUC's Green Ambassadors have recently developed a new 'Green Clean' initiative. The first of these took place to coincide with Earth Day on 22 April, and was preceded by a coordinated campaign of events in the week leading up to it. Further Green Clean events are planned in support of Plastic Free July and World Pharmacists Day in September.

NHS Hertfordshire and West Essex ICB response to HUC's Quality Account for 2022/23

Please find below NHS Hertfordshire and West Essex Integrated Care Board's response to HUC's Quality Account for 2022/23 – this statement is provided on behalf of Hertfordshire and West Essex ICB, Bedfordshire, Luton and Milton Keynes ICB, Cambridge and Peterborough ICB, and Somerset ICB.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB), on behalf of the other ICBs listed above, welcomes the opportunity to provide this statement on the HUC's Quality Account for 2022/23.

The ICB would like to thank HUC for preparing this Quality Account, developing future quality assurance priorities, and acknowledging the importance of quality at a time when HUC continues to deliver services through ongoing challenging periods. We recognise the dedication, commitment, and resilience of HUC's staff, and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from HUC. During the year HWE ICB have been working closely with HUC gaining assurance on the quality of care provided to ensure it is safe, effective and delivers a positive patient experience.

In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the HUC Quality Account has been reviewed and checked against data sources, where these are available, and we confirm this to be accurate and fairly interpreted to the best of our knowledge.

HUC has clearly identified within its Quality Account where progress has been made against its priorities and where further work is still needed. During 2022/23 the ICBs have worked closely with HUC, meeting regularly to review progress in relation to Quality Improvement.

During 2022/23 the NHS continued to be significantly affected by increasing levels of demand and all organisations across our healthcare system have pulled together to redesign services and deliver safe care to our patients. The ICBs recognise the efforts of all staff

in what has been an incredibly challenging time.

We recognise that HUC have needed to adapt their ways of working, for example increasing the availability of hybrid and home-based working for staff and cross-site working, and this has provided positive outcomes for patients. We are grateful for the determination and effort HUC has shown to respond to the challenges it faced.

The ICBs have been pleased to see that delivering high-quality and safe services has continued to be a priority for HUC during 2022/23, with its investment in the quality, governance, and safeguarding teams and we would encourage HUC to keep these teams under review and see how they develop in the future.

HUC have also increased the services they provide with the acquisition of Devon Doctors Ltd.

It is also pleasing to see CQC's rating of 'Good' for the Cheshunt Minor Injuries Unit following their full, announced inspection.

In November 2022 HUC launched its new Freedom to Speak Up service, independently provided, to encourage staff to discuss any issues relating to patient care, patient safety and work-related concerns. It is also really positive to see the increased focus on clinical governance, incident reporting and the subsequent learning, IPC - including training, audits and learning etc., and we do expect the focus on quality and safety to continue, particularly around the adoption of the new Patient Safety Incident Response Framework (PSIRF). The ICBs will continue to monitor HUC's progress over the coming year.

During 2022/23 HUC declared two Serious Incidents, down from three the previous year, and they have recognised the learning and themes from them.

The ICBs continue to seek assurance that learning has been identified and the relevant actions and improvements are being implemented to prevent reoccurrence and improve service design.

HUC have continued with their focus on support for their workforce, which remained a key driver in 2022/23. HUC have helped their staff with

cost-of-living pressures and implemented other wellbeing and mental health initiatives.

The Heroes Staff Awards and COVID-19 Star Awards are just some of way the organisation recognises the contribution that individuals and teams have made. The ICBs note the investment in staff wellbeing and governance systems and are pleased to see the improvement that has been made. We look forward to seeing further development during the coming year.

The ICBs support HUC's 2023/24 quality priorities, including developing clinical assurance forums, review and enhancement of the non-pathways clinical audit policies, processes, and outcomes; developing and embedding meaningful and accessible policies and working practices to support HUC to successfully transition to the new PSIRF; as well as embedding the patient voice.

The ICBs will continue to monitor progress in these areas to support HUC as well as supporting our wider system improvement programmes.

We look forward to working with and supporting HUC to deliver high quality safe services for our patients. We hope that HUC finds these comments helpful, and we look forward to continuous improvement in 2023/24.



Sharn Elton
Managing Director
East and North Hertfordshire CCG
June 26, 2023

Statement of Directors' Responsibilities for the Quality Report

Statement of Directors' Responsibilities

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.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance.

Detailed requirements for quality reports 2019/20 are as follows:

- The content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2019 to 28.06.23
 - Papers relating to quality reported to the board over the period April 2022 to March 2023
 - Feedback from commissioners dated 23.06.23
 - CQC inspection report dated 13.01.23
- The quality report presents a balanced picture of the organisations performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified

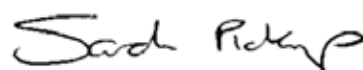
data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Sarah Pickup
Chair:



28.06.23

David Archer
Chief Executive:



28.06.23

Glossary

ADDS: Accelerated Director Development Scheme

AGPS: Aerosol Generating Procedures

AIHVS: Acute In-Hours Visiting Service

ARRS: Additional Roles Reimbursement Scheme

BLS: Basic Life Support

BNSSG: Bristol, North Somerset, and South Gloucester

CAS: Central Alerting System

CAS: Clinical Advisory Service

CD: Controlled Drug

CORE MODULE 2: Mandatory training six weeks after initial training. Involves taking supervised calls, where queries can be addressed – upon successful completion of this module, NHS Pathways certification is awarded.

CP-IS: Child Protection – Information Sharing Service

CQC: Care Quality Commission

CSE: Child Sexual Exploitation

CVRM: Cardio, Renal and Metabolic

D2A: Decision to Admit

DHRS: Domestic Homicide Reviews

DNA: Did Not Attend

DOC: Duty of Candour

DoLS: Deprivation of Liberty Safeguards

DoS: Directory of Services

ED: Emergency Department

EoE: East of England

EVP: Employee Value Proposition

FTE: Full-time Equivalent

FULLER REPORT: Review into implementation of integrated primary care, what went well etc

HCAI: Healthcare Associated Infections

HCT: Hertfordshire Community Trust

HLI: Higher Level Incident

HPF: Health Professional Feedback

ICB: Integrated Care Board

ID: Intercollegiate Documents

IG: Information Governance

IPC: Infection Prevention and Control

IUCH: Integrated Urgent Care Hub

IVR: Interactive Voice Response

KPIs: Key Performance Indicators

LAC: Looked After Child

HCAI: Healthcare Associated Infections

MHFA: Mental Health First Aiders

MICAS: Minor Injuries CAS
MindEd: Mind Education
MIU: Minor Injury Unit
NED: Non-Executive Director
NEWS: National Early Warning Score
OOH: Out Of Hours
PCN: Primary Care Network
PSIRF: Patient Participation Group
QQF: Quality and Outcomes Framework
QR Code: Quick Response code
RCA: Root Cause Analysis
SAB: Safeguarding Adult Board
SAG: Safeguarding Assurance Group
SARs: Safeguarding Adult Reviews
SAS: Special Allocation Scheme
SCP: Safeguarding Children Partnership
SCR: Serious Case Review
SI: Serious Incident
SIF: Serious Incident Framework
SLA: Service Level Agreement
SOP: Standard Operating Procedure
SSP: Serious Shortage Protocol
StEIS: Strategic Executive Information System
TCS: Town Centre Surgery (Luton)
UKHSA: UK Health Security Agency
UTC: Urgent Treatment Centre
VFV: Virtual Fracture Clinic
VTS: Vocational Training Service
WHTH: West Hertfordshire Teaching Hospitals
WRAP: Workshop to Raise Awareness of Prevent
WTE: Whole Time Equivalent