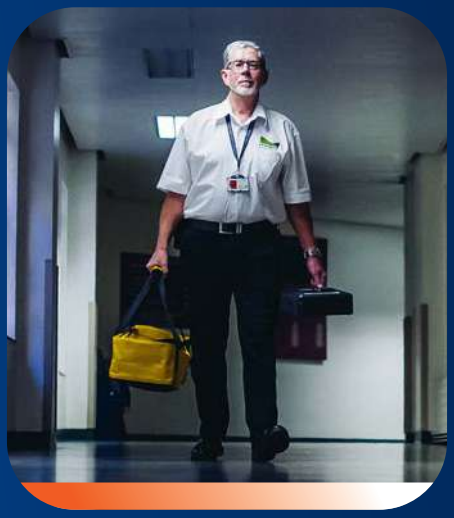
HUC

2024-25 Quality Account



passionate about what you do?
So are *we*

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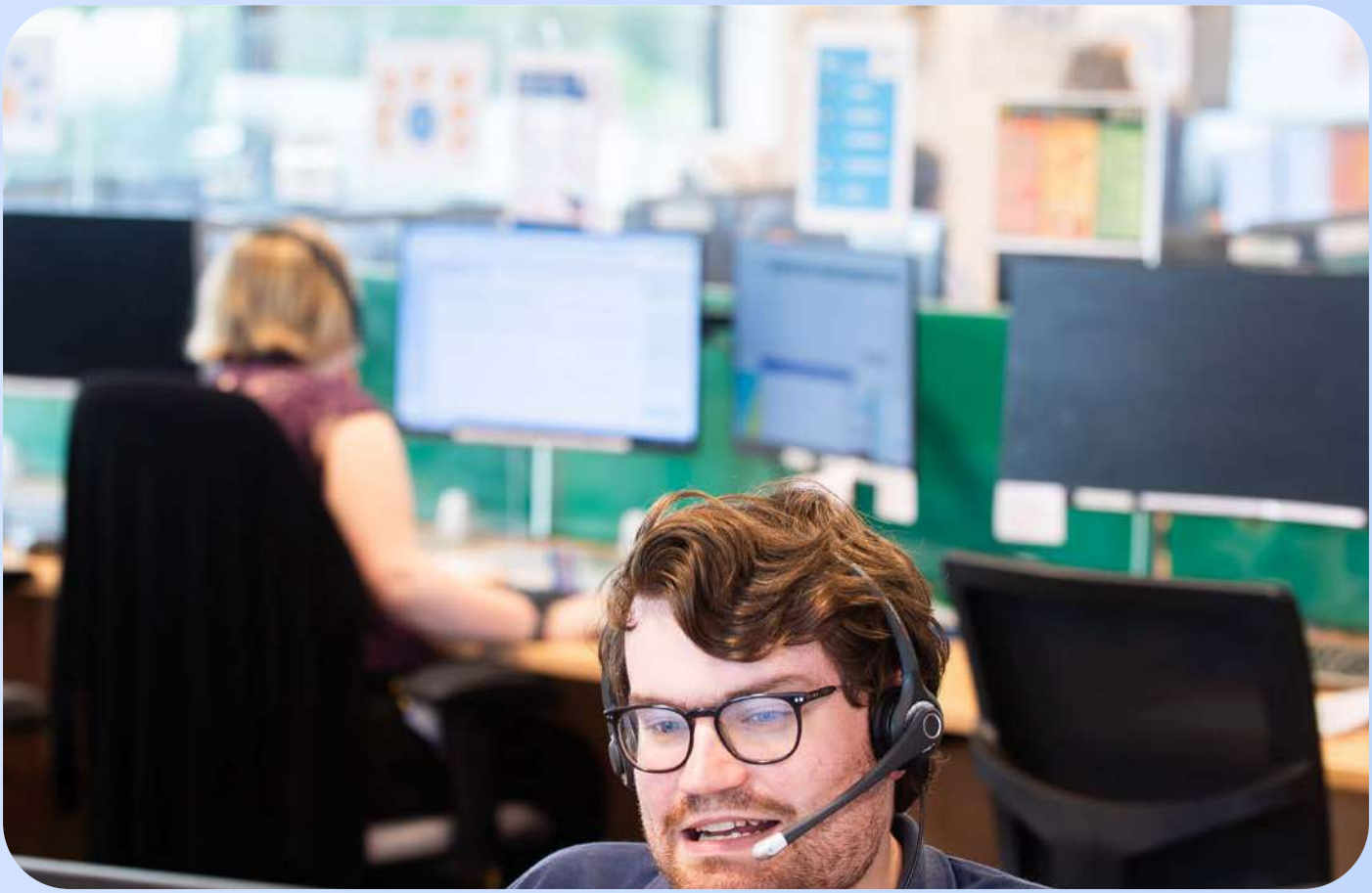

CEO & Chair's statement

WE are pleased to present HUC's Quality Account for 2024–25, which highlights the progress we have made over the past year in delivering safe, effective, and responsive care across the East and South West of England.

This report reflects the efforts of our dedicated workforce and the commitment we share with our partners to improve outcomes for patients and communities.

HUC continues to evolve as an organisation, delivering a broad and expanding range of urgent and primary care services.

Over the past 12 months, we have further embedded ourselves into the health systems of both Somerset and Cornwall, while continuing to innovate and strengthen our established services in the East of England. These developments reflect our ability to adapt, respond to local priorities, and support system resilience during times of ongoing pressure.

In a challenging operational environment, we have focused on improving efficiency, investing in workforce development, and refining how we use our resources to match unpredictable levels of demand.

The introduction of a new contact centre in Bedford, and the relocation of colleagues in the South West, are tangible examples of how we continue to build the infrastructure needed to support frontline care.

We are proud of what has been achieved in 2024-25 and grateful to all our colleagues for their commitment, resilience and compassion

We have strengthened our approach to clinical quality and safety through the introduction of a new Patient Safety Incident Response Framework (PSIRF) while maintaining our commitment to robust governance and accountability. We were pleased to receive a 'Good' rating from the Care Quality Commission for our IUC services in the East, reflecting the professionalism and care delivered by our teams every day.

Support for our workforce remains a priority, with improvements to induction, audit, feedback, and peer support – particularly for newly trained advisers. Across all areas, we have sought to promote a culture of learning, openness, and continuous improvement.

We are proud of what has been achieved in 2024–25 and grateful to all our colleagues for their commitment, resilience, and compassion. We would also like to thank the patients and service users who work with us to shape better care – we remain committed to listening and improving, together.

Sarah Pickup, Chair
David Archer, CEO

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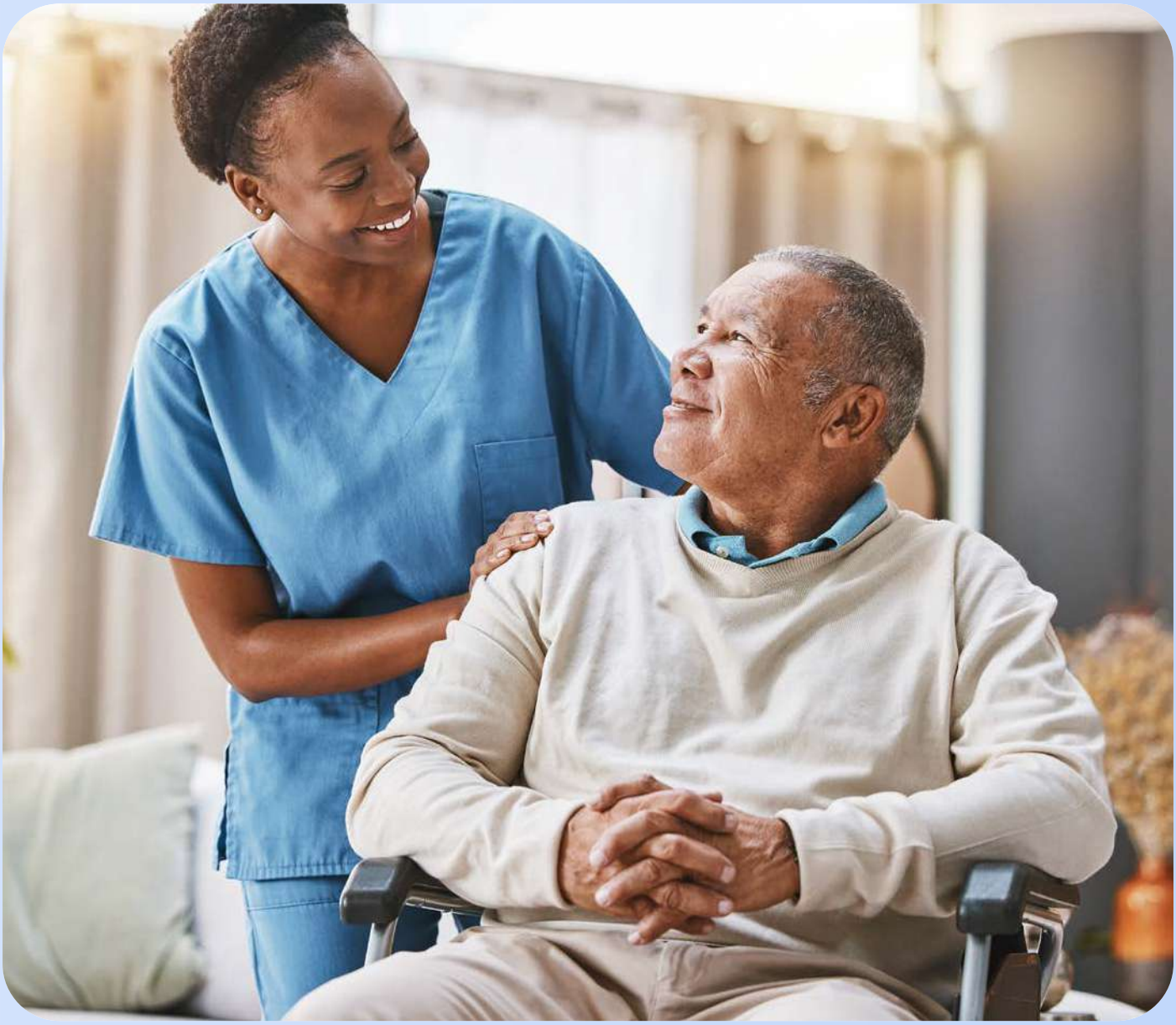

Quality priorities

Clinical priorities reassessed for 2024-25

Over the past 12 months, we have seen significant changes in senior clinical and operational leadership. This has provided an opportunity to reassess our clinical quality priorities and focus on continuous learning and improvement.

Our work has been centred on embedding the Patient Safety Incident Response Framework (PSIRF) and our associated Patient Safety Incident Response Plan (PSIRP), which was praised by Hertfordshire and West Essex ICB for its logical structure and comprehensive coverage.

PSIRP principles are embedded through a range of mechanisms, including round-table discussions with subject-matter experts to ensure a system-wide approach. Where a recurrence of similar incidents is identified, thematic reviews are undertaken to identify learning and improvement.

We also undertook a gap analysis of the transition from the CQC Key Lines of Enquiry (KLOEs) to the Single Assessment Framework (SAF) and shared findings across the organisation.

Awareness sessions and live evidence logs have been introduced to ensure preparedness and support ongoing quality assurance. The clinical quality team has also increased its visibility through training, intranet presence, and site visits.

Clinical quality objectives for 2025-26

Objective 1: Clinical assurance group

We are launching a clinical quality assurance forum to share themes, trends, and improvement actions across key areas such as governance, incidents, patient experience, complaints, audits, and clinical claims. This will mirror the success of our safeguarding assurance group and further enhance collaboration with ICBs.

Objective 2: Local quality requirements

We aim to standardise and streamline our approach to Local Quality Requirements (LQRs) by working with ICB partners. This will enhance transparency, consistency, and the ability to track care quality across services.

Objective 3: Internal second-line quality assurance

We are introducing internal assurance audits to support and evaluate policies, working practices, and learning opportunities. This initiative seeks to further cultivate a culture of openness and improvement.

Objective 4: Non Pathways audit

We will design and implement a technology-driven, cost-effective audit system that supports clinicians' development and provides robust assurance of service safety.

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Clinical quality & governance

Learning culture and incident reporting

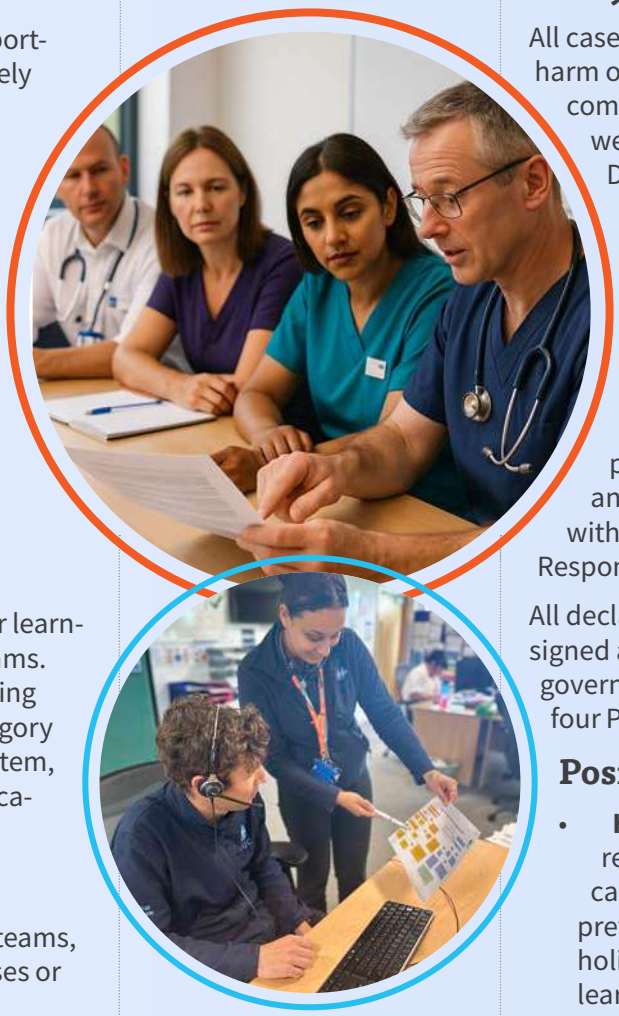
Our maturing organisational reporting culture saw colleagues actively encouraged to report all potential incidents regardless of the outcome. This was reflected in a significant (106%) increase in reported events during 2024-25.

The clinical governance team collaborated with all departments to strengthen training. These efforts are reinforced through open, collaborative discussions at monthly clinical governance meetings.

We continually review emerging themes and trends to inform our learning and improvement workstreams. To support this, we are introducing enhanced category and subcategory options within our reporting system, to enable more accurate classification and analysis.

Levels of incident

- **Routine:** Managed by local teams, typically involving near misses or no or low harm.
- **Higher Level Incident (HLI) 1:** Managed jointly by clinical governance managers, clinical directors, and operational teams. These incidents generally involve moderate harm and require a statutory duty of candour.
- **Higher Level Incident (HLI) 2:** Often complex in nature and requiring a structured, proportionate investigation where the potential for learning exceeds that of a routine incident.
- **Adverse Outcome Incidents (AOIs):** Investigated centrally by the clinical governance team and clinical directors. These incidents usually involve serious harm or unexpected death, with statutory duty of candour, or demonstrate significant learning potential.



Escalation of patient safety incidents

All cases with potential for moderate harm or greater – and those with complex features – are reviewed weekly at HUC's Rapid Review and Discussion Meeting (RRDM).

Each case is discussed in depth, with decisions made collectively on the level of harm, learning potential, and the appropriate level of incident declaration. This approach aligns with the principles of proportionality and learning focus embedded within our Patient Safety Incident Response Plan (PSIRP).

All declared HLIs and PSIIs are assigned a clinical director and a clinical governance manager. During 2024-25, four PSIIs were declared.

Positive feedback

- **Head of Quality, BLMK ICB:** "A really good example of how we can learn from incidents to help prevent similar occurrences… holistic and proportionate in the learning… great staff and family engagement."
- **Head of Patient Safety, HWE ICB:** "A good and thorough report."
- **Clinical Quality & Patient Safety Lead, C&P ICB:** "A 'no blame' culture has been embedded within the organisation, as evidenced by the increase in reported incidents."

Driving continuous improvement

Our evolving risk profile, informed by thematic trend analysis and organisational learning, has shaped the development of targeted working groups:

- Clinical productivity, audit and booking processes
- Triage and streaming
- Resource optimisation
- Comfort calling

Involving patients, families and colleagues

We recognise the profound impact patient safety incidents can have on patients, families, and carers. We are committed to continuous improvement through inclusive, compassionate responses.

We uphold the principles of candour, ensuring that where moderate harm or greater has occurred, affected patients or their families receive a sincere verbal apology within three days, followed by written communication and an opportunity to participate in our investigation processes.

Patient safety partners

Following a duty of candour meeting, we recruited a family member to join us as a patient safety partner. They support meaningful change and continuous improvement in patient care and advocate for patient safety and patient experience, while helping to snsure communication is clear and compassionate when things go wrong.

Governance structure

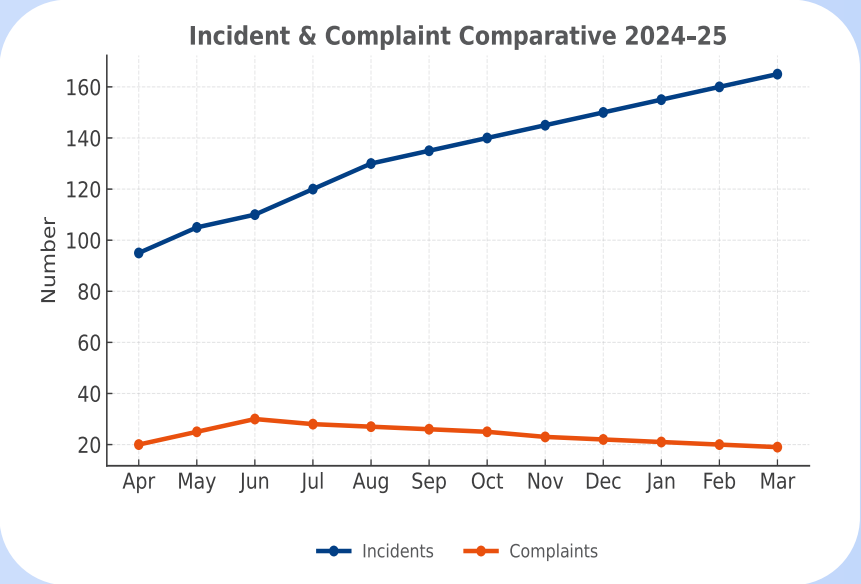
Our clinical governance and patient experience teams support three service portfolios:

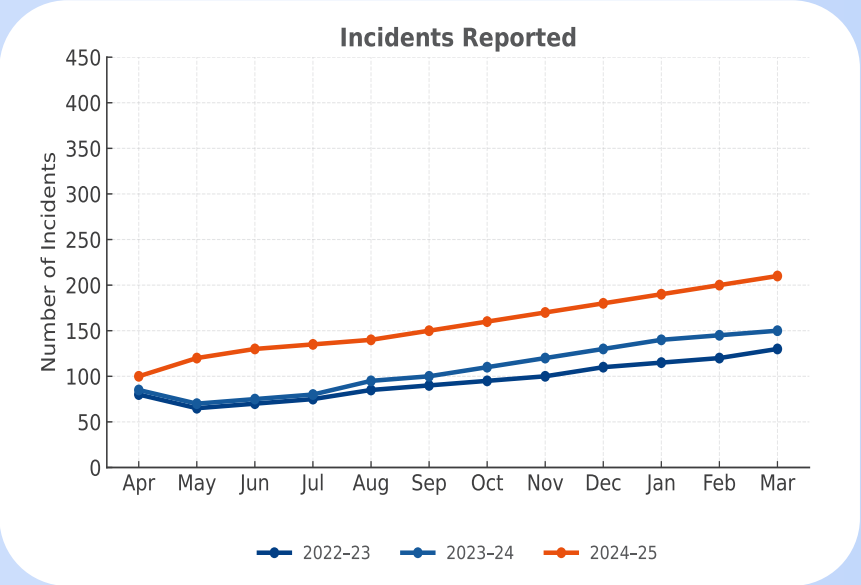
- NHS 111 and Clinical Assessment Service (CAS)
- Out of hours (OOH) and community care
- Urgent care and dental

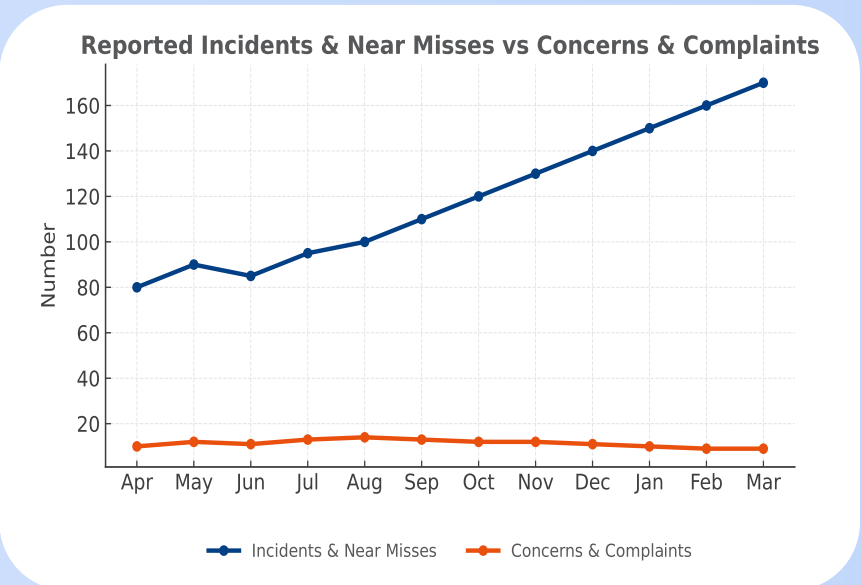
Monthly clinical governance meetings are attended by multidisciplinary teams who review incidents, near misses, feedback, audits, and service risks. This ensures learning is shared, actions are monitored, and continuous improvement is embedded.

A clinical quality governance committee, chaired by a non-executive clinical director, complements this structure.

The number of incidents and near misses reported significantly outweighs the number of complaints and concerns received.







Patient experience

Complaints, compliments, and feedback

At HUC, we recognise the distress that can result when care does not meet expectations. We are committed to treating every patient with dignity and respect, and we strive to ensure a positive experience for all.

The patient experience team – part of our clinical quality and governance function – plays a vital role in monitoring feedback and driving service improvement. Our focus is on resolving issues quickly, learning from complaints, and embedding improvements in a transparent and responsive way.

Local teams, supported by the patient experience team, respond swiftly to concerns raised by patients, carers, or their representatives. Staff are supported to share learning openly across services, reinforcing our culture of continuous improvement and patient safety.

Complaints and concerns

In 2024–25, HUC received 644 complaints and 94 concerns

All concerns and complaints are proportionately and robustly investigated by experienced managers with subject matter expertise. Our aim is to be open, honest, and focused on learning and improvement.

When opportunities to improve are identified, we share them transparently and implement meaningful change. Investigations are thorough, with findings reviewed in monthly clinical governance meetings.

Every complainant receives a tailored written response, outlining the findings, any resulting actions, and our commitment to preventing recurrence. Where applicable, staff involved are also briefed to support learning and reflection.

)ur weekly updates for call centre staff now include a section dedicated to learning from patient feedback, while HUC's clinical directors communicate directly with clinicians when a complaint investigation has identified any learning.

In addition to these two-way conversations, learning is also disseminated via our Clinical Matters newsletter.

In 2024–25, 42% of complaints led to service improvements. We respond swiftly, investigate thoroughly, and embed learning to drive better outcomes and a safer patient experience

Themes and trends

- 42% of complaints led to service improvements
- 32% identified soft learning, especially in communication and expectation-setting
- 24% were found to be well managed
- 5% were redirected to external providers, with full support from our team

We continue to uphold high internal standards for complaint handling:

- 94.4% of complainants received a verbal update at the start of the process
- 98% received an acknowledgement within three working days
- 98% were responded to within the agreed timeframe

While these figures are strong, we continue to aim for 100% compliance.

Digital improvements

In 2024-25, we launched a new complaint and concern logging system within Radar. The system provides an accessible, streamlined platform for staff to log issues and for the patient experience team to track, manage, and resolve them efficiently.

The system has been widely adopted across the organisation and has improved both consistency and responsiveness across all services.

'You said – we did' stories

Scenario 1 – optical referral pathway: A patient was referred to Watford General Hospital with an eye issue, only to find the department closed. They were then directed elsewhere, resulting in delays and a poor experience.

Outcome: HUC worked with the local DoS team and West Herts Trust to create a new, time-sensitive DoS profile for the Watford Urgent Eye Clinic. Patients are now only referred when the service is open.

Scenario 2 – dental pathway and oral lumps: A patient with a painless lump in the mouth was advised to contact a dentist. The case raised concerns about oral cancer pathways and escalation criteria.

Outcome: Guidance was issued to our dental team, and a review of the dental pathway for non-painful oral lumps was requested.

Proactive service design

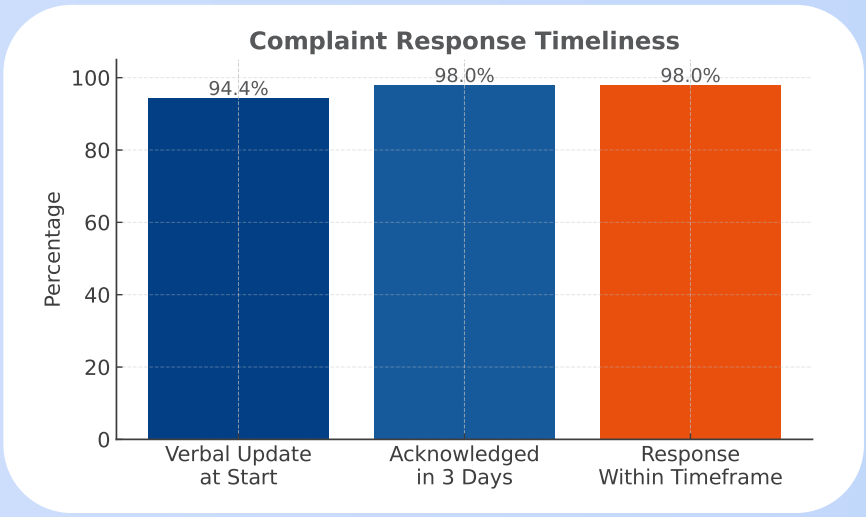
In response to themes from complaints and feedback, we launched:

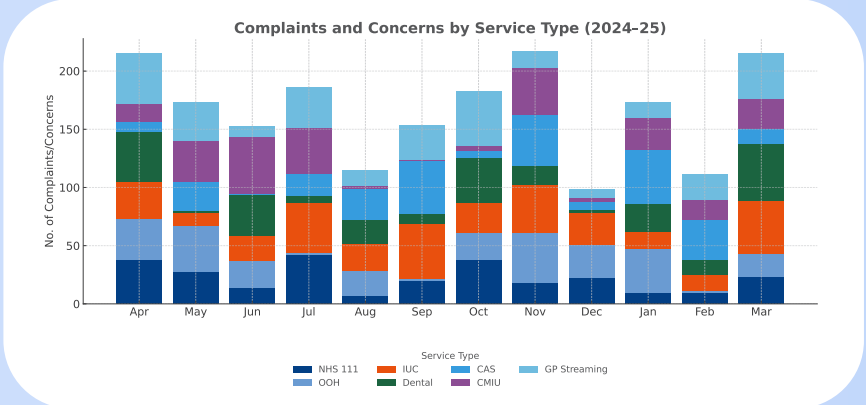
- **Comfort calling:** During periods of high demand, this initiative provides proactive calls to patients to check on their wellbeing, provide an apology, offer wait time estimates, and assess for clinical deterioration.
- **Sensitive conversations workshop:** A training programme that equips staff with the skills to handle difficult calls with professionalism and empathy. Feedback from colleagues has been overwhelmingly positive.

Recognising and acting on feedback

Thematic reviews and feedback phrases from compliments and surveys are continuously monitored and fed back into quality improvement processes. This helps ensure we understand where we're doing well – and where we can do better.

See 'Reported Incidents & Near Misses vs Concerns & Complaints' chart on the right





Safeguarding

Safeguarding innovations

New safeguarding referral Process

Following a successful pilot, in September 2024, HUC introduced a new internal safeguarding referral system.

The safeguarding concern form, developed by the HUC safeguarding team, in line with local and national policy and thresholds, enables all staff to raise both adult and child safeguarding concerns via a single, streamlined link.

Once submitted, concerns are triaged by the senior safeguarding team, ensuring timely action while reducing the need for frontline staff to complete extensive paperwork or navigate multiple local authority and ICB systems.

This system has:

- Increased the quality and appropriateness of referrals
- Reduced inappropriate submissions and follow-up work for partner agencies
- Cut down referral time for staff
- Improved morale and confidence when raising concerns

The tables opposite illustrate the impact of the new process,specifically referral volumes and outcomes

Feedback from social workers has confirmed improvements in referral quality and appropriateness, strengthening inter-agency collaboration. The system has also improved productivity, with call handling times reduced by up to 75% for safeguarding-related cases.

“It’s so much easier now. I don’t feel worried about submitting a safeguarding referral anymore,” is typical of the responses we have received from staff.

Safeguarding hub

With support from the associate director for quality and clinical governance, HUC has recruited two safeguarding facilitators and a safeguarding team lead to form a new safeguarding hub. This team is responsible for actioning all SCFs triaged by the head of safeguarding (HoS) and safeguarding lead (SL), providing end-to-end oversight of each patient journey.

Two members of the hub team are due to begin a 12-month apprenticeship to further develop their skills and autonomy, supported by the HoS and SL.

Data and Themes

The SCF triage page provides rich data on safeguarding themes, including:

- Serious violence
- Domestic abuse
- Self-neglect
- Care home concerns
- SEND
- Mental health
- Risk-taking behaviours among children in care

Serious violence duty

The safeguarding team has embedded the ICB-led serious violence duty into HUC operations through a ‘hub and spoke’ model. Strategic work with the Cambridge and Peterborough ICB has ensured alignment with other commissioning bodies.

HUC now has a growing network of trained serious violence champions, with plans to expand this further in 2025-26. Relevant data is collected and shared across local authority areas.

Quality Improvements

Low Impact Medication Errors (LIMEs)

Thematic reviews identified medication errors as a frequent referral trigger, although many did not meet

safeguarding thresholds. To address this, a new SOP was implemented to guide:

- When to make a safeguarding referral
- When referral is unnecessary
- How to report and monitor LIMEs

All such incidents are still reported to the safeguarding team, who assess themes and share findings with local authorities quarterly. This change has eliminated approximately 300 inappropriate referrals per quarter.

Tables on Page 13 highlight this reduction

Safeguarding assurance

Quarterly safeguarding assurance group meetings, led by the associate director for quality and clinical governance and the HoS, ensure HUC meets its safeguarding responsibilities. These meetings share:

- Referral data and outcomes
- Trends and themes
- Public health issues
- Escalated or complex cases
- Learning and good practice examples

Topics include multiagency working, training, supervision, audit findings, and innovation updates.

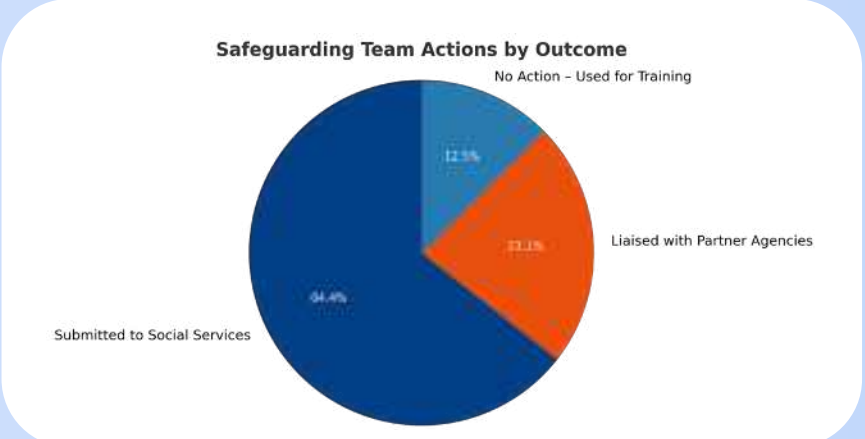
Section 11 review

HUC completed its Section 11 self-assessment in August 2024 and received formal recognition from Hertfordshire and West Essex ICB for its commitment to safeguarding and the collective efforts of staff across the organisation.

Learning and Development

Lunch and learn

The HoS, SL, and GP for safeguarding children and young people continue to host monthly lunchtime sessions on topical safeguarding issues.



Safeguarding

These sessions are well attended and widely promoted via the HUC intranet, team leads and newsletters.

Patient journey review

The safeguarding team works closely with those in clinical governance and patient experience to assess and improve safeguarding touchpoints within the patient journey. Regular data reviews inform supervision, training, and staff engagement.

2025-26 priorities

Safeguarding training passport

A training passport is in development to support monitoring and compliance with safeguarding training and supervision.

Safeguarding Champions

The safeguarding champion programme will launch in 2025-26, initially targeting contact centre floorwalkers and operational delivery managers. Champions will receive regular training and supervision covering case discussion, best practice, and policy updates.

Summary

Over the past year, HUC has:

- Modernised its safeguarding systems
- Strengthened inter-agency collaboration
- Reduced the administrative burden on staff
- Responded to key public health and safeguarding risks

Themes identified through Serious Incident reviews and SCF data have included:

- Serious violence
- Domestic abuse
- Mental health
- Self-neglect
- Bruising in babies
- SEND

HUC is committed to improving safeguarding practice across all services and maintaining a strong, comapssionate and well-trained workforce

Actions taken include:

- More proactive liaison with partner agencies
- Bite-sized learning tools (eg for baby bruising)
- Revised escalation and SEND processes
- DNA / WNB policy updates
- Focused interventions with high-referral settings (eg children's homes)
- Public health issue reporting (eg dog bites, toxic ingestions, illegal substances)

HUC is committed to improving safeguarding practice across all services and maintaining a strong, compassionate, and well-trained workforce.


Table 3: Inappropriate Referrals Before LIMEs SOP
Number of Referrals
320
280
240
200
160
120
80
40
0
Q1 2024
Q2 2024
Quarter


Table 4: Inappropriate Referrals After LIMEs SOP
Number of Referrals
54
48
42
36
30
24
18
12
6
0
Q3 2024
Q4 2024
Quarter

Clinical assurance

NICE guidance and MHRA alerts

The lead pharmacist reviews all safety-critical alerts, including NICE guidance and MHRA safety notices, to determine local applicability. Where necessary, alerts such as medicine recalls and infection risk notices are escalated.

Non-pathways clinical audit

In April 2024, HUC introduced a new audit tool, adapted from the Urgent & Emergency Care Audit Toolkit co-published by the Royal College of General Practitioners, the College of Emergency Medicine, and the Royal College of Paediatrics and Child Health.

This tool underpins our approach to clinical consultation audits, productivity monitoring, and performance oversight – providing assurance on the quality of care delivered, while offering supportive, developmental feedback to clinicians

The objectives of these audits are to:

- Ensure timely, proportionate, and structured auditing of clinical practice
- Enable meaningful, constructive feedback to support clinician learning and development

Identify and manage emerging trends and themes, facilitating learning that can be shared organisation-wide

Aligned with Clinical Quality Objective 4, we are actively exploring technology-driven solutions to further support clinicians' professional development, embed learning, and provide clear assurance around the safety and effectiveness of care delivery.

Clinical updates

NHS 111 and Clinical Assessment Service (CAS)

Over the last 12 months, HUC has focused on improving NHS 111 performance. This has resulted in substantial gains across key indicators:

- Abandonment rates have dropped from 15% to 5%
- Average speed to answer reduced from 271 to 81 seconds
- Average handling time improved from 13 minutes to 10.6 minutes.

The introduction of the Operational Delivery Manager (ODM) role has strengthened real-time performance oversight and on-the-ground support for contact centre staff.

A dedicated SharePoint site for all 111 staff was also launched, improving access to essential policies, procedures, and shared learning from incidents.

Queue safety was designated a PSIRF priority for 2024–25. This organisation-wide initiative – spanning clinical, operational, digital, transformation, and quality teams – has focused on using data and patient feedback to improve outcomes at key points in the patient journey. In addition, we are exploring the use of AI to help identify and prioritise high-acuity and vulnerable patients.

To enhance queue oversight, services in Cambridge & Peterborough and Somerset have migrated onto HUC's central Adastra platform. This supports greater flexibility and responsiveness by enabling clinicians to move between queues to meet demand. Patients are listed by priority, allowing for efficient case identification and triage.

In December 2024, we implemented revised surge and escalation protocols. This new framework enables dynamic, real-time risk management across NHS 111, remote triage, and face-to-face services, with clear service-specific trigger levels to manage high demand while protecting performance in lower-pressure areas.

Clinical Navigators play a key role in real-time risk assessment, supported by four-hourly GP reviews of high-risk and breached cases. Comfort calls and a monthly breached disposition audit provide further assurance of safe prioritisation and response.

The introduction of the Operational Delivery Manager role has strengthened real-time performance oversight and on-the-ground support for contact centre staff

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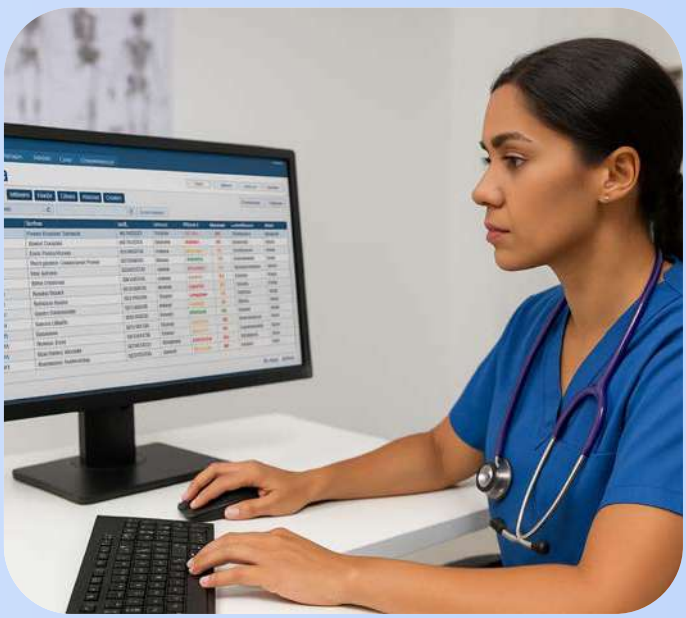

Clinical assurance

Beyond internal improvements, HUC has collaborated with system partners on high-intensity user and admission avoidance workstreams.

In Somerset, our clinicians attend bi-monthly MDTs involving police, mental health, voluntary, and community services. In the East of England, we participate in monthly working groups to strengthen shared approaches.

HUC is also part of Somerset's Care Coordination Hub pilot, which identifies patients from 999 and 111 revalidation queues who may benefit from alternative community care pathways.

Our GPs support the Unscheduled Community Care Hub (UCCH) in Herts and West Essex, further embedding HUC in efforts to reduce avoidable hospital conveyance and admissions.

Out-of-Hours (OOH) services

HUC's Out-of-Hours (OOH) services remain a vital part of our urgent care offer, ensuring that patients receive safe, effective care when their GP practice is closed.

Through a blend of face-to-face consultations, telephone triage, and home visits, we continue to provide flexible, timely support to patients across our regions.

Home visits

In 2024–25, we introduced a new Standard Operating Procedure (SOP) to guide appropriate use of home visits. Priority is now given to palliative care patients and welfare checks, ensuring the visiting vehicle is deployed where clinical need is greatest. This SOP helps balance home visit demand with broader pressures on the system, including the increasing need for telephone triage.

Home visit requests are also subject to clinical review, with the senior team assessing opportunities to downgrade or close cases remotely where safe and appropriate to do so. This responsive oversight strengthens patient safety while supporting resource optimisation.

Workforce and rota fill

We have achieved near full rota fill across the OOH service this year, which has been a major contributor to our service resilience. In addition, several salaried GPs have joined our workforce.

A more substantive, stable workforce supports better continuity of care, long-term workforce planning, and greater clinical safety.

Positive feedback

The number of compliments received for our OOH service has increased significantly over the last quarter. These are shared with staff via a personalised monthly blog, helping to boost morale and promote engagement. This recognition of excellent care delivery reinforces our values and supports a culture of continuous improvement.

Collaborative clinical oversight

Our clinical and operational leads meet regularly to support a joined-up approach to service delivery. Weekly meetings with the Head of OOH and bi-weekly meetings with Deputy Heads strengthen team cohesion and enable real-time issue resolution.

The recently introduced Unscheduled Care (USC) Shift Manager role now provides consistent, on-the-ground clinical and operational oversight during OOH hours.

Early indications suggest this role has had a positive impact on performance management and operational responsiveness, with further developments planned for 2025–26.

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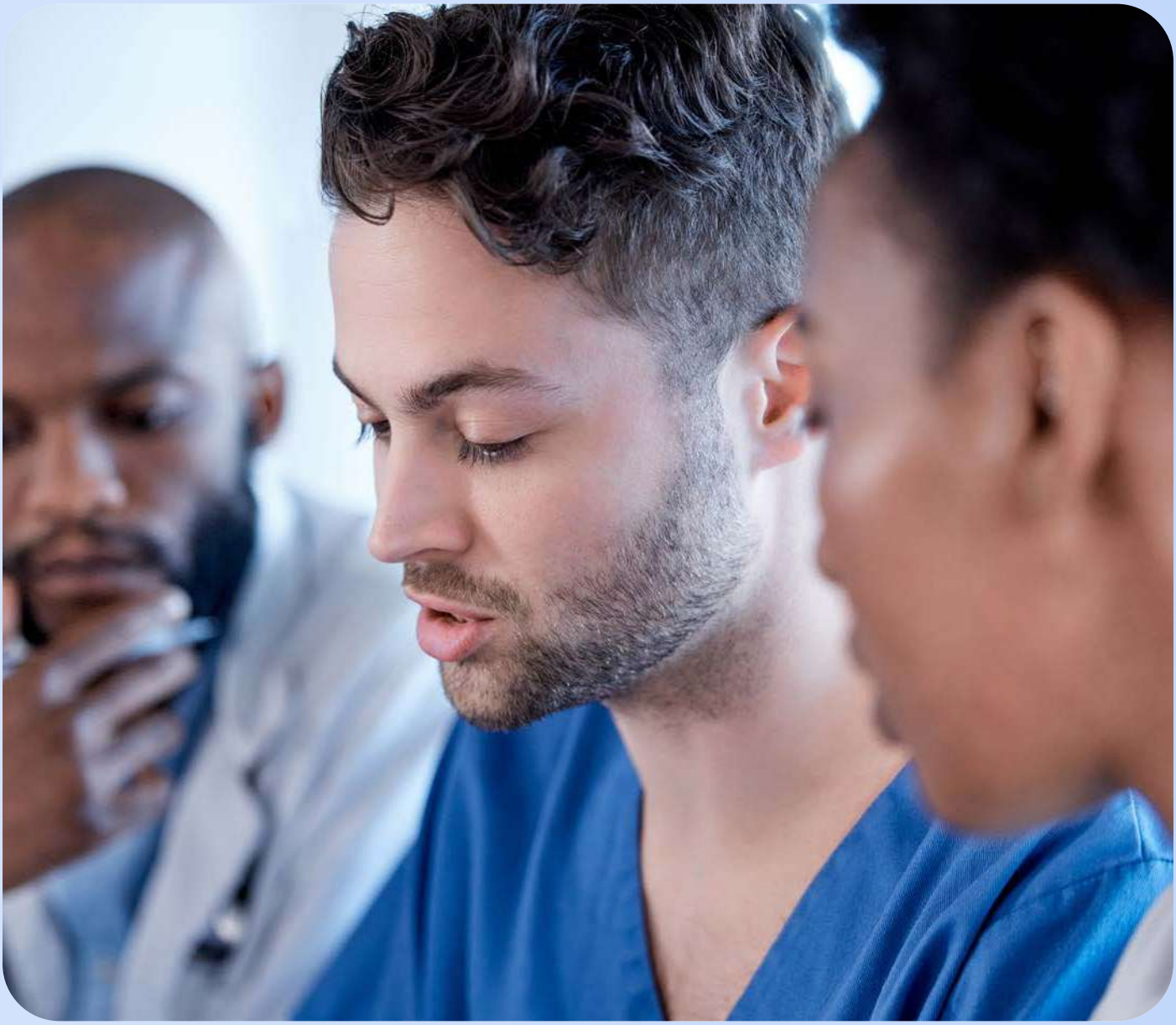
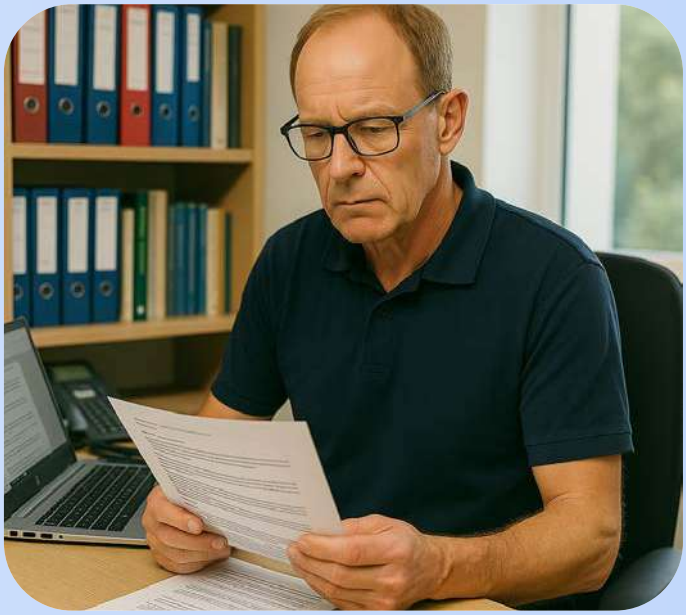




Clinical assurance

Driving productivity

Improving productivity across our services remains a core priority. In OOH, we are currently reviewing audit processes to ensure they are proportionate, constructive, and supportive of clinical improvement. One key focus is alleviating the pressure on clinicians to produce overly detailed documentation, thereby enabling them to concentrate on safe and efficient patient care.

Dental services

HUC continues to provide vital access to urgent dental care through a combination of telephone triage, appointment booking, and face-to-face clinical services across both the South West and East of England.

In 2024–25, the expansion of HUC's dental footprint has driven the strategic integration of teams across regions. This collaborative approach has enabled shared learning, stronger cross-site working, and a more resilient management structure to support our dental services at scale.

East of England

HUC's East of England dental team now comprises 23 clinical dental nurses, each trained to deliver triage following an NHS 111 Pathways assessment. These colleagues offer clinical advice and, where appropriate, book patients directly into urgent dental care appointments.

The team has also played a leading role in supporting pilot initiatives with local Integrated Care Boards (ICBs). In Bedfordshire, Luton and Milton Keynes (BLMK), and Hertfordshire and West Essex (HWE), additional urgent care appointments were made available at short notice. These pilots have since been extended – until October 1, 2025, in BLMK and March 2026 in HWE.

To support service quality and internal capability, four dental nurses have received training in triage auditing. In March 2025 alone, 63 audits were completed, returning an average quality score of 95.5%.

Patient feedback for dental services has remained overwhelmingly good – 91% of dental patients rated their experience as very good

South West

In the South West, HUC's subsidiary Access Dental delivers urgent and emergency dental services across Bristol, North Somerset and South Gloucestershire (BNSSG), Devon, Dorset, and Cornwall. Services include nurse-led triage, appointment booking, and face-to-face clinics operating on weekends and bank holidays.

In 2024–25, Access Dental received more than 29,900 calls in BNSSG and over 95,000 in Devon. Despite growing demand, telephony capacity for urgent dental appointments has reduced significantly. In response, Access Dental has focused on stabilisation appointments – providing interim care for patients awaiting full treatment.

Telephony managers have been key to managing expectations across practices and patients, ensuring appropriate access within the available capacity.

The Access Dental management team has been strengthened to deliver on strategic goals for service quality, innovation, and workforce growth. Efforts are under way to modernise the digital infrastructure and expand the dental workforce, ensuring sustainable service delivery in the face of persistent national recruitment challenges

Patient experience

Patient feedback for face-to-face dental services has remained overwhelmingly positive:

- 91% of patients rated their experience as very good
- 85% described the dentist's manner as excellent
- 91% said they would recommend the service to friends and family

Examples of patient comments include:

- "Thank you so much, everyone has been so lovely."
- "Expert and friendly service."

Medical education

Medical education

Medical education plays a vital role in HUC's out-of-hours (OOH) services, ensuring trainees are supported with structured placements, effective supervision, and meaningful learning experiences.

Induction

We have introduced a structured induction programme to help trainees navigate the unique demands of out-of-hours care. Each trainee is allocated six OOH sessions, with the option of three additional sessions subject to availability.

Monthly virtual inductions offer a comprehensive overview of the OOH environment and clinical expectations.

Once scheduled, trainees complete a feedback form that also initiates their IT access request. As access can take up to four weeks to process, we encourage early completion of the form to avoid delays in shift scheduling.

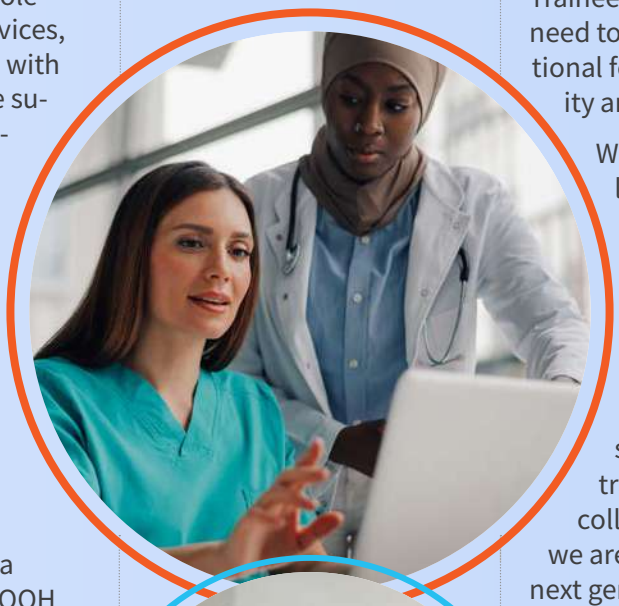
Rota fill and trainers

We have seen a positive increase in the number of trainers participating in the OOH service – an encouraging development given our reliance on trainer availability to support trainee placements.

We continue to work closely with the Bedford Luton Milton Keynes Training Hub to raise awareness and encourage more clinicians to become trainers. Where appropriate, we are exploring a model that pairs two trainees with one trainer to improve supervision ratios.

HUC and training hub meetings

Regular meetings with the BLMK Training Hub support our shared aim of delivering a structured, supportive training environment – helping to shape positive experiences for trainees who may become part of our future workforce.



Feedback about sessions

Trainee feedback has highlighted a need to balance the delivery of educational feedback with clinical productivity and queue management.

We are working with GP colleagues to develop solutions that maintain service efficiency while ensuring meaningful learning takes place.

Medical education remains a core component of HUC's workforce strategy. Through structured induction, increased trainer engagement, and ongoing collaboration with training hubs, we are committed to nurturing the next generation of clinicians while delivering high-quality patient care.

Meds management and IPC

Our medicines management team, supported by the lead pharmacist, works hard to ensure that out-of-hours bases and visiting cars are equipped with appropriate medical supplies, including medications, prescription forms, equipment, and consumables.

A strong medicines governance framework underpins our approach. This includes regular audits of prescribing activity, continuous policy and process reviews, and robust learning from medication-related incidents.

Prescribing audits

Controlled drug prescribing

Prescribing of controlled drugs is audited against HUC's controlled drug (CD) prescribing guidance, which limits prescriptions in the out-of-hours setting to a maximum five-day supply.

Clinicians are expected to adhere to this guidance with 100% compliance. Any clinician who prescribes outside the guidelines is contacted and reminded of the expected standard. Repeat breaches are escalated to clinical leads.

Antibiotic prescribing

Clinicians are expected to follow local antimicrobial guidance, and any deviations must be documented clearly in patient records.

Cases lacking justification are flagged and feedback is issued, along with relevant prescribing guidance. Repeat non-compliance may lead to individual review by the lead pharmacist, clinical lead, and chief medical officer. This may result in a face-to-face meeting, increased audits, and an agreed action plan.

Cascade of medicines-related alerts

As an NHS provider, HUC receives and reviews a wide range of medicines-related alerts, including recalls, public health bulletins, and safety notifications. These are reviewed by the lead pharmacist and, where appropriate, alerts are cascaded via our clinical newsletter.

NICE guidance updates

All newly published NICE guidelines are reviewed by the clinical leads and lead pharmacist. Any guidance relevant to HUC services is summarised and shared through the clinical newsletter.

Home Office controlled drugs licences

HUC holds valid Home Office controlled drug licences for the supply and possession of CDs, eg morphine, midazolam, used in end-of-life care. These licences are renewed annually across all HUC sites. Periodic compliance inspections by the Home Office ensure security and governance processes remain robust and legally compliant.

Infection Prevention and Control (IPC)

HUC recognises that strong Infection Prevention and Control (IPC) practices are a critical part of patient safety and a regulatory requirement for healthcare providers.

To ensure full compliance with the Health and Social Care Act 2008, HUC maintains an embedded IPC structure linking operational staff, senior clinicians, and governance teams through to executive leadership and the board. This ensures robust upward and downward communication – 'ward to board' – and that all learning from incidents is cascaded promptly.

Reported IPC Incidents

In 2024–25, a total of 14 IPC incidents were reported across the organisation – up from nine the previous year. This increase reflects our open and maturing reporting culture.
All incidents were investigated thoroughly and classified as 'no harm'

to patients or staff. Themes identified:

- Maintenance / property / environment: 9
- Patients with infectious presentations: 3
- Miscellaneous: 2

All cases were reviewed through local clinical governance meetings, with investigations led by designated managers according to internal protocols.

Proactive risk management

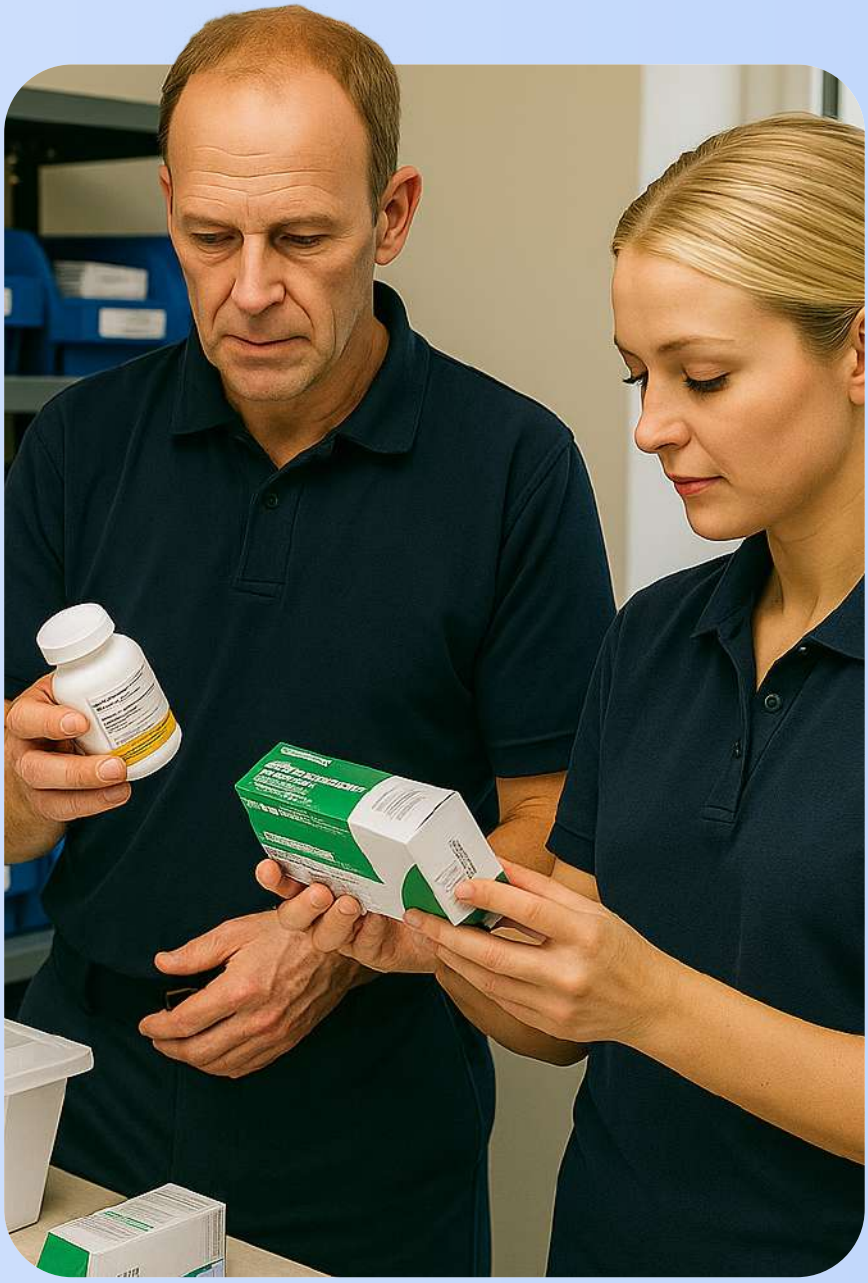
In response to increased national outbreaks of cold and flu in December 2024 and January 2025, HUC introduced enhanced IPC precautions. These were tailored to each care setting, including contact centres, home-visiting teams, out-of-hours bases, and corporate offices – ensuring both patient and staff wellbeing remained protected.

National alerts and public health messaging

HUC monitors and responds to all relevant National Patient Safety Alerts and UK Health Security Agency (UKHSA) messages. These are reviewed and disseminated appropriately to ensure HUC remains aligned with national IPC protocols and best practice.

In March 2025, HUC responded to a UKHSA urgent public health message regarding the reclassification of clade 1 Mpox. The derogation of Mpox from the high consequence infectious disease list was communicated promptly across the organisation.

IPC Audits and Quality Assurance
HUC's out-of-hours sites are audited on a rolling basis, with IPC audits forming a key focus for 2025–26. This includes process reviews and improvements to hand hygiene audits. We are also exploring the introduction of 'Wash and Glow' training boxes to improve practice, awareness, and engagement alongside mandatory IPC training.



HUC services

NHS 111

Performance summary

Abandonment rate

The abandonment rate measurement refers to the percentage of calls made to NHS 111 that either hang up or are disconnected by the caller before the call is answered by a Health Advisor.

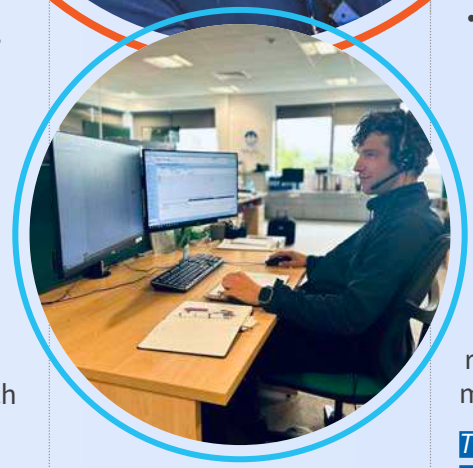
The abandonment rate is a key performance indicator, with the national target set at 3% or less. It can also be an indicator for other system-wide pressures that can be experienced across the local health economies. Daily updates on abandonment rate are shared with our ICB commissioners and health system partners to ensure that any potential system wide mitigations to support patient care are implemented.

The abandonment rate fluctuates throughout various times of the day, days of the week and times of year dependent on wider social factors such as an increase in seasonal illnesses, service delivery pressures or general increase in social demand. The average rate is calculated at the end of each day and at the end of each month to indicate overall performance level achieved.

The graph on the bottom left of the opposite page shows the average abandonment rate across all the contracts in the HUC footprint

As part of our performance improvement plan, which incorporated several project plans / initiatives to support performance, NHS England's National Resilience Service was utilised to complement the HUC call handling capacity thereby optimising performance and patient experience.

This supportive measure was in place between April 2024 and September 2024 with the percentage of support decreasing in line with the improvements made as part of the wider plan.



During these months, there was a continuation of improvement of the abandonment rate performance across all HUC contracts. Project initiatives in the improvement plan which were successfully implemented included:

- Organisational wide single PAN HUC rota review to improve efficiencies,
- SMS care advice to reduce call handling time
- Increased utilisation of non-clinical floorwalkers to improve productivity
- Call routing changes to streamline call flow and improve patient experience

Average Handling Time

Average Handling Time (AHT) reflects how long it takes for NHS 111 calls to be managed from start to finish. An efficient AHT contributes to improved patient experience, faster response times, and lower abandonment rates.

The graph on the bottom right of the opposite page shows the Average Handling Time across HUC's NHS 111 service from April 2023 to February 2025

AHT peaked in spring 2024 before showing steady improvement following the implementation of a streamlined call script and operational enhancements.

The increase in call activity from October, after the removal of National Resilience support, was also relatable to the seasonal influx of calls expected, as the service headed into winter pressures.

Heightened awareness of real-time performance

In 2024, we introduced a new business intelligence dashboard called MAP (Monitoring Activity and Performance). The purpose of this dashboard is to provide clear oversight of detailed performance areas for the NHS 111

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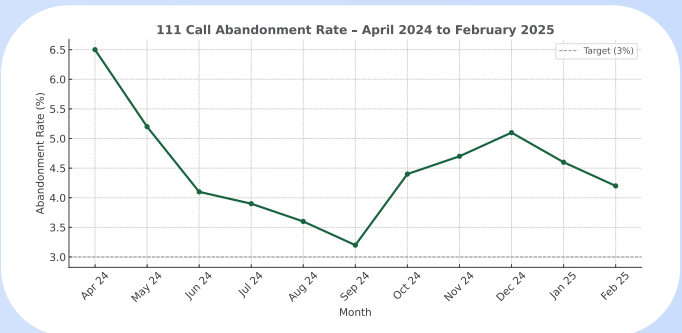

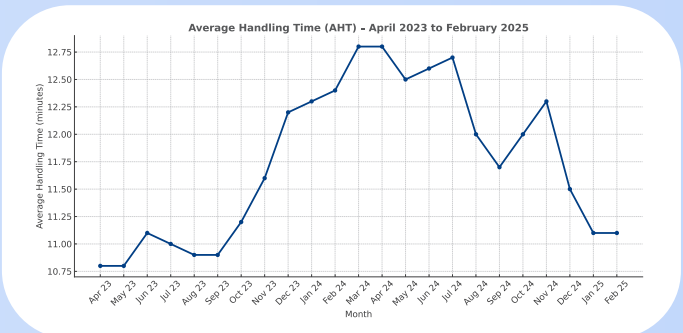

HUC services

services to all management teams in real-time, to identify trends and implement necessary strategies to improve specific areas of performance.

This improvement in performance visibility highlights how we translate learning into evidence-based change and supports our commitment to improving performance and patient experience.

The MAP dashboard provides a simple and effective means of analysing overall NHS 111 performances by day / hour. It provides oversight for contractual requirements, and forecast activity against average handling time, rota fill, Clinical Advisor (CA) floor walking wait times and team productivity.

Making these metrics readily available provides oversight of Key Performance Indicators (KPIs), such as average time to answer and abandonment rate.

MAP has enabled us to investigate why our performance is strong, or why, on a given day, we have performed to a lower-than-expected standard.

Line managers utilise this dashboard daily to provide productivity feedback to their cohorts for areas of improvement. An improvement in productivity and performance oversight heightens the organisation's ability to implement mitigations to recover performance in real-time more quickly.Looking retrospectively at the dashboard, the management team can analyse performance and share any key learnings to improve services and patient experience.

Peterborough contact centre relocation

In June 2024, we relocated our Peterborough contact centre to new premises, moving away from Peterborough City Care Centre on Thorpe Road, which had been our home since 2013, to Sand Martin House in Bittern Way near the town centre.

The official opening ceremony took place on Wednesday, July 10, when the Lord-Lieutenant of Cambridgeshire, Mrs Julie Spence OBE CStj QPM, graciously presided over the ribbon-cutting and plaque-unveiling ceremony. The Mayor of Peterborough, Councillor Marco Cereste, also attended the event which showcased the hard work that had been undertaken to transform our new premises into a state-of-the-art call centre.

The MAP dashboard provides a simple and effective means of analysing oveall NHS 111 performance by day / hour

The new accommodation provides increased capacity with over 100 contact centre desks and various support / break-out areas, as well as a purpose-built classroom. It also gives us the space to increase our workforce to support service delivery to patients, while closer links to the city centre and proximity to local transport facilities will support the local community in job opportunities within HUC.

To further support colleagues and standardise facilities to all our contact centre teams, HUC is funding the car parking charges associated with the onsite car park.

This contact centre exemplifies our collaborative and caring approach to healthcare delivery. The training room creates an excellent learning environment where trainees undergo comprehensive training, helping them to integrate into the team before joining their colleagues on the phones. This supports workforce engagement and team building, as well as learning and compliance to expected performance standards.

Average Handling Time

Average Handling Time (AHT) is the average time it takes for a call to NHS 111 to be managed from start to finish.

It is an important metric to measure as it not only impacts NHS 111 Health Advisors' availability to answer calls but also impacts the call abandonment rate. An improvement in average handling time would, therefore, provide a better patient experience.

Over the last 12 months, we have developed and delivered several projects focused on the improvement of the AHT performance.

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HUC services

Data shows that from November 2023, the AHT had been consistently increasing peaking in Spring 2024 at 12.8 minutes, due in large part to the amount of information health advisors were required to collect.

A new script for health advisors was developed and introduced in July 2024 to streamline the call flow and remove the need to ask the caller for duplicated information. This reduced our AHT and improved the overall patient experience.

Improvements were evident from the first few weeks of implementation of the new script, with a reduction of AHT from 12.7 minutes to 12 minutes in August 2024.

The AHT figure continued to decline from thereon in with the February 2025 average measured at just 11.1 minutes.

Call hold time

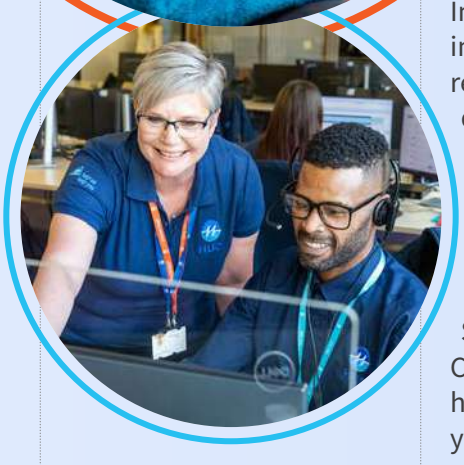
The average time that callers were placed on hold while awaiting clinical support decreased markedly over the reporting period. The introduction of the non-clinical floorwalker role contributed significantly to this improvement.

Call volumes increased over the winter months increasing the average time to answer, but the average handling time continued to improve dropping to 11.1 minutes on average.

This was an improvement of 1.3 minutes in comparison to the same period in the previous year. This drives improvements with patient experience through efficiency of signposting to most relevant services for the patient needs.

Innovative solutions

As part of our performance improvement plan that ran throughout 2024, there were several changes to the call flow configuration designed to improve patient experience of the service and performance against KPIs.



In May 2024, HUC decided to permanently network calls across all the NHS 111 contracts (with an estimated wait time of 50 seconds or less before delivery to a 'home' contract call handler). By July 2024 this had fallen to 20 seconds, leading to efficiencies of staffing across all the contracts and an improvement on the average speed to answer.

Likewise, the 'wrap up time', time spent after a call before the next call is routed to the health advisor, reduced from 20 seconds to 15 seconds in August 2024. This reduces the average time to answer the next call.

In April 2024 service advisors were instructed to only take calls related to requests for repeat prescriptions and dental problems. This streamlined these calls to be answered promptly, supporting an efficient patient assessment and experience.

Care advice SMS

Sending patients the NHS Pathways Care Advice via an SMS (text) message has been operational for just over a year with the feedback being overwhelmingly positive. HUC are one of just a handful of providers who have been able to enable this function.

The care advice is sent via SMS to the patient / caller using the mobile number they provided and be available for them to view up to seven days after their initial contact.

This gives patients an opportunity to review the advice at leisure and make any relevant notes. It has also supported a reduction in call handling time and reduced average handling time.

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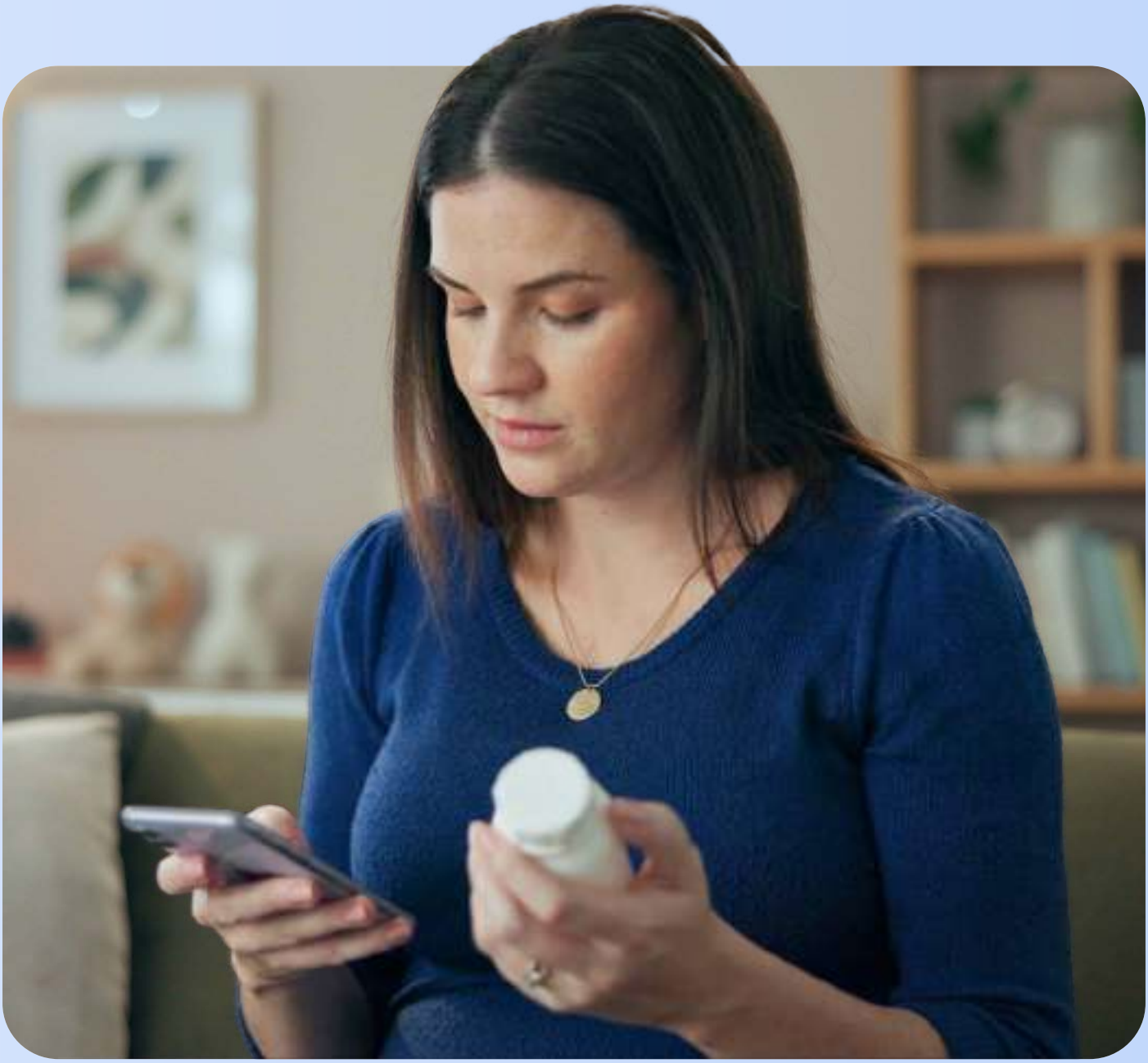


HUC services

Pan-HUC rotas

As part of our ongoing efforts to ensure a consistently elevated level of performance, that meets both our contracted standards and national Key Performance Indicators (KPIs), we have reviewed rota patterns across our footprint to align with service demands and efficiencies.

This has involved a focus on creating a smoother and more balanced experience for both patients and our call handlers.

Pulling South West and East of England call handlers together enabled us to create a larger 'pan-HUC' team. This supports with resilience across all the contracts and services across the HUC footprint, thereby better supporting our patients with timely call answering and, as a result of this, a reduction in the abandonment rate.

The implementation of revised pan-HUC rotas began in October 2024. While most health advisors supported these changes and selected new rota patterns in line with the pan-HUC model, a review in January 2025 found that the level of flexibility which had been built in to support the individual needs of health advisors was becoming counter-productive.

The result was an imbalance of staffing to meet the demands of the service, so a second review and refinement of alignment of working patterns commenced in March of this year.

This review will be completed imminently and is expected to deliver multiple benefits. These will include a much-improved schedule fit and ability to meet national KPIs with fluctuating demands throughout the year, refine our efficiencies and enhance timely call answering for our patients.

Non-clinical floor walker

With the current demands on the 111 service and wait times on the clinical advice line, we have created the role of non-clinical floor walker (NCFW) across all contact centres. The person fulfilling this role logs on to the advice line, which is recorded for training and developmental purposes, to support the teams in all our contact centres.

Principle responsibilities of the role include:

- Providing advice and guidance on Pathways and local HUC policies to health advisors and service advisors
- Providing coaching and support to new health advisors in the graduation bay

This role is fundamental role to ensuring our staff are supported at every stage of their NHS Pathways triage. Moreover, it diverts calls away from the clinical advisor line, thus allowing those working in this role, to focus their efforts on providing clinical support.

Operational Delivery Manager (ODM) role

The new Operational Delivery Manager (ODM) role successfully commenced across all our contact centres in the East and South West of England in January 2025.

In preparation for the role, all selected candidates completed a three-day training course that covered a host of topics to make them better equipped to manage performance and personnel.

The new role, which involves managing tight deadlines and adjusting strategies quickly to respond to service changes, has had a positive impact on performance with call abandonment rates, average handling time, and productivity all

improving markedly. In addition, team members have also benefitted from increased pastoral support.

The contact centres are supported and managed in real-time, with a focus on the the health and wellbeing of our workforce. Individual meetings occur daily, and feedback from the teams highlights that they feel more supported.

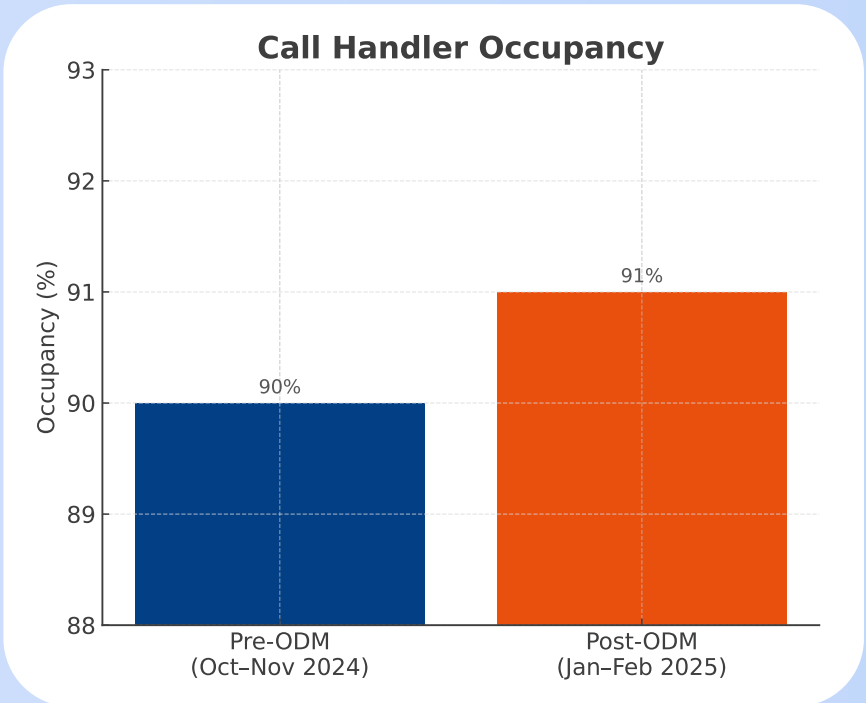
The role, which will continue to develop, has led to an improvement in collaborative working across our network of contact centres. In due course, the ODMs will undertake an enhanced leadership programme that will increase their management skills and provide the support they require to succeed in their new roles.

Regular check-ins with the NHS 111 management team take place to align on strategic goals, objectives and service development. Driving innovation and improvement in key aspects of our services continues to be a priority.

Call handler productivity and occupancy

Implementation of the new Operational Delivery Manager (ODM) role contributed to improvements in call handler productivity and call occupancy rates.

Below chart compares these metrics before and after implementation



HUC services

Clinical Assessment Service (CAS)

HUC's Clinical Assessment Service (CAS) is central to our integrated urgent care delivery. It ensures that patients contacting NHS 111 receive timely, safe, and effective clinical input.

The service is staffed by a multidisciplinary team including GPs, Advanced Clinical Practitioners, NHS Pathways-trained nurses, paramedics, and other experienced clinicians. These professionals provide post-triage clinical assessment and validation to optimise patient pathways and reduce unnecessary referrals.

Continued focus on clinical queue safety

In 2024-25, HUC maintained a strong focus on queue management and patient safety. The four-hourly GP list review is now a fully embedded process, ensuring high-risk cases are prioritised in a timely manner. Further development of this function will occur over the next 12 months.

Improvements to the auditable flagging system have allowed more refined clinical prioritisation, with new categories covering safeguarding concerns and end-of-life care needs.

Comfort-calling protocols remain in place, enabling non-clinical staff to contact patients who breach their disposition timeframe. Any signs of deterioration are escalated immediately to a clinician.

We have also updated all Standard Operating Procedures (SOPs) and implemented a revised Surge and Escalation Plan. Each action within the plan is supported by an SOP and underpinned by training across all impacted teams.

Targeted surge management now enables effective resource deployment at service level while maintaining overall patient safety and performance.

Enhanced clinical navigation

Clinical Navigators remain essential to real-time risk management. They monitor queue activity and dynamically reallocate clinicians to match demand. This flexible workforce model supports improved patient flow, particularly during peak periods.

Recruitment of clinical advisors

In 2024-25, HUC recruited more than 40 new clinical advisors to support expanding service needs. A major driver was the shift toward clinical advisor-led validation of emergency department cases in the East of England. This change has enhanced workforce flexibility and sustainability.

To support this evolving team, HUC is strengthening its management and supervisory structures to ensure retention, development, and high standards of care across the service.

Integrated use of remote and face-to-face capacity

Clinical Navigators now strategically utilise both remote and face-to-face GP capacity. Suitable CAS cases are booked into available out-of-hours (OOHs) GP slots for telephone consultations, improving overall efficiency while preserving in-person capacity for higher-acuity patients.

This model ensures OOHs clinicians remain focused on cases requiring physical examination. Additional navigators are deployed during peak times to maintain flow and patient access.

Nationally integrated services

HUC successfully integrated its South West CAS into the clinical system it uses in the East of England. This alignment enables clinical navigators and clinicians to work seamlessly across regions, improving resilience and response during high-demand periods.

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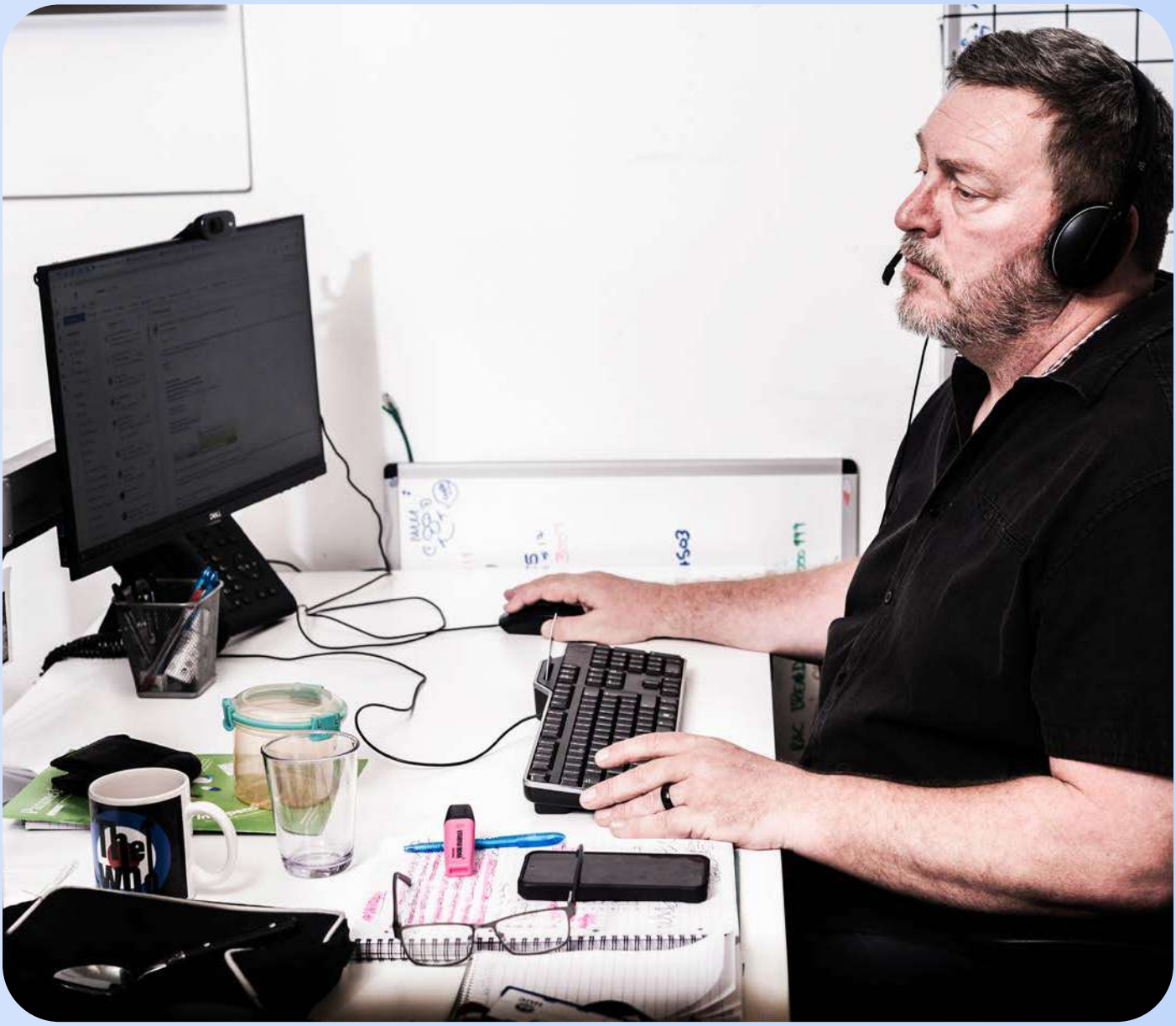


HUC services

Clinical audit, learning, and development

Monthly audits remain a foundation of quality assurance. Clinical advisors are assessed using NHS Pathways competencies based on:

- Seasonal themes
- Epidemiology
- Presenting symptom clusters

Audit outcomes are shared through structured feedback and peer-led learning. Advisors scoring above 94% are recognised for excellence. Tailored development plans, buddying, and CPD support newer staff.

Non-Pathways clinicians are also audited monthly, receiving regular feedback from team leaders or designated auditors.

Collaborative quality assurance

Monthly levelling sessions and bi-monthly internal audit meetings ensure consistency in audit scoring.

These are complemented by bi-annual sessions with the NHS Pathways transformation team, including live call reviews and real-time feedback. These contribute to improved calibration and educational outcomes.

The CAS management team works closely with clinical governance colleagues to share audit findings and support ongoing improvement.

Looking ahead, the CAS will continue to embed patient safety frameworks, support workforce development, and improve service performance across the integrated care model.

Minor Injury CAS (MICAS)

An enhancement to CAS, MICAS offers rapid-access remote clinical assessment for minor injuries via NHS 111. The service helps patients avoid unnecessary ED attendance by assessing conditions such as sprains, minor burns, lacerations, and soft tissue injuries.

MICAS helps patients avoid unnecessary ED attendance by assessing conditions such as sprains, minor burns, lacerations, and soft tissue injuries

Tailored clinical input

MICAS is staffed by emergency nurse practitioners and paramedics with specialist injury assessment training. The service uses local Directory of Services (DoS) profiles and direct referral routes for efficient care navigation.

Key benefits include:

- Timely clinical assessment of minor injuries
- Direct referral to local services
- 50% reduction in secondary care referrals compared to standard NHS Pathways management

Improvements in streaming and outcomes

In 2024-25, pathway refinements improved streaming accuracy and reduced duplication. Collaboration with system partners supports alignment across the urgent care network.

Audit and assurance

MICAS has a dedicated monthly audit programme to ensure clinical quality. Outcomes are reviewed by the CAS governance group, with peer case discussions used to share learning and maintain high standards.

NHS Pathways clinical advisor audits

Clinical audit remains a cornerstone of quality assurance for our NHS Pathways-trained clinical advisors. In 2024-25, HUC continued its programme of monthly audits, ensuring that all advisors were assessed against the eight NHS Pathways clinical competencies.

These audits provide structured, evidence-based feedback, support individual development, and help us maintain a consistently high standard of clinical decision-making.

Audit themes are selected to reflect both seasonality and real-time presenting complaints.

Advisors are audited on real cases selected from recent calls, allowing

learning to be grounded in current clinical practice and patient need.

Peer-to-peer audit sessions continue to be facilitated monthly, promoting reflective learning, consistency in audit scoring, and identification of outstanding practice. These sessions also support early identification of training needs, allowing prompt implementation of supportive measures such as buddy shifts, focused mentoring, or additional e-learning modules.

Audit outcomes

- 144 clinical advisors were audited, with an average audit compliance score of 96.9%
- 86% of clinical advisors achieved a score of 94% or above and were formally recognised for clinical excellence throughout the year
- 7% of advisors required additional support, all of whom were provided with tailored development plans

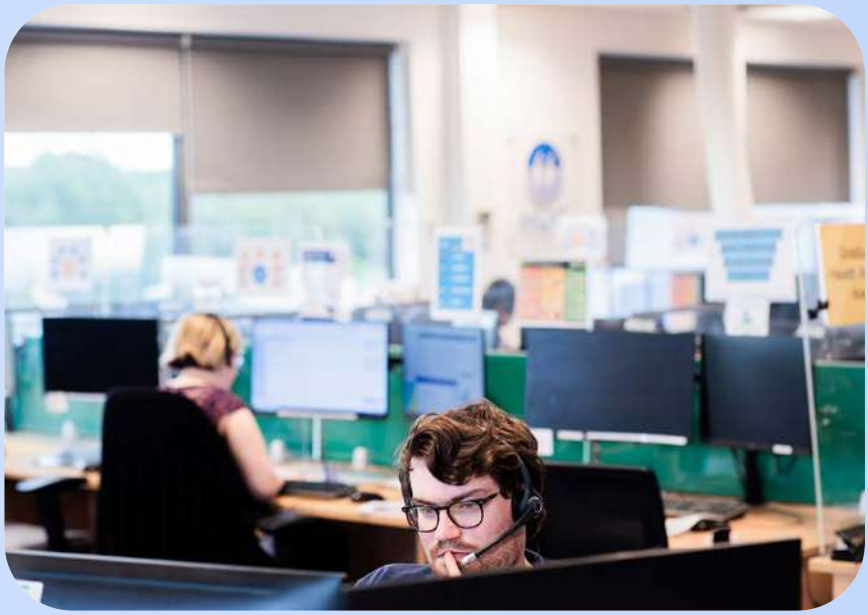
Quality assurance and national collaboration

All audits are subject to internal levelling and calibration processes. Monthly levelling exercises ensure alignment between auditors and enhance the integrity of scoring.

In addition, bi-monthly levelling meetings allow clinical leaders and auditors to review and discuss complex cases collaboratively.

HUC meets regularly with representatives from the NHS Pathways training and transformation teams, who also attend our internal levelling sessions to provide live feedback and external assurance. In 2024-25, we supported national quality improvement efforts by sharing anonymised, redacted call recordings that showcased examples of best practice.

Feedback from NHS Pathways continues to be positive, reflecting the maturity and robustness of HUC's clinical audit framework.



HUC services

Primary care

Luton Town Centre Surgery

Luton Town Centre Surgery (LTCS) has continued to demonstrate its commitment to high-quality patient care by improving performance across both Quality and Outcomes Framework (QoF) indicators and in the management of long-term conditions.

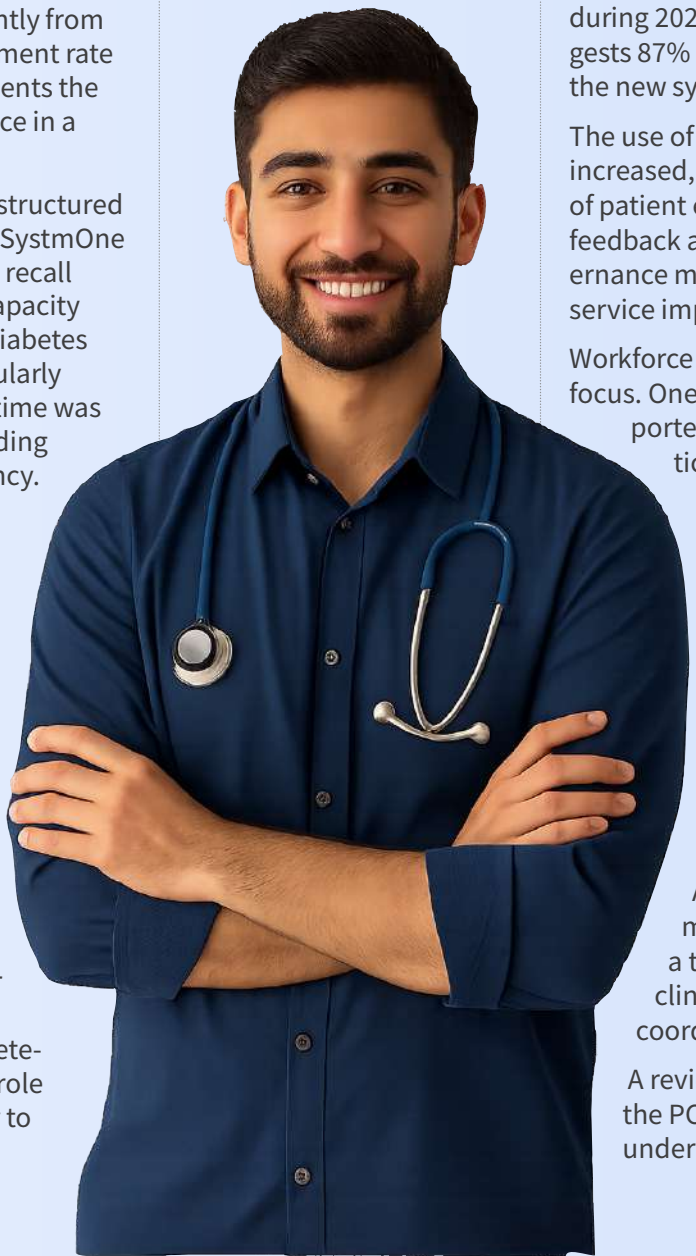
The practice has adopted a 'total triage'model to better match patient need to the right clinical resource, using a GP-led triage process to allocate work across its multidisciplinary team.

Activity levels rose in 2924-25, with an average of 3,334 appointments per month – up from 3,237 the previous year. DNA rates dropped slightly from 6.6% to 6.5%. A QoF achievement rate of approximately 92% represents the practice's highest performance in a decade.

This improvement reflects a structured and collaborative approach. SystmOne templates supported clinical recall processes, nursing and GP capacity was aligned to asthma and diabetes reviews, and coding was regularly audited. Protected learning time was used to share learning on coding errors and improve consistency.

Audit work covered the cold chain, infection prevention and control (IPC), and health and safety compliance. A consultation review audit tool supported record-keeping standards. Supervision and peer review were embedded via daily huddles, one-to-ones, and clinical meetings.

Safeguarding concerns are now reviewed with the wider safeguarding team before submission to ensure completeness. The safeguarding lead role is being strengthened locally to support administration.



Further audit of the triage process is planned to assess appropriateness of appointment allocation.

Incident reporting varied across the year, with a focus on improving engagement and using learning from low- and no-harm events. Some recurring issues related to estates and security; these were reviewed jointly with internal and system partners.

Complaints remained low. All were reviewed with local leads and patients were kept updated, with learning shared accordingly.

The National GP Patient Survey showed improved satisfaction, particularly around access. In addition to the total triage model, a cloud-based telephony system was also introduced during 2024-25. Initial feedback suggests 87% of patients are satisfied with the new system.

The use of SMS messaging (via Accurx) increased, improving the consistency of patient engagement. Themes from feedback are discussed in clinical governance meetings and used to inform service improvements.

Workforce development remained a focus. One practice nurse is being supported through an advanced practice qualification, while the HCA competency framework is under review to expand roles. Appraisals and governance meetings support statutory and mandatory training compliance.

LTCS leads the Oasis Primary Care Network (PCN) and works in partnership with Castle Medical Group. The PCN has maximised the Additional Roles Reimbursement Scheme (ARRS) to build a team including paramedics, clinical pharmacists, and care coordinators.

A review of whether to incorporate the PCN as a limited company is under way.

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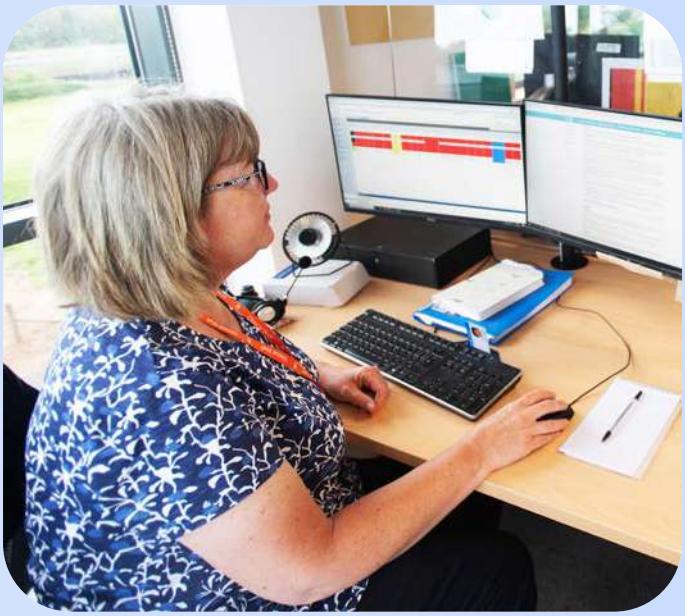

HUC services

Key appointments in 2024-25 included:

- Practice manager
- Deputy practice manager
- Non-medical practitioner lead
- Salaried GP

Recruitment of non-medical practitioners proved more challenging. Job descriptions for nursing roles were updated to reflect the need for asthma and diabetes expertise. Adoption of NHS TRAC has streamlined recruitment.

The practice is also working towards becoming a training practice, with the GP lead undergoing revalidation as a trainer.

Patient access remains a core priority. The rota model has been adjusted to align clinical hours with demand.

The new telephony system, implemented in April 2024, allows for better monitoring of call volumes and wait times, while the total triage model has helped streamline care, reduce the need for multiple touchpoints, and increase face-to-face appointments at first contact.

Security risks have been actively managed. A partnership with NHS Property Services and local police supports escalation of issues. A review of how the organisational violence and aggression policy aligns with local referral thresholds is ongoing. HUC continues to explore relocation options to mitigate long-term risks.

All incidents, including security and estates concerns, are recorded on RADAR and reviewed through governance structures. Future work will include:

- Assigning named clinical leads for diabetes care and high-risk medication reviews
- Introducing regular reporting and training around clinical coding
- Improving integration with local services to support chronic disease management

The new telephony system, implemented in April 2024, allows for beter monitoring of all volumes and wait times

Luton Urgent Treatment Centre

Luton Urgent Treatment Centre (LUTC) continued to improve service quality and consistency during 2024-25.

Attendances rose significantly to 29,890, up from 26,470 the previous year. NHS 111 referrals increased to 55% of activity, with 25% of all patients arriving via booked appointments.

Service performance strengthened:

- 96.8% of patients were discharged within four hours (up from 96%)
- 88.9% received an initial assessment within 15 minutes (73%)
- 58.7% were seen within 30 minutes of a booked appointment (51%)

The final quarter saw marked improvements, with over 70% of booked patients seen within 30 minutes. Repeat observations are used to maintain patient safety when delays occur.

Dashboards have enabled the team to identify and address performance issues. Productivity reviews flagged that average GP throughput was 3.1 patients per hour – below expected levels. Lengthy referral processes were identified as a key factor and mitigated by using the PaCCS system to access the Directory of Services.

Audits continued on consultation records, safeguarding, IPC and health & safety. Shared estate audits with Luton Town Centre Surgery helped reduce duplication. Most patients (81%) were managed without referral to acute services. Only 2% required referral post-assessment.

Incident and complaint themes included estates and security issues, patient transfer and communication breakdowns. Actions included:

- Emphasising escalation protocols
- Improving signage to manage patient expectations
- Clarifying clinical communication pathways

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HUC services

RADAR is used to log and track incidents and complaints. Learning is shared at governance meetings.

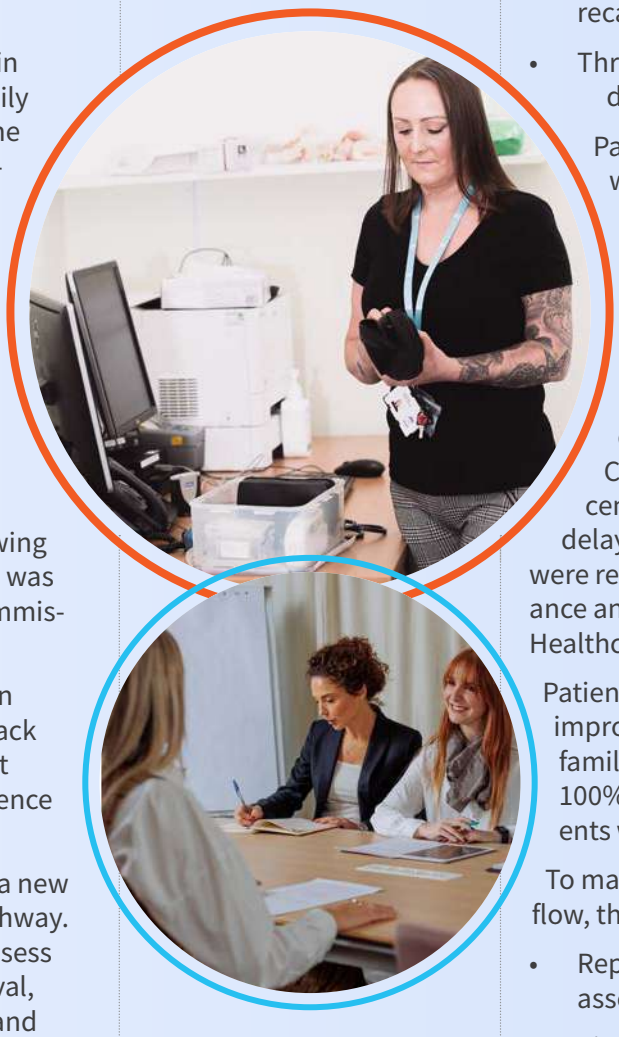
Patient feedback volumes remain low (<1%), though friends & family responses doubled in Q4 after the reception team were given ownership of survey distribution.

Recruitment remained challenging. Reliance on clinical bank and agency staff has impacted rota resilience. Portfolio roles and cross-site working have been promoted to support retention.

Demand pressures continued, especially from 6pm–8pm following profile changes on the DoS. This was resolved in partnership with commissioners.

A new streaming model has been piloted, including remote call-back consultations for defined patient groups. This supports rota resilience and improves flow.

Planned developments include a new pre-registration assessment pathway. This would allow clinicians to assess risk immediately on patient arrival, triggering point-of-care testing and reducing wait times.



Cheshunt Minor Injuries Unit

Cheshunt Minor Injuries Unit (CMIU) recorded 26,383 attendances in 2024-25, a 7% drop attributed to increased availability of alternative services in the area. Despite reduced volume, performance remained strong.

- 96.7% of patients were seen and discharged within four hours
- Median time on site decreased from 69 to 58 minutes
- 95% of patients were assessed within 15 minutes by Q4

Audits completed over the year highlighted:

- IPC compliance of 96%
- Missed fracture rate of 2.6% (down from 2.8%), with all patients recalled
- Three cold chain breaches deemed low risk

Patient outcomes showed most were either discharged, followed up by their GP, or referred to fracture clinics. A reduction in unnecessary imaging (down to 32% of attendances) reflected improved triage accuracy.

Security concerns led to re-designed consultation rooms. Complaints and incidents centred on demand, radiology delays, and estates issues. These were reviewed through clinical governance and shared with HCT and Alliance Healthcare.

Patient feedback mechanisms were improved mid-year, with friends & family responses increasing by over 100%. By year-end, 92% of respondents would recommend the service.

To manage demand and improve flow, the team:

- Repurposed waiting areas for assessments
- Simplified escalation document
- Enabled clinical booking of return visits via Adastra
- Scheduled staff flexibly using cross-organisational support

Challenges included staffing gaps, which were mitigated through successful recruitment and rota planning. Radiology service reliability improved following refurbishment, although intermittent issues persisted.

Reporting challenges within Adastra were addressed via system reconfiguration and mandatory end coding.

Future developments

- Launch of booked appointments to manage peak times
- Implementation of clinical templates and referral tagging

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HUC services

Urgent care

St Albans Integrated Urgent Care Hub

St Albans Integrated Urgent Care Hub (IUCH) managed 22,632 attendances in 2024-25 – an 8.2% rise on the previous 12 months. The service maintained strong performance across all key indicators, including:

- 99.9% of patients were discharged within four hours
- 96.8% were seen within 30 minutes of booked time
- 99.7% were seen within two hours

Audit work included:

- Missed fracture audits (~1%)
- Frequent attender analysis
- Asthma and croup treatment reviews, resulting in updated guidance

ED referrals decreased from 7% to 3%, with GP staffing supporting better management of minor illness presentations.

Patient feedback showed 3% response rates (694 responses). Most of those who did respond would recommend the service. Concerns about parking costs were escalated to system partners.

Training and development included:

- Paediatric care for non-medical staff
- Prescribing and management training
- Ongoing engagement through bulletins and blogs

Utilisation rose from 81.5% to 84.7%, reaching 91% in Q4. Service redesign included:

- Increasing minor illness slots
- Suspending underused radiology
- Redistributing hours from weekends to weekdays
- Accepting weekend dressing referrals

A DNA review found 60% of no-shows were not communicated to the service, often by just a handful of GP practices. Follow-up actions were implemented with a view to improving data sharing.

Workforce pressures remained, especially in non-medical roles. TRAC supported recruitment, and clinical cross-cover options were explored.

Future plans include:

- Expanding point-of-care testing
- Reviewing scope of c-onditions treated
- Trialling direct referrals from Emergency Departments

Acute In-Hours Visiting Service

The Acute In Hours Visiting Service (AIHVS) completed 10,128 home visits in 2024-25 – up 3% from the previous year. The service supports urgent primary care for housebound patients in East and North Herts.

- 97% of visits met the key performance response time
- 92% of calls were answered within 60 seconds

Staffing was provided by GPs and urgent care practitioners on mixed contracts, supported by dedicated coordinators using SystmOne.

Patient feedback, though limited in volume, continued to show 100% satisfaction.

Key developments included:

- Review of SOP to clarify referral escalation and UCP competencies
- PGD updates to ensure alignment with service scope
- Exploration of remote prescribing to improve care responsiveness

Emergency Intervention Vehicle Service

EIVS carried out 2,241 visits in 2024-25, supporting frail or recently discharged patients and helping to prevent unnecessary hospital admissions.

Ninety-one per cent of patients were managed at home. The service responded within its two-hour target and received referrals from NHS 111, HCT, EEAST, care homes, and other partners.

Staffed by urgent care practitioners and a local authority social worker, the service provided holistic care to complex patients.

Commissioners extended the contract for another year on a reduced basis. Areas for development include:

- Improving collection and use of patient feedback
- Streamlining referral administration via centralised support

Training and education

Promoting a culture of continuous learning

At HUC, we continue to take great pride in promoting a culture of continuous learning. We support individuals in developing autonomy over their own learning, while providing structured frameworks to embed core skills and strengthen their understanding and effectiveness in their roles.

We offer a comprehensive selection of mandatory training courses tailored to both our clinical and non-clinical workforce, alongside an extensive catalogue of optional e-learning modules.

Amongst many others, topics include:

- Mental health
- Whistleblowing
- Stroke awareness

These resources are complemented by instructor-led training, which can be booked via our online learning portal. This includes face-to-face Basic Life Support (BLS) and Safeguarding training.

Training & development sub-committee

To help steer this agenda, HUC has a dedicated training & development sub-committee that meets bi-monthly. This group is responsible for reviewing training requests submitted by line managers, monitoring attendance and completion rates, evaluating changes to existing courses, and addressing any issues related to statutory and mandatory training compliance.

Over the past year, the committee has reviewed and approved numerous training requests, including courses in the management of palliative care (Level 7), paediatric minor illness, nurse prescribing, Mary Seacole and Rosalind Franklin leadership programmes, as well as various short clinical skills courses.

HUC's generous training budget has faciliated these external education opportunities – a clear reflection of the organisation's commitment to developing clinical excellence.

We also continue to sponsor a wide range of apprenticeships across areas such as senior leadership, business management, finance, and learning and development.

With regard to statutory and mandatory training compliance, we have focused attention and resource on business areas that were not meeting expected standards.

Working closely with line managers, we achieved measurable improvements. For instance, compliance among Luton & Bedfordshire drivers and receptionists increased from 72% in August 2024 to 96% by February 2025.

In March 2025, a new module – Pharmacy First for IUC – was added to the profiles of all health advisors, service advisors, and clinical advisors. As this was introduced mid-cycle, a temporary dip in overall compliance was expected; however, we anticipate a return to pre-existing levels very quickly.

Looking ahead to 2025–26, we have several exciting initiatives planned. One of the key developments is the redesign and relaunch of our management bootcamps, designed to invest in and develop the next generation of leadership talent within our workforce.

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Quality improvement

NHS Pathways training

Between April 2024 and March 2025, HUC delivered 67 NHS Pathways training courses across its contact centres. These included:

- 19 courses in Peterborough and Welwyn Garden City
- 16 in Bedford
- 13 in Taunton

During this period, approximately 350 health advisors and 50 clinical advisors commenced training. NHS Pathways exams yielded strong results, with 94% of candidates passing Paper 1 and 96% passing Paper 2.

New starters follow structured training pathways:

- **Service advisors:** Two weeks
- **Health advisors:** Six weeks
- **Clinical advisors:** Eight weeks

Approximately five weeks after starting to take calls independently, health advisors and clinical advisors complete Core Module Two training. Delivered remotely, over 30 sessions have been conducted with a 99% pass rate.

To further support development, coaching courses have been provided for health advisors and clinical advisors. Additional workshops have included:

- Probing and call length
- Challenging calls
- Conflict resolution
- Sensitive communication

In 2024-25, HUC also ran 10 service advisor training courses across Bedford, Taunton and Peterborough, training 23 individuals – all of whom successfully completed the programme.

NHS Pathways non-clinical audit

HUC's Quality and Improvement (Q&I) team undertakes monthly audits for all health advisors and service advisors. These audits celebrate high performance and identify areas for improvement. Patient safety remains central to this process.

HUC is fully compliant with Schedule 1a of the NHS Pathways Provider Licence. Every non-clinical staff member receives at least three audits monthly, increasing to five for those on higher audit tiers.

Where improvement is needed, enhanced support plans – including additional audits and tailored coaching – are put in place.

Audits are constructive and outcomes-focused. Auditors provide feedback in person at monthly sessions, with opportunities for self-reflection.

Staff requiring further support may receive bespoke workshops or buddy shifts with trained coaches. These activities are recorded in performance plans.

HUC performance levels

Performance level criteria:

- **Exemplary:** Over 200 calls and an average audit score of 94% or higher
- **Good:** Fewer than 200 calls or an average score below 94%
- **Probation:** Staff within their first six months of joining the organisation
- **Level 1:** Staff failing one call per month for three months or linked to incidents
- **Level 2:** No improvement following Level 1 support

Current audit averages:

- **Health advisors:** 94.8%
- **Service advisors**: 95.7%

Audits also include calls under 120 seconds to ensure triage quality and safe signposting.

Training infrastructure and innovation

A consolidated 'practice passport' is issued after Core Module One, allowing tracking of call types and volumes during supervised practice. Go-live audits are delivered face-to-face to provide timely feedback.

To ensure consistency, auditors participate in quarterly levelling sessions, and non-auditor advisors may join audit workshops to better understand audit criteria – an initiative that has received positive feedback.

The Q&I Team has strengthened relationships with HR and management through bi-weekly meetings to address performance and wellbeing concerns early.

A recent restructure reduced the number of part-time auditors, forming a smaller team with expanded hours and mandatory call-handling. This change has:

- Boosted staff morale
- Improved team structure
- Enabled greater focus on quality themes such as handling end-of-life calls and reducing average handling time

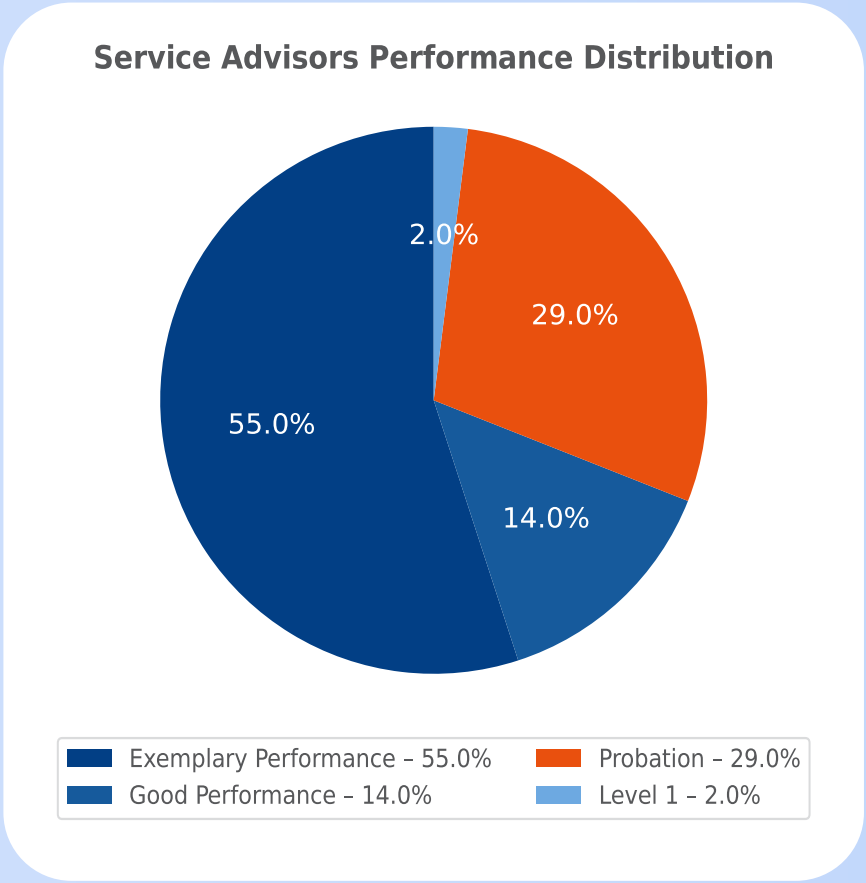
Pharmacy First and knowledge sharing

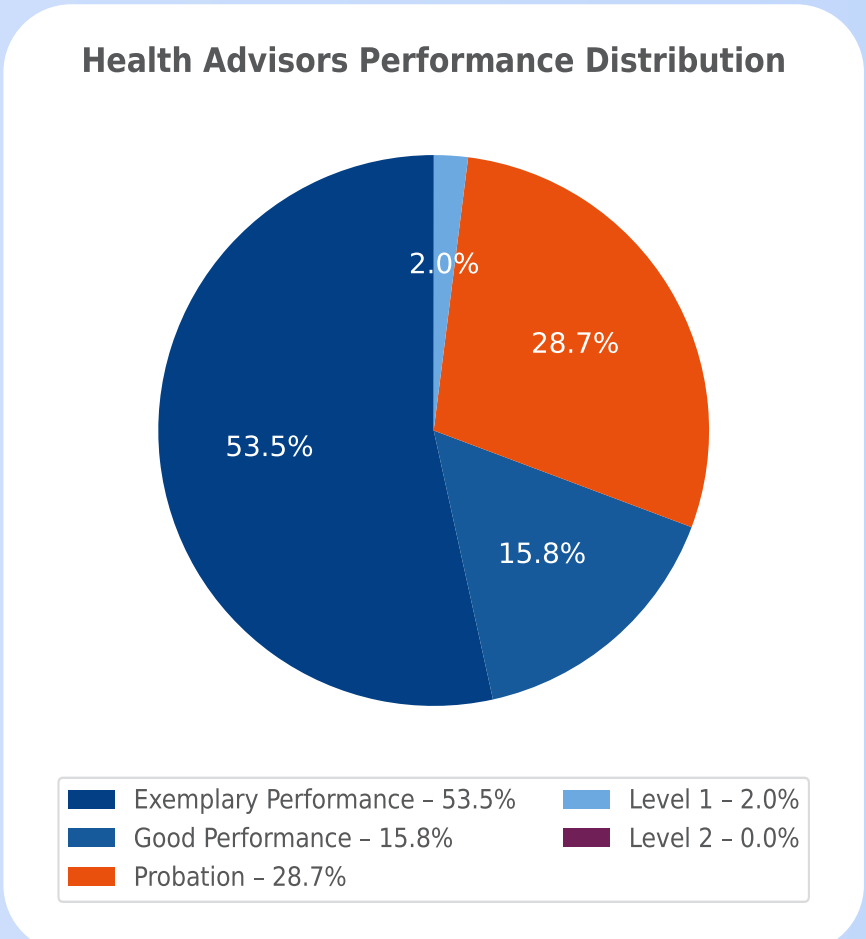
The Q&I Team has prioritised engagement with the Pharmacy First initiative, developing:

- Regular communications targeting referral rejection themes
- Publicity campaigns
- A new e-learning module
- Partnerships with local pharmacy committees

This has contributed to a 10% increase in minor illness referrals.

An internal intranet hub provides easy access to key documents, including NHS Pathways processes, local policies, learning summaries, and current 'hot topics'.





Transformation

Highlights of the last 12 months

In 2024–25, HUC undertook a wide-ranging programme of transformation aimed at improving service resilience, operational efficiency, and patient care across all regions.

From relocating key contact centres and upgrading digital platforms to piloting innovative care models and strengthening workforce systems, these changes were designed to ensure HUC remains responsive to current pressures while preparing for future demands.

Peterborough contact centre relocation

In December 2023, HUC began evaluating potential sites for relocating its Peterborough contact centre.

After considering several options, the decision was made to move to part of Peterborough City Council's Sand Martin House offices. The new centre, operational from June 2024, has over 100 contact centre seats, a training room, meeting rooms, and dedicated spaces for medicines management, out-of-hours, and IT services.

The official opening was presided over by the the Lord-Lieutenant of Cambridgeshire, alongside local officials and representatives from the ICB, council, and Healthwatch.

Service integration and technology upgrades

Somerset CAS and OOH services transitioned from their on-premise Adastra system to a unified Adastra platform in December of last year. This change enhances service resilience and enables future innovation.

In January 2025, we began transitioning to the upgraded Storm telephony platform with a phased roll-out, which was completed by the end of March.

This upgrade ensures the system's capacity for future technological advancements.

A comprehensive review of the RotaMaster system was conducted in 2024, merging two regional instances into one unified platform. This integration, completed by the end of December 2024, supports our ongoing workforce management needs.

Key initatives and improvements

Transition to new pan-HUC approach

Starting in May 2024, we transitioned from a contract-specific call flow approach to a pan-HUC solution, enabling calls to be routed to the next available handler, improving our response times and performance against the average time to answer KPI.

A project group focused on reducing health advisors' average handling time (AHT) introduced various changes, including improvements to in-call processes and demographic capture. This initiative successfully reduced AHT from 13.1 minutes in April 2024 to 10.2 minutes in March 2025.

We worked with East and North Herts Isabel Hospice to improve the process for care home and nursing home staff calling into NHS 111. An information sheet, distributed to over 100 care homes, helps staff ensure correct triage and patient outcomes. In addition, Isabel Hospice will be running training sessions for our clinical and non-clinical teams in 2025-26.

Innovation in patient care

After the successful launch in Somerset, we expanded the CMDU service to Hertfordshire and West Essex in April 2024. This service, operating daily, assesses high-risk patients for eligibility and suitability for COVID medicines, with over 1,000 patients assessed and 650 treated by March 2025.

In May 2024, we ran a Perfect DoS Day across all our contact centres, aimed at improving service selection on the Directory of Services (DoS). The event resulted in better patient experience, reduced call backs, and improved average handling times.

Workforce and operational development

We supported the NHSE minimum viable product request for Somerset's Care Co-ordination service by integrating a senior clinician into the hub at our Taunton contact centre. This clinician, available seven days a week, offers advice and manages cases referred by healthcare professionals.

In August 2024, we successfully migrated the Cambridge and Peterborough out-of-hours service to Adastra, consolidating our platform and improving service delivery resilience.

Workforce engagement and support

Feedback from HUC's staff survey was collated and shared with senior leadership, influencing key decisions, such as the introduction of multi-factor authentication and network performance reviews.

As part of our commitment to supporting staff, we focused on improving psychological safety. Our zero tolerance framework was strengthened, and DE&I training was rolled out. Additionally, the Freedom to Speak Up Guardian service was relaunched to provide confidential support to staff.

Conclusion

In 2024–25, HUC achieved substantial progress across multiple projects, from operational enhancements and technology upgrades to service integration and workforce development.

Moving forward, we remain committed to further improvements in patient care, employee engagement, and system efficiency, ensuring we continue to meet the evolving needs of our patients and staff.

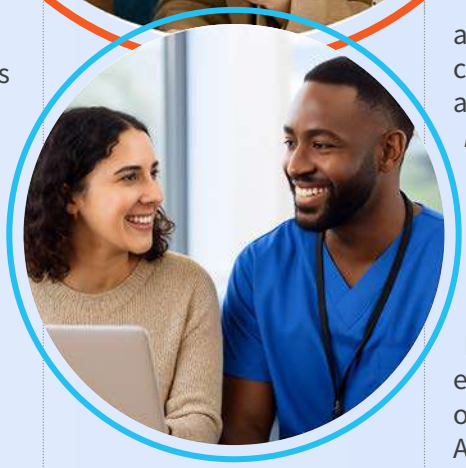
Human resources

Employee engagement

Listening to our people

In 2024, HUC conducted its bi-annual employee survey, a shorter version of the NHS Staff Survey, to better understand the experiences of colleagues across all service areas. A total of 614 employees responded – representing 50.4% of the workforce – a significant increase from 37% in the previous survey and above the national NHS average of 48%.

In parallel with the survey, staff were invited to attend in-person drop-in sessions with the chief executive across HUC sites. Insights from both channels were collated and used to inform strategic planning, guide operational improvements, and shape the work of the transformation team, which continued to deliver drop-in sessions focused on improving patient care.



Acting on feedback

Feedback consistently highlighted digital systems and IT as areas for improvement. In response, HUC delivered a series of targeted changes, including:

- A 'whisper' message at the start of each NHS 111 call to identify the service area
- Amended multi-factor authentication settings at Taunton call centre to minimise repeated logins
- A network performance review to address Storm-related latency and Adastra performance issues
- A full PC audit and upgrade at our Peterborough call centre to support automated processes

Digital improvements completed or committed (2025):

- **Completed**: Network enhancements to support Taunton expansion
- **Completed:** VMware Horizon Gen 2 upgrade for improved remote access
- **Completed:** Migration of clinical office staff to the East of England system
- **Completed:** SharePoint training for senior leaders.
- **Committed:** Inclusion of Taunton in the virtual smartcard pilot to reduce reliance on physical cards.

Communicating results to colleagues

To ensure transparency and reinforce accountability, HUC launched a phased internal communications campaign, sharing results in short, accessible updates. The *You Said, We Did, and Will Do* initiative highlighted key actions taken in response to staff input, with a particular focus on psychological safety.

Psychological safety

More than half of respondents reported experiencing harassment, bullying, or abuse from the public while at work. Additionally, 8% cited discrimination linked to protected characteristics under the Equality Act 2010.

In response, HUC prioritised psychological safety as a core pillar of its 2024 People Plan. Key actions included:

- **Zero tolerance campaign:** A pre-recorded message now plays at the start of incoming calls reinforcing HUC's zero tolerance stance. Posters and messaging were rolled out across out-of-hours bases
- **Inclusive leadership training:** Face-to-face DE&I sessions were delivered to managers, fostering inclusive behaviours and strengthening team cultures
- **Freedom to Speak Up relaunch:** Relaunched in partnership with an independent provider to ensure impartial, confidential support is available to all staf

- **Policy Refresh:** A new diversity, equality & inclusion strategy was drafted alongside updated DE&I and anti-bullying and harassment policies
- **Escalation Process redesign:** Revised in 2024 to ensure faster, clearer follow-up when staff raise concerns

Wellbeing and stress management

The 2023 survey revealed that nearly three-quarters of staff had experienced work-related stress. In response, HUC launched a multifaceted wellbeing programme aimed at both prevention and early support.

- **Health & wellbeing group leadership:** This team led efforts to embed resilience in day-to-day practice and secured HUC's formal commitment to Mind's Mental Health at Work Commitment.
- **Awareness campaigns:** A year-round programme of campaigns promoted open conversations and challenged stigma.
- **Workforce planning:** A full review of recruitment processes was undertaken to better align staffing levels with service demands.
- **Culture change**: A wellbeing toolkit for line managers and the increase in mental health first aiders helped foster a culture where staff felt supported. Fewer staff reported pressure from managers to work while unwell (7.3%, down from 8.7%).
- **New strategy and benefits platform:** HUC launched a new health & wellbeing strategy, alongside the Heroes Hub – a platform offering financial and wellbeing support.
- **Charity partnership:** HUC selected Mind as its 2024-25 charity of the year, strengthening links between its mental health strategy, community impact, and green plan.

Human resources

Workforce stability and development

Despite financial constraints and on-going workforce pressures across the NHS, HUC maintained organisational stability and continued to invest in new ways of working.

As of March 2025:

- HUC employed 1,311 contracted staff, including colleagues in the South West.
- The workforce remained predominantly part-time, locally based, and community-focused.
- Around 500 self-employed clinicians supported NHS 111, unscheduled care, and primary and urgent care services.

In total, 530 new starters joined HUC during the year. The vacancy rate stood at just 1.5% from 423 campaigns.

While recruitment remained strong, HUC recognised that traditional approaches alone would not solve long-term workforce shortages. Work is under way to explore cross-site working models (pan-HUC) and new workforce designs that offer greater flexibility and sustainability.

Addressing key challenges

Sickness and stress

Workplace stress, high volumes, and emotionally demanding shifts continue to affect staff. HUC's people business partners and engagement & wellbeing business partner are working together to strengthen support, embed wellbeing, and improve absence management.

Pay and benefits

As a wholly NHS-funded organisation, HUC remains subject to public sector funding constraints. While efforts continue to enhance the employee offer via platforms such asHeroes Hub, cost-of-living pressures and pay parity remain ongoing concerns.

Through investment in wellbeing, leadership, and inclusive practices, HUC continues to build a healthier, safer, and more supportive working environment

Diversity, inclusion, and leadership

Despite progress, HUC continues to address underrepresentation of key groups – particularly black, asian and minority ethnic staff and disabled colleagues, especially at leadership levels. Incomplete data also limits the ability to monitor and target interventions.

The new DE&I Strategy and associated policies aim to tackle these gaps through:

- Improved data quality
- Inclusive leadership development
- Safer, more accessible reporting channels

Leadership and succession planning

Recognising the link between strong leadership and high-quality care, HUC prioritised the development of inclusive, capable leaders throughout 2024-25. Key challenges addressed included:

- Gaps in confidence around performance and wellbeing conversations
- A need for greater clinical-managerial balance in leadership roles
- Limited structured pathways for progression, particularly for underrepresented staff

In response, HUC:

- Participated in regional leadership programmes via the Hertfordshire and West Essex ICB
- Refreshed its internal Leadership Bootcamps to include modules on:
- Managing performance
- Holding difficult conversations
- Coaching-style leadership
- Fostering inclusion and psychological safety

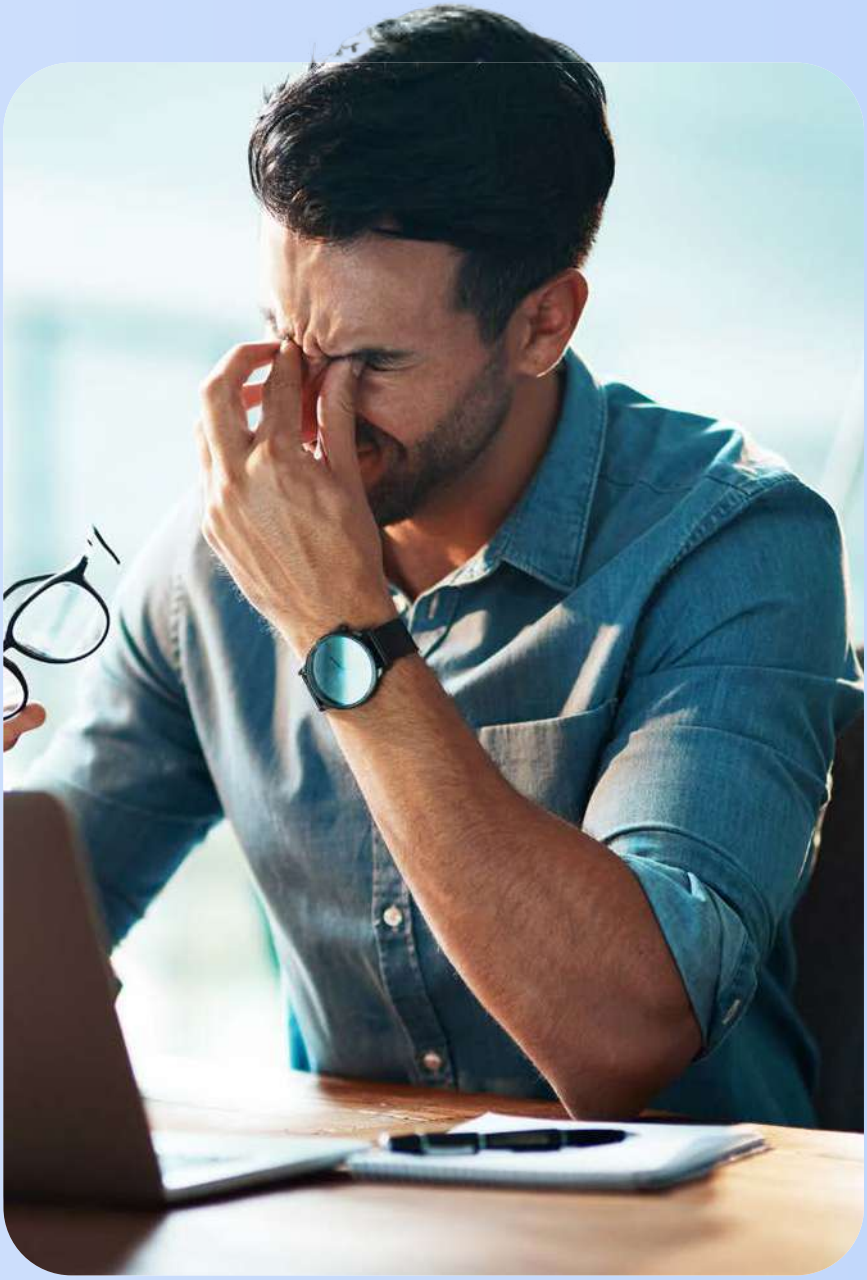
Summary

In 2024–25, HUC made meaningful

progress in strengthening its workforce culture, improving digital infrastructure, and responding to staff feedback.

Through investment in wellbeing, leadership, and inclusive practices, the organisation continues to build a healthier, safer, and more supportive working environment.

While challenges remain – particularly around long-term workforce planning and pay – HUC is actively developing the systems, tools, and leadership capacity required to deliver sustainable, people-focused care.



Corporate governance

High-quality care the goal

HUC is committed to maintaining strong governance structures that underpin the delivery of high-quality, safe, and effective care. These structures are designed to support transparency, regulatory compliance, and continuous improvement across the organisation.

Governance structure

Corporate governance is overseen through a clear framework of accountability and reporting, with regular updates provided to the Board and key committees. Internal audits, thematic reviews, and performance monitoring cycles help ensure strategic oversight is maintained across all service areas.

Risk management

A structured approach to risk management is in place, aligned with national quality and safety standards. HUC uses the RADAR platform to log and track risks, incidents, and associated actions.

Strategic and operational risks are reviewed regularly by the executive team and relevant committees, including the quality & governance committee.

Risks rated amber or red are subject to additional scrutiny, with mitigations monitored and evaluated over time.

Emergency preparedness and sustainability

HUC maintains robust Emergency Preparedness, Resilience and Response (EPRR) arrangements, in line with NHS Core Standards. A self-assessment in 2024-25 confirmed partial compliance (42 of 43 standards), with a clear improvement plan in place.

The organisation's Green Plan (2022–2025) supports its commitment to environmental responsibility. Key initiatives have included reducing paper usage, improving digital processes, and raising staff awareness of sustainability in healthcare delivery.

Information governance

HUC continues to embed best practice in Information Governance (IG) and cyber resilience.

The IG team completed resilience training, participated in national exercises, and supported improvements to IT systems, while the head of IG was recognised nationally as information governance professional of the year in the sphere of health and social care.

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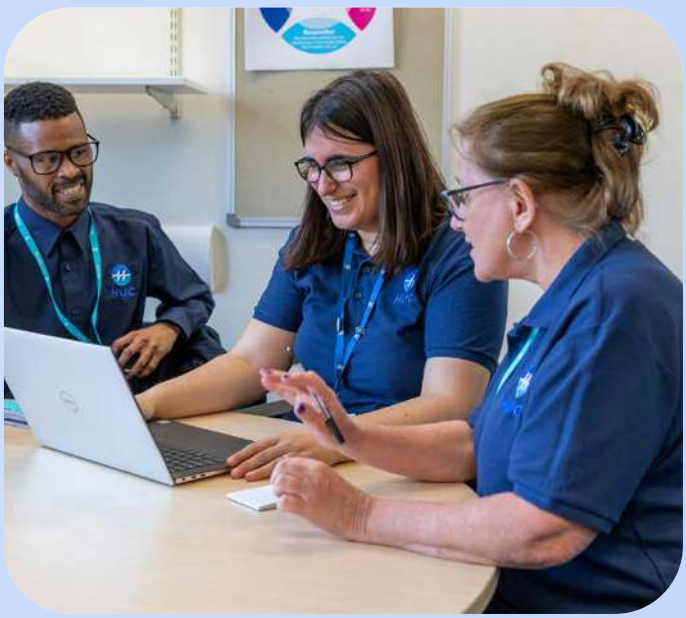


Commercial development

HUC's commercial development function continued to evolve in 2024–25, with a clear focus on supporting the organisation's strategic aims and improving outcomes for patients and communities.

Despite a shifting procurement landscape, we have made meaningful progress in strengthening internal processes, maintaining key partnerships, and expanding access to high-quality services through sustainable growth.

Business development and tender activity

The introduction of the Provider Selection Regime (PSR) led to a reduction in formal tender opportunities this year. Nonetheless, we remained active in pursuing contracts aligned with our strengths and system-wide objectives, including bids in dental care, high-intensity user programmes, and COVID medicine delivery units.

We also secured several urgent care contract extensions in Hertfordshire and West Essex, Somerset, Luton, and Bedfordshire – safeguarding continuity of care and reinforcing our reputation as a trusted provider.

While some anticipated procurements were delayed, the team maintained momentum. Following a short period supporting HUC's internal performance programme, business development once again became a central focus.

The appointment of a new head of business development has brought renewed leadership, helping to strengthen our position in existing markets while supporting diversification into areas where our governance, processes and clinical capability can add value.

Strengthening commercial modelling

Significant work was undertaken this year to enhance how we evaluate commercial opportunities and align them with operational delivery. In partnership with colleagues across finance, contracts, resourcing, and business intelligence, we improved our modelling and forecasting capabilities, ensuring that decisions are grounded in robust data and realistic capacity assumptions.

Key developments included:

- Clearer governance and assurance processes for non-procured opportunities
- Closer alignment between modelled capacity and clinical rotas
- Identification of efficiency opportunities through cross-team collaboration
- Improved transparency and shared accountability across directorates

These improvements have enabled more informed decision-making and helped ensure that commercial activity continues to support safe, effective service delivery.

System engagement and strategic relationships

Strong system relationships remain central to our commercial approach. In 2024–25, we deepened our engagement with Integrated Care Boards (ICBs), Primary Care Networks (PCNs), social care providers, and Voluntary, Community, Faith and Social Enterprise (VCFSE) partners.

Our partnership with Small Acts of Kindness continued for a second year, supporting the distribution of winter warmer bags to vulnerable patients using our primary care and urgent treatment centre services. Feedback from recipients was positive, and the initiative will be expanded further in 2025–26.

We also strengthened ties with local Healthwatch teams, contributing to stakeholder meetings and presenting at AGMs in Bedfordshire and Somerset.

A co-designed flyer with Healthwatch

youth representatives was a valuable step in improving communication with younger service users.

Tailored engagement plans in each Integrated Care System have supported better alignment with local priorities. Initiatives included myth-busting events with social care teams, improved data sharing, and joint system planning.

A cross-department events group – bringing together colleagues from communications, recruitment, clinical, operational, andpatient experience teams – has helped ensure that external engagement is well-coordinated and that HUC is represented consistently across the system.

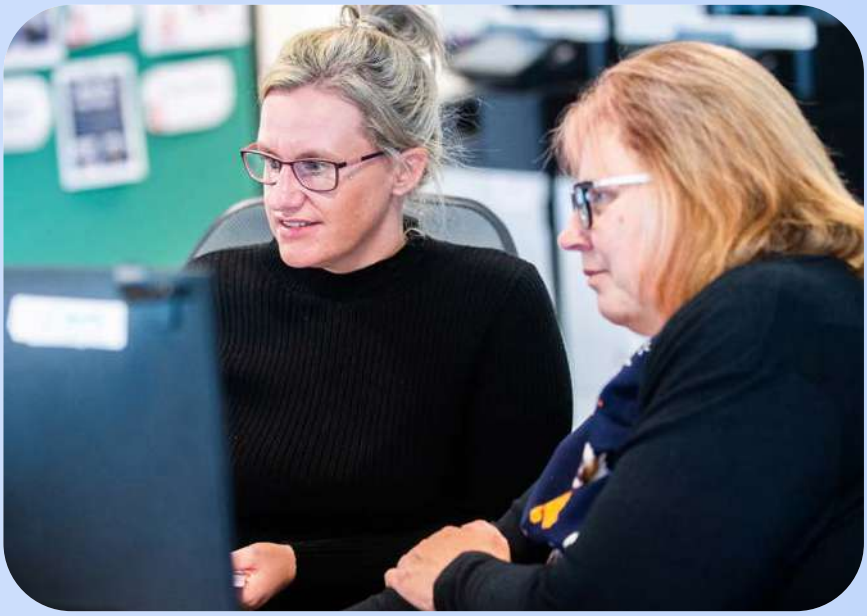
Enabling collaboration through better tools

Our Customer Relationship Management (CRM) system now plays a central role in tracking engagement, mapping revenue opportunities, and identifying gaps in service provision. Combined with regular internal stakeholder audits, it has supported a more joined-up approach across directorates and improved our ability to respond to system needs.

Looking ahead

The work undertaken in 2024–25 has laid strong foundations for continued growth. With improved commercial processes, deeper partnerships, and a focus on equity and access, we are well placed to develop new models of care and support integration across the healthcare system.

HUC's approach remains rooted in delivering high-quality, patient-centred services that reflect local priorities, reduce health inequalities, and drive innovation across our areas of operation.



Response of ICBs

ICBs' response to HUC's Quality Account

This statement on HUC's Quality Account for 2024-25 is provided by Hertfordshire and West Essex ICB (HWEICB), on behalf of itself, Bedfordshire, Luton and Milton Keynes ICB, Cambridge and Peterborough ICB, and Somerset ICB.

The ICBs 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.

The ICBs are responsible for the commissioning of health services from HUC. During the year the ICBs have 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 this quality account has been reviewed and checked against data sources, where they are available, and we confirm this to be accurate and fairly interpreted to the best of our knowledge.

The quality account is well-structured and clearly outlines HUC's strategic objectives, providing assurance on progress against key improvement priorities for 2024-25. It offers a comprehensive overview of efforts to improve operational efficiency, technological capabilities, service integration, and workforce development, reflecting a sustained commitment to continuous improvement. We acknowledge that recent transitions at a senior level have created an opportunity to reflect on and reassess the clinical quality priorities for 2024-25. Through ongoing engagement, we have seen continued alignment with these priorities and understand that work to evaluate their impact remains in progress.

The ICBs recognise the operational challenges faced over the past year, including leadership transitions, cultural shifts, workforce recruitment, and the implementation of the Patient Safety Incident Response Framework (PSIRF), all of which have impacted the pace of improvement. HUC has been transparent about these challenges and their impact, and we welcome the organisation's continued openness.

HUC has demonstrated a learning-focused approach to patient feedback and complaints, effectively using insights to inform service improvements. The sharing of 'you said, we did' stories fosters transparency and continuous improvement. The new digital complaints logging system, alongside initiatives such as the 'Sensitive Conversations' workshop, has enhanced staff ability to track feedback and respond empathetically.

The ICBs encourage HUC to monitor the impact and sustainability of improvements and to share these methodologies in support of best practices across the system.

HUC's transformation programme is recognised for its key achievements, including the consolidation of digital systems, adoption of a pan-HUC telephony model, enhancements to NHS 111 processes for care home staff, and collaborative partnerships with hospices.

These initiatives reflect a strong, forward-looking commitment to quality improvement, system integration, and staff engagement. Looking ahead, the ICBs encourage HUC to continue strengthening learning from incidents, feedback, and audits to support sustainable and effective future improvements.

The quality account outlines the approaches through which HUC has maintained its focus on Infection Prevention and Control (IPC) throughout 2024-25 and identifies the areas for improvement over the coming year.

The ongoing efforts to enhance IPC underpinned by proactive risk management, a maturing reporting culture, responsiveness to national alerts and public health messaging are commendable and reflect alignment with national protocols and best practice. The ICBs look forward to HUC's continued use of reflective learning mechanisms and governance in this area.

The ICBs acknowledge safeguarding advancements in 2024-25, including the establishment of a safeguarding hub and the launch of an internal referral system. These initiatives have enabled improved referral quality, a reduction in inappropriate submissions, and faster referral processing.

Feedback from social workers is indicative of enhanced inter-agency collaboration, with call handling times for safeguarding cases reduced by up to 75%.

The launch of a multifaceted wellbeing programme reflects strong leadership and a clear commitment to supporting staff wellbeing. Embedding resilience through the health and wellbeing group, aligning workforce planning with service demands, and introducing a new strategy and benefits platform, demonstrate a holistic and forward-looking approach.

Initiatives to enhance psychological safety and promote staff feedback, including the relaunch of the Freedom to Speak Up programme, are expected to strengthen organisational culture and contribute to improved patient safety.

The ICBs acknowledge HUC's continued commitment to implementing PSIRF, strengthening how the NHS learns from patient safety incidents to enhance care and outcomes.

We look forward to a continued collaborative working relationship... to deliver high-quality services for this year and thereafter

We will continue our joint working with HUC and system partners as part of continued progression with PSIRF and the National Patient Safety Strategy and recognise that evidencing key principles such as compassionate engagement, proportionality, and system-wide approaches will be vital to ensure its ongoing success.

Looking forward to 2025-26, the ICBs support HUC's quality priorities, and we 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.

Avni Shah
Director of Primary Care Transformation
Hertfordshire and West Essex ICB

Glossary & acronyms

Care Quality Commission (CQC): The independent regulator of health and social care in England. The CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Employee Assistance Programme (EAP): An employer-paid scheme that gives employees 24-hour access to confidential support, professional advice and short-term counselling to help them deal with personal and work-related problems that are impacting their physical and mental well-being at work.

Full-Time Equivalent (FTE): A full-time equivalent is a unit of measurement used to figure out the number of full-time hours worked by all employees in a business.

Freedom to Speak Up: An initiative to ensure everyone feels safe and confident to speak up. HUC's senior leaders endeavour to take the opportunity to learn and improve from those who speak up.

Heroes Hub: An employee benefits programme provided to reward all those who work for HUC with recognition for all the amazing work they do.

HUC Academy: An e-learning platform to support HUC employees at every stage of their careers by providing the training and development they require to succeed.

Integrated Care Board (ICB): A statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

Integrated Urgent Care Hub (IUCH): A unit to facilitate easy access to care for health concerns that are urgent but not life-threatening.

Key Performance Indicator (KPI): A measurable value that demonstrates how effectively an organisation is achieving key business objectives.

Minor Injuries Unit (MIU): A facility which provides treatment for less serious injuries, such as broken bones and sprains, cuts, grazes, burns and scalds. You do not need an appointment to get seen.

NHS 111: A phone and online service to make it easier and quicker for patients to get the right advice or treatment they need, be that for their physical or mental health.

NHS Friends & Family Test: A quick and anonymous way for users of NHS services to give their views after receiving care or treatment.

Quality Assurance Visit: A pre-arranged visit to ensure the necessary arrangements are in place to safeguard and promote the welfare of children.

Service Level Agreement (SLA): A contract between a service provider and its customers that documents what services the provider will furnish and defines the service standards the provider is obligated to meet.

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