

2023-24

Quality Account



passionate about what you do?
So are *we*



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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.

■ STATEMENT FROM CHAIR AND CEO

► **We are immensely proud of everything we have achieved over the last 12 months, which is testament to the commitment and dedication of our colleagues, and the support of patients who work with us continuously to improve services**



WE would like to extend a warm welcome to HUC's 2023-24 quality account, which shares with you the amazing work and dedication that we have witnessed to support the delivery, transformation, and improvement of the services we provide on behalf of the NHS.

This account details the wide range of services that HUC now provides across ICBs in both the east and south west of England. Over the last year we have worked to embed, grow and improve services in the south west as we work with our partners in Somerset ICB and Kernow CIC, while continuing to innovate and develop services in the east.

The challenge of predicting demand and matching resources of all types to projected service use is ever present, as we look for ways to improve the efficiency and effectiveness of our services and, in turn, experience and outcomes for patients.

Measures to improve recruitment and retention of staff include better support, such as graduation bays, for newly trained advisers, feedback

and self-reflection sessions, quality audits and clinical and non-clinical floorwalkers, as well as ensuring a focus on training and development, and staff support offers.

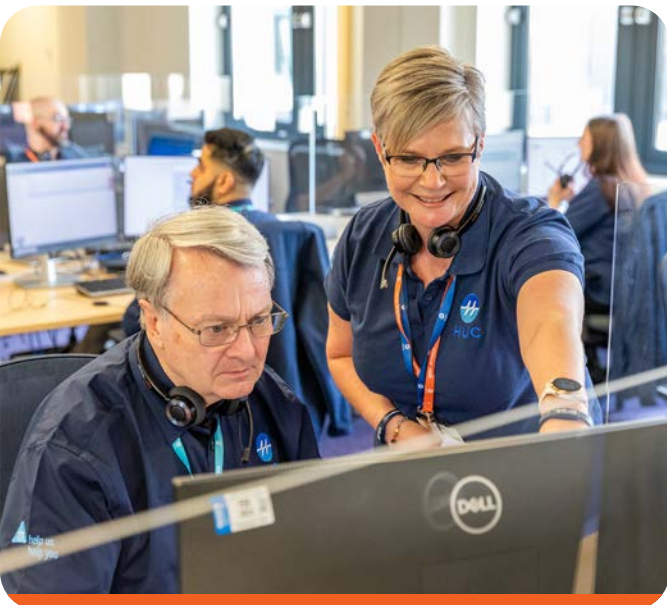
During the course of the year we opened a new Bedford call centre, as well as relocating some of our staff in the south west. We also underwent a Care Quality Commission (CQC) inspection of our IUC services in the east and were proud to be awarded a 'good' rating.

We are pleased with the development of our approach to clinical quality, governance and assurance, including the introduction of a robust new Patient Safety Incident Response Framework policy. The organisation places great importance on learning from incidents, near misses and complaints, while seeking to celebrate excellent practice, innovation and dedication throughout the year and, in particular, with our HUC Heroes staff awards.

We are immensely proud of everything we have achieved over the last 12 months, which is testament to the commitment and dedication of our colleagues, and the support of patients who work with us continuously to improve services.*

Sarah Pickup, Chair
David Archer, CEO

**To the best of our knowledge, the information contained herein is accurate.*



■ QUALITY PRIORITIES FOR 2024-25

Quality Priority 1: Embed Patient Safety Incident Response Framework (PSIRF) policy, practices, and culture across the organisation

Following successful development and implementation of the PSIRF policy, our focus is now on ensuring our culture and practices reflect the new framework. We aim to:

- Guarantee the policy's robustness and effectiveness
- Ensure accessibility for all colleagues and relevance for patients and families

The PSIRF policy, developed alongside a new organization-wide incident management policy, will be audited throughout the year. This ensures high standards in investigations, colleague and patient / family engagement, and utilization of learning for developing SMART action plans. These plans will be monitored with internal scrutiny and assurance applied at service-level clinical governance meetings, the clinical safety and quality assurance forum, and the clinical quality committee.

Quality Priority 2: Implementing patient safety workstreams from the Patient Safety Incident Response Plan (PSIRP)

With the PSIRP developed, we can now drive continuous improvement through its associated workstreams. Each workstream will have:

- Dedicated medical leadership from a nominated clinical director
- A designated clinical governance manager for partnership
- Support (as needed) from the patient experience team for integrating patient needs and voices
- Involvement from operational colleagues and subject-matter experts

All four priority areas will have defined targets, objectives, and monthly project meetings. Updates will be shared through the clinical safety and quality assurance forum and the clinical quality committee, which will update the board.

Quality Priority 3: Developing an internal CQC Single Assessment Framework (SAF) peer review tool

To guarantee we align with best practices and deliver the highest standards as per CQC requirements, this objective enables us to:

- Review and compare previous Key Lines of Enquiry (KLOEs) with the new quality statements through gap analysis
- Utilise the quality statements as the foundation for a new internal preparation log and peer review tool
- Facilitate shared learning through identified areas of good practice
- Develop tailored action plans for areas requiring improvement.

Quality Priority 4: Increasing visibility and accessibility of the clinical governance team to drive continuous learning and improvement

We aim to increase awareness of patient safety and quality improvement via the clinical governance team. This will be achieved through:

- A new, mandatory clinical governance training session for all colleagues
- A dedicated intranet section for learning from incidents, health professional feedback, and audits, with regular updates
- Monthly drop-in sessions facilitated by the clinical governance team on RADAR incident reporting, the incident lifecycle, and robust investigations leading to clear learning and actionable steps
- Quarterly question & answer (Q&A) sessions facilitated by the clinical governance team, with a standard agenda for consistency. These sessions will include a short presentation from a quality team (safeguarding, patient experience, clinical assurance, etc), followed by open Q&A. Key takeaways and actions will be posted on the clinical governance intranet page

■ REVIEW OF PRIORITIES FOR 2023-24

Quality Priority 1: **Develop clinical assurance forums** ✓

Over the past year, the organization has continued to grow and mature in clinical quality, governance, and assurance. The clinical safety and quality assurance (CSQA) forum is an established element of the assurance framework, adding additional scrutiny and challenge between the monthly service-level clinical governance meetings and the quarterly clinical quality committee, a sub-committee of the board.

Quality Priority 2: **Review and enhance the non-pathways clinical audit policies, process, and outcomes** ✓

A bespoke non-pathways clinical audit tool, aligned with the Royal College of General Practitioners (RCGP) toolkit and tailored to the services provided across the organisation and the skill mix of staff delivering them, was successfully developed and rolled out across HUC during 2023-24. The audit tool was developed in partnership with an associated policy and standard operating procedure (SOP) to ensure robust and consistent application. The new audit process enables us to effectively:

- Track individual clinician scores, areas of strength, and areas needing development
- Monitor themes and trends for shared learning and risk identification
- Share standards as part of onboarding and induction for transparency

Clinicians requiring support have clear pathways within the policy to receive feedback, training, and engagement with senior clinical leads, ensuring patient safety and high-quality care across the organisation.

Quality Priority 3: **Develop and embed PSIRF policies and practices** ✓

This objective had two clear outcomes: to develop a robust PSIRF policy alongside an incident management policy, and the development of the inaugural PSIRF annual

plan. The organizational PSIRF policy was implemented with the annual plan defined, developed from HUC's risk profile as follows:

No.	Patient safety - priority / focus area
1	Holistic review of safeguarding practices
2	Care and treatment of palliative care patients in the out-of-hours period
3	Maintaining safety in the clinical call-back queues in times of high demand
4	Maintaining safety in the clinical call-back queues in times of high demand

Each patient safety priority focus area is led by a dedicated clinical director with support from a clinical governance manager, operational colleagues, and subject-matter experts.

Quality Priority 4: **The Patient Voice** ✓

In line with our ethos of 'Putting Patients at the start and heart of their care' and building on our foundation of patient engagement, we developed an organisation-wide patient participation group (PPG) meeting schedule. These quarterly meetings have a standing agenda with rolling topics influenced by service need, PPG direction, and national changes.

We established links with local partner providers for patient feedback sharing and developed bespoke patient surveys across all services to ensure routine feedback collection and learning from shared experiences for tangible change and continuous improvement.

The patient experience team have collaborated with external agencies, such as Healthwatch, and actively engaged in partnership workstreams to better understand the challenges facing our patient population. In addition, we have developed bespoke patient surveys, across all our services, to learn from shared experiences and knowledge, with a view to affecting tangible change and driving continuous learning and improvement.

CLINICAL QUALITY AND GOVERNANCE

Learning culture and incident reporting

The HUC senior leadership team benefits from strong multidisciplinary partnership working.

Our board-level shared accountability is mirrored internally in divisional and service-level relationships. The chief medical officer (CMO) is responsible for clinical quality and safety, supported by the associate director of clinical quality and governance (ADCQG) and a wider team.

Each service is supported by a lead GP / practitioner, a clinical director, a clinical governance manager, and a patient feedback and improvement manager. Wider support is provided by the head of nursing, ADCQG, CMO, and safeguarding team, ensuring pan-organizational consistency.

We have transitioned to the Patient Safety Incident Response Framework (PSIRF) and have a live Patient Safety Incident Response Plan (PSIR). Our philosophy is that incidents and near misses provide learning opportunities, and reporting is encouraged through training and easy access to RADAR. Thorough investigations are conducted by appropriate managers.

Governance arrangements / structure

Following the introduction of three clinical directors, a new head of clinical governance, and two new clinical governance managers, clinical governance portfolios were restructured by service line. This ensures robust provision and aligns learning from incidents, feedback, and complaints.

The clinical governance and patient experience teams now support four distinct portfolios:

- 111 and dental
- Clinical assessment service (CAS) and primary care
- Out of hours (OOH) and community care
- Urgent care

Each portfolio has dedicated leads and monthly

service-level clinical governance meetings attended by the full multi-disciplinary team (MDT). These meetings focus on robust investigation / scrutiny, clear articulation of findings, and actions for improvement. They review incidents, audits, complaints, policies, risks, and good practice.

An alternate month clinical quality governance committee, chaired by a clinical non-executive director, looks at themes, trends, benchmarking, and shares good practice.

Audit and risk management

Audit underpins HUC's standards with an established rolling annual schedule tailored to each service. It effectively measures and monitors outcomes and improvements.

Findings are shared in clear reports with SMART actions actively monitored. Audit also identifies good practice for local benchmarking and staff morale.

HUC integrates risk management at strategic and operational levels. Effective risk management is foundational for sustained, high-quality, safe care in a safe environment.

Incident reporting culture

The graph below demonstrates a maturing incident reporting culture with a 77% increase in reports compared to 2022-23. Full engagement, ownership, and accountability for near misses, incidents, and HPF are fostered through partnership working.





Levels of incident

Following PSIRF implementation, we have defined incident levels:

- **Routine Incident:** Usually investigated by the local management team, incidents of this type typically involve near misses or minor events which result in little to no harm to those involved.
- **Higher Level Incident (HLI) 1:** Investigated collaboratively by clinical governance managers, clinical directors, and operational managers, these incidents involve moderate harm and necessitate adherence to statutory duty of candour.
- **Higher Level Incident (HLI) 2:** These incidents may be complex and require a more structured approach to investigation. They are initiated when the potential for organisational learning is greater than that of a routine incident.
- **Adverse Outcome Incident (AOI):** These incidents trigger a full Patient Safety Incident Investigation (PSII) and are typically managed centrally by the clinical governance team and clinical directors. They involve serious harm or unexpected death, requiring adherence to

statutory duty of candour, or offer substantial opportunities for organizational learning.

Escalation of patient safety incidents

Senior members of the clinical and clinical quality and governance teams convene weekly for rapid review and discussion meetings. These meetings serve as a forum for the comprehensive review of cases with potential for moderate harm, or above, as well as complex cases.

In addition to incidents, the meeting agenda encompasses the following, as applicable:

- Complaints
- Health professional feedback (HPF)
- Information governance (IG) breaches
- Significant violence and aggression incidents
- Initiation of other investigations (eg SCRs, SARs, DHRs)
- Audit findings

Identified cases, along with relevant documentation and call recordings, are promptly escalated to the chief medical officer and associate director of clinical quality and governance. Each case is thoroughly discussed, and a collective decision regarding

harm level, learning potential, and incident classification is reached, guided by the principles of proportionality and a focus on learning opportunities, as outlined in the PSIRP.

Incidents classified as HLI or PSII are assigned a designated clinical director and governance manager.

In alignment with the PSIRF, HUC has designated the following patient safety specialists:

- Chief medical officer
- Associate director of clinical quality and governance
- Head of clinical governance

Prior to PSIRF implementation, HUC declared seven Serious Incidents under the SIF. Under PSIRF, one Patient Safety Incident (PSI) has been declared, necessitating a full Patient Safety Incident Investigation (PSII).

SEE APENDIX 1: PAGE 74

Duty of candour steps

Duty of candour steps	
1	Verbal duty of candour (within three days of incident identification)
2	Follow-up letter, detailing verbal discussions +/- confirmation of follow-up meeting (within 10 days)
3	Pre-investigation meeting to explore any concerns or questions and ascertain patient / family perception of incident
4	Mid-point progress update to share any provisional learning
5	Sharing and review of learning and support, as well as patient experience team contact details for ongoing support



■ COMPLAINTS, COMPLIMENTS AND FEEDBACK



HUC prioritises patient expertise in its care. We acknowledge the stress and anxiety patients often experience and treat them with respect. Positive patient experiences are essential. They encourage patients to return to our services and avoid unsuitable alternatives. This reduces duplication and ensures patients receive the right care initially.

HUC's patient experience team works with clinical and operational colleagues to collect and analyse patient feedback. The patient experience team is part of the clinical quality and governance function and drives continuous improvement by tracking satisfaction and outcomes.

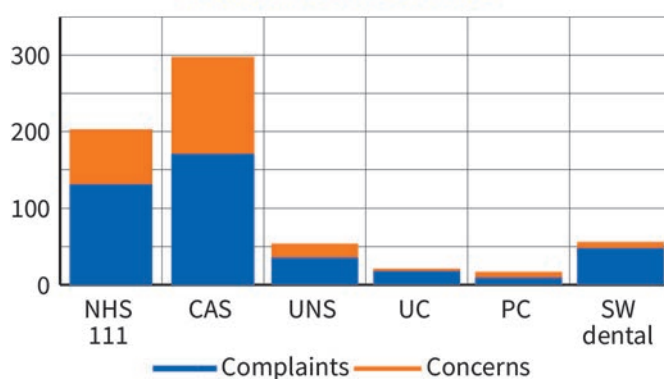
We strive for swift complaint resolution. Local services, supported by the patient experience team, promptly engage with complainants to resolve issues and de-escalate situations. Our accessible and responsive approach to complaints is integral to continuous service improvement and patient safety. We inform and share learnings with staff involved and across services.

PE team achievements

In 2023-24, the patient experience team focused on positive communication with patients and colleagues. Improved systems allow colleagues to provide valuable patient feedback, and a better complaint handling system frees up time for the team to support, advocate, and participate in continuous improvement initiatives.

We encourage all staff to provide feedback, and our new processes have fostered interest in patient experiences among junior colleagues, who are now more confident handling concerns.

Complaints and concerns



Early intervention and complaint categories

Early identification and awareness of patient concerns are crucial for prompt local resolution and service improvement. Our colleagues are trained to resolve concerns on-shift, and the patient experience team offers additional support via phone.

Over the course of 2023-24, 37% (231 of 619) of complaints were handled as 'concerns' (informal).

We review and investigate concerns and complaints using the same principles to maximise learning and action opportunities. Patients requiring investigation updates are contacted with findings, identified learnings, and actions taken.

Formal complaint resolution and external enquiries

We have clear complaint management processes. Patients unsatisfied with internal investigations or responses can request a local resolution meeting (LRM). In 2023-24, three LRMs led to positive outcomes.

HUC received only one ombudsman enquiry during this period, related to the Cheshunt Minor Injuries Unit. The ombudsman has requested no further information at this time.

Empathy and understanding, complaint outcome classification

We value all service users and ensure all elements of their concerns are addressed with empathy and understanding.

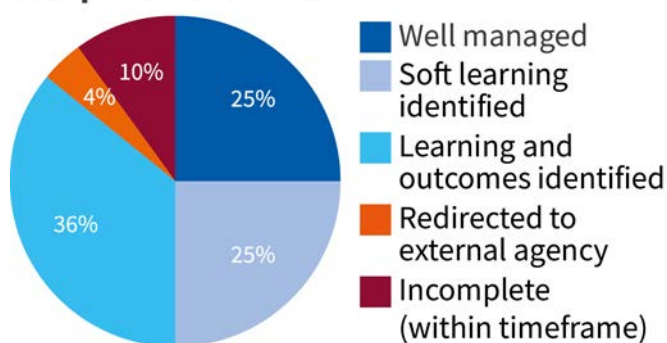
We use outcome classification to identify investigation findings. Categories include:

- **Well-managed:** Cases handled appropriately clinically and / or operationally. Learning and actions typically relate to communication.
- **Soft learning:** Cases managed appropriately, but with potential for improvement in management plans, patient experience, or communication.
- **Learning and outcomes identified:** Cases where learning and actions related to care and service are identified, impacting the care provided or highlighting missed

opportunities or communication issues.

- **Redirected to external agency:** Cases related to services outside HUC's scope.
- **Incomplete:** Cases under investigation.

Complaint outcomes



Understanding our patients' perspectives is crucial for service improvement. The patient experience team oversees patient feedback collection. This year, surveys across all HUC services have increased.

Patients can provide feedback in person, via our website, through QR codes displayed at service locations, and by phone link (for video consultations).

Independent surveys and data analysis

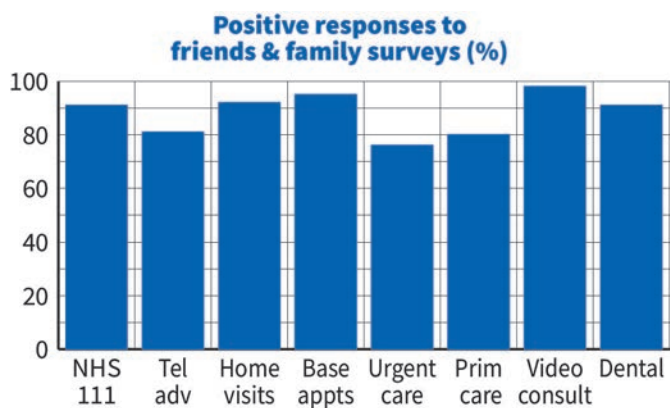
We partner with an independent company, IQVIA, to conduct surveys on 3% of patients who have used our NHS 111, unscheduled care (home and base visits), or participated in telephone consultations. Local surveys (face-to-face, QR code, paper, and website) are used for other services.

All patient surveys include service-specific questions. Completed surveys are analysed and compared month-over-month to identify trends and improvement areas. Survey results are accessible to all service managers for monitoring service performance based on patient experiences. These findings are also shared during service-level clinical governance meetings.

A sample review of our NHS 111 satisfaction survey results revealed that, of the 2,594 patients who responded, 93% (2,411) were overall satisfied or fairly satisfied with the service, while just 7% (183) were fairly or very dissatisfied.



The following graph reflects the average percentage of patients who would recommend our services to friends and family.



Patient accolades

We value patient feedback and are committed to continuous improvement. Here are some examples of positive patient comments:

- **NHS 111:** *'The health advisor showed lots of compassion and made me feel valued.'*
- **Home visit:** *'Very helpful and informative... extremely good service.'*
- **Base appointment:** *'Extremely grateful for the care... kind, caring and professional GP... went above and beyond.'*

- **Video consultations:** *'Thank you for creating the video option... much better than describing symptoms.'*
- **Telephone advice:** *'Absolutely brilliant! Really quick, super helpful... can't praise highly enough.'*
- **Integrated Urgent Care (IUC):** *'Excellent service... from the initial call to the GP... friendly, understanding, and professional.'*

■ SAFEGUARDING

HUC is deeply committed to working with its partner agencies to ensure that all children, young people, and adults who access its services are treated with dignity and respect, while receiving the smart, effective care they deserve.

This care must be in line with both local and national policies and guidance. Our dedicated safeguarding team supports HUC in fulfilling its legal duty to safeguard service users and staff, always promoting a 'think family' and 'making safeguarding personal' approach when assessing risk, providing care, and preventing harm.

This section of the quality account gives a comprehensive overview of the safeguarding work undertaken by HUC over 2023-2024. It covers the structure of the safeguarding team, governance and assurances, key achievements, legislative duties, safeguarding activities, work done in response to section 11 self-assessments, and key priorities for the year 2024-2025.

Safeguarding team

The chief medical officer is the executive lead for safeguarding across HUC, supported by the associate director of clinical quality and governance.

Working closely with other key leaders, the head of safeguarding provides strategic leadership and management to ensure HUC meets its statutory duties and delivers on all contractual safeguarding performance indicators.

The entire team works together to embed safeguarding across the HUC community through effective training, supervision, and robust systems aligned with legislative frameworks.

Safeguarding assurance group

We established a quarterly safeguarding assurance group (SAG) to foster open relationships and provide assurance to our partner integrated care boards (ICBs). The SAG provides oversight of our safeguarding work plan, policies, audits, referrals, training, supervision, projects, and case reviews.

Collaboration and partnerships

The safeguarding team has built strong links with ICBs, local authorities, and health professionals in both acute and community sectors. We actively participate in safeguarding adults boards, safeguarding children partnerships, and multi-agency meetings to foster collaboration and learning. We also work closely with partner agencies in safeguarding adult reviews, domestic homicide reviews, child death panels, and rapid reviews.

HUC is working with all ICBs on implementing the Patient Safety Incident Response Framework (PSIRF) and the recommendations from 'Working Together to Safeguard Children (2023)'. We also supported the Hertfordshire and West Essex Joint Targeted Area Inspection (JTAI), submitting key documents and evidence as part of the first stage of the inspection.

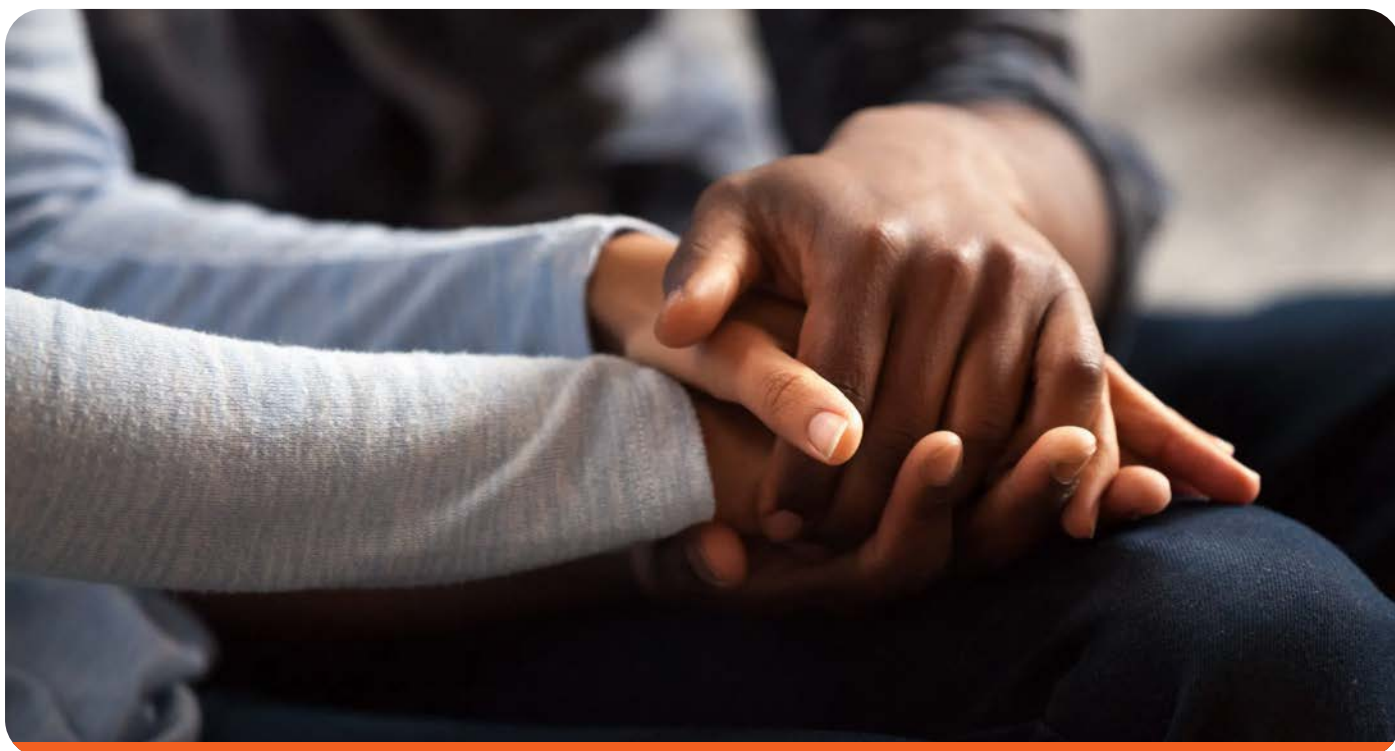
Safeguarding team achievements

Our team has made significant strides in improving safeguarding practices at HUC:

- **Amended Adastra pathways:** Embedded processes for mental capacity assessment and identification of children known to social services
- **Low-impact medication errors:** Implemented a new reporting system to streamline management of low-harm medication errors
- **Lunch & learn:** Introduced monthly training sessions for staff on relevant safeguarding themes.
- **Referral system review:** Piloted a streamlined safeguarding concern form to improve efficiency and quality of referrals

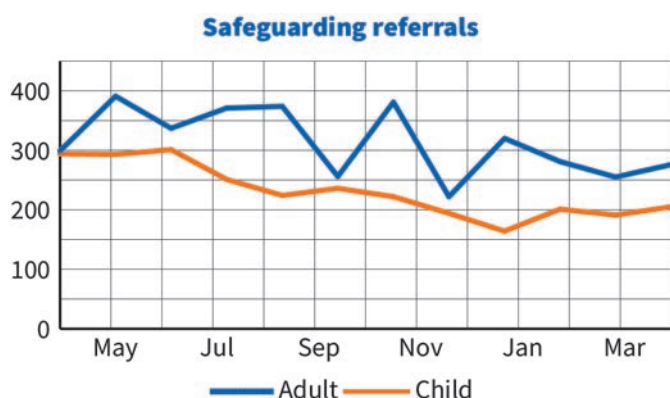
Legislative duties

HUC adheres to a comprehensive set of legislative frameworks for both children and adult safeguarding, including the Mental Capacity Act, Care Act, Children's Act, Human Rights Act, and Mental Health Act. We ensure our frontline



colleagues are aware of their duty to identify and raise safeguarding concerns.

Safeguarding activity



We continuously collect and analyse data on safeguarding referrals, identifying trends and themes to inform staff training and supervision. We work closely with social services to review outcomes and share learning.

Multi-agency working

The use of virtual meeting platforms has facilitated consistent participation in multi-agency safeguarding meetings, including serious violence duty task and finish groups, health safeguarding training groups, joint agency

response meetings, and professionals' meetings.

Child death notifications

We fulfill our statutory responsibility by engaging with local child death overview panels when receiving notifications and ensure timely investigations and appropriate escalation.

Safeguarding supervision and training

The team provides regular safeguarding supervision to nurses, paramedics, and clinicians, as well as virtual drop-in sessions for health advisors. We offer ongoing support and guidance to all staff through phone, email, Microsoft Teams, or face-to-face interactions.

We work closely with the HUC Academy to provide a variety of training options for staff, including e-learning, face-to-face sessions, and specialized training on topics like bruising in non-mobile infants. We also offer a safeguarding induction training package for all new starters.

Audits and section 11 self-assessment

HUC conducts regular safeguarding audits to evaluate current practice and identify areas for improvement. It completed its annual section 11 self-assessment in November 2022 and addressed all 25 recommendations made by the ICB.

Key priorities for 2024-2025

Our key priorities for the coming year include:

- 1. Referral system:** Implement new safeguarding referral system across all services
- 2. Training:** Introduce a training passport system for staff and continue offering relevant training sessions aligned with the national safeguarding agenda
- 3. Supervision:** Expand group safeguarding supervision for all staff and offer regular drop-in sessions for case discussions and information sharing
- 4. Communication:** Organize a safeguarding conference with speakers on pertinent topics

Conclusion

Over the past year, HUC has continually reviewed and improved its safeguarding systems, working closely with partner agencies and supporting staff to remain vigilant in protecting vulnerable individuals. We are committed to maintaining a culture of safeguarding excellence.

Clinical assurance

- **Care Quality Commission (CQC) inspection:** In November 2023, the Hertfordshire and West Essex IUC Service underwent a full, announced CQC inspection. The service maintained its overall 'Good' rating, reflecting high-quality care across all five CQC domains.
- **New Single Assessment Framework (SAF):** The CQC introduced a new SAF in November 2023, which focuses on key quality statements under each of the five key questions. HUC has proactively initiated a project to map the new SAF across its network of services and developed an internal assessment framework aligned with the CQC's expectations. This demonstrates our commitment to continuous improvement and ensuring our services meet the highest standards of quality and safety.

■ SERVICES PROVIDED BY HUC

i. HUC 111

East of England

HUC's NHS 111 services in the east of England are delivered from contact centres in:

- **Bedfordshire and Luton:** Bedford
- **Cambridge and Peterborough:** Peterborough
- **Hertfordshire and West Essex:** Welwyn Garden City

Health advisors, service advisors, and clinical advisors based across these services, and remotely in a hybrid home-working model, can answer calls from anywhere across HUC's footprint.

Cross-site working continues across the east of England to help increase service resilience, and, at the same time, improving the patient journey by directing callers to the next available health advisor instead of waiting for one to become available at the patient's local contact centre. For additional resilience, we also have the ability to network with our South West contact centre in Taunton.

■ Recruitment and assessment sessions

HUC's 111 contact centres host assessment sessions to give candidates a first-hand look at the work environment. Led by experienced 111 managers (all former health advisors) and supported by HR and recruitment staff, these sessions provide a comprehensive overview of the health / service advisor role.

Sessions include:

- Presentations detailing the role's responsibilities and required training and commitment
- Opportunities to listen to redacted calls for a deeper understanding of the position
- Competency assessments in English, maths, and IT literacy
- Structured face-to-face interviews

Between August and December 2023, HUC

successfully hired 114 new colleagues across three contact centres. In 2024, HUC continues to refine its assessment centre processes and monitor the progress of newly recruited staff.

■ Bedford contact centre

Our new Bedford contact centre opened in Technology House on October 24, 2023. It can accommodate circa 90 colleagues and boasts purpose-built training facilities. A 10-minute walk (0.5m) from the town centre, it is easily accessible by public transport and has a large car park.

In addition, NHS 111 and transformation team colleagues have been working hard to mobilise a new Peterborough contact centre and have identified Sand Martins House, which we anticipate relocating to in the summer of 2024.

■ Enhanced staff support and operational efficiency

Mental health wellbeing champions

HUC continues to prioritise the mental wellbeing of our staff. Our mental health wellbeing champions, supported by the wellbeing & engagement lead, foster a culture of openness and support, promoting positive mental health and reducing stigma. They help colleagues recognise warning signs and access internal and external support options.

Non-clinical floorwalkers (NCFWs)

To address long wait times on the clinical advice line, we introduced NCFWs in February 2024. These experienced health advisors, coaches, and auditors provide invaluable support to colleagues by answering non-clinical Pathways queries, freeing up clinicians to focus on clinical needs. NCFWs also assist with various tasks, including:

- Advising on Pathways and HUC policies
- Supporting with safeguarding concerns
- Managing IT issues
- Monitoring colleague breaks, productivity, and lateness

We are piloting remote NCFWs, accessible via

a dedicated number on weekends and bank holidays, with potential expansion to weekdays if successful.

Graduation bay

Since July 2023, we have implemented graduation bays in all contact centres to support new starters and reduce attrition. These designated areas, clearly marked and staffed by NCFWs and experienced colleagues, provide a nurturing environment for new hires to complete their training and 'go live'. Initial feedback has been overwhelmingly positive, and we will continue to monitor its impact through surveys, performance data, and attrition rates.

Automatic call handling

Building on lessons from the east of England single virtual contact centre (SVCC) project, we introduced automatic call handling to all contact centres in this area in January 2024. This sees waiting calls routed to available agents without requiring them to manually answer, improving call answering times and patient experience.

Comfort calling

To manage increased demand during peak times, our service advisors have been repurposed to conduct comfort calls. These calls reassure patients experiencing delays, check for worsening symptoms, and confirm their continued need for our services. Patients with escalating concerns are flagged for review by a clinical navigator to ensure their safety.

HUC 111 South West (SW)

Following HUC's expansion into the south west, the service has continued to grow at pace.

Our contact centre in Ashford Court, Taunton, is the main hub for Cornwall's NHS 111 and Somerset's integrated urgent care services.

Recruitment

Recruitment assessment centres for 111 health advisors in the south west commenced in October 2023 and have been extremely successful, with 40 WTE taken on over the following six months.

The service has also continued to recruit clinicians, coaching colleagues, auditors, and for

a variety of managerial positions.

In addition, the south west now has its own in-house coaching and auditing team; these roles have been recruited internally as part of our continued commitment to develop our colleagues.

Attrition

HUC experienced significant staff attrition in 2024-25, with circa a third of contact centre staff choosing to leave. We have sought to analyse and evaluate this attrition – stay and exit interviews have been undertaken within the contact centre to better understand why colleagues leave the organisation. As a result of our findings, we have implemented key changes including:

- A graduation bay for new colleagues
- Non-clinical floorwalkers
- Mental Health First Aiders and Champions
- Increased promotion of mental health & wellbeing
- Additional communication apropos employee assistance programme
- A pictures of positivity wallboard
- De-briefers (for when colleagues receive challenging calls)
- More colleague engagement sessions
- Succession planning

Quality improvement

Colleagues are encouraged to raise awareness of any concerns that may impact patient care and service delivery, with the incident management process in the south west now aligned with the rest of HUC.

All feedback and learning is shared with colleagues, through regular HUC-wide communication bulletins, and ICBs.

Quality audits

Quality audits are a mandatory requirement, which support the development and growth of colleagues, as well as providing learning opportunities with the organisation. Our quality & audit team work collaboratively to provide further training, coaching and support to colleagues.



■ Partnership working

HUC South West enjoys an extremely positive relationship with Somerset ICB and Kernow Health CIC. Moreover, it also works collaboratively with the Somerset and Cornwall healthcare systems to support with service delivery and performance.

To this end, work is still ongoing with key focus areas including:

- High-intensity users
- Ambulance and emergency department validation
- Direct booking
- Supporting primary care
- COVID medicines delivery unit

Over the course of the year there has been a lot of work undertaken with the Somerset ICB to improve performance; this has included deep dives into the following areas:

- Category 3-4 emergency department validation
- Christmas / Easter / bank holiday performance
- Workforce review
- Comfort calling

- CAS KPI performance
- Treatment centre and home visiting performance
- Improved operational reporting

The completed work has resulted in a review of the service provision and workforce to enable the service to grow and deliver an improved patient experience.

■ Health advisor and service advisor audits

The NHS Pathways non-clinical audit team conducts monthly audits to monitor and evaluate the performance of health advisors and service advisors. This process helps us acknowledge achievements and identify areas for development or knowledge gaps.

When areas for development are identified, HUC has established two levels of monitored performance plans: one for those who have not yet passed probation and another for those who have, in accordance with HUC's performance and capability policy. These plans track performance over three months, providing clear guidance and documenting the additional support provided.

Our quality & improvement (Q&I) team collaborates closely with HR and contact centre

managers to ensure consistent processes across all sites. Recognising that auditors sometimes struggle to deliver feedback, particularly when it's negative, our Q&I manager partnered with an external training provider to design a course specifically focused on delivering effective feedback for Pathways auditors.

The Q&I team also offers:

- **Drop-in sessions:** For health advisors to ask questions about audits
- **Levelling sessions:** For health advisors and service advisors to audit calls together, enhancing understanding of the audit process and helping them achieve high scores

HUC maintains NHS Pathways licence compliance for non-clinical audits. In addition, advisors on performance plans receive additional audits with closer performance management. Non-clinical auditors participate in quarterly levelling sessions to ensure consistent marking.

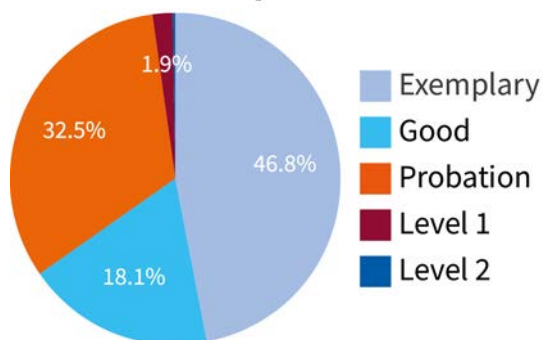
Once health advisors are live, auditors provide in-person monthly feedback and facilitate self-reflection sessions as needed to support their development. If an audit reveals the need for further support, the HUC Pathways training team organizes bespoke workshops or arranges shifts with an NHS Pathways coach.

The Q&I team analyses monthly audit data and NHS Pathways Intelligence Data Tool (IDT) findings to identify trends. This information, along with training packages, is shared with all contact centres. These trends then inform the focus of audit months to ensure continuous learning and adherence to correct processes.

HUC completes two healthcare professional calls, two dental calls, and one repeat prescription call for every service advisor to ensure comprehensive assessment of all product areas. Additional audits may be conducted based on specific themes identified.

HUC audits calls from our contact centres in the east and south west, as well as calls taken as part of our resilience contract with the London Ambulance Service and by dental service advisors in the south west.

Health advisors performance



■ Clinical assessment service (CAS)

Staffed by GPs and other experienced clinicians, including paramedics and nurses, HUC's clinical assessment service (CAS) helps streamline calls to 111 by providing additional clinical intervention or assessment, after a call has been triaged via NHS Pathways, to ensure that the patient is on the most appropriate onward care pathway.

Safety of clinical queues

The introduction of more formalised processes to maintain the safety of clinical queues has been a priority focus over the last 12 months. New auditable flagging processes have been introduced to ensure that cases can be clearly highlighted and escalated for clinical review.

In September 2023, a four-hourly GP list review was introduced to ensure that cases are reviewed, and features of clinical concern are identified and flagged for urgent assessment.

The list review is complemented by a robust comfort-calling process, whereby patients are contacted by a non-clinician once they have breached their initial disposition timeframe.

Patients with new or worsening symptoms are flagged by the comfort caller and prioritised by the clinical team.

Clinical navigator

The clinical navigator role involves oversight of all queues and proactive management of risk. Cases may be prioritised by the clinical navigator according to acuity, with clinicians focusing on flagged and high-priority cases. Where areas of lower activity are identified, the clinical navigator may reallocate clinicians to support demand.



■ Clinical advisor Pathways audit

Monthly clinical audits and continuous learning

Throughout the year, all clinical advisors undergo monthly audits using the NHS Pathways Competencies as the standard. These audits focus on specific monthly themes, reflecting actual cases assessed clinically each day. Themes may align with seasonal symptoms, such as respiratory issues in winter or bites and stings in summer, or any symptom groups commonly presented by patients.

Additionally, audits may address community-specific changes, such as outbreaks of food poisoning or other infections. While some cases may involve patients with specific symptoms, others may include 'worried well' callers or parents concerns about their children's health.

Peer-to-peer learning and outstanding practice

Each month, HUC facilitates peer-to-peer clinical audits, fostering impactful learning opportunities across clinical advisor teams and highlighting examples of outstanding practice. These audits provide valuable insights into the competence

of our clinical advisor team and offer guidance for the development of probationary clinical advisors.

Adherence to NHS Pathways Clinical Competencies

The clinical audits adhere to the eight NHS Pathways Clinical Competencies, which form the basis of our daily clinical assessments. To pass an audit, clinical advisors must achieve a minimum score of 86%

Support and recognition

Clinical advisors who achieve scores of 94% and above are recognised for their exemplary performance. Those facing challenges in meeting audit standards receive intensive support, including buddy shifts, further education opportunities, and tailored improvement plans.

We take pride in the dedication and high performance of our clinical advisor team, as reflected in our monthly audit scores.

Quality assurance through levelling and collaboration

To maintain the integrity of the clinical audit process, clinical auditors participate in monthly

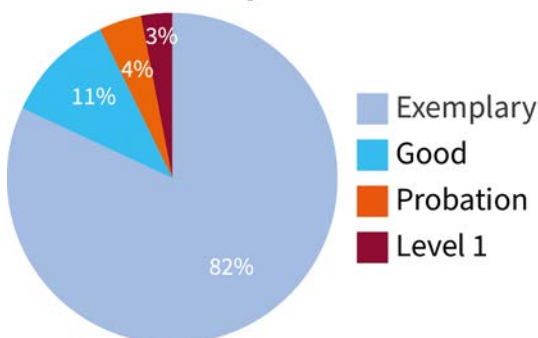
levelling exercises and bi-monthly HUC levelling meetings. These sessions involve auditing the same case, facilitating comparison and discussion of results to ensure consistency in auditing practices. Live discussions and 'hot' call analysis during meetings allow for shared learning and knowledge exchange among clinical auditors and advisor teams, enhancing overall performance.

Collaboration with NHS Pathways training team

The HUC clinical audit team convenes semi annually with clinical training facilitators from the NHS Pathways training team, transformation directorate, and NHS England. During these sessions, the HUC levelling process is conducted, with live feedback provided by the NHS Pathways training team.

This collaborative approach allows for competency assessment of the HUC clinical audit team and enables NHS Pathways to review select calls from HUC clinical advisors, with feedback consistently reflecting positively on HUC's clinical audit team.

Clinical advisor performance



HUC's urgent care services

HUC offers a range of urgent care services designed to provide timely and appropriate care to patients in various settings:

ii. Acute In-Hours Visiting Service (AIHVS)

The AIHVS provides home visits for housebound patients with complex needs referred by GPs in East and North Hertfordshire. This service increases GP surgery capacity, reduces unnecessary emergency calls and admissions, and ensures patients receive care in the

comfort of their own homes during core primary care hours (Monday-Friday). Staffed by a mix of salaried and self-employed GPs and urgent care practitioners (UCPs), the AIHVS completed over 9,800 home visits in 2023-24, supporting more than 12,000 patients.

Dedicated AIHVS coordinators ensure seamless patient visits and efficient service delivery. The service adapts to seasonal demands, targeting increased visits during winter months. HUC remains committed to continuous improvement in the AIHVS through innovation, efficiency, and compassionate care.

iii. Emergency Intervention Vehicle Service (EIVS)

The EIVS caters to patients who require immediate medical attention at home or in care homes. Calls from 111 or 999 can be referred to the EIVS, providing timely care and reducing pressure on local ambulance services and emergency departments. This collaborative service, run in partnership with Hertfordshire County Council, conducted over 2,000 visits in 2023-24. All AIHVS and EIVS clinicians are subject to HUC's consultation records audit, with no concerns identified in 2023-24.

iv. Minor Injuries Clinical Assessment Service (MICAS)

Following a successful pilot, HUC expanded the MICAS program to cover Cambridgeshire and Peterborough, Luton & Bedfordshire, and Hertfordshire & West Essex. Operating 24/7, MICAS directs patients with minor injuries requiring Emergency Department (ED) validation to a team of dedicated specialists. These specialists provide seamless shift coverage and consistent care, fostering a collaborative learning environment.

The primary goal of MICAS is to reduce unnecessary ED referrals by offering alternative care options, such as self-care advice or referrals to urgent treatment centres. The service utilizes a standardized referral process through the Desktop Ordering System (DoS). MICAS receives positive feedback for its



patient-centred approach, including the use of video consultations. Data shows that MICAS successfully diverts over 80% of patients away from EDs, highlighting its effectiveness in optimizing patient care pathways.

v. South-West community services

Since HUC acquired Devon Doctors Group, we have continued to provide existing services, while also launching new ones, across the south west. Our portfolio encompasses multiple services, catering to primary and urgent care patients in various settings.

One of our pivotal offerings is the single point of access for out-of-hours district nursing patients throughout Devon. This indispensable service streamlines access for healthcare professionals, patients, and their advocates, providing a unified gateway to district nurses across the region. Handling over 30,000 calls annually, our dedicated team of service advisors ensures prompt and efficient assistance for callers.

In addition, HUC extends its support to the Plymouth emergency department by providing a GP over weekends. This GP plays a crucial role in triaging patients with primary care

suitable symptoms, ensuring they receive timely attention from the most-appropriate clinician. We are proud to receive positive feedback from the ED staff, commending the productivity and supportiveness of our GPs at their front door.

Moreover, HUC spearheaded the discharge to assess service in and around Plymouth during 2023-24. This GP-delivered service facilitates the transition of patients discharged from hospital to a care home for recovery.

Acting as the temporary primary care provider, HUC delivers comprehensive patient care and assessments, expediting the return-home process. In the past year, this service assisted over 2,000 patients, with less than 11% requiring readmission to hospital before being discharged from our care.

As we continue our mission to deliver high-quality healthcare services, we remain committed to innovation, efficiency, and above all, patient-centric care. Through our diverse range of services, we aim to positively impact the health and wellbeing of communities in the south west.

vi. Medical education

Providing placements for GP trainees is one

of our contractual responsibilities as an organisation. One of our new clinical directors has a background in medical education and has developed good links with the training programmes in the east and south west.

We have been reviewing the opportunities we offer to maximise the number of slots we make available for trainees to book shifts with us and develop their skills in the out-of-hours setting.

We are keen to increase the number of trainers to meet the needs of doctors in training and have been encouraging GPs taking salaried roles with HUC to consider this as part of their job plan. We have also launched a new trainee induction handbook which has been well received.

A pilot project to host more than one trainee with a trainer to increase capacity has been trialled at our site in Cambridge, and we hope to develop this model further in the coming year. We also hope to see Luton Town Centre Surgery become approved as a training practice later this year.

We currently have 29 trainers in the East and 15 in the South West. HUC also requires approval from the respective deaneries as a learning environment, and our clinical director is leading on this so that we can continue to fulfil this role.

vii. Out-of-hours services

■ Delivering responsive care across our geographical footprint

Operating across the expansive geographical footprint of HUC, our mission is to provide accessible face-to-face services for patients with unscheduled and urgent care needs when their primary care surgery is closed.

Following a NHS Pathways assessment by our NHS 111 colleagues, patients in need are booked into one of our clinics for prompt face-to-face appointments. These strategically located clinics ensure convenient access across our entire footprint, guaranteeing patients are attended to swiftly and effectively, irrespective of their location.

Patients requiring face-to-face assessment who are unable to travel to a base location themselves, perhaps being too frail or needing

end-of-life (EOL) care, can be visited in their home or place of care. To this end, we have a well-appointed fleet of 4x4 vehicles that facilitate visits across the entirety of HUC's geographical footprint.

The majority of patients are seen and treated, with only a very small proportion requiring onward referral to secondary care.

To address peer variance across services and further enhance quality improvement efforts, we are working with the business intelligence team to develop a productivity dashboard to provide real-time review of clinicians. This will allow us to get relevant information including number of cases seen per hour and time logged on to Adastra / SystmOne.

This review process will allow us to identify areas of variance, analyse trends, and share best practices across the team. By fostering a culture of continuous learning and improvement, we aim to standardize and optimize our clinical practices, ultimately improving patient outcomes and experiences across the board.

■ Comprehensive overnight care

At HUC, we understand that healthcare needs don't adhere to regular working hours. That's why we provide overnight GP cover on weekdays from 18:30 to 08:00 and continuously from Friday evening at 18:30 to Monday morning at 08:00, extending further to include bank holidays.

■ Strategic location and collaborative partnerships

With 20 locations spread across Cambridgeshire, Peterborough, Luton, Bedfordshire, Hertfordshire, West Essex, and the South West, our clinics, or 'bases', are strategically situated; many are co-located with esteemed health system partners such as acute hospital trusts, community hospitals, and GP surgeries.

These bases, equipped with reception and waiting areas, multiple consulting rooms, and secure storage facilities for medicines and equipment, undergo regular assessments to ensure they meet the evolving needs of the populations we serve.



■ Enhanced patient access

Recognising the diverse needs of our patients, we offer home visits for those unable to travel to our bases independently, especially individuals requiring end-of-life care or those facing mobility challenges. In 2024, we've introduced new hybrid vehicles to our fleet, enhancing our ability to deliver timely and efficient patient care across our out-of-hours services in the East, with plans for expansion into the South West later this year.

■ Continuous improvement and engagement

In 2023, we restructured our management team, introducing new roles such as assistant service manager and regional service manager. This restructuring has received positive feedback, enhancing managerial presence and availability, while ensuring senior operational management support when needed.

Regular bi-monthly out-of-hours operational workforce meetings, attended by colleagues from various departments and external partners, facilitate collaboration and address concerns effectively. Additionally, consistent engagement with the patient experience team and the assistant service manager has resulted in a

notable increase in patient feedback, reflecting our commitment to continuous improvement.

■ Empowering non-medical practitioners

Our non-medical practitioners play an increasingly pivotal role within our out-of-hours service. We're actively recruiting and developing more advanced clinical / nurse practitioners, empowering them to undertake diverse roles, such as home visiting, which has traditionally been undertaken by GPs.

■ Emergency response and community support

In May 2023, our out-of-hours service demonstrated agility and compassion in swiftly setting up an emergency refugee clinic at Stansted Airport in response to a request from Hertfordshire and West Essex ICB. Within 24 hours, our dedicated team, comprising GPs, urgent care practitioners, and out-of-hours receptionists, provided vital care to repatriated British nationals and their families from Sudan.

■ Recruitment

We are actively recruiting substantive clinicians to our workforce. This will ensure we continue to provide excellent care across our sites. We can

imbibe the HUC values to our permanent staff members and encourage career progression for these clinicians, who will be well supported from a management and administrative point of view.

viii. Primary care

Luton Town Centre Surgery

Luton Town Centre Surgery (LTCS) has a list size of 13,100 patients, an increase of 500 Since 2022-23. It continues to offer a triage-first model, with a mixture of telephone and face-to-face appointments according to clinical need.

Alongside the other practice in its PCN, Town Centre Surgery has introduced a new triage tool using AccuRx which allows direct booking of appointments, following clinical triage, via txt message. The practice is open 8am-8pm, Monday-Friday. Extended access appointments outside of these hours continue to be provided by Evexia, via the Oasis PCN.

LTCS has continued to improve delivery of care to its patients in the locality, as evidenced by significant improvement against Quality and Outcomes Framework (QOF) indicators. HUC have agreed a contract extension with commissioners, which ensures a delivery model accommodating increasing demand via a multidisciplinary-staffing profile, which will facilitate a combination of face-to-face appointments and telephone triage to maximise clinical capacity.

Further review of mechanisms designed to improve patient access have been agreed, including systematic delineation of patient need by IT and telephony tools, which will continue to be underlined by allocation of clinical resource to accommodate emergency same-day-care of urgent or complex patients.

■ Activity and performance

The average number of appointments per month between April 2023 and March 2024 was 3,237, which represented an increase from 3,205 over the same period in 2022-23. The overall 'Did Not Attend' (DNA) rate over the year reduced from ~7% to 6.6%.

The service observed improvement across both QOF clinical and public health domain areas,

improving from 60.77% achievement in year 22-23 to 90.89% achievement in year 23-24. This was achieved through: regular meetings to discuss specific challenges and remedies; improving the consistency of patient recall; importing expertise in the form of an experienced GP lead; and staff training around coding of patients.

Allocating increased resource to the more challenging public health domains, including engagement with patients and the community around the provision of cervical smears and childhood immunisations, precipitated increased performance in these areas.

■ Quality improvement

Audit

Due to challenges associated with recruitment of a substantive clinical workforce, and the reduced clinical capacity and level of ownership resulting from this, delivery of robust regular audits, as per the agreed schedule, was correspondingly challenged.

This was addressed via agreement of clinical owners and administered through monthly clinical governance meetings. All feedback is shared with all clinicians, via organisational and local comms, along with individual feedback where appropriate.

- All the GPs and ANPs working at the practice have been subject to the pilot consultation audit tool which has been rolled out across HUC. This quality checks the standard of record keeping and safety of the consultation. All clinicians received individual feedback from the clinical director.
- Regular infection prevention control, health & safety, and cold chain audits are completed. Safeguarding reviews are shared with the organisational team, who are in the process of piloting a system wherein any new concerns will be discussed with the team to be validated, prior to submission, to ensure referrals are as comprehensive as possible.
- An audit of antimicrobial prescribing has been completed which demonstrated good antibiotic stewardship.



Incidents

All local incidents continue to be reported via the RADAR reporting tool. The Clinical Governance and local teams have invested resource into training of staff to improve incident reporting rates through local workshops, as part of a larger initiative to encourage reporting across the organisation.

All incidents are reviewed in regular Clinical Governance meetings, actions and timelines are agreed and any risks updated accordingly. Patterns identified included issues raised regarding security and management of anti-social behaviour, whereupon several contributing factors were identified and shared with commissioners. The service agreed on site security provision and NHSP improvement of estates security to mitigate accordingly.

Patient feedback

The National Patient Survey data highlighted several areas for development, particularly around patient access, which the service is addressing with recourse to multiple remedies within defined streams of work.

The local team have recently embedded a process

to import accountability for Friends and Family survey data to the reception team to increase patient response rates and assure the quality of the dataset on which corresponding actions are based; as a result, the service observed a significant increase in response rates during the last three months of 2023-24.

The team have also utilised the SMS messaging function of the AccurX system to broaden patient communication, which has also served to increase the volume of patient feedback. Corresponding themes have been distilled, and actions agreed, in regular clinical governance meetings.

While the service has encountered difficulty in embedding consistent patient participation groups (PPGs), the local management team have sought to identify and contact individual patients who have expressed an interest in regular participation. The service has also sought to integrate participation with the organisational PPG – posters have been on site to give the patient information on how to register online and details shared via social media.

Training & development

Staff development and training needs have

continued to be identified through individual staff appraisals and line manager development meetings. In addition to ensuring statutory mandatory training is completed, LTCS has successfully upskilled the local reception team to assist with prescription administration, coding of letters and referrals to improve rota resilience, facilitated phlebotomy training for a health care assistant and a prescribing qualification for a practice nurse to improve corresponding capacity and staff competency.

■ Primary Care Network

The Oasis Primary Care Network (PCN) was subject to a membership reconfiguration in 2023-24 based on mutual agreement between practices in the interest of better serving local patient populations via alignment of strategy. HUC has retained its lead practice role to

support both the HR and financial administration of the PCN, which continues to meet monthly to discuss application of strategy in order to address local challenges.

The PCN has recruited into key clinical and operational leadership posts, including both a clinical director and a digital & transformation manager, to ensure the network's efficacy and resilience and to better engage and integrate into the wider healthcare economy.

One of the priorities identified for the year 23-24 was agreement of a defined workforce plan to maximise utilisation of the Additional Roles Reimbursement Scheme (ARRS). This has facilitated the recruitment of clinical pharmacists and home visiting paramedics with clinical competency that reconciles with the PCN's obligation to deliver care under the Direct Enhanced Services (DES) agreement, allowing the PCN to increase capacity for medication reviews, prescription administration, medical audits and asthma / diabetic reviews.

At the same time, recruitment of care coordinators has increased transactional capacity to more effectively administer delivery of the service for the PCN's care home, while improving achievement against the Impact and Investment Fund (IIF) indicator areas.

The PCN has also brought its social prescribing function in house by recruitment of dedicated resource, with a view to maximising the number of referrals made via this pathway and increasing the extent to which the social prescriber can integrate with community resource including the local Citizens Advice Bureau.

Over the winter period, both practices delivered a comprehensive schedule of flu clinics over weekend and evening periods, with significant take-up from the local patient population contributing to corresponding IIF performance.

The PCN's Enhanced Access provision continues to be supplied by Evexia and provides patients with full access to an appointment with a healthcare professional according to their requirements.

■ Challenges and remedies

Workforce

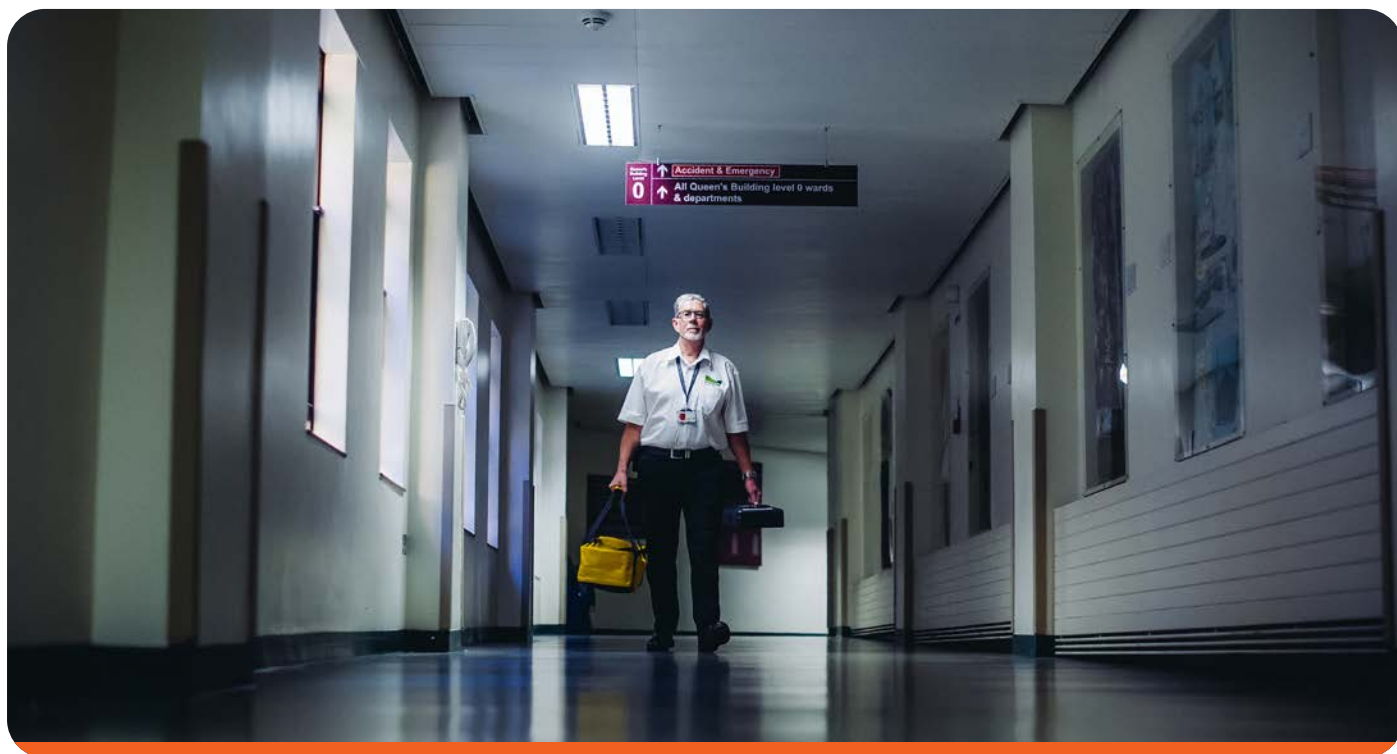
Successful recruitment of substantive clinical posts has been historically challenging at LTCS, and the service has utilised high levels of locum GPs accordingly.

Through implementation of a specific recruitment strategy, involving utilisation of local clinical networks, directing organisational communication space to push adverts, liaising with VTS coordinators to determine whether messages can be circulated to emerging workforce, and commissioner training hubs to further enhance adverts have all helped to boost local recruitment.

Exploiting organisational diversity to enhance local substantive offers, by advertising blended remote working and working in alternate areas of the organisation (GP out-of-hours / clinical assessment service) have also helped bolster recruitment.

The service successfully recruited a lead GP in December 2023. And as part of the wider programme of recruitment to salaried roles across HUC, we are hoping to appoint more salaried GPs in the coming months in order to increase the permanent clinical workforce.

The practice is also in the process of applying for



approval to become a training practice for the first time, which will enable it to host GP trainees. We are hoping that these placements will also include HUC's PCN partner, Castle Medical Group, as well as the co-located urgent treatment centre.

Access

Patient access was highlighted as an area for development in the National GP Patient Survey and has resulted in various streams of work designed to assure clinical capacity, improve the efficacy of patient flow through the system, and reduce patient wait times.

As part of the extension, the service's staffing profile has been reconfigured to ensure delivery of maximum capacity using GPs, advanced nurse practitioners, and practice nurses with corresponding competencies to minimise onward referrals / rebooking of appointments.

Both surgeries within the PCN have completed analysis of qualitative data relating to patient access that highlighted challenges in efficiently managing patient demand while maintaining appointment availability and minimising wait times. Further review of activity data identified peak periods of demand to inform the optimisation of appointment scheduling

processes to reduce wait times and ensure adequate staffing levels to meet patient needs.

To this end, the PCN agreed to expand the Accurx system to enhance the appointment scheduling process and improve patient access to care, allowing patients to provide information regarding symptoms and thereby facilitating effective triage and appointment booking based on clinical need. As a result, patients reported spending less time waiting for appointments, leading to improved access to care and increased satisfaction with our services.

Although the initiative has been implemented with limited scope as part of a pilot, data indicates that appointment scheduling efficiency improved, with a reduction in scheduling errors and an increase in appointment availability during peak demand hours. Staff feedback indicated that the tool streamlined workflows, reduced administrative burden, and improved communication with patients, boosting overall job satisfaction and morale.

LTCS has also agreed to the implementation of an improved telephony system in conjunction with an NHSE planned programme of work. This will deliver cloud-based telephony and increased

functionality around real-time monitoring of telephone wait times. It will also provide a call-routing system that will more effectively direct patients to the most appropriate resource based on clinical need.

Estates / security

The service has observed several challenges around security, in part precipitated by local estates issues during 2023-24. Concerns have been discussed with commissioners and continuation of dedicated security provision, along with NHSP development of the external estates, has served to mitigate concerns.

All incidents of patient violence and aggression are logged using the RADAR reporting system and reviewed at regular clinical governance meetings, for follow-up actions, including generation of zero tolerance letters and referral to special allocation schemes, to be agreed where appropriate. Frontline staff have also been subject to conflict resolution training, to ensure they are confident de-escalating conflict accordingly.

■ Quality and Outcomes Framework (QOF)

QOF is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results.

NHS England states: 'The QOF contains five main components, known as domains. The five domains are: clinical; public health; public health – additional services; public health – vaccination and immunisation; and quality improvement. Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement. The 2022-23 QOF measured achievement against 76 indicators; practices scored points based on achievement against each indicator, up to a maximum of 635 points.

QOF performance in 2023-24 was the highest in many years achieving 489.9 points or 90.8%, compared with 60.7% in 2022-23.

■ Future service development

Quality and Outcomes Framework performance improvement

LTCS aims to expand upon the significant

improvement observed against QOF domains this year, via employment of a strategy designed to deliver appropriate support. Key tenets of this strategy include:

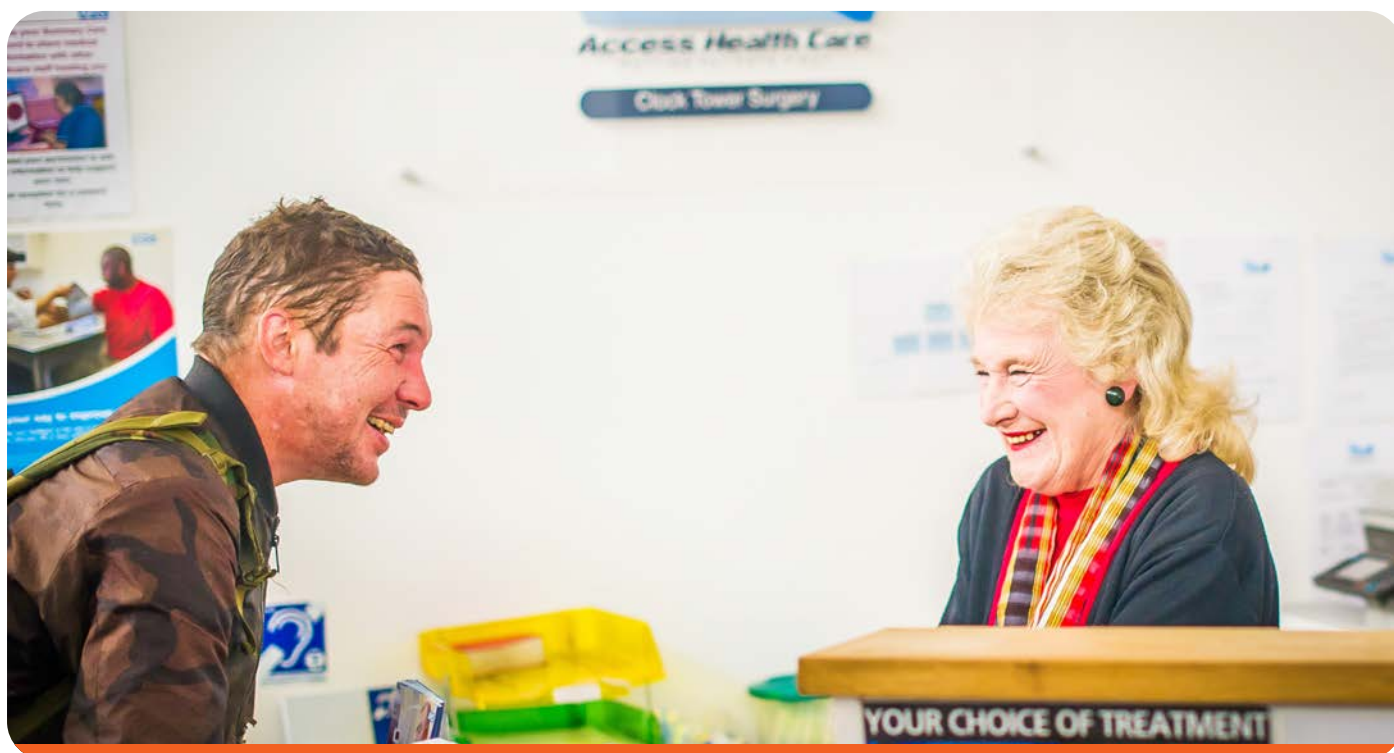
- Utilisation of administrator function to champion QOF communication and training to staff, coding reviews, updates and ownership of challenging domain areas.
- Utilisation of practice learning time to ensure all staff are trained on using the Ardens template in SystemOne as basis for patient recall management. To share common themes regarding coding errors, with a view to reducing rates through a structured schedule of drop workshops to further embed training.
- Installation of health kiosks, allowing receptionists to direct patients at point of booking to provide key biometric data to ensure systematic capturing of data and a reduction in use of clinical resource.
- Ensuring all receptionists are confirming latest address / contact telephone numbers to reduce instances of failed contacts and maximise patient communication. Receptionist training regarding utilisation of QOF alerts in SystemOne to proactively manage booking of prospective patient appointments
- To join up local engagement regarding increasing health literacy around cervical smears and vaccination & immunisation with commissioners.

GP education & training

To attract and retain clinical staff, thereby increasing the quality of local delivery, the practice will seek to: maximise opportunities for training local clinicians through engagement with vocational training service partners; utilise PCN arrangements to support training; and support GP supervisory training / accreditation of staff.

Improving patient access

LTCS is committed to heightening access to care through a consistent programme of monitoring to increase the capacity of the Accurx system, and better utilizing existing telephony systems and



digital access pathways. HUC is also reviewing all options apropos management of same-day urgent demand and is keen to explore ways to utilise the existing IUC service to validate demand accordingly.

Clock Tower Surgery

Clock Tower Surgery (CTS) is a specialist practice in Exeter, dedicated to providing primary care support to vulnerably housed and rough sleeping individuals across the city. This specialised initiative offers crucial GP and practice nurse access to a patient cohort facing unique challenges and vulnerabilities. Operating during core primary care hours, it stands as a beacon of support and assistance for those in need.

The team of dedicated clinicians there is led by a longstanding lead GP, supported by three salaried GPs, one advanced nurse practitioner and three practice nurses. The team are experienced and highly skilled clinicians, adept in addressing a spectrum of complex issues including mental health, substance abuse, and primary care needs. Remarkably, the service is predominantly staffed by a substantive workforce, ensuring continuity and reliability in patient care.

The list size is around 620. The practice is open

Monday to Friday and offers a mixture of drop-in and booked clinics. Although the list size sounds small, this cohort of patients tend to have a variety of complex mental and physical health needs, with many suffering from alcohol and drug dependence.

The practice adopts a multifaceted approach to cater for the diverse needs of its patient base. Alongside scheduled appointments, the practice offers walk-in clinics, enhancing accessibility and flexibility for patients requiring immediate attention. Moreover, recognising the importance of outreach, the practice extends its services beyond its walls – a dedicated team conducts proactive outreach efforts, meeting vulnerable patients in the community and engaging with them to promote their health and wellbeing.

This comprehensive and compassionate approach underscores HUC's commitment to delivering holistic care to some of the most vulnerable members of our community. By providing not only medical assistance but also ongoing support and outreach initiatives, HUC strives to make a meaningful difference to the lives of those facing housing instability and rough sleeping in Exeter.

CTS performed well in the most-recent GP Patient Survey with 80% of service users describing their overall experience of the practice as good (nationally the figure was just 71%).

The practice continues to host GP trainees on 'integrated training posts', which seek to equip them with experience in a wide range of community-based settings.

ix. Urgent care

Luton Urgent Treatment Centre

Luton Urgent Treatment Centre (LUTC) has continued to provide a quality service to the local population, while consistently reducing pressure on the primary care system, and Luton and Dunstable University Hospital's Emergency Department.

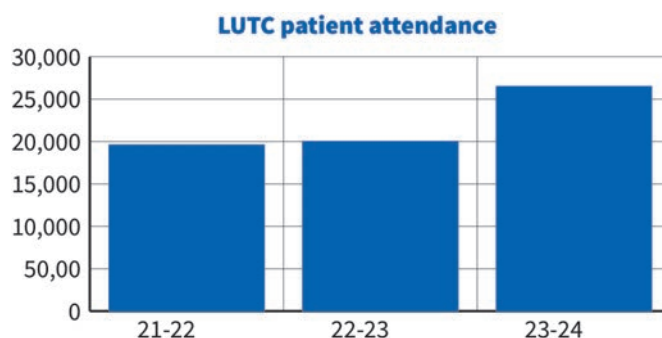
■ Activity

LUTC observed a significant increase in overall attendance during the course of 2023-24, with 26,470 attends, up from 20,001 recorded in the previous year (although the latter figure was impacted by an Adastra outage during August and September).

A reconfiguration of the staffing profile to increase rota resilience through use of non-medical practitioners has allowed the service to deliver appointment capacity on a more consistent basis. Consequently, the number of NHS 111 booked appointments increased from 4,597 in 2022-23 to 7,918 in 2023-24.

Reconfiguration of Adastra to enhance service efficiency has also allowed for the effective delineation between patients referred via NHS 111 with a booked appointment, and those referred via NHS 111 and instructed to access the department as a walk-in patient.

The overall proportion of patients accessing the service with a booked appointment has increased from ~23% to ~30%, whilst NHS 111 referrals accounted for 45% of overall activity at LUTC over the last 12 months.

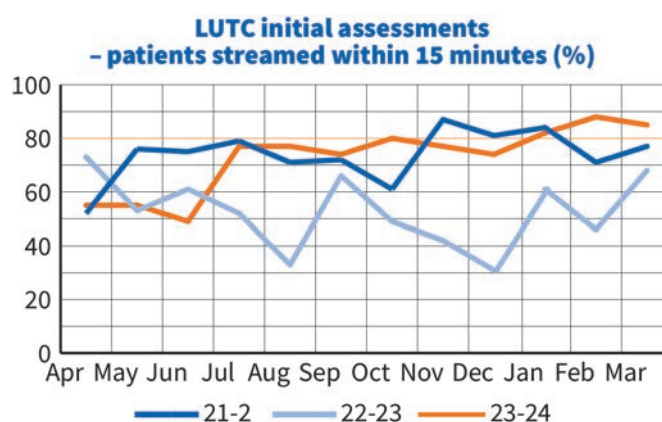


■ Performance

The service maintained a consistent level of performance against the four-hour discharge target during 2023-24, with ~96% of patients being discharged within this timeframe – this was a slight increase from ~95% in the preceding 12-month period.

The service has observed a significant increase in performance against the 15-minute streaming target, from 53% in 22-23 to 73% in 23-24, averaging 85% in the final quarter of this year.

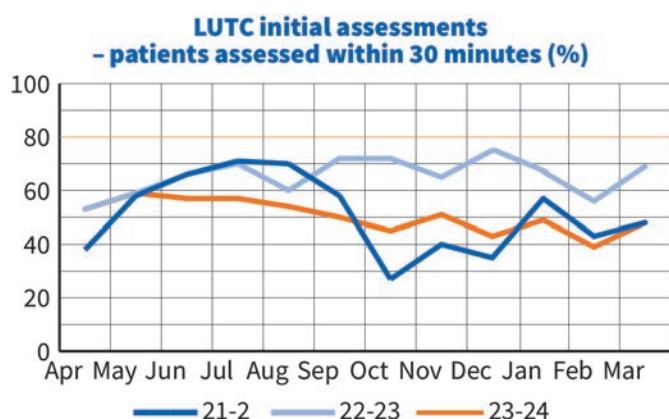
This improvement is a direct result of streaming competency training delivered to staff via a local clinical lead, audit feedback, an embedded secondary streaming pathway to help support performance in time of surge demand, and an Adastra configuration update, which allows streaming clinicians to access the NHS 111 assessment information for those patients referred to LUTC without an appointment.



Performance against the 30-minute booked appointment target reduced to 51% of patients assessed within this timeframe. The service is addressing performance with reference to productivity analysis and feedback, continued allocation of defined responsibility, and improved



communication around the assessment of patients according to clinical priority.



The service is reviewing a repeat observation pathway to ensure patients with booked appointments waiting longer than 30 minutes are confirmed safe to wait; in addition to reviewing the scope to amalgamate walk-in and booked appointment directory of service profiles.

■ Quality improvement

Audit

Regular clinical audits and the adoption of a new audit tool has produced significant improvement in the quality of LUTC services from a clinician safety perspective. These audits encompass various aspects of patient care, including

safeguarding, antibiotic prescription, and infection control. Feedback from audits is shared individually and, when applicable, one-to-one feedback is arranged to discuss any patient safety concerns.

Patient outcomes

LUTC has consistently demonstrated that the majority of patients (77.1%) are seen and treated, and either discharged home or referred for follow up by their own GP, limiting the impact on the local emergency department.

Data indicates that just 0.5% of patients required onward referral to an emergency department. Clinicians are actively encouraged to utilise the PaCCs system, which provides access to refer via the Directory of Services (DoS), better expediting patient referrals and improving patient experience.

Incidents and complaints

Key feedback distilled from review of incidents and complaints in 23-24 included:

- A continued security presence was required in the department, in addition to conflict resolution training for frontline staff to mitigate against instances of

patient violence and aggression.

- NHSP installed authorised access to the area adjacent to LUTC to improve security and staff safety.
- Reminders sent to all clinicians that safety netting advice must be patient-specific and include information on appropriate red flags and guidance on when and where to seek further help.
- Effective communication regarding wait times was implemented in order to better manage patient expectation and education regarding the nature of system flow through the department.

Clinical productivity

In order to address instances of peer variance, maximise efficiency across services, and further enhance quality improvement efforts, LUTC has implemented a systematic monthly review to facilitate a real-time analysis of clinical productivity.

This review process allows the local team to identify areas of variance, analyse trends, and share best practices. By fostering a culture of continuous learning and improvement, the service aims to standardize and optimize clinical practices, ultimately improving patient outcomes and experiences across the board.

Patient feedback

Maintaining high levels of patient feedback, via patient surveys and friend and family mechanisms, continues to be a priority for the service. The respondent rate has been subject to significant improvement in the last quarter, as per assignment of corresponding receptionist responsibility. All negative comments are investigated for learning wherever possible, while any individuals mentioned in feedback receive the details of comments provided.

■ Challenges and remedies

Workforce

While the service was able to appoint a clinical director for urgent and community care and a salaried GP, substantive recruitment of clinical roles continued to present a challenge, increasing

reliance on clinical bank and agency clinicians.

A strategy to improve recruitment rates was agreed, including working with commissioners to amend the format of adverts and utilising primary care careers platforms to increase the profile of roles. In addition, the recruitment team adopted a targeted approach to recruitment of existing locum workforce to maximise salaried onboarding opportunities.

All recruitment adverts focussed on HUC portfolio diversity, and regular meetings with key stakeholders took place to monitor progress.

Demand and capacity management

Managing periods of surge demand, in addition to instances of staffing deficit, has on occasions proved challenging for the service.

The service reviewed local escalation processes and updated demand and capacity triggers, along with corresponding clinical function, in order to prescribe instruction for staff to minimise any disruption.

■ Future service development

NHSE streaming and redirection tool

As part of our ongoing commitment to service development, HUC are intending to review incorporation of the NHSE Streaming and Redirection Tool to streamline the registration processes and minimize wait times for walk in patients, whilst providing a nationally assured platform through which undifferentiated patients can be more effectively managed at the hub.

This innovative tool would enable the service to streamline patient flow, assess acuity levels, and systematically direct patients to the most appropriate level of care within the locality. By utilizing this tool, HUC would enhance the efficiency of the service by optimizing resources and ensuring that patients receive timely and targeted care tailored to their needs.

Virtual assessment

In response to increasing demand for our services, HUC have developed a Standard Operating Procedure to facilitate the referral of patients meeting an agreed clinical criteria to a



remote clinician in order for the episode of care to be assessed and treated accordingly.

This will improve rota resilience and mitigate against restrictions of the local estate footprint. The aim is to provide an alternative consultation route for patients, improve patient experience and better manage wait times.

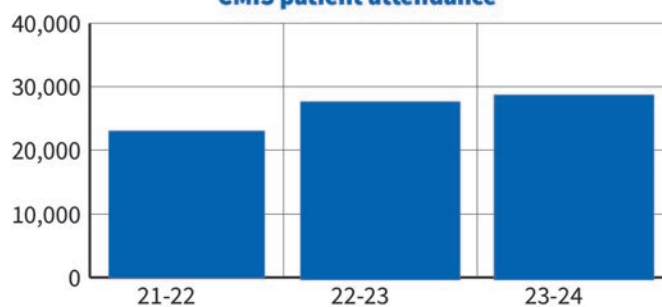
Cheshunt Minor Injuries Unit

HUC is committed to continuing to provide excellent patient care at Cheshunt Minor Injuries Unit and has agreed an extension of the contract that will ensure clinical capacity and integration into the wider healthcare system is maximised.

■ Activity

Cheshunt Minor Injuries Service (CMIS) has observed continued increases in patient footfall during the last financial year, assessing an average of 77 patients per day. This represents a ~4% increase in attends over the same period 12 months earlier. Attendances largely followed the pattern of seasonal demand, although it was notable that they reduced over August in comparison with previous monthly accounting.

CMIS patient attendance



■ Performance

The four-hour discharge target was satisfied consistently over 2023-24, with 99.1% of patients discharged within this timeframe, an increase from 98% the previous year.

The department observed a median time to initial assessment of 10 minutes and 5 seconds, a reduction from 22 minutes the previous year.

■ Quality Improvement

Audit

Clinical audits have been completed as per the agreed schedule, which has been reviewed for 2024-25 to ensure it is aligned with the HUCs urgent care service delivery. All audits are

reviewed and discussed at monthly clinical governance meetings, actions agreed, and any subsequent risks recorded.

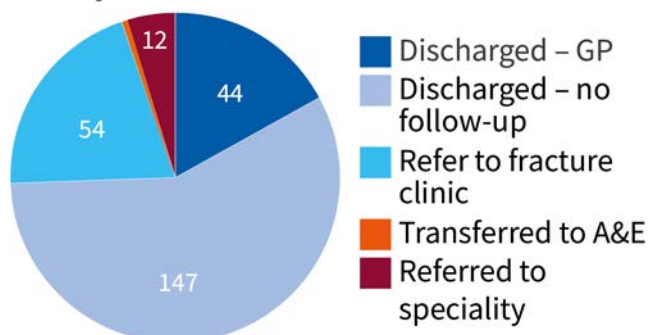
In the year 23-24:

- The departmental missed fracture rate was 2.8%, based on adherence to the local x-ray discrepancy process. Increased use of different agency clinical staff to mitigate staffing pressures impacted missed fracture rates.
- Consultation notes audits, infection prevention control and cold chain audits were all completed locally in line with approved guidance. Any learning was shared organisationally, locally, and individually as appropriate
- Initial assessment audits were completed in the final quarter of the 23-24 period to ensure the department was compliant with process and patients were being referred in line with clinical guidance

Patient outcomes

The majority of patients assessed at CMIS during 23-24 were treated and discharged home with no follow-up. Data indicates that 10.2% of patients were referred to a local emergency department, although only 0.6% of patients needed referral post treatment episode.

CMIS patient outcomes



The local team are actively working to mitigate increased rates of referral to ED with recourse to substantive staff recruitment, training and supervision. Outcomes suggest that there has been an increase in the number of patients referred to virtual fracture clinic, increasing from 17% in 22-23 to 20% in 23-24.

Patient feedback

Friends and Family survey data suggests that 92% of respondents would recommend the service. The team are working to increase respondent rates via exploration of automated means of patient contact, in addition to ensuring reception ownership of the feedback function.

The negative feedback recorded largely related to increased wait times during periods of peak activity. This was reviewed and the resulting actions incorporated into the operational streams of work with a view to reducing wait times and maximising departmental efficiency.

Challenges and remedies

Workforce

The challenge of recruiting into substantive posts and elevated levels of attrition have presented difficulties managing increased patient demand. Deficit substantive clinical staffing has also served to increase reliance on clinical agency staffing.

HUC have discussed remedial actions with the clinical staffing provider Hertfordshire Community Trust (HCT) in order to address accordingly. Remedies have included:

- Enhanced substantive offers to make posts more attractive
- Agreed local training and consolidation of competency frameworks for staff in order to incentivize recruitment into key clinical posts
- A review of the staffing profile with a view to explore options to utilize multidisciplinary roles within the service

As a result of the actions taken, HCT recruited 2.8 FTE emergency nurse practitioners in the last quarter of the 23-24 period.

Demand and capacity management

Consistently increased periods of surge attendance, particularly on Mondays and Tuesdays, have presented challenges managing demand. As a result, CMIS have revised local escalation and redirection processes to ensure they are able to manage these instances safely and effectively, while limiting any impact on the wider healthcare system.



Regular rota meetings to address prospective deficit staffing hours and possible recourse to cross-organisational resourcing, along with integration of OPEL escalation systems, have heightened rota resilience.

Radiology

Local radiology services provided by Alliance have occasionally been frustrated by equipment / staffing issues. This has affected the extent to which the service is able to request imaging for patients, thereby impacting rates of patient redirection and increasing system pressure.

It has been resolved to invest in an upcycling programme for local equipment, while Alliance has made a commitment to ensure more consistent staffing levels.

■ Future service developments

Clinical systems

As part of the contract extension agreement, the Adastra clinical system will be adopted at CMIS, thereby facilitating the direct booking of appointments from NHS 111 services. Heralding attendance in this way serves to mitigate against periods of surge attendance, which will reduce patient wait times, improve patient experience,

and limit the need for onward patient referrals.

Utilisation of the Adastra also provides scope to support direct patient pathways into the service from both primary care and local emergency, which could serve to reduce system pressure accordingly.

Initial assessment

The department is currently adhering to an initial assessment process through which clinical resource is reallocated to ensure that each patient is assessed within 15 minutes of being booked in on arrival in order to determine clinical urgency.

In order to maximise capacity to treat patients, and minimise the necessity for onward redirection, the service is reviewing a pilot of systematic clinical differentiation of patients through an approved decision support tool.

■ St Albans Integrated Urgent Care Hub

2023-24 has marked a significant milestone for St Albans Integrated Urgent Care Hub (STA IUCH) in terms of establishing consistency of service delivery to reduce pressure on the local emergency department (ED) and primary care systems.

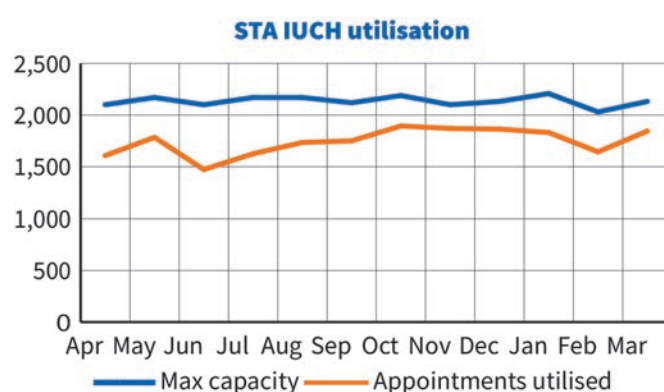
Measure	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2023	Feb 2023	March 2023
IUCH cases												
Total cases	1,607	1,784	1,472	1,625	1,734	1,750	1,894	1,870	1,864	1,830	1,643	1,845
NHS 111 direct booked	1,084	1,137	803	1,013	1,072	1,017	979	819	842	876	629	721
Primary care direct booked	487	614	640	596	625	666	877	1,024	994	932	979	1,073
Pharmacy direct booked	0	0	0	0	0	0	0	0	0	2	4	18
Hemel UTC direct booked	0	0	0	0	0	0	0	0	0	0	6	0
NHS 111 referral w/o appointment	1	3	0	1	0	2	0	2	0	0	0	0
Walk-ins	35	30	29	15	37	65	38	25	28	20	25	29

KPI	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2023	Feb 2023	March 2023
% seen within 30 minutes	84	87	83	85	83	92	81	80	86	84	88	89
% discharged within 2 hours	99	98	95	98	96	99	98	97	98	97	98	99
% discharged within 4 hours	100	100	99	100	100	100	100	99	100	100	100	100

Our focus on facilitating direct appointments from NHS 111 and primary care has been instrumental in streamlining patient pathways and enhancing access to timely care.

■ Activity

- Total appointments booked: 20,918
- Maximum appointments: 25,480
- Average daily appointments: 57



■ Performance

- Patients discharged within four hours: 99.7% compliance, exceeding the target set
- Patients discharged within two hours: 97.7% compliance
- Patients seen within 30 minutes of appointment time: 85.2% compliance

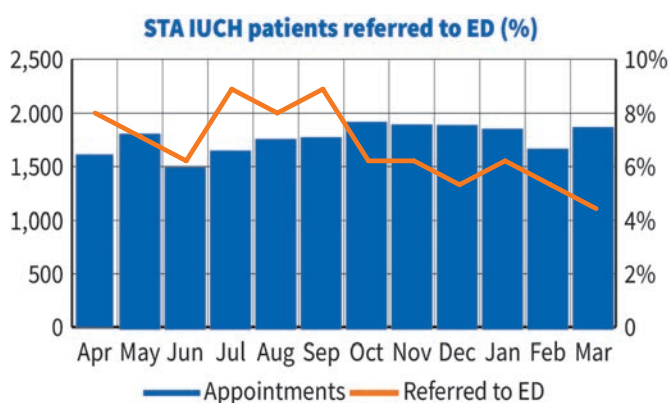
■ Quality improvement

Patient outcomes

The majority of patients seen and treated are either discharged home (40%) or referred back to their own GP for follow up (36%).

GP follow-up rate is within the range anticipated for a nurse-led same-day urgent care service, and indicative of clinicians addressing primary health concerns and referring to own GP surgeries for ancillary concerns / chronic-issues management. Nevertheless, the service intends to sample audit clinical appropriateness of discharges back to own GPs and share any learning accordingly.

ED referrals have been managed with reference to audit and feedback regarding inappropriate referrals and averaged 7% of all cases in 2023-24. Implementation of access to GP advice via the HUC CAS (Clinical Assessment Service), local surgeries through MiDoS, and Consultant Connect provides nurses with a route to explore specialty referrals efficiently and appropriately; this approach helps optimize the use of resources and ensures that patients receive timely and appropriate care tailored to their needs, limiting inappropriate onward referrals to ED.



Audit

STA IUCH has made significant strides in improving the quality of our local service through the completion of regular clinical audits. These encompass various aspects of patient care, including adult and child safeguarding, infection control, consultation audit, Patient Group Directions (PGD) audit, antibiotic audit, ED referral audit, and frequent attender audit.

Feedback from all audits is shared both

individually with staff, where applicable, and with the wider workforce, and any learning identified from incidents and complaints is shared appropriately with system partners. This ensures that findings are communicated transparently, enabling staff members to reflect on their practice and identify opportunities for improvement collaboratively.

Incidents and complaints

Incidents and complaints are logged via the RADAR reporting system, with the majority concerning either inappropriate referral of patients into the service or inappropriate redirection and communication. Four complaints were received in 2023-24 and the learning was distilled and shared with staff across the service.

All incidents and complaints corresponding service actions were reviewed and agreed in monthly clinical governance meetings, with additional training provided to local staff to encourage incident reporting, which improved significantly in the last quarter of 23-24.

Key feedback from incidents and complaints:

- Where it is not possible to identify the source of illness, clinicians are to consider further onward escalation for appropriate diagnostic testing and clinical treatment. All decision making must be documented appropriately.
- Reminder sent to clinicians that if a patient presents with a new symptom during a period of illness, the history of that illness must be taken into consideration, as well as the new symptom. Full and appropriate history and examinations to be documented.
- Communication to staff that where clinical observations are outside normal parameters this must be identified and documented, with appropriate actions and escalation for further clinical assessment. All clinicians should consider the sepsis screening tool and adhere to the advised pathways.
- Reminders sent to all clinicians that safety netting advice must be patient-specific and include information on appropriate red flags and guidance on when and where to seek further help.

Patient feedback

Patient feedback, via patient surveys and friend and family mechanisms, was extremely high and a source of pride for the organisation. The response rate in 23-24 was ~3% of the total number of patients treated (585 responses) and was 98.5% positive.

Where areas of improvement have been identified, the service has enacted corresponding remedies. These have included working with the Trust to improve internal signage to help patients arriving at the St Albans Hospital site. SA IUCH also raised patient feedback relating to the cost of local car parking with the Trust.

In addition to engaging in locality forums, SA IUCH is looking to facilitate a patient participation group in order to work collaboratively with patients and support a culture of continuous learning and improvement for the benefit of the local community.

Training and development

All staff have been subject to continuous training and development programmes to enhance clinical skills and patient-centred care.

The service has identified scope to improve assessment of paediatric cases, which account for a significant proportion of all cases booked at the IUCH, and has arranged a paediatric study day with the aim of calcifying clinical competence and improving confidence around treatment of children.

The service is also reviewing scope to provide additional mental health training for clinical staff, after feedback around potential benefits of training were highlighted in a staff meeting forum.

Clinical productivity

To address peer variance across services, and further enhance quality improvement efforts, we have implemented a systematic monthly review of clinical productivity. This review process allows us to identify areas of variance, analyse trends, and share best practices across the team. By fostering a culture of continuous learning and improvement, we aim to standardize

and optimize our clinical practices, ultimately improving patient outcomes and experiences across the board.

Furthermore, the team are reviewing the implementation of clinically approved templated information around various clinical presentations, eg knee pain / ENT, to expedite information recording and improve clinical productivity. Development of approved template tools to guide clinicians in the assessment and management of conditions will ensure standardized and evidence-based care delivery.

Patient care pathways

The service has not only established a schedule of patient referral pathways, ensuring patients benefit from the most appropriate onward care, but has developed several bespoke pathways, including a streamlined pathway to the local breast clinic for patients suspected of having breast cancer, improving the patient journey, reducing waiting times for assessments, and enhancing overall patients care.

The local team are also in the process of establishing a pathway to the hand therapy clinic, which is linked with the Royal Free Hospital, for review of soft tissue injuries, subject to agreement of a clinical exclusion criteria.

In addition, the service has invested in a system facilitating the direct referral of patients requiring local virtual fracture clinic follow up. This system integrates with the local Trust pathways and provides a mechanism through which patients can be averted from attending local ED for review.

■ Challenges and remedies

Over its lifetime the service has observed multiple challenges, both historic and ongoing, the learning around which SAIUCH will continue to distil and incorporate into improving local delivery.

The biggest challenges to service delivery and the provision of safe and effective patient care have been:

- Recruitment
- Rota resilience



- Reconciling activity type with staffing profile
- Radiology provision
- Inappropriate referrals
- Patient DNA rates
- IT system operation
- Walk-in presentation

Recruitment

Operational recruitment into the service has been largely successful, with receptionist roles recruited in a timely fashion. Identification of an on-site management need precipitated the agreement of an assistant manager development opportunity, to provide increased transactional capacity and accountability for improved service delivery.

Clinical recruitment has proven significantly more challenging. After observing low levels of interest in salaried roles, HUC quickly reinvested in staffing during mobilisation to maximise attraction of roles, increasing salaried offers and utilizing joining bonuses.

As the service has progressed, HUC has implemented various strategies to combat the recruitment challenges, including combining job descriptions to offer candidates the prospect

of a mix of working across local urgent care and out-of-hours services. This approach provides candidates with a diverse, flexible and rewarding work experience, attracting a wider pool of applicants.

Additionally, HUC utilized organizational communications teams to advertise roles and promote Refer A Friend recruitment incentives. National and local advertising of roles through the RCN and local press, as well as collaboration with the ICB and locality forum to promote adverts through local job boards, further expanded our recruitment reach and visibility.

These proactive measures helped mitigate recruitment challenges and ensured that we continued to attract and retain high-quality staff members to support our service delivery objectives.

Rota resilience

As a result of a shortfall in substantive clinical staffing, the service has relied upon an increased level of clinicians contracted via bank and agency to ensure a sufficient level of clinical capacity is delivered. This has required engagement with multiple clinical agencies to ensure a ready supply of staff with the correct skillsets.

Increased reliance on bank and agency clinicians has negatively impacted rota resilience, in addition to reducing the efficacy of staff feedback in certain cases. Where short notice patterns of absence have been identified, quality issues highlighted upon audit or any issues relating to performance on shift, they are shared with agency suppliers in order to review and agree remedial action.

Dedicated rota support, and an agreed local escalation process, have helped promote rota resilience.

Activity type

Increased illness activity, with a shift towards an 85:15 ratio of illness to injury cases, compared to the initially projected 60:40 ratio outlined in the service procurement phase, has posed a significant challenge to appointment utilization and staffing allocation within the hub.

The discrepancy between the projected and actual case mix has led to a misalignment between the local staffing competency and presentation type in the hub, as well as a net underutilization of the injury appointments available

The ICB and HUC agreed a strategy of promoting injury assessment in the hub by directed comms. And, in order to mitigate this impact, HUC reviewed ways in which the staffing model and appointment system could be made more flexible, introducing an appointment stream that profiled both illness and injury case types, as well as utilising prescribing ENPs with competency to treat a proportion of minor illness cases. Continuous training of substantive staff groups to enhance their competencies in assessing and managing a broader range of conditions has heightened versatility in managing both illness and injury cases.

Radiology provision

The absence of a radiology service operated by the Trust over the weekend has presented a significant challenge to our service utilization, particularly in the assessment and management of injuries.

This deficiency affected the ability of the service to provide comprehensive care to patients presenting with injuries necessitating imaging, thereby impacting overall service efficiency and patient outcomes.

In response to the lack of radiology services over the weekend, the service agreed employment of a reduced Directing of Services (DoS) profile. While this strategy aimed to optimize resource allocation and prioritize cases amenable to immediate assessment and management, it limited ability to address a broader spectrum of conditions, thereby affecting service utilization and patient access.

The risk of increasing diversion of cases to other healthcare facilities or delayed treatment and exacerbation of patient discomfort and dissatisfaction were discussed with all parties and data relating to missed opportunity reviews using NHS 111 / SUS data was conducted.

This indicated relatively low numbers of injury referrals via NHS 111 over weekend periods. HUC then engaged a comprehensive review of service utilization over weekend periods, which confirmed notable disparity in demand between weekends and weekdays, prompting a strategic reallocation of clinical hours to better align with service demand patterns.

In response to the identified utilization trends, clinical hours previously allocated to Saturday and Sunday were strategically reallocated to Monday and Tuesday, where demand was consistently higher.

Following the reallocation of clinical hours from September 2023, average utilization rates increased significantly, rising from 63.1% to 84.1%. This substantial improvement in utilization rates demonstrates the success of the reallocation strategy in effectively addressing service demand fluctuations and maximizing the efficiency of clinical resources.

Inappropriate referrals

Despite efforts to streamline patient pathways, we encountered challenges associated with inappropriate referrals from primary care,



resulting in patients being directed to the hub for conditions outside the scope of our service.

Where these referrals are made without the minimum clinical data set required in line with the agreed referral criteria, this increases the risk of patients being conveyed to an inappropriate care setting and, in turn, the likelihood of onward emergency conveyance. An audit conducted in May 2023 indicated that the average nursing time diverted from appointment assessment whilst waiting for ambulance conveyance equated to ~60 minutes a day, and negatively impacted provision of clinical capacity.

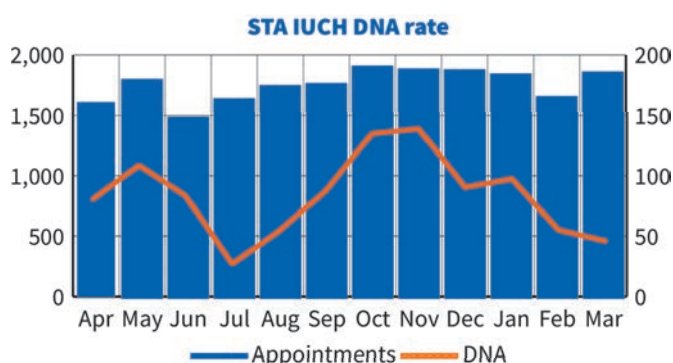
HUC also noted that a proportion of referrals for non-urgent or chronic conditions would be better managed in primary care settings. In order to maintain availability for urgent cases, HUC implemented a dynamic scheduling strategy to optimize appointment slots and accommodate fluctuating demand, whilst schedules are opened between 24-48 hours in advance to maximise capacity for primary care cases to be booked.

Patient DNA rates

Since the mobilisation of our service, we have observed an 8% DNA (Did Not Attend) rate, which has impacted appointment utilization. Multiple

sample audits have revealed that the majority of patients either access primary care services sooner than their appointment time or opt to attend elsewhere, contributing to the DNA rate.

In response to this challenge, our Directory of Services (DOS) has been updated to provide site details for patients to cancel appointments, ensuring that appointment availability is protected to the extent possible.



IT system operation

Trust system interoperability: The service encountered several issues relating to network and system interoperability with Trust, specifically the generation of staff credentials required for network access to radiology systems such as ICE and PACS

As a result, a dedicated network line at the hub and a fast-track process for the generation of Trust system credentials was implemented, facilitating seamless access to essential systems and enhancing operational efficiency, although both precipitated significant delays in terms of establishment of the service radiology pathway.

The pathway has since been utilised to maximise the scope of the service in line with staffing competency, by supporting a mechanism through which local pharmacies can book appropriate patients directly into appointments at the hub. Although numbers of referrals remain comparatively low since being made available to all local pharmacies in January 2024, the pathway aims to leverage the accessibility and reach of community pharmacies to identify and refer enhancing service utilization and patient access.

Similarly, a direct booking pathway from Hemel UTC to the St Albans Hub was agreed with the local Trust, to increase service utilization by facilitating seamless transfers of patients post streaming assessment from the UTC, ensuring timely access to urgent care services and reducing patient waits accordingly.

Walk-in presentations: Management of patients selecting to walk into the service presents an ongoing challenge, in terms of reconciling the additional activity with clinical resource available.

Both the ICB and HUC administered multiple communication initiatives around the nature of the service, underlining the fact that in the absence of triage capacity, the service could only safely accommodate referral of patients through NHS 111 or primary care

However, the service needed to ensure any patients selecting to walk into the hub were systematically differentiated in order for any red flags to be addressed accordingly. This is facilitated by an agreed question set, designed to rule out immediately life-threatening symptoms, incorporated into the receptionist booking process in the Adastra system.

■ Future service development

The strategy underlining service development

over the next financial year is to be informed by the following tenets:

- **Technology integration:** Exploring opportunities for further integration of digital solutions to enhance patient experience and operational efficiency.
- **Community engagement:** Strengthening partnerships with community organizations to promote health education and preventive care initiatives.
- **Continuous improvement and innovation:** Maintaining a culture of continuous improvement through regular performance reviews, stakeholder feedback, and quality assurance processes.

Pathway from Watford General Hospital into STA IUCH

HUC has agreed to review a pathway supported via the Adastra Web system to facilitate direct booking of appropriate patients attending Watford ED into the St Albans Hub.

The process describing referral mechanism, along with a clinical inclusion criteria, is to be shared with Greenbrook (currently responsible for streaming patients at the front door of ED), in order to pilot accordingly. The pathway should provide an option to mitigate periods of surge demand by providing suitable patients with access to timely appointments post streaming assessment. All data will be collated and shared with the ICB.

Review of alternate clinical disciplines

HUC are in the process of reviewing the staffing profile to improve rota resilience and potentially enhance the breadth of services offered. Leveraging the expertise of clinical pharmacists might enable the service to broaden scope of care, particularly in medication management, adverse drug reactions, and prescribing support.

Incorporation of NHSE streaming and redirection tool

As part of our ongoing service development, HUC is intending to review incorporation of the NHSE (NHS England) streaming and redirection tool. This innovative tool would enable the



service to streamline patient flow, assess acuity levels, and systematically direct patients to The most appropriate level of care within the locality. By utilizing this tool, HUC would enhance the efficiency of its operations by optimizing resources and ensuring that patients receive timely and targeted care tailored to their needs.

x. Dental

The dental service within HUC provides pathways dental assessment, dental nurse-led triage, appointment booking, and face-to-face dental services.

Since the expansion of HUC into the South West, the dental component of the organisation has grown in terms of staff, services, and knowledge. During the past year the dental team have been supporting the merger of the dental teams across the East and South West, sharing learning between the regions and ensuring that within a challenging dental landscape we continue to provide high-quality services for patients.

East of England

The dental team in the East of England (EoE) comprise 16 dental nurses undertaking dental nurse triage after an initial 111 Pathways

assessment. The team assess, support, provide advice and book appointments, when available.

Between April 2023 and March 2024, 110,103 dental cases were assessed through HUC in the East of England; this includes Cambridgeshire and Peterborough (35%), Luton and Bedfordshire (26%), Hertfordshire and West Essex (39%), with dental calls representing 11% of all IUC cases.

The breadth and complexity of dental triage has increased over the years as patients require more support and information, at the same time as many experience increased difficulty accessing dental care. As dental primary care commissioning transitioned to ICBs, the dental team has worked closely to support dental urgent care.

Working within a challenging environment has developed the team's responsiveness and flexibility and we utilised these skills to deliver innovative projects, such as the dental webchat pilot, which was the first in the country to develop and provide a live test bed environment for text-based triage. The pilot was rated as >85% good / very good for accessibility, and 100% of dental nurse users agreed that it was a good triage tool.

Given the changes within the service, the

previous clinical lead was assigned as clinical director for dental, the first dental director in HUC covering dental operations across all regions.

The team supported the ICB in Herts and West Essex to quickly incorporate triage and booking for additional dental appointments. At the time of writing, Bedford, Luton, Milton Keynes (BLMK) ICB additional urgent care capacity is also being mobilised, supported by increased dental nurse capacity to manage, triage and book appointments.

South west services

In the south west, a HUC subsidiary, Access Dental, provides triage, dental booking and face-to-face dental services across Bristol, North Somerset and South Gloucester (BNSSG), Devon, Dorset and Cornwall. Access Dental out-of-hours dental services in Devon and Dorset continue to run clinics on Saturdays, Sundays and bank holidays and are currently working with the ICB to increase provision at these clinics.

In 2023-24, Access Dental received 28,600 dental calls for BNSSG and ~100,00 for Devon.

In the past year the focus has been on enabling a smooth transition for staff, whilst continuing to provide a high-quality service for patients, as HUC's dental services in the east and south west merge. Areas of development have included utilising Pathways and home working for service advisors to improve the safety and management of dental calls.

Due to a 50% reduction in the availability of in-hours dental bookable capacity, dental management have collaborated with the ICB and the Local Dental Network to ensure that urgent dental care remains a priority, attending events and Managed Clinical Network (MCN)

meetings. As a result of local collaboration with Bristol Dental School, a new pathway was developed for patients to access dental treatment with undergraduate dental students in Bristol.

With the merger of the two services, a staff consultation was initiated; key issues brought up included communication, IT, training and support and pay. The identification of these issues has

equipped management with a roadmap to ensure staff satisfaction going forwards.

Despite many changes, staff have continued to provide an exemplary service for patients, with patient feedback such as:

'Felt understood and listened to by the dentist; overall the best experience I've had in a dentist. It did not feel like an emergency appointment at all, didn't feel rushed.'

'The service given by J, L and K was excellent. They were professional, helpful, empathetic and very good at their jobs, well done to all three of you, especially J as it proved to be a difficult extraction.'

'Staff were so friendly, very professional and had good humour. Faultless service.'

'I was seen very quickly, staff were kind, considerate and got the job done. Thank you.'

'Excellent communication. Fast and friendly – the receptionist too.'

We are currently liaising with Somerset ICB to deliver a triage and booking service to mirror our Devon contract, while an additional future goal is to continue to strengthen HUC's dental offer through a revised management structure and investing in team training and development.

As a pivotal provider within the dental landscape, the dental team at HUC will continue to develop innovative ways to improve dental access and oral health in collaboration with local dental teams, healthcare organisations and commissioners.

■ MEDICINE MANAGEMENT

We have seen many developments and improvements to the delivery of medicines management across the organisation over the last 12 months, these include:

- **Introduction of new pharmaceutical suppliers:** A new supplier for all of the HUC contracts, who has committed to 48-hour delivery on the vast majority of products, has enabled us to more proactively manage supply and costs.
- **Standardised equipment bags / sets:** Savings made through our new medication suppliers, have allowed us to reinvest in our out-of-hours equipment sets and bags to further standardise across the organisation, making things more straightforward for our operational staff, simplifying auditing, and improving patient care.
- **Structured formulary reviews:** We have introduced a six-monthly formulary review for the out-of-hours service to improve the medications and equipment our clinicians have access to in out-of-hours bases and home-visiting cars, whilst also working to reduce our wastage; we are looking to roll out a similar review within our urgent care services during 2024-25.
- **Developing our prescriptions management:** We have introduced new prescription signing in and out registers to help account for prescription usage within the service; this has allowed the medicines management team to track any issues or errors faster and with greater accuracy, while reducing the number of prescription management errors.

We have also begun the process of fully integrating the medicines management policies, procedures, formularies and equipment across Somerset as part of our HUC standardised approach; this will make the IUCS in Somerset better integrated with East of England HUC processes and facilitate standardised ways of working moving forwards.

Prescribing and supply of medication is an important pillar of care provision to our patient population. With support from the lead pharmacist, the medicines management team work hard to ensure the out-of-hours bases and visiting cars have an optimum supply of medical equipment, consumables, prescription forms and medications. Regular review of our policies and processes, learning from medicines-related incidents, and auditing of prescribing and medications form part of a robust medicines governance framework.

Prescribing audits

Controlled drug prescribing

The prescribing of controlled drugs is audited against HUC's controlled drug (CD) prescribing guidance, which sets limits on the quantity of controlled drugs that should be prescribed to patients in an out-of-hours setting. This is limited to a maximum five-day supply.

Our clinicians are expected to have 100% compliance to guidelines when issuing controlled drugs. Clinicians who prescribe outside guidelines are emailed and reminded of the guidance to which they are expected to adhere; instances of clinicians recurrently prescribing outside guidance are escalated to the organisation's clinical leads.

Area	Q1	Q2	Q3	Q4
Herts & West Essex	97.2%	97.5%	97.6%	98.4%
Luton & Bedfordshire	96.8%	96.5%	98.6%	98.3%
Cambridge & Peterborough	98.8%	97.9%	97.9%	97.5%

Antibiotic prescribing

Each quarter we choose a specified condition on which to focus our antibiotics auditing within HUC. Clinicians are expected to follow local antibiotics guidelines. Reasons for prescribing

outside guidelines should be clearly documented on patients' records. Where audit finds clinicians not adhering to this, they are emailed feedback including a copy of the guidance on antibiotic prescribing. Again, instances of clinicians who are found to recurrently prescribe outside guidance are escalated to the lead pharmacist and clinical leads.

Themes:

- **Q1:** Antibiotic prescribing in otitis media
- **Q2:** Antibiotic prescribing in urinary tract infections
- **Q3:** Antibiotic prescribing in sore throat infections
- **Q4:** Antibiotic prescribing in lower respiratory tract infections

Area	Q1	Q2	Q3	Q4
Herts & West Essex	97.8%	79%	93.1%	96.8%
Luton & Bedfordshire	98.6%	83.5%	70.1%	94.9%
Cambridge & Peterborough	96.2%	88.4%	94.8%	92.1%

Home Office controlled drugs licences

Some of the medicines used in end-of-life care, such as morphine and midazolam, are classified as 'controlled drugs'. It is the responsibility of HUC to hold valid Home Office controlled drug licences for the supply and possession of CDs in accordance with the relevant legislation including the Medicines Act 1968, the Misuse of Drugs Act 1971 and specifically the Misuse of Drugs Regulations 2001. Home Office CD licences are renewed annually for all HUC sites.

Following the acquisition of Devon Doctors Ltd, and the subsequent change of name to HUC South West Ltd in April 2023, the process of liaising with the Home Office to procure new licences for the five sites in Somerset was initiated.

The Home Office inspected all five premises between October and December 2023; they were satisfied with the facilities for security, storage

and record keeping and in due course the licences were issued.

Patient group directions

Patient group directions (PGDs) are written instructions for the supply and / or administration of specified prescription-only (POM) or pharmacy (P) medicines, by named, authorised, registered health professionals, to a pre-defined group of patients needing treatment for a condition described in the PGD, without the need for a prescription or instruction from a prescriber.

PGDs within HUC are used where they would offer benefit to patient care without compromising safety. Only registered health professionals who are deemed qualified, competent and trained to work within the framework of a PGD to assess and manage patients, are authorised to supply or administer medicines.

PGDs are developed by a multi-disciplinary group in HUC including a doctor, a pharmacist and a representative of the professional group expected to supply the medicines under the PGD. They are signed off and authorised by the integrated care board.

PGDs are used in several services, including the acute in-hours visiting service (AIHVS), early intervention vehicle service (EIV), Cheshunt Minor Injuries Unit and the St Albans Integrated Urgent Care Hub. During 2023-24, the PGD suite was expanded to include 24 different medicines, including various antibiotics to treat common infections, painkillers, local anaesthetics, and inhalers.

■ NICE GUIDANCE AND MHRA SAFETY ALERTS

Providers of NHS services, including independent providers such as HUC, routinely receive patient safety alerts, important public health messages and other safety-critical information such as medicine recalls, drug safety update and medicines defect notifications. These alerts are logged and reviewed by HUC's lead pharmacist to establish whether they are applicable and what action is required.

The National Institute for Health and Care Excellence (NICE) evaluate new health technologies for NHS use and also produce guidance to help clinicians and care practitioners deliver the best care. On a monthly basis, guidance is logged, reviewed by members of the senior clinical team and shared where applicable, noting any action that is required.

Examples of alerts and NICE guidance received for 2023-2024 include:

- Influenza season 2022-23: Ending the Prescribing and Supply of Antiviral Medicines in Primary Care
- National outbreak of Shiga toxin-producing E.coli O26:H11
- Preparing for measles resurgence in England

Medicines and Healthcare products Regulatory Agency (MHRA) produces alerts and recalls for medicines and medical devices, including:

- Drug alerts
- Medical device alerts
- Drug safety updates
- Field safety notices

All alerts and updates are logged by the quality assurance manager and reviewed by the lead pharmacist to establish whether or not they are applicable and what action is required.

All safety-critical alerts that need action by the organisation are escalated to the chief medical officer. Examples of alerts that were received and actioned in 2023-24 are as follows:

- [Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance | NICE](#)
- [Overview | Head injury: assessment and early management | Guidance | NICE](#)
- [Overview | Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management | Guidance | NICE](#)

■ INFECTION PREVENTION AND CONTROL

HUC recognises that effective Infection Prevention and Control (IPC) measures are an essential focus for all healthcare providers, in order 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.

HUC also has links with wider IPC organisations, and takes part in IPC strategic group meetings, with any learning cascaded throughout the organisation along with any updates to national IPC guidance.

HUC has a number of systems in place for compliance with the Health and Social Care Act 2008.

Reported IPC incidents

In 2023-24, nine incidents were reported related to IPC and raised on RADAR. These were:

- **COVID-19 policy / pathway issue (one incident)**
 - Low stock of masks as LUTC / LTCs
- **Dirty / soiled linen (one incident)**
 - Bodily fluid discovered on bathroom floor
- **Environmental cleaning and hygiene processes / procedures (four incidents)**
 - Unsanitary cup found in the stock cupboard
 - Clinical areas not being cleaned
 - External waste bins overflowing
 - A paediatric saturation probe was reused
- **Incorrectly disposed medical sharps, needles, non-medical sharps (one incident)**
 - Three smashed injectables discovered in a zip-lock bag
- **Isolation processes / protocols (two incidents)**
 - COVID-19 positive patient sat in the waiting area
 - Patient with chickenpox sat in the waiting room

All cases were investigated in line with internal

processes, with each being assigned to an appropriate member of the management team. Following investigation, HUC's designated IPC lead, the head of nursing, reviewed the cases to ensure a robust, proportionate investigation with clear actions and learning.

All IPC incidents were noted to have been 'no harm' incidents, in that they did not cause any harm to either patients or HUC colleagues.

Measles outbreak

November 2023 saw a rise in measles cases, and on January 19, 2024, the UK Health Security Agency (UKHSA) declared the outbreak a national incident.

In response to this HUC established a measles group which met on a weekly basis to review risks and updates to guidance. As a result of these meetings, HUC reinstated the wearing of face masks for patients and patient-facing staff.

Any patients who were suspected of having measles were booked a base appointment and were asked to register at reception and wait outside until their appointment time. On arrival they were seen in a separate area and the consultation rooms were thoroughly wiped down following their departure. Advice on the management of suspected measles cases, which mirrored UKHSA's national guidance document, was circulated to HUC clinicians.

Local, national and international alerts

Healthcare providers regularly receive National Patient Safety Alerts from UKHSA. HUC routinely circulates any alerts received from UKHSA to all clinical and non-clinical staff across the organisation as appropriate.

IPC audits and quality assurance

Each of our out-of-hour bases is audited on a rolling programme, which includes, but is not limited to, hand hygiene and IPC. The findings from these audits are presented and discussed at the monthly clinical governance meetings, with identified actions tracked and followed up



in subsequent meetings by the service manager. HUC's IPC policies are regularly reviewed and are updated in line with national and local guidance.

Vaccinations

All patient-facing colleagues are offered influenza vaccinations to protect themselves and our patients. A flu vaccination campaign ran from September 2023 to the end of March 2024, during which time 20% of our colleagues were either immunised by us or another source – this represented a fall of 14% in comparison with the previous year.

HUC actively encouraged all frontline health workers to visit the NHS website and book in for their COVID-19 booster.

Training on IPC policies

IPC training is mandatory for all HUC colleagues and consists of two levels:

- **Level 1:** Non-clinical colleagues
- **Level 2:** Clinical colleagues

As of March 2024, 88% of HUC staff had completed this training. Any colleagues who have not completed their training within the mandatory timeframe are contacted by their line

manager to ensure they do so.

It is mandatory for all HUC colleagues to complete the sepsis training.

Policies, procedures, and guidelines

HUCs policy review group meets monthly to review and update the organisation's internal IPC policies and procedures; the following policies, relating to IPC, are updated every year, or when national guidance is updated:

- Standard infection control
- Notification of infectious diseases
- Hand hygiene
- Sharps
- Waste management

■ TRAINING

Organisational training and education

HUC takes great pride in fostering a culture of continuous learning, recognising the invaluable role that ongoing education plays in enhancing our workforce's knowledge, understanding, and effectiveness in delivering their roles.

To uphold this commitment, HUC convenes a monthly training & development subcommittee meeting, where we diligently review and endorse training requests submitted by our line managers. This ensures that our workforce is empowered to evolve and flourish.

Central to our approach is the HUC Academy, an online platform offering our workforce access to a diverse array of courses, both mandatory and voluntary. Furthermore, we maintain an extensive online training repository, curated to ensure our staff remain compliant in statutory and mandatory training courses.

At present HUC boasts an impressive selection of 38 mandatory training courses tailored for our clinical workforce, encompassing vital areas such as adult and child safeguarding, incident reporting, equality & diversity, sepsis awareness, and GDPR.

HUC also provides a suite of instructor-led courses accessible through its online portal. These bespoke sessions cover a spectrum of topics, including foundational management principles in our Management 101 courses, specialised training in incident debriefing, as well as clinical-focused workshops covering topics such as bruising in the non-mobile infant, basic life support, and mental health first aid courses.

These face-to-face sessions deepen our workforce's expertise while fostering a collaborative learning environment, as evidenced by glowing feedback such as 'very informative, with good interactivity with the other learners' and 'excellent session, well delivered and very relevant to my everyday clinical practice'.

Furthermore, HUC has a generous training budget, enabling us to support colleagues

seeking external education opportunities. We actively encourage and finance colleagues pursuing advanced practice and prescribing courses, reflecting our commitment to nurturing clinical excellence.

Moreover, we proudly sponsor apprenticeships in senior leadership, facilitating the pursuit of qualifications such as an MBA, thereby investing in the future leadership talent of our organisation.

In essence, HUC's comprehensive approach to training & development underscores its unwavering dedication to empowering our workforce, enriching their professional growth, and ultimately, delivering exceptional care and service to our communities.

SEE APPENDIX A2 – PAGE 76

■ HUMAN RESOURCES



Human resources

The past year presented significant challenges for HUC. Increased activity levels, national strikes, high employee turnover in contact centres, the ongoing cost of living crisis, and the wider trend of the 'Great Resignation' all impacted performance and delivery.

HUC maintained a stable workforce in the East of England with 1,147 contracted employees (791 FTE). The majority (899) were part-time, living and working locally, in line with the organisation's commitment to supporting the communities it serves. Additionally, we utilize bank agreements for staffing flexibility and engage approximately 460 self-employed clinicians to support unscheduled care, NHS 111, and primary and urgent care services.

Following the acquisition of Devon Doctors Limited, HUC South West employed 117 staff (44 FTE), with 108 working part-time locally. It also leveraged bank agreements (27 workers) and collaborated with a network of 80 self-employed GPs across its contracts.

Recruitment and marketing

Over the last 12 months, HUC has invested significant resource in recruitment. Alongside the utilisation of a new online recruitment system, Trac, facilitating greater efficiency, wider reach, improved communication, and better decision-making, HUC has sought to:

- **Build a talent pipeline:** HUC is actively building its own talent pipeline through various marketing and recruitment initiatives. We've revamped our website and career pages to highlight our employee value proposition, particularly focusing on equality, diversity, and inclusion. Additionally, signing up for Disability Confident demonstrates our commitment to attracting a wider range of candidates.
- **Take recruitment back in house:** In recognition of the limitations of the outsourced RPO solution for health advisors, HUC brought recruitment back in-house. This allows us to better promote the role's complexity and showcase HUC's

unique value proposition to potential candidates. In addition, shortlisted candidates are invited to experience the contact centre environment as part of the assessment process, ensuring a good fit.

- **Increase community engagement:** Throughout 2023-24, HUC participated in various engagement events, including county shows, shopping centre stalls, and visits to further education establishments. These efforts, combined with local radio and bus advertising campaigns, particularly in the south west, have yielded an increase in applications from both clinical and non-clinical professionals.
- **Offer flexible working options:** HUC offers flexible working arrangements, including remote work opportunities, particularly for experienced operational and support staff. This not only benefits employee well-being but also facilitates faster response times when additional support is needed.
- **Hire strategically:** We've seen a growing number of passionate GPs applying directly to HUC, reducing reliance on agencies.

To enhance our focus on clinical standards, productivity, and quality, HUC made a number of strategic appointments within its clinical quality and governance team, including several clinical directors and leads. However, as part of an establishment and modeling review, a temporary recruitment freeze was implemented for corporate / support staff positions.

Employment compliance

HUC works closely with the Better Hiring Institute to maintain a robust system for ensuring employment compliance for both employed and non-employed staff.

This includes thorough background checks for new hires, ongoing monitoring of existing staff qualifications and training, and the utilisation of platforms such as Credentiaally to automate compliance checks for GPs.

Performance management

HUC's performance management system utilizes

annual appraisals and mid-year reviews to assess employee performance and identify areas for development. This approach ensures all employees have the opportunity to discuss goals, receive feedback, and create a development plan tailored to their career aspirations within HUC.

In 2023-24, 96% of employees participated in the annual appraisal process, demonstrating a strong commitment to ongoing growth.

Management development

The performance appraisal process serves as a springboard for management development at HUC. Meaningful discussions during appraisals allow employees to express career goals and explore advancement opportunities.

For newly appointed team leaders and junior managers, HUC offers its Management 101 programme. This interactive course equips participants with the essential knowledge and skills required for basic people management roles. Building on these foundations, HUC provides follow-on sessions that utilise action learning sets to promote continuous learning and collaboration among junior managers across different sites.

Popular in-house management bootcamps offer a refresher course for leaders and new managers. These sessions emphasize delivering through people, upholding HUC's values, and optimizing leadership strategies to bring out the best in employees. The positive impact of these bootcamps is evident in an improved churn and stability index, along with a decrease in employee relations cases.

Further support is provided through follow-up 'lunch & learn' sessions led by local people business partners, offering a safe and informal environment to discuss challenging topics.

Leadership development

HUC boasts a strong track record of promoting talent from within, with numerous examples of individuals who began their careers either as health advisors or clinical advisors and progressed to become members of the senior leadership team (SLT).



The organization's commitment to leadership development is further emphasized through participation in the NHS East of England Leadership Academy. This provides access to valuable resources and networking opportunities, allowing participants to hone their skills and connect with peers.

While no HUC employees participated in the Accelerated Director Development Scheme (ADDS) last year, the organization remains actively involved. This unique partnership programme identifies and cultivates high-potential leaders, accelerating their development for senior system leader roles.

HUC's head of people plays a key role by sitting on the talent programme board, while the organisation's chief executive actively sponsors and mentors programme candidates.

A significant development in 2023-24 was the launch of the Emerging Leader Programme (ESLP) by the ADDS Talent Board. This new and inclusive programme is designed to support and cultivate the careers of mid-level professionals, ultimately feeding into the ADDS program. HUC is proud to have three mid-level leaders participating in the pilot programme.

The ESLP offers an optional mentoring component, enabling participants to access senior system leader mentorship. HUC has proactively trained three members of its SLT to provide mentoring sessions throughout the programme. Mentee pairings strategically involve individuals from different organisations within the system, fostering knowledge-sharing and system-wide network building.

Management apprenticeships

HUC recognizes the value of apprenticeships for continuous learning and development. A member of the SLT is currently pursuing an MSc Strategic Leadership Programme funded by the Apprenticeship Levy.

Several individuals from finance, marketing, and HR are also enrolled in specific apprenticeship programmes. Looking ahead, HUC plans to expand its apprenticeship offerings in 2024-25, collaborating with the University of Hertfordshire to develop new chartered manager programmes.

Equality, Diversity, and Inclusion (ED&I)

HUC is firmly committed to fostering a diverse and inclusive workplace. Following valuable feedback from leadership and employees, a

comprehensive blended training programme on diversity awareness and inclusion was rolled out across the organisation.

This programme serves as a strong foundation for HUC's newly established ED&I strategy. The strategy outlines HUC's ambition to become an organization that champions respect, diversity, and equal opportunity for all, fostering a sense of belonging and ensuring all voices are heard.

Health & wellbeing

HUC recognizes that employee wellbeing is a cornerstone of its success. A dedicated health & wellbeing committee, informed by data from surveys and feedback, crafts initiatives that directly address the needs of the organisation's diverse workforce. The Heroes Hub platform acts as a central hub, offering a comprehensive range of benefits, engagement tools, and resources focused on employee wellbeing.

HUC takes a holistic approach to employee wellbeing, addressing not just physical health but also mental and emotional wellbeing. This is evident in its signing of the Mental Health at Work Pledge, which demonstrates the organization's dedication to reducing stigma and fostering a psychologically safe environment.

A 24/7 employee assistance programme offers support for emotional and work-related stress, financial planning, and even telephone counselling. Additionally, internal mental health champions work alongside mental health first aiders to provide ongoing support and monitor trends within the organization.

HUC is continuously evolving its approach to employee wellbeing. A review of the EAP provider is under way to ensure alignment with our Mental Health at Work Pledge.

Heroes Hub: Empowering employee wellbeing and recognition

The Heroes Hub platform, launched in 2022, has transformed how employees access and interact with benefits, health resources, rewards, and recognition programs. This user-friendly 24/7 portal centralizes a wide range of offerings, including the NHS pension scheme, Blue Light

Card discounts, and deals from over 800 retailers. It simplifies access, boosting both financial wellbeing and overall satisfaction.

The Heroes Hub seamlessly integrates recognition features, allowing for awards during key events and easy-to-access peer-to-peer eCards. This reinforces our commitment to a culture of appreciation and aligns with our core values. During 2024-25 the eCard platform, particularly successful in contact centres and hybrid roles, will expand to acknowledge graduations, career advancements, and exceptional achievements.

HUC Heroes staff awards

Our annual HUC Heroes Staff Awards recognized those who have excelled in their area of work, demonstrating HUC values, and going above and beyond in caring for patients and supporting colleagues.

In 2023-24, we received more than 170 nominations, from which our panel of judges was tasked with selecting winners in six individual and three team categories.

Award presentations took place across all HUC contact centres with board members, including HUC chair Sarah Pickup and CEO David Archer, in attendance to present trophies and congratulate the winners.

Employee feedback: Shaping a positive workplace

HUC's 2023-24 employee survey (50.4% response rate) revealed a positive trend: many employees expressed satisfaction with their roles and contributions. While some areas require improvement, particularly regarding community and peer recognition, a high proportion of responses indicated general contentment.

The subsequent 'You Said, We Did, Will Do' communication strategy addressed key feedback areas and outlined future initiatives.

A streamlined future

Under TUPE regulations, the terms & conditions of the Devon Doctors employees who transferred to HUC in October 2022 remained protected. However, they were offered the opportunity to



voluntarily transfer to HUC terms & conditions and, as of October 1, 2023, those who declined to do so became employees of HUC South West, with payroll processes harmonized across both regions to ensure a unified payday.

Enhancements to the Freedom to Speak Up process

To encourage internal reporting and strengthen the Freedom to Speak Up process, HUC undertook a project to improve staff escalation options.

Following a review of NHS approaches and best practices, HUC partnered with The Guardian Service to support freedom to speak up and whistleblowing initiatives.

The revised whistleblowing policy now includes The Guardian Service, which provides confidential, non-judgmental support to staff. A dedicated freedom to speak up guardian visits all HUC sites regularly, offering information and emotional support to employees. This service helps staff articulate concerns and decide on appropriate actions.

A RAG rating system prioritizes urgent issues. The most critical (red) concerns relate to patient

safety, safeguarding, employee safety, and potential self-harm. These require immediate escalation to the executive team with a response within 12 hours.

A quarterly report summarizing concerns is presented to the board while maintaining staff anonymity. A comprehensive training programme is to be rolled out in 2024-25 for executives, the senior leadership team, and managers. This programme will cultivate a healthy speaking-up culture, where everyone feels empowered to voice concerns and is receptive to hearing them.

Strong GP engagement: Building relationships and sharing knowledge

A new series of GP engagement sessions has been launched for GPs across all areas. These sessions have been highly successful, attracting strong attendance and providing a valuable forum for information sharing and discussion.

Key topics covered include safeguarding, GP audit, list review processes, and treatment escalation plans. The sessions have received overwhelmingly positive feedback, fostering a collaborative environment and strengthening relationships between HUC's clinical leadership team and the GP workforce.

CORPORATE GOVERNANCE

Board committees and sub-groups



Risk management

HUC uses risk management as a tool to ensure that it understands and responds to identified risks, whilst, in response to changing demands, it seeks to improve performance and utilise resources in the most effective way.

HUC utilises a framework of risk management to identify those risks that will hinder the achievement of its strategic and operational objectives, or otherwise impact patient and / or staff safety. As such, risk management is an integral part of HUC's corporate planning and decision-making processes.

HUC ensures that it has in place the means to identify, analyse, control and monitor the strategic and operational risks it faces. All risks, regardless of their nature or origin, will be managed via the process set out in this document and the central repository of all risks will be maintained via the risk registers module of our RADAR platform.

Accountability for managing risk will be determined by the risk score, which will be further monitored via a dedicated risk review group, a sub-committee of the HUC board. Risks are assessed in a consistent manner, utilising a standardised grading scoring framework.

The implementation of our risk strategy and associated policy for the use of risk registers is the responsibility of all employees. HUC is committed to the involvement of all its workforce in this process. It will further develop a culture of risk

management via the regular provision of training, guidance, and communication concerning relevant issues.

HUC ensures that its risk management strategy and policy, as well as all associated processes, are reviewed regularly (typically annually) and that the policy is applied to all areas of the business.

Corporate assurance and governance

The benefits of our effective governance can be summarised as:

- Providing clear escalation routes for staff to safely report risks and concerns
- Providing clarity about decisions that have been made, by whom, when, and why
- Improving clinical effectiveness, communication and, ultimately, patient experience

Having a robust governance structure in place is critical to HUC and continues to help us to understand our current position and be proactive in detecting quality and safety problems.

Such an approach continues to move HUC further away from a governance system that is reactive, for example in only responding to safety concerns when incidents occur, to one that is proactive, recognising the potential for harm before it occurs.

It is through our committee structures and service area meetings that we adopt an effective quality framework. Traditionally, outcomes from these meetings come from dissemination of the



minutes, though this provides very limited scope for learning and is an area earmarked for further development and refinement.

All HUC service areas and departmental meetings are being 'modernised' to ensure that clinical governance and quality elements are discussed, monitored, and promptly acted upon. These meetings, as well as oversight committees / groups, provide opportunities to identify risk and ensure measures are put in place to prevent issues from recurring.

Emergency preparedness, resilience and response (EPRR)

The aim of the Emergency Preparedness, Resilience and Response (EPRR) oversight and contingency planning subcommittee is to provide organisational assurance that:

- Robust plans are developed, in place, and regularly reviewed and updated in accordance with national guidelines.
- HUC is prepared to manage an Incident which may threaten the normal business of the organisation.
- HUC can recover to 'business as usual' following an incident.

- HUC staff are appropriately trained and skilled to undertake their role and responsibilities.

The emergency planning steering committee is responsible for the co-ordination of all activities in relation to EPRR. It also monitors the emergency planning workstream against the requirements of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Framework 2022.

The specific duties of HUC's EPRR steering group are:

- To provide discussion, input and review of all EPRR and business continuity arrangements, processes, and plans.
- To oversee and monitor HUCs compliance with all national legislation and NHS England EPRR frameworks, and to ensure that the associated risks are identified and controlled.
- To support the creation, oversight, and implementation of an annual EPRR workplan, incorporating EPRR priorities for each year.
- To facilitate and ensure an integrated view of EPRR and business continuity arrangement across all areas of HUC responsibilities.
- To promote local level responsibility

and accountability for identifying and management of business continuity / EPRR arrangements.

- To support the organisation in its preparation and completion of its annual EPRR core standard assessment.

Some of the workstreams successfully developed this year include:

- Integration of contingency planning in the south west
- Expansion of existing pool of loggists
- Contingency planning
- Exercising and testing of contingency arrangements

Green Plan

As a strategic partner of the NHS, we recognise our responsibility to deliver high-quality and sustainable care to our communities while minimising our environmental impact. HUC is committed to embedding sustainability into its core values and thus, by definition, its services.

Our Green Plan details the organisation's sustainability goals and strategy over a three-year period (2022-25), outlining steps we can and must take to reduce our emissions, as laid out by the baselining exercise we have undertaken, and recommitting us to further action.

HUC's vision in respect to sustainability is to be: A leading provider of high-quality, lowcarbon healthcare, which incorporates sustainability and resource efficiency throughout the organisation.

Information governance (IG)

We recognise that IG and information security is an ongoing process to maintain the trust and confidence of those using our services and our colleagues. In addition, we understand that information must be used and shared safely and confidently. To assure ourselves of this, we carry out a continual cycle of improvement in the security of our IT systems to manage ongoing cyber threats.

In the last 12 months a number of new staff have joined the IG team, bringing with them a wealth of experience. Between them, they carried out a

comprehensive review of our staff training and communications on all matters relating to data protection and IG.

As a result, existing training was enhanced with new modules added, including a bite-size session on Subject Access Requests (SARs) and a large training package on records management. Key departments undertook further face-to-face specialist training in managing SARs and information requests, redacting, and anonymisation techniques. This success was reflected in HUC's fulfilment of data subject and information sharing requests with third parties.

As our organisational footprint grows, so has our data sharing. At a regional level, we were pleased to establish system-wide data sharing in areas including Somerset as part of the SHREWD project. This supports the flow of data across services to monitor resilience and patient flow across providers.

In Devon, HUC's discharge to assess service entered into an information sharing partnership with University Hospitals Plymouth to support patients to receive enhanced treatment on discharge from within a primary care setting.

The organisation proactively engages with IG networks across the country, both commissioner and provider-led, as part of its commitment to the wider healthcare system. We recognise that IG isn't just about sharing patient and business information but also about supporting the wider system and learning from best practice and incident management.

Alongside active contribution to the strategic IG networks (SIGN meetings), we lead a network for data protection officers working within primary care. This group continues to be a source of support and problem solving, combining experience and expertise to navigate new challenges.

We continue to meet our obligations of transparency and accountability with our comprehensive privacy notice which underwent significant updates in 2023-24.

Working with our quality & improvement team,



we have also carried out a review of our hold / front-end messaging on recorded telephone lines. These messages have been streamlined and updated to provide key information on how we share patient and other confidential information with third parties, as well as informing individuals of their right to opt out simply by speaking to the health advisor once connected.

We have also carried out a benchmark of our privacy notice against other providers and an external third-party checklist to provide further assurance that the information we share with the public is comprehensive and transparent.

Following the incorporation of Devon Doctors, a review of systems was carried out with processes for incident management, SARs / information requests and DSPT IG toolkits merged into one. New and updated policies were launched on our dedicated SharePoint IG portal and messages were reinforced with a variety of comms, including updates on hot topics and lessons learned from incidents.

As part of this, we overhauled our IG steering group (IGSG), expanding its remit and core members to represent departments and services across our footprint. The group is chaired by our

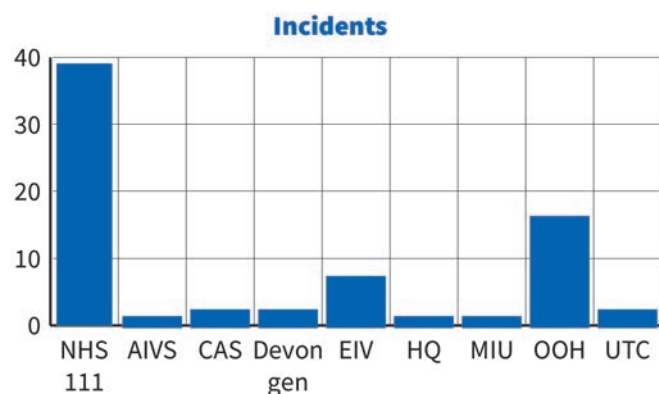
senior information risk owner (SIRO), who, with the support of our DPO and Caldicott Guardians, oversees effective implementation of IG and information risk management processes in line with IG workplans.

Following review of our policies and procedures, our existing suite has been complimented with new IG and SAR and redaction policies. However, the organisation recognises that processes alone will not provide effective IG management. Where incidents inevitably occur, these are logged, risk assessed and investigated with lessons learned and actions reviewed by our IGSG. Where required we also escalate incident reporting externally to the ICO and within healthcare as part of our DSPT submission.

Health & safety

In 2023-24, HUC maintained a strong focus on health & safety, implementing enhanced management processes across the organization and achieving notable successes.

The RADAR platform, now fully embedded, streamlines the reporting and management of incidents, promoting prompt action and resolution.



The workforce development committee, receiving quarterly reports, ensures ongoing oversight and discussion of health & safety matters.

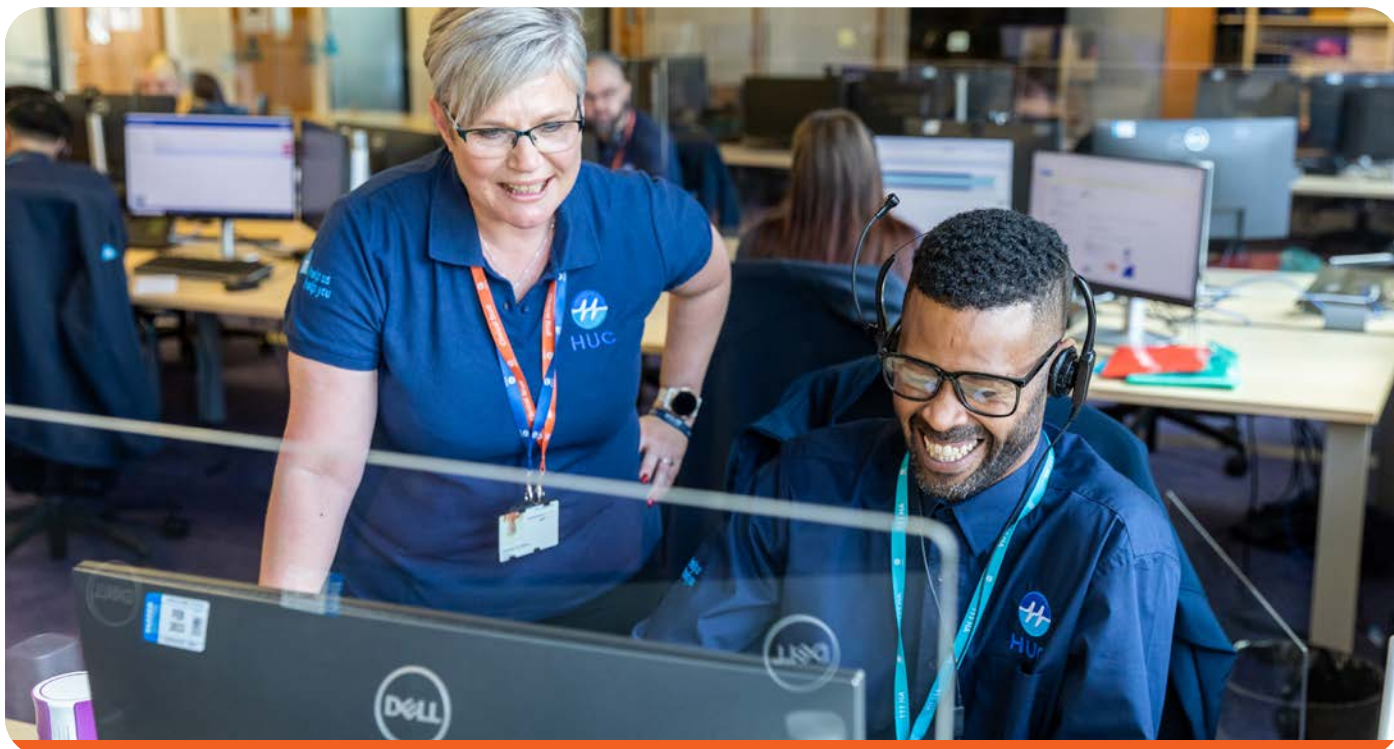
Fire safety measures included fire warden training, the provision of fire warden bags, and successful fire evacuations at contact centres. Additionally, first aid training was rolled out across the organization to ensure adequate coverage.

Equipment safety and accessibility were also addressed. PAT testing is under way for homeworker equipment, with wider annual testing in place. A new process was implemented to assist colleagues requiring equipment or assistance to access premises. DSE assessors were trained, and sit / stand desks were installed in contact centres to enhance workplace comfort.

The relocation of the Bedford Contact Centre to Technology House showcased HUC's commitment to health & safety. Rigorous risk assessments were conducted, fire safety measures were implemented, and a comprehensive fire risk report was produced to ensure a safe working environment.

HUC provided statutory and mandatory training, closely monitoring compliance throughout the year. A strong health & safety team was established, with IOSH-trained staff across the organization.

■ COMMERCIAL DEVELOPMENT



HUC's growth is guided by a steadfast commitment to quality, partnership, and innovation. As a community benefit organization, our strategies prioritise adding value and addressing gaps in healthcare delivery, ultimately benefiting the communities we serve.

From our beginnings as a provider for two small GP co-operatives, HUC has grown to deliver a wide range of services across seven integrated care systems. This growth is rooted in our core values of partnership, quality, and innovation. Our approach differs from for-profit healthcare providers, as we prioritize the needs of the communities we serve over shareholder interests.

HUC's growth strategy is focused on pursuing opportunities where we can make a meaningful difference, whether it be through geographic expansion or by developing new service lines to fill unmet needs in the healthcare landscape. Our commitment to partnership working ensures that we collaborate with stakeholders to achieve shared goals and deliver the best-possible outcomes for patients and communities.

Growth ambitions

While ambitious, HUC's aspirations for growth in 2023-24 were tempered somewhat by the delay to the Provider Selection Regime (PSR). Our focus was on collaboration, integration, resilience and system working. Our strategy included vertical and horizontal growth opportunities, retention of existing contracts, and identifying where our services could pivot from our existing service lines to support better integration and joint working across integrated care system footprints.

Business development

The business development team grew in 2023-24 to reflect the level of tender activity planned in order to achieve the growth required to adhere to HUC's strategic goals. The new roles provided the team with additional capacity and expertise.

In the initial six months of the financial year 2023-2024, there was a notable increase in tendering activity, signalling promising growth prospects. However, challenges stemming from changes in the ICB landscape and the PSR delays resulted in the postponement and cancellation

of procurements. These circumstances posed challenges to achieving scaled growth as planned.

Nevertheless, nurturing our network of strategic relationships remained crucial for HUC. Over the past year, we've cultivated a robust partnership with Medvivo, allowing our organisations to exchange best practices and resources across services. Additionally, we have maintained and nurtured our relationship with the London Ambulance Service to allow us to offer ongoing NHS 111 resilience.

In addition, the business development team worked with the dental team to secure the additional funding required to ensure HUC's dental portfolio was able to maintain the quality and effectiveness of its services.

System engagement and relationships

Strategic relationships and area engagement remain important and have seen us develop partnerships with other providers to bid jointly on contracts and strengthen HUC's reputation and engagement within the geographic areas in which it delivers services.

Those in new engagement roles have made great progress working within our systems and ensuring HUC is present, visible, and supportive of local teams.

Working across the organisation, we have developed engagement strategies for each of the integrated care systems we work within and continue to deepen our presence in all areas. Furthermore, we have made great advances with primary care partners and neighbourhood teams, as well as ICS strategic forums and groups.

Given the organisation's size, we have developed and introduced an engagement highlight report, distributed monthly to the executive team. This report offers insights into our interactions with stakeholders, thereby evaluating the efficacy of our engagement efforts.

It details our proactive interactions with external stakeholders, providing intelligence and assurance that HUC is maintaining a robust presence across the systems we operate

in, actively participating in decision-making processes, workstreams, and pinpointing any existing gaps. Ultimately, this initiative supports the organisation's overarching goal of continually improving services for all our patients.

Systems and processes

During 2023-24 the commercial team have undertaken a full review of their internal processes, streamlining and strengthening how our teams integrate with each other, ensuring robust governance, audit and ownership.

This has included our commercial modelling process, which now better supports decision making, by providing insights into potential outcomes, thereby helping to assess commercial risk, facilitating strategic planning, assessing financial viability of tenders and service delivery, and supporting contract negotiations.

We have also undertaken the following activities:

- Investment in customer relationship management: Recognising the importance of efficient relationship management, streamlining communications and tracking interactions.
- Continued investment in tender alert services.
- Incorporated learnings from existing services to ensure our commercial models reflect operational reality of service delivery.

As we continue to navigate an increasingly complex and competitive marketplace, quality remains the linchpin of our plans for continued sustainable growth and future success, and our commercial achievements over the past year reflect our commitment to this.

■ TRANSFORMATION



Bedford contact centre move (L&B contract)

In 2022 HUC and Bedfordshire, Luton and Milton Keynes (BLMK) ICB began discussions about relocating the 111 contact centre from the Enhanced Services Centre, on the Bedford Hospital North Wing Campus. The rationale for this move was to enable HUC to find larger premises to facilitate growth of their services and for the ICB to progress plans for a primary care hub on the site.

Various sites were identified by HUC and the ICB and finally in July 2023 the decision was made to relocate the 111 contact centre to Technology House in Bedford. The area within Technology House means that the contact centre now has the capacity to seat 100 with additional space for training, meetings and a staff rest room.

The fit out and relocation was coordinated by the transformation team with support from colleagues from operations, IT, and training & facilities.

We held an opening ceremony on October 23 that

was attended by staff and representatives from the ICB, council and Healthwatch.

Regional IVR east and south west regions – all contracts

The national IUC team mandated the move to a regional IVR as part of their vision for a single virtual contact centre. HUC worked with the regional teams to ensure delivery of the regional IVR. The move to a regional IVR has made the patient telephony journey through selecting calling options significantly quicker.

The east regional IVR went live on September 27, 2023, and the south west regional IVR went live on November 7, 2023.

Single virtual contact centre (SVCC) – all contracts

In the east region, NHSE and commissioner colleagues wanted to progress a single virtual contact centre (SVCC) and, utilising project management support from a CSU, worked with provider colleagues to gain approval for scenario testing of a SVCC. This commenced last November

but has been plagued with problems relating to call flows between providers and routing-based decisions within telephony platforms. Following a number of attempts between all involved to resolve these the east region have taken the decision to suspend the SVCC.

Conversations in the south west region have occurred, although, due to the aforementioned problems in the east, these are now on hold.

Straight to direct booking for OOH – Herts / West Essex / L&B

HUC has looked to streamline patient journeys and reduce the number of touchpoints a patient has before their episode of care concludes. During COVID a total triage approach was taken to out-of-hours demand. However, it has become apparent that for some patients a direct pathway to a face-to-face appointment may not only be more beneficial but a better use of HUC resources.

A project was commenced to review the scope for cases entering our out-of-hours service to bypass telephone triage and be booked directly into a base appointment. We considered data from January 2022 to December 2022, assessing every case that entered our telephone triage queue and looking at the patient outcomes to consider the following:

- Age range of patients
- 'Come to centre' primary care dispositions
- Pathways dispositions reached by 111
- Symptom groups / symptom discriminators

This data was examined by the unscheduled care and clinical teams who concluded that DoS profiles should be set up to allow 111 telephony to directly book patients up to the age of 16 displaying the following symptoms for speak to and contact two-hour dispositions:

- SG1135 pain and / or frequency passing urine
- SG1136 pain, frequency and / or difficulty passing urine
- SG1064 earache
- SG1156 sore throat

These profiles went live in December 2023. During

the monitoring phase it was felt that there was not enough activity with these four SG codes so they were expanded to include 0-75 years, with an additional pathway of rash and cough added to the symptom group (SG) list.

As part of contingency planning, it was decided that over bank holiday weekends, the disposition timeframes would be extended and include 12-hour Dx code, with the dispositions reverting back to two and six hours on the next normal working day.

The data below shows the activity between the profiles going live in December 2023 and March 31, 2024.

DoS / CPCS – east and south west regions **Directory of Services (DoS)**

In 2023-24 the transformation team continued with the DoS workshops that began in the previous year, focused on expanding the understanding and knowledge delivered in Core Module 2 training.

The aim was to increase first-service type selection and improve patient pathways, and the workshops, which took place in both the East and south west regions, were very well received by staff.

The DoS workshop can be measured through various KPIs in particular 9, 10, 12 and 14, which specifically focus on clinical aspects of the service:

- **KPI 9:** Calls transferred from the ambulance service to 111 for clinical assessment (Category 3 and 4 calls re-triaged by 111)
- **KPI 10:** External clinician calls to Clinical Assessment Service (CAS)
- **KPI 12:** Average time to telephone assessment outcome (for ADC 23 and ADC 24 calls)
- **KPI 14:** Proportion of people contacting NHS 111 by telephone who were offered a call back from a clinician, or were signposted to an alternative service, within an appropriate time period

Upon meeting with another 111 provider from the



South West, we gained the idea of a 'Perfect DoS Day' – an event aimed at utilising top-selection service type on the DoS. Our first such event was held at the L&B call centre on February 14, 2024. The DoS leads, together with the transformation, Q&I, clinical workforce, and service delivery teams were all in attendance to support on the ground.

On this day if a health advisor wanted to reject the top option on the DoS they had to negotiate with a non-clinical floorwalker and move through the ranking system to ensure the correct rejection reasons were established and identify the most appropriate service. During the course of this event, data metrics were gathered to assess the following:

1. Health advisor KPI 9 for top selection service type.
2. Health advisor average handling time.
3. Health advisor average hold time (speak to clinical advisor).
4. Number of refused dispositions within the clinical advisor pool.
5. Urgent treatment centre and emergency department selection rates.

Community Pharmacy Consultation Service (CPCS) – East and South West region

There has been national and commissioner focus on the use of the Community Pharmacy Consultation Service (CPCS) by NHS 111. As such, we deployed a project manager to work across our regions with the Q&I team, training team, and contact centre managers to look at what could be done to increase usage by our health advisors.

The work encompassed many actions, including building relationships with our Local Pharmaceutical Committee (LPC) leads, learning from other providers, monthly audit themes, deep data dives and a four-week CPCS campaign.

The graph below demonstrates our improved selection rates of CPCS over the past 12 months

Direct booking confirmation by SMS – east region

Working with our clinical system provider, we are now able to provide DoS-driven SMS message to confirm details of direct bookings made by 111 call handlers. The message includes details of the service the patient has been booked with, the date and time of their appointment, and the location of the service.

Module	April-Nov average	January 2024	February 2024	March 2024	January difference	February difference	March difference
Clinical Advisor	162	115	120	114	-29%	-26%	-30%
Health Advisor	67	54	55	57	-20%	-18%	-15%
PaCCS	19	34	32	29	84%	73%	-57%
Service Advisor	63	48	52	52	-23%	-17%	-17%
Average (seconds)	90	68.9	70.5	69.9	-24%	-22%	-22%

On November 29, 2023, we began a pilot to offer SMS confirmation of some directly booked appointments for our contracts in the East. This saw direct bookings made into the following services: out-of-hours bases, ED (arrival time slot), UTC / MIUs, children's rapid response (L&B), and some dental appointments (HWE).

The aim is to at improve patient experience and, at the same time, reduce the volume of calls from patients who have forgotten the details of their direct booking. Unfortunately, this data is not collected so it is difficult to quantify the impact.

However, we have managed to collate feedback from staff with 100% of those who responded to surveys feeling that it made for a positive patient experience, with 80% stating that patients had made positive comments to them about this functionality

SEE TABLE ABOVE

Care advice SMS – east and south west regions

Most NHS Pathway assessments offer interim care advice that needs to be relayed to the caller. Prior to December 2023, this advice was given verbally to the caller. When healthcare advice is given verbally, it raises the possibility that the caller may only remember or act on part of the advice given. This can mean people need to call back or seek further support from other NHS services. Having the information available to read again on their mobile phone helps to improve patient understanding of the advice and helps to reduce avoidable future contact with NHS services.

HUC went live with care advice via SMS on December 14, 2023. This was supported by a

national Pathways easement to allow delivery of care and 'watch for' advice by SMS, rather than having to read it to a patient.

Worsening advice is included on the SMS, but the Pathways license dictates that this is

delivered verbally. If a patient wishes to receive advice via SMS, they will receive a message while on the call with a link to a URL that holds their personal advice; this URL is active for seven days.

In the first quarter of 2024, care advice by SMS produced a time saving of between 10-13 seconds per call on which it was utilised.

Cat 2 validation pilot HWE and C&P

NHS Pathways licences state that when a health advisor arrives at a Category 2 ambulance disposition following assessment of a patient, an ambulance must be sent. Unlike Category 3 and 4 ambulance dispositions, there is no provision to provide a clinical validation of these cases.

A pilot was conducted in February and March 2024 to look at the number of Category 2 ambulances that could potentially be stepped down with a GP assessing these patients from 09:00-21:00. To ensure patient safety, ambulances were still sent and patients spoke to their GPs pending arrival.

The GP indicated in their notes whether or not they felt it would have been appropriate to step the ambulance down. Initially only cases that resulted in a Category 2 ambulance following Core Module 1 of NHS Pathways were included, although this was subsequently extended to include those that were generated from Core Module 0.

GP alternative outcomes							
Upgrade to Cat 1 ambulance	Cases GP would have requested Cat 1 ambulance	0	0	0	1	0	1
Cat 2 ambulance	Cases GP would have changed Cat 2 ambulance disposition	4	7	8	8	12	39
Downgrade to Cat 3 or 4 ambulance	Cases GP would have requested Cat 3 or 4 ambulance	0	0	0	0	4	4
Downgrade to ED	Cases GP would have referred to emergency treatment centre	7	4	6	5	4	26
Downgrade to UTC	Cases GP would have referred to urgent treatment centre	0	0	0	1	1	2
Downgrade to own GP	Cases GP would have referred to patient's own GP	5	3	0	1	0	9
Ambulance already arrived	Cases where the ambulance had arrived before GP's assessment	0	0	1	1	0	2
Unable to assess patient	Cases where GP was unable to assess the patient	0	2	1	1	0	4

In the first of two pilots in Hertfordshire and West Essex and Cambridgeshire and Peterborough, 37% of cases were adjudged suitable to be stepped down, with 39% of cases adjudged suitable to be stepped down in the second study. The results of this pilot would suggest that GP revalidation of Category 2 ambulances would result in fewer ambulances being despatched and patients instead being redirected to more appropriate care pathways.

Over the pilot 87 patients were assessed by a HUC GP. The following table demonstrates what the GP outcomes would have been if the validation had been completed:

SEE TABLE ABOVE

The HWE pilot was duplicated for C&P commissioners between February 13 and February 17, 2024 (09:00-21:00) and repeated between March 11 and March 13 (09:00-17:00) to validate the previous month's figures.

Findings were broadly similar to the HWE pilot with 95 cases being assessed during the period of which the GP adjudged 39% could have been stepped down.

This clearly demonstrates a potential role for GP-led emergency clinical advice assessment

teams at the point of 111 transfer, with a view to reducing the burden of C2 dispatches on our ambulance services. Commissioners are now looking at this data in order to consider whether such a service might be commissioned.

COVID Medicines Delivery Unit (CMDU)

In response to the COVID-19 pandemic and the introduction of COVID medicines for highrisk patients, NHSE commissioned, via ICB commissioners, COVID Medicines Delivery Units (CMDU). In most areas these were initially delivered by acute trusts.

In April 2023, NHSE instructed commissioners to move these services into general practice. However, in response to push back from general practice, HUC was approached by Somerset ICB to run this service in the county.

The Somerset CMDU commenced on July 5, 2023, and provides a 10-hour a day, seven-day a week, 365-day-a-year service. It is staffed by GPs who, following a patient 111 assessment, provide a clinical assessment of eligibility and suitable for first-line COVID medicines. If appropriate, HUC clinicians are also able to make onward referral to the acute trust for second-line medication.

Between July 5, 2023, and March, 31, 2024 HUC

assessed 1,259 patients within this service.

Dental direct booking – Herts and West Essex contract

Herts and West Essex ICB decided to provide an enhanced access scheme for primary care dentistry over winter. Initially this will be a six-month pilot with the aim being to provide specific urgent access sessions via 111 for patients, who cannot or do not see a regular NHS dentist, to be referred into.

HUC's 111 service already had access to two practices offering out-of-hours hours dental appointments with this pilot adding an additional four sites across Herts and West Essex. Each practice sought to offer seven 30-minute sessions, five days a week. The pilot went live on December 11, 2024, to support the additional dental pressures over the winter period.

Recent data showed 50% utilisation of the additional sessions, with HUC and the ICB working closely to try and increase this figure.

Patients are triaged through NHS 111, with their cases sent to a CAS dental nurse who will determine if they are suitable for a face-to-face session at one of the practices. Booking functionality has been built within the Adastra system so that capacity can be managed according to service schedules.

The chief challenge encountered thus far has been dental triage capacity within the CAS. Such is the volume of cases dental nurses have experienced, it has been challenging for them to make the appropriate referrals. This is being investigated by the dental management team with a view to amending rotas and increasing staffing.

Fortnightly meetings have been held with all practices, HUC and the ICB in attendance to resolve any issues that have arisen from the pilot. In addition, data is being reviewed to ascertain if appointments are being offered at the optimum times. Looking ahead, there is a possibility the pilot will be extended, as a result of which discussions are under way with a view to improving the CAS triage process.

■ NHS HERTFORDSHIRE AND WEST ESSEX ICB RESPONSE



NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to HUC'S quality account for 2023-2024

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 ICBs listed above, welcomes the opportunity to provide this statement on the HUC Quality Account for 2023/24. The ICB would like to thank HUC for preparing this Quality Account, developing future quality priorities, and acknowledging the importance of quality at a time when they continue to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of 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 the HWE ICB has been working closely with HUC in 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 Quality Account has been reviewed and checked against data sources, where this is available, and 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 2023/24 the ICBs have worked closely with HUC, meeting regularly to review progress in relation to Quality Assurance and Improvement.

During 2023/24 the NHS continued to be significantly affected by increasing levels of demand, as well as national strikes, and all organisations across our healthcare systems have pulled together to redesign services, improve productivity, and deliver safe care to our patients. The ICBs recognise the efforts of all staff in

what continues to be an incredibly challenging time to improve access. 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, through engagement in the clinical assurance forums, audits, implementation of Patient Safety Incident Response Framework (PSIRF), and greater emphasis on listening to patients. Together with encouraging a learning culture and increased incident reporting, plus areas of focus for governance and safeguarding, HUC continue to invest in improving patient safety and experience. The ICBs will continue to monitor HUC's progress over the coming year.

The ICBs would like to recognise HUC for their readiness and successful implementation of their PSIRF, which sets out a shift in approach for how the NHS responds to patient safety incidents for the purpose of learning, improving patient safety and outcomes for our population. The ICBs look forward to working in partnership with HUC and across the systems as we collectively take forward PSIRF and the National Patient Safety Strategy.

During 2023-24, HUC declared seven Serious Incidents, up from two the previous year, and they have recognised the learning and identified themes for improvement from these and other incidents including communication, improvements to processes, additional auditing, and prioritisation symptoms. 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 continue to build on their support offer to staff to improve levels of staff satisfaction and counter higher levels of attrition. HUC have supported their recent starters with more effective recruitment and training pathways and support, and it is hoped this will improve attrition rates and increase staff satisfaction and wellbeing further. In addition, the Heroes Hub platform acts a central hub highlighting staff benefits, staff recognition, engagement tools and employee

wellbeing, including mental health. The ICBs are pleased to see the strengthening of the Freedom to Speak Up process. We look forward to seeing further development during the coming year. The ICBs will work collaboratively in these areas to support HUC whilst also supporting wider system improvement programmes.

During the year the HWE ICB have been working closely with HUC gaining regular assurance on the quality and safety of provision to ensure a positive patient experience. Looking forward to 2024-25, the ICBs support HUC's quality priorities, which include:

- Embedding the Patient Safety Incident Response Framework (PSIRF) policy, practices, and culture across the organisation;
- Implementing patient safety workstreams from their Patient Safety Incident Response Plan;
- Developing an internal CQC Single Assessment Framework (SAF) peer review tool; and
- Increasing visibility and accessibility of the clinical governance team to drive continuous learning and improvement.

The ICBs look forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements, to deliver high-quality services for this year and thereafter.



Elizabeth Disney

Director of Operations

Hertofrodshire and West Essex ICB

■ 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 and supporting guidance as follows:

- The content of the quality report is not inconsistent with internal and external sources of information:
- The quality report presents a balanced picture of the organisation's 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

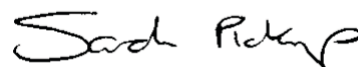
the preparation of the quality report

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:



David Archer

Chief Executive:



28.06.24

Case	HUC service(s) involved	Case summary	Key learning and actions
1	NHS 111	<p>NHS 111 was contacted by a care assistant on behalf of a care home resident with a history of learning disabilities.</p> <p>During the call, the patient became unresponsive and stopped breathing.</p> <p>CPR support was not offered to the carer; we contacted the ambulance service to request an emergency ambulance to be dispatched.</p> <p>The ambulance arrived on the scene and the patient was transported to hospital where, sadly, they died two days later.</p>	<p>Communication: The design and development of an organisational escalation communication tool, in line with the established SBAR tool, with:</p> <ul style="list-style-type: none"> • Role-specific training • Implementation plan to facilitate cultural and operational changes in relation to escalation communication • Audit to ensure tool is understood, adhered to and effective
2	NHS 111	<p>A patient in their 80s called NHS 111 and described symptoms of a panic attack – feeling as if they were going to fall – and voiced concerns that this may have been due to the medication they were taking.</p> <p>The caller shared that they had a very challenging day ahead of them following the death of their spouse. The call handler offered words of comfort and advised them to speak with their GP about the medication.</p> <p>Later that day a call was made to the ambulance service, which, on arrival, found the patient was deceased.</p>	<p>Process: The importance, value, and necessity of following NHS England's Pathways to assess every patient who calls NHS 111, regardless of how they present or the reason for their call, to elicit clear responses to specific questions, in line with training and guidance, and audit standards.</p> <p>An additional audit has been added to the Quality Improvement team's annual schedule to support and monitor.</p>
3	Minor Injuries Unit	<p>A patient in their 80s attended a Minor Injuries Unit following a fall, in which they sustained a graze to the right side of their face. They reported no loss of consciousness, no nausea or vomiting, no dizziness or confusion, and that they felt normal and well in themselves. The patient was diagnosed with a facial laceration, treated, and discharged home.</p> <p>Four days later the ambulance service was called to the patient's home and the patient was conveyed to hospital where, sadly, they died.</p>	<p>Details of presenting complaint: The importance of exploring all factors in relation to the mechanics of a fall and mechanism of an injury, and consideration, based on the balance of probabilities, whether the history given is consistent with evidence present on examination, ie while the patient denied a head injury, they had sustained a wound to their face. This learning features in a Patient Safety priority area within the annual PSIRP and the associated workstreams.</p>

Case	HUC service(s) involved	Case summary	Key learning and actions
4	NHS 111	<p>A patient in their 40s contacted NHS 111 and reported symptoms of lower-back pain, aches in both legs, breathlessness, and a swollen left hand. Following an initial assessment, the patient was placed in a virtual pool for a clinician to call them back.</p> <p>Approximately 20 minutes later the patient's family called 999 as the patient had collapsed. An ambulance crew arrived on scene and confirmed the patient was deceased.</p>	<p>Consistency: The importance of prioritising symptoms relating to 'Airway, Breathing and Circulation' (ABC) in patients presenting with multiple symptoms. In this case the patient presented with lower back pain, leg aches, a swollen hand, and breathlessness. In line with NHS Pathways training, the breathlessness pathway should have been utilised. This is audited by the Quality Improvement in line with our NHS licence requirements and the use of correct pathways.</p>
5	NHS 111	<p>A relative of a patient in their 80s called NHS 111 with reports of the patient being lethargic and breathless. Following an initial NHSE Pathways assessment and telephone triage by a GP a home visit was arranged. On arrival the GP found the patient deceased.</p>	<p>Investigation report pending ratification and circulation.</p>
6	HUC General Practice (GP): Primary Care	<p>A patient in their 40s, with a history of mental health issues, was found deceased on a railway line following contact with primary care.</p>	<p>Investigation report pending ratification and circulation.</p>
7	NHS 111	<p>A paramedic called NHS 111 requesting advice regarding a patient in their 90s who was receiving active end-of-life care following an accidental overdose of Oxycodone.</p>	<p>Investigation report pending ratification and circulation.</p>

Module	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024
Adult Basic Life Support Level 1	88%	92%	92%	90%	89%	86%	82%	93%	88%	87%	86%	90%
Adult Basic Life Support Level 2	86%	90%	93%*	88%	84%*	87%	83%	91%	81%	85%	85%	88%
Paediatric Basic Life Support Level 2	85%	89%	88%	85%	87%	86%	91%	90%	81%	83%	82%	82%
Anaphylaxis	81%*	83%*	92%*	88%*	89%*	90%	84%	94%	82%	89%	86%	83%
Chaperoning	90%*	92%*	95%	90%	89%*	87%	73%	82%	74%	82%	82%	83%
Conflict Resolution	91%	95%	94%	93%*	92%	88%	85%	95%	91%	94%	94%	93%
Counter Fraud	93%	92%*	93%*	No data	63%	78%	83%	88%	87%	88%	90%	92%
Data Security Awareness	87%	85%	84%	81%	81%	85%	91%	91%	82%	85%	85%	89%
Deprivation of Liberty (DOL)	89%	92%	92%	88%	91%	89%	93%	93%	89%	89%	90%	90%
Equality & Diversity	92%	95%	94%	92%	93%	94%	95%	95%	92%	89%	92%	91%
Fire Safety	92%	95%	91%	91%	91%	92%	96%	96%	89%	89%	88%	91%
Infection Control	90%	92%	93%	93%	89%	90%	94%	94%	78%	88%	90%	88%
Learning Disability & Autism Awareness	Not on HUC Academy						92%	92%	89%	89%	89%	92%
Mental Capacity Act	85%	88%	89%	87%	90%	88%	92%	92%	88%	89%	89%	90%
Moving and Handling	90%	94%	94%	93%	94%	95%	94%	94%	91%	92%	91%	89%
Prevent	93%	92%	92%	91%	91%	90%	94%	94%	90%	89%	88%	89%
Principles of Health & Safety	93%	95%	95%	93%	93%	93%	91%	89%	87%	92%	91%	93%
Records Management	Not on HUC Academy						79%	78%	80%	85%	87%	88%
Risk Management	97%*	100%*	100%	99%	100%	100%	75%	80%	80%	83%	85%	83%
Safeguarding Adults (Level 1)	94%	98%	97%	94%	92%	93%	87%	84%	83%	83%	85%	95%
Safeguarding Adults (L2)	89%	93%	94%	90%	91%	95%	90%	91%	91%	93%	92%	93%

Module	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024
Safeguarding Adults (L3)	82%	80%	82%	76%	77%	83%	91%	93%	92%	92%	91%	93%
Safeguarding Children (L1)	93%	98%	98%	97%	97%	95%	92%	89%	87%	88%	90%	97%
Safeguarding Children (L2)	90%	95%	95%	93%	95%	95%	91%	92%	93%	94%	92%	92%
Safeguarding Children (L3)	90%	93%	93%	88%	90%	93%	93%	93%	88%	86%	82%	92%
Sepsis	79%	79%	82%	84%	84%	81%	91%	90%	81%	80%	85%	80%

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
QOF: 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



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