Quality Account

2025-26

Contents

CEO & Chair's statement

Reflecting on the past year

We are pleased to present HUC's Quality Account for 2025–26, which highlights the progress we have made over the past year to improve quality, strengthen patient safety and deliver responsive care across the communities we serve.

This report reflects the dedication of our colleagues, the strength of our partnerships and our continued commitment to learning, improvement and innovation. Despite ongoing pressures across the NHS, HUC has remained focused on delivering safe, effective and compassionate care while supporting wider health and care systems through a period of significant change.

As an organisation operating across the East and South West of England, we have continued to adapt to evolving local needs, strengthening relationships with commissioners, providers, local authorities and voluntary sector partners. Collaboration remains central to our approach, enabling us to contribute to integrated models of care, support system resilience and help improve outcomes for the populations we serve.

During the year, we continued to strengthen our approach to clinical governance, quality assurance and organisational learning. Building on the foundations established through the Patient Safety Incident Response Framework (PSIRF), we enhanced our ability to identify themes and trends from incidents, complaints, audits, safeguarding activity and patient feedback, ensuring that learning is translated into meaningful improvements for patients and services.

We have also focused on developing more consistent approaches to quality assurance and reporting, while continuing to improve transparency and accountability across the organisation. During the year, we introduced additional assurance activity designed to provide greater scrutiny of policies, working practices and quality systems, helping to identify opportunities for learning and improvement.

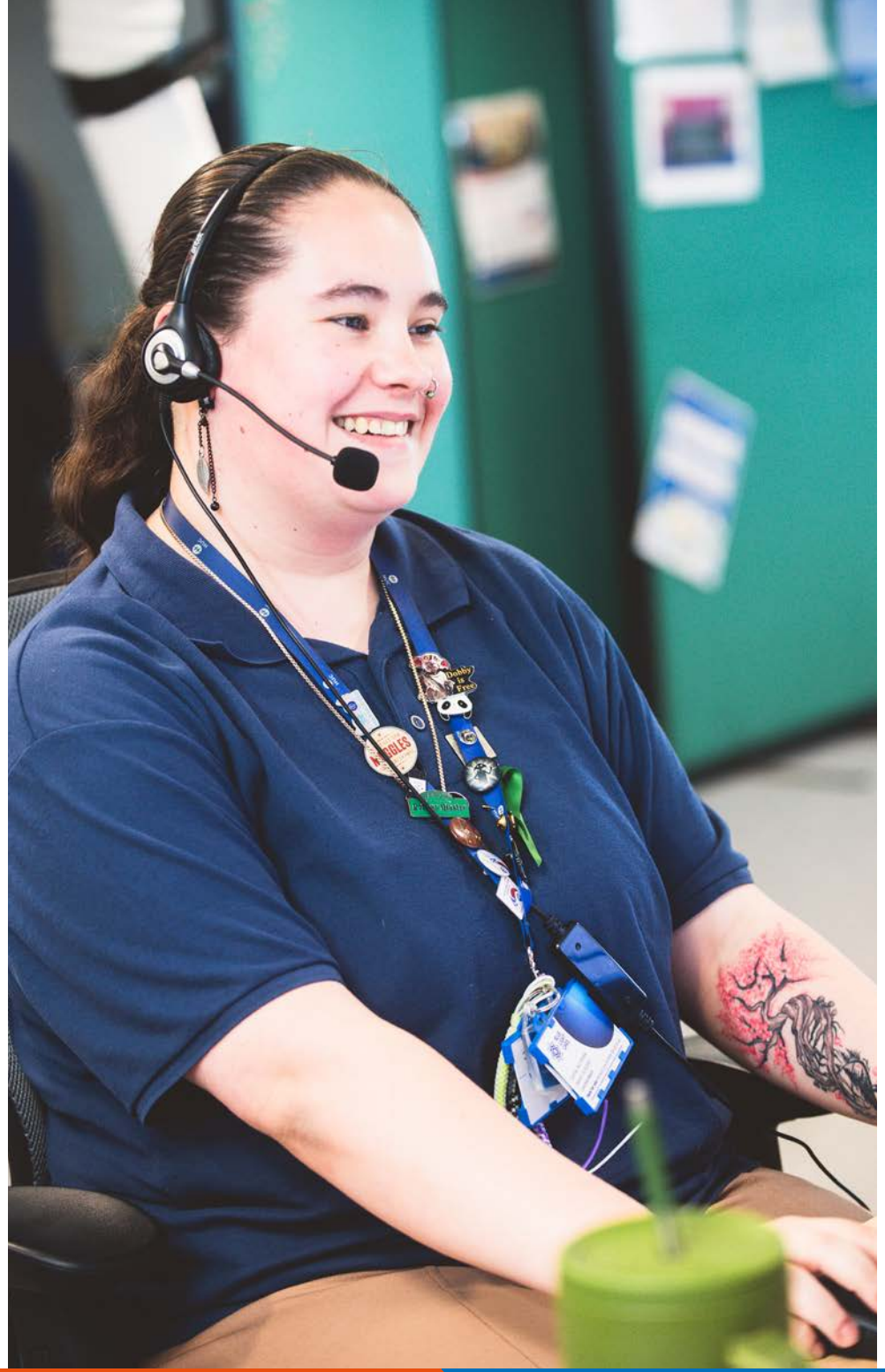
Our safeguarding teams have continued to demonstrate innovation and leadership, improving both the quality of referrals and the experience of colleagues managing safeguarding concerns.

HUC CEO David Archer and Chair Sarah Pickup

Alongside our quality improvement work, HUC has continued to invest in service transformation and workforce development. Service improvements, enhanced systems and evolving operational models have helped us respond more effectively to changing demand, while supporting colleagues to deliver high-quality care in increasingly complex environments. We have also continued to invest in workforce wellbeing, engagement and leadership development, promoting a culture of openness, inclusion and continuous learning.

The year has not been without its challenges. Demand across urgent and primary care services remains high, workforce pressures continue to affect the wider healthcare system, and financial constraints require careful stewardship of resources. However, throughout these challenges, our colleagues have demonstrated professionalism, resilience and an unwavering commitment to patients.

Looking ahead, we remain focused on delivering our patient safety priorities, strengthening quality assurance arrangements, improving patient experience and reducing inequalities in access and outcomes. We will continue to work collaboratively with our partners to support integrated, community-based services that meet the evolving needs of local populations and contribute to the long-term sustainability of the NHS.



We are proud of what has been achieved during 2025–26 and would like to thank all our colleagues, partners, patients and service users for their continued support, feedback and commitment. Their contribution is central to our success and to our shared ambition of delivering high-quality care that puts patients at the start and heart of everything we do.

Sarah Pickup
Chair

David Archer
Chief Executive Officer

Quality priorities and improvement focus

Looking ahead to 2026-27

During 2025-26, HUC continued to strengthen its approach to clinical governance, organisational learning and quality assurance, building on work undertaken in previous years to embed the Patient Safety Incident Response Framework (PSIRF) and support a more consistent approach to improvement.

A key focus during the year was the continued development of learning systems and assurance arrangements, ensuring that themes and trends identified through incidents, complaints, audits, patient feedback and clinical review activity were used to inform improvement and strengthen oversight across services.

Work also continued to improve consistency around Local Quality Requirements (LQRs), supporting greater transparency and closer collaboration with Integrated Care Board partners while improving the organisation's ability to monitor and demonstrate quality.

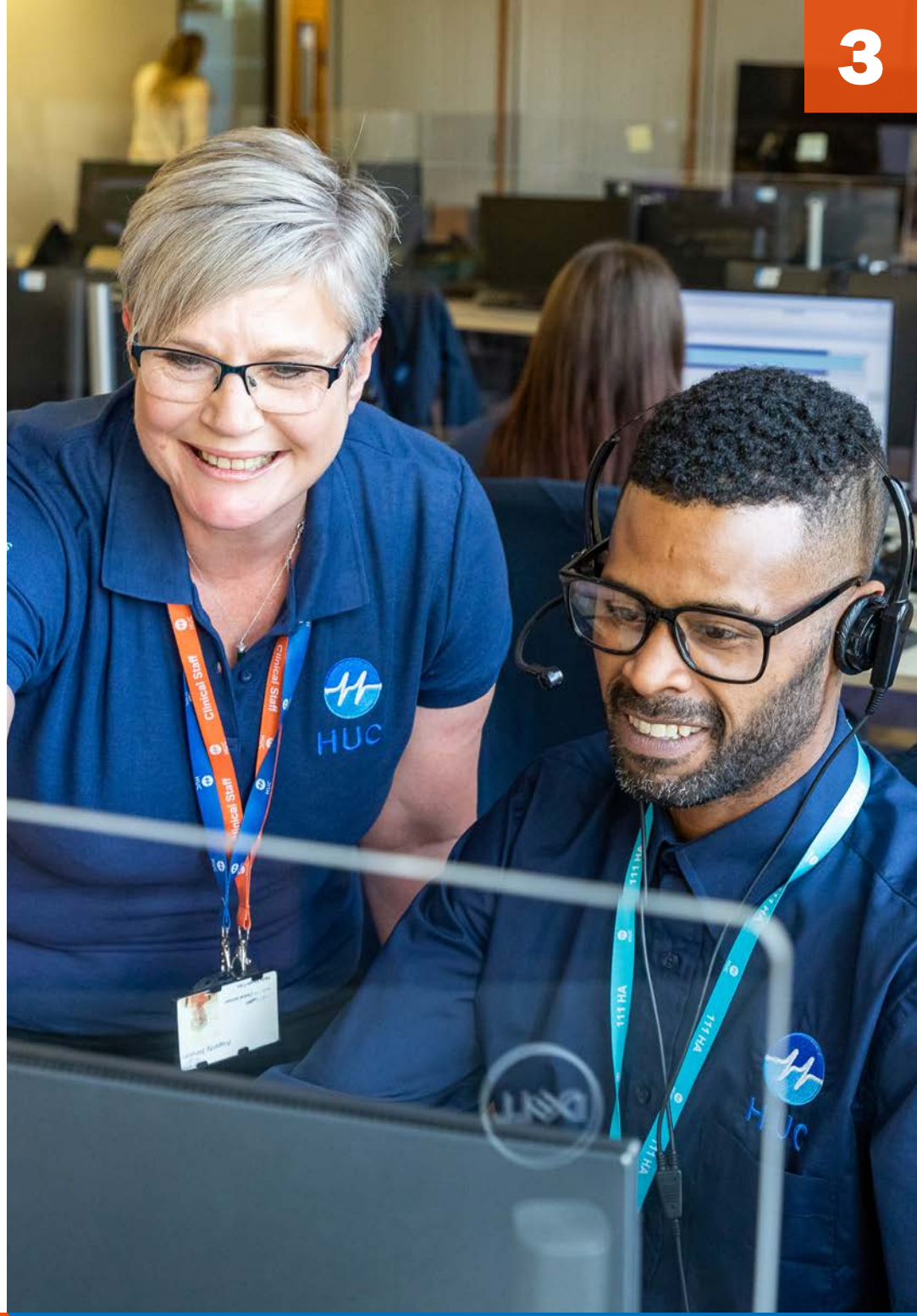
Alongside this, HUC introduced additional internal assurance activity designed to review policies, working practices and opportunities for learning. This supported a culture of openness, reflective practice and continuous improvement across clinical services.

Further priority was given to strengthening audit capability and quality assurance processes, including development work to support more efficient and technology-enabled approaches to clinical review, workforce development and service assurance.

Together, these objectives reflected HUC's continued focus on improving patient safety, strengthening governance and developing a more mature and learning-focused approach to quality improvement.

2026-27 priorities for improvement

As part of the continued development of HUC's Patient Safety Incident Response Framework (PSIRF), patient safety priorities for 2026-27 have been informed by review and triangulation of incidents, near misses, complaints, patient feedback, safeguarding activity, audit findings and wider governance intelligence.



Analysis undertaken during 2025-26 identified four priority areas that will form the focus of patient safety improvement activity during the coming year.

Learning disabilities

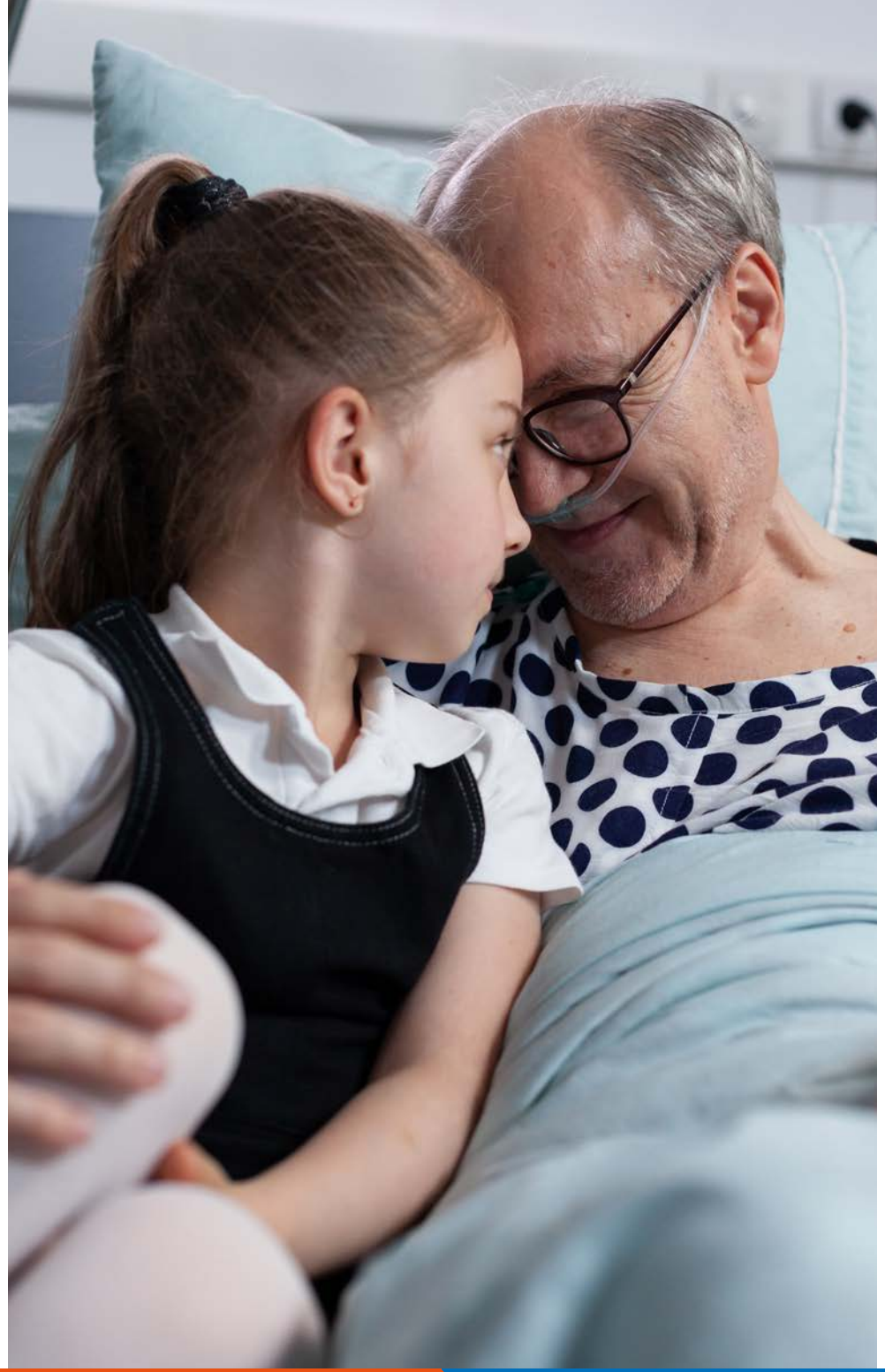
HUC will strengthen understanding of incidents involving patients with learning disabilities to improve recognition of need, reduce inequalities and support more personalised care.

This work will seek to improve awareness of how presentations may differ, strengthen involvement of families and carers where appropriate and support development of safer pathways for patients with learning disabilities.

Breathing issues

Improvement work will focus on incidents involving breathing-related presentations to strengthen clinical assessment, support earlier identification of risk and improve decision-making.

Particular emphasis will be placed on learning that supports safer triage, improved use of pathways and increased clinical confidence when managing potentially high-risk presentations.



Delays

HUC will continue work to better understand incidents relating to delays, including clinical callbacks and home visiting activity. The aim will be to strengthen patient safety, improve patient experience and support timely management of patients requiring assessment, prioritisation and follow-up.

Palliative care

Building on existing partnership working and pathway development, HUC will undertake focused improvement work relating to palliative patients to strengthen recognition of needs, improve coordination and support more personalised care.

This work will seek to improve patient experience, support preferred place of care where appropriate and strengthen support for families and carers.

Supporting these priorities, HUC will continue to promote an open and learning-focused culture in which incidents and near misses are viewed as opportunities for improvement. Learning arising from patient safety work will continue to inform quality improvement activity, governance processes and wider organisational development.

Clinical quality, governance and patient safety

Learning, assurance and improvement

During 2025–26, HUC continued to strengthen its approach to clinical quality and governance across urgent, primary and community services.

This work built on previous development of patient safety and governance arrangements and focused on improving oversight, strengthening assurance processes and supporting continuous improvement across services.

Learning from incidents, patient feedback and quality review activity continued to support understanding of emerging themes and inform improvement work across the organisation. This helped strengthen visibility of quality issues and supported a more proactive approach to patient safety and governance.

Themes identified through audit and quality review activity were used to support targeted learning and wider sharing of improvement themes across operational and clinical teams.

Alongside this, HUC continued to develop its approach to quality assurance through structured review processes and wider sharing of learning across services.

Findings from audit and review activity also informed coaching, quality assurance processes and ongoing service improvement activity, helping strengthen consistency and support continuous learning.

Work undertaken during the year contributed to stronger organisational oversight and continued development of governance arrangements designed to support safe, effective and patient-centred care.

Together, these developments helped strengthen HUC's approach to patient safety, quality assurance and clinical governance while creating stronger foundations for ongoing improvement.

Patient experience

Listening and learning from patients

Listening to and learning from patient feedback remained an important component of HUC's approach to quality improvement during 2025-26. Feedback received through complaints, concerns, compliments, surveys and wider engagement activity continued to provide valuable insight into patient experience across urgent, primary and community care services.

HUC's Patient Experience Team, working alongside operational and clinical teams, supports the identification of learning themes, monitors trends and helps ensure that feedback informs service improvement activity across the organisation.

This work forms part of HUC's wider clinical governance and organisational learning arrangements and contributes to ongoing improvement in communication, accessibility, patient safety and service responsiveness.

Throughout the year, HUC continued to focus on ensuring that patient feedback resulted in visible learning and meaningful improvement, while maintaining a culture that encourages openness, reflection and continuous improvement across the organisation's services.

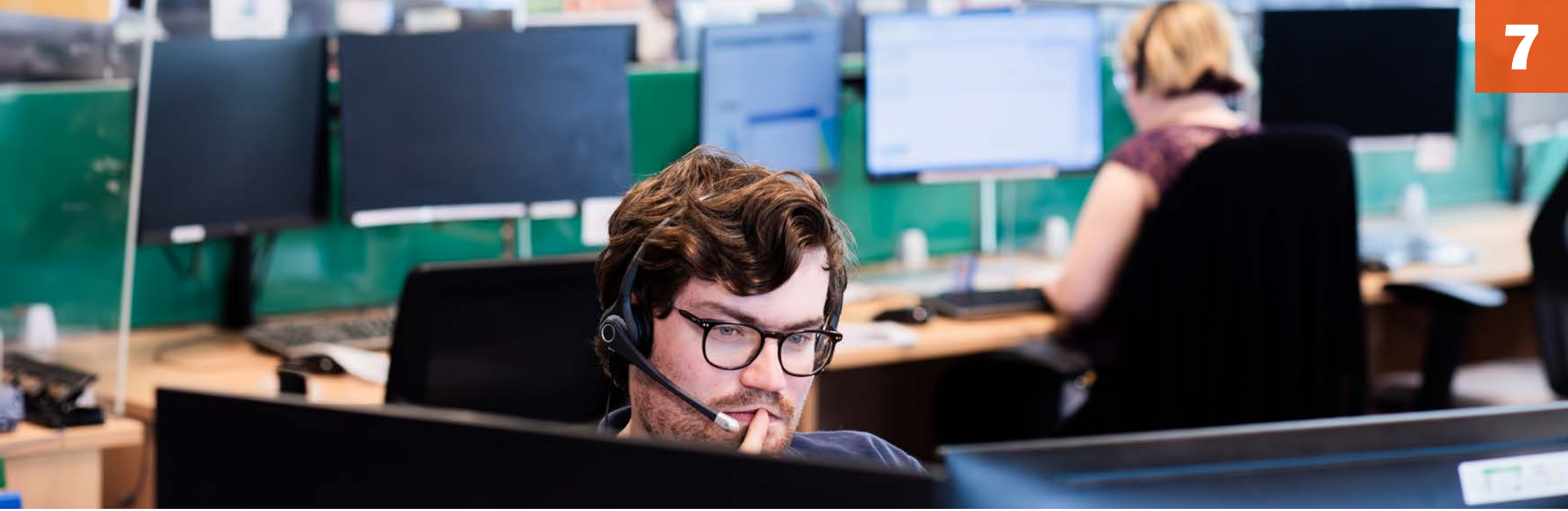
Complaints, concerns and compliments

During 2025-26, HUC received 736 complaints and 106 concerns across services. In addition, 75 compliments and positive feedback submissions were received from patients, carers and service users.

Feedback continued to reflect the significant operational pressures experienced across urgent and primary care services during periods of sustained demand. Themes raised by patients frequently related to communication, waiting times, access to services, expectation management and navigation through urgent care pathways.

While complaint volumes fluctuated throughout the year, monthly trends broadly reflected periods of increased operational demand across the wider healthcare system. Concerns remained relatively consistent throughout much of the year, while positive feedback continued to highlight compassionate care, professionalism and the support provided by colleagues working across services.

Not all complaints identified failures in care delivery. During the year:



- 324 complaints identified learning and outcomes;
- 208 complaints identified softer learning themes, particularly relating to communication and expectation-setting; and
- 195 complaints were found to have been managed appropriately following investigation and review.

This continued focus on proportional investigation, organisational learning and reflective review has supported HUC's wider commitment to improvement-focused governance and patient-centred care.

Learning from feedback

Learning from patient feedback continued to form an important part of HUC's clinical governance and quality improvement arrangements throughout 2025-26.

Themes identified through complaints, concerns and wider patient feedback were regularly reviewed through governance processes and shared with operational, clinical and quality teams to support learning and service improvement activity.

This included thematic review work relating to communication standards, patient expectations, access to services and pathway navigation.

Communication and expectation-setting remained recurring themes across a number of services during the year, particularly within urgent and unscheduled care environments operating under sustained demand. In response, HUC continued to strengthen workforce support, coaching and learning arrangements to help colleagues manage sensitive or challenging conversations more consistently and confidently.

Learning from patient feedback also continued to inform wider quality improvement activity across NHS 111 and Clinical Assessment Services. This included ongoing development of communication workshops, strengthened coaching and thematic learning reviews focused on call handling, probing and patient interaction standards.

Alongside this, HUC continued to develop approaches designed to improve patient experience during periods of operational pressure.

Comfort-calling arrangements remained an important part of queue safety and communication processes, enabling colleagues to proactively contact patients awaiting assessment, provide updates and identify any deterioration or increased clinical risk where appropriate.

Feedback and learning themes also continued to support improvements in patient information, signposting

and accessibility. Across services, work continued to strengthen communication with patients, improve consistency of information-sharing and support more effective navigation through urgent and primary care pathways.

The organisation also continued to strengthen how learning is shared internally. Feedback themes, complaints learning and quality insights were disseminated through governance meetings, operational briefings, workshops and wider organisational learning processes to support continuous improvement across services.

Complaint handling and assurance

All complaints and concerns received during 2025-26 were reviewed and managed through established patient experience and governance processes.

HUC continued to focus on timely acknowledgement, communication and responsiveness throughout the complaints process. Investigations continued to be undertaken proportionately by appropriately experienced managers, supported by operational and clinical oversight where required. Where learning or opportunities for improvement were identified, actions were shared with relevant teams and incorporated into wider quality improvement and organisational learning activity.

This continued focus on openness, responsiveness and learning supports HUC's commitment to providing compassionate, patient-centred services and maintaining a culture of continuous improvement.

2025-26 at a glance

- **Patient feedback continued to inform service improvement activity**
- Complaints and concerns were used to support organisational learning
- **Focus maintained on accessibility, responsiveness and communication**
- Opportunities for patients to influence service development were strengthened

Looking ahead

During 2026-27, HUC will continue to strengthen how patient feedback informs organisational learning and service improvement across urgent, primary and community care services.

Particular focus will be placed on improving communication and accessibility, strengthening patient engagement, supporting learning from feedback themes and continuing to enhance patient experience during periods of operational pressure.

HUC will also continue to develop approaches that support more inclusive and responsive services, while ensuring that patient voice remains central to quality improvement and organisational learning activity across the organisation.

Safeguarding and vulnerable patients

Safer care via partnership and oversight

During 2025-26, HUC continued to strengthen safeguarding oversight, organisational learning and partnership working across services supporting children and adults at risk.

This work has focused on improving the identification, triage and management of safeguarding concerns, while strengthening organisational assurance and supporting more consistent safeguarding practice across the organisation.

Alongside ongoing operational pressures, HUC has continued to work collaboratively with local authorities, Integrated Care Boards (ICBs) and wider partner agencies to support safer patient care and improve safeguarding coordination across its geographical footprint.

Strengthening safeguarding systems and oversight

HUC's internal safeguarding system is now well established across the organisation and enables all colleagues to submit a Safeguarding Concern Form (SCF) for both children and adults at risk through a single reporting route.

Safeguarding concerns submitted through the system are reviewed and triaged by the safeguarding team, helping ensure concerns are prioritised according to risk and referred appropriately to local authorities or partner agencies where required. This has supported more consistent safeguarding oversight, strengthened multi-agency communication and improved visibility of safeguarding activity across the organisation.

Regular engagement with local authorities has also indicated improved quality and appropriateness of referrals submitted through the system, alongside increased acceptance of referrals for further assessment and support.

During the year, an Emergency Department (ED) link was also introduced to support the safeguarding team in identifying whether patients subject to safeguarding concerns had attended ED services as requested. This has improved visibility of patient pathways and supported more informed decision-making where ongoing safeguarding risks are identified.

To support continued development of safeguarding capacity and oversight, the safeguarding team was further expanded during the year through the recruitment of three Safeguarding Facilitators led by a Safeguarding Facilitator Team Lead. This has strengthened the organisation's ability to manage safeguarding activity consistently and support timely progression of safeguarding concerns submitted through the SCF process.

Alongside this, the Safeguarding Facilitator Team Lead and Safeguarding Officer commenced a 12-month apprenticeship programme to further develop safeguarding triage capability and support ongoing workforce development within the safeguarding team.

Organisational learning and multi-agency working

Analysis of safeguarding data collected through the digital triage system has continued to support identification of emerging trends, themes and organisational risks during 2025-26.

This has included themes relating to serious violence, domestic abuse, self-neglect, SEND, mental health concerns in children and adults at risk, and safeguarding concerns identified within care home settings. Insights from this activity have supported wider organisational learning, thematic review and partnership working with local authorities and ICBs.

During the year, HUC's safeguarding process was also presented collaboratively with Hertfordshire and West Essex ICB safeguarding leaders to both the Hertfordshire and West Essex Director of Nursing and Quality and the NHS England Eastern Region Safeguarding Forum.

The work generated wider discussion regarding the role of digital safeguarding approaches in supporting future system development and social care reform.

Quality improvement and assurance

Data collected through the safeguarding system has continued to support regular thematic audit and quality improvement activity throughout the year.

This has included review of themes relating to low-impact medication errors and safety incidents within care homes for both children and adults. Findings from this work have supported joint working with social services and ICBs to better understand patterns of contact and identify where additional support may be required.

The safeguarding system has also supported identification of wider public health and safety concerns that may not meet formal thresholds but nevertheless provide valuable organisational and system-wide insight.

During 2025-26, HUC also established quarterly Safeguarding Assurance Group meetings involving ICB partners across the areas in which HUC provides services. These meetings support organisational assurance through review of safeguarding activity, policies, supervision, audits,

training, workplans and wider learning themes.

Workforce capability and safeguarding culture

Development of safeguarding capability and organisational learning has remained an important focus throughout the year.

Monthly safeguarding 'Lunch and Learn' sessions delivered by the Head of Safeguarding, Safeguarding Lead and GP for Safeguarding Children and Young People have continued throughout 2025-26. These sessions provide colleagues with updates on relevant safeguarding themes and align with national safeguarding awareness activity.

The safeguarding team has also recruited Operational Delivery Managers and members of the Quality and Improvement team into Safeguarding Champion roles to support Health Advisors and colleagues managing safeguarding concerns within call centre environments. Plans are in place to extend this role further to additional non-clinical support colleagues.

Alongside this, development work has continued on a Safeguarding Training Passport designed to support both clinical and non-clinical colleagues in evidencing safeguarding learning and maintaining training compliance through a range of formal and reflective learning activity.

Work has also commenced on development of a safeguarding booklet providing colleagues with quick access to safeguarding guidance, processes, policies and learning from local and national reviews.

Looking ahead

During 2026-27, HUC will continue to strengthen safeguarding oversight, workforce capability and organisational learning across services.

Particular focus will be placed on further developing safeguarding training resources, embedding the Safeguarding Training Passport and continuing to strengthen consistent safeguarding practice across both clinical and non-clinical teams.

HUC will also continue to work collaboratively with partner agencies to support integrated safeguarding approaches, organisational learning and the delivery of safe, responsive care for vulnerable children and adults.

NHS 111 and Clinical Assessment Services

Supporting patients through urgent care

NHS 111 and Clinical Assessment Services (CAS) continue to play a central role within the urgent and emergency care system, providing patients with timely access to advice, clinical assessment and onward referral to the most appropriate service.

Operating within a complex and often highly pressured healthcare environment, NHS 111 and CAS support patients to access the right care at the right time while helping to ensure urgent and emergency care services are used appropriately.

During 2025-26, activity focused on strengthening clinical oversight, supporting workforce resilience, improving quality assurance processes and maintaining safe, responsive care during periods of sustained demand.

This work took place against a backdrop of ongoing pressure across urgent and emergency care services and continued workforce challenges affecting NHS 111 provision nationally. Despite these pressures, improvements made during the year helped strengthen organisational resilience, support more consistent service delivery and create stronger foundations for continued improvement.

Clinical quality, governance and learning

Clinical leadership remained central to service delivery throughout the year. HUC strengthened senior clinical leadership within CAS through the recruitment of a new Head of Clinical Assessment Services and a dedicated Clinical Director for CAS, supporting greater clinical oversight, strengthened governance arrangements and additional leadership capacity across the Pan-HUC CAS model.

Quality assurance and continuous learning remained key priorities. Structured quality assurance processes, regular case review activity and thematic audit work continued to support safe clinical decision-making and alignment with national guidance and professional standards.

Audit activity focused on areas including triage accuracy, safeguarding, documentation quality and clinical decision-making, with findings reviewed through established governance processes

2025-26 at a glance

- **Strengthened senior clinical leadership across Clinical Assessment Services**
- Improved workforce stability through recruitment, retention and colleague support initiatives
- **Expanded quality assurance, audit and coaching activity to support safe and consistent care**
- Continued development of digital tools and service improvement initiatives

to support learning and service improvement.

Where opportunities for improvement were identified, targeted coaching, peer review and development support were introduced to strengthen practice and improve consistency. This included workshops for Health Advisors following thematic review activity relating to probing and information gathering during calls. Patient feedback and quality assurance insights also continued to inform improvements in communication standards, coaching and patient experience.

Together, these arrangements supported a proactive and learning-focused approach to governance, helping strengthen organisational assurance while embedding learning across both clinical and operational teams.

Workforce resilience and service delivery

Maintaining workforce resilience and supporting colleagues working within high-pressure environments remained a significant focus throughout 2025-26.

Recruitment activity across NHS 111 and CAS helped improve workforce stability, reducing reliance on short-term staffing solutions and supporting more consistent operational delivery. Alongside

recruitment activity, continued emphasis was placed on retention, colleague support and workforce development to help sustain improvements over the longer term.

The Operational Delivery Manager role became further established across services during the year, providing live operational oversight, colleague support and performance management within increasingly pressured environments. Additional support was provided through floorwalking roles, structured coaching, targeted workshops and strengthened supervisory arrangements, helping colleagues manage challenging situations while improving consistency, and communication standards.

Clinical Navigators continued to play an important role in maintaining patient safety and supporting operational flow. By providing real-time oversight of clinical demand and helping ensure patients were directed towards the most appropriate care pathway, they supported safer management of periods of increased demand while helping preserve face-to-face clinical capacity for patients with higher-acuity needs.

Comfort-calling arrangements also remained an important component of queue safety processes. These arrangements provided an additional safeguard for patients awaiting assessment, enabling earlier identification of deterioration or increased clinical risk and supporting timely escalation where required.

Operational performance improved during the latter part of the year, supported by strengthened workforce stability, improved oversight and close collaboration between operational, clinical, quality and Business Intelligence teams. The service maintained resilience through proactive

workforce planning, real-time operational monitoring and flexible deployment of resources to respond to fluctuating demand and service pressures.

Integration and service improvement

CAS remains central to HUC's delivery of integrated urgent care, ensuring that patients contacting NHS 111 can access timely clinical assessment and advice when required. The service continues to be delivered through a multidisciplinary workforce including GPs, Advanced Clinical Practitioners, nurses, paramedics, pharmacists and other experienced clinicians.

Throughout the year, collaborative working between clinical and operational teams helped support responsive management of service pressures, maintain patient flow and ensure continued focus on safety and quality during periods of escalation. This integrated approach strengthened decision-making and supported effective management of demand across services.

The service also continued to work closely with Business Intelligence colleagues to strengthen demand forecasting and support more informed operational planning. Improved visibility of emerging pressures enabled more responsive management of capacity and supported ongoing service resilience.

Digital development remained an important area of focus. Work continued to support improved audit capability, strengthen quality assurance processes and reduce administrative burden for clinicians. Development activity included planning for technologies designed to support clinical documentation, improve call review processes and enhance service oversight.

Alongside this, opportunities continued to be explored to improve accessibility and patient navigation through enhanced language support and digital triage functionality. While much of this work remains developmental, it forms part of HUC's wider commitment to supporting safer, more responsive and sustainable urgent care services.

Looking ahead

During 2026-27, NHS 111 and Clinical Assessment Services will continue to focus on strengthening clinical governance, workforce resilience and quality assurance arrangements.

Particular emphasis will be placed on embedding learning from audit and quality assurance activity, supporting workforce development and maintaining operational resilience during periods of sustained demand. Work will also continue to develop digital capability, strengthen integrated working across clinical, operational and governance teams, and support ongoing improvement in patient experience, accessibility and service quality.

Through continued investment in people, governance and service improvement, NHS 111 and Clinical Assessment Services will remain focused on delivering safe, effective and patient-centred care while supporting the wider urgent and emergency care system.

Providing safe and responsive out-of-hours care

Meeting demand in a complex environment

During 2025–26, HUC's Out-of-Hours (OOH) services continued to operate within a challenging urgent care environment characterised by sustained demand, increasing patient acuity and wider pressures across urgent and emergency care.

Across treatment centres and home visiting services, the focus remained on delivering safe, effective and person-centred care while ensuring patients received assessment and treatment in the most appropriate setting.

OOH services continued to provide overnight GP and urgent care support on weekdays, alongside 24-hour cover at weekends and on bank holidays. Throughout the year, clinical and operational teams worked closely together to maintain service resilience during periods of heightened demand, while continuing to strengthen consistency, access and patient experience across the service footprint.

Quality, safety and clinical improvement

Patient safety and clinical governance remained central priorities throughout the year. Clinical oversight arrangements were strengthened through enhanced senior support, clear escalation processes and structured review of incidents, complaints and high-risk cases. Learning from incidents, near misses, audits and patient feedback informed improvement activity and supported a culture of continuous learning across the service.

Particular focus was placed on improving consistency in clinical decision-making and reducing unwarranted variation across localities and clinician groups. This included targeted audit activity, case review, reinforcement of agreed clinical guidance and continued development of documentation and safety-netting standards.

Safeguarding, medicines safety and support for vulnerable patients also remained ongoing priorities, supported by clinical supervision, workforce development and accessible senior clinical advice.

Clinical governance arrangements continued to provide oversight of quality, safety and patient

experience through regular review of incidents, audit findings, complaints and learning themes.

These processes helped strengthen assurance and supported continued improvement across the multidisciplinary workforce.

Workforce resilience and operational oversight

Strengthening workforce resilience remained an important area of focus during 2025–26. Continued investment in Advanced Nurse Practitioners and Advanced Clinical Practitioners supported development of a more sustainable multidisciplinary model across treatment centre and home visiting services, increasing clinical capacity and providing greater flexibility in responding to patient demand.

Clinical leadership arrangements were further strengthened through the introduction of Clinical Service Manager roles, providing additional day-to-day oversight, governance support and operational coordination.

Recruitment, retention and professional development activity also continued throughout the year, helping support workforce

sustainability within a challenging healthcare environment.

Alongside this, operational leadership arrangements continued to mature, with the Unscheduled Care Shift Manager role becoming fully embedded across all regions.

The role strengthened frontline oversight, improved coordination of resources and supported more consistent operational management and timely response during periods of increased demand.

Integration and service improvement

Improving access to appropriate care and supporting effective patient flow across urgent care pathways remained key priorities throughout the year.

Work focused on improving pathway selection, supporting appropriate use of treatment centre capacity and helping ensure patients received clear advice about ongoing care and when to seek further support.

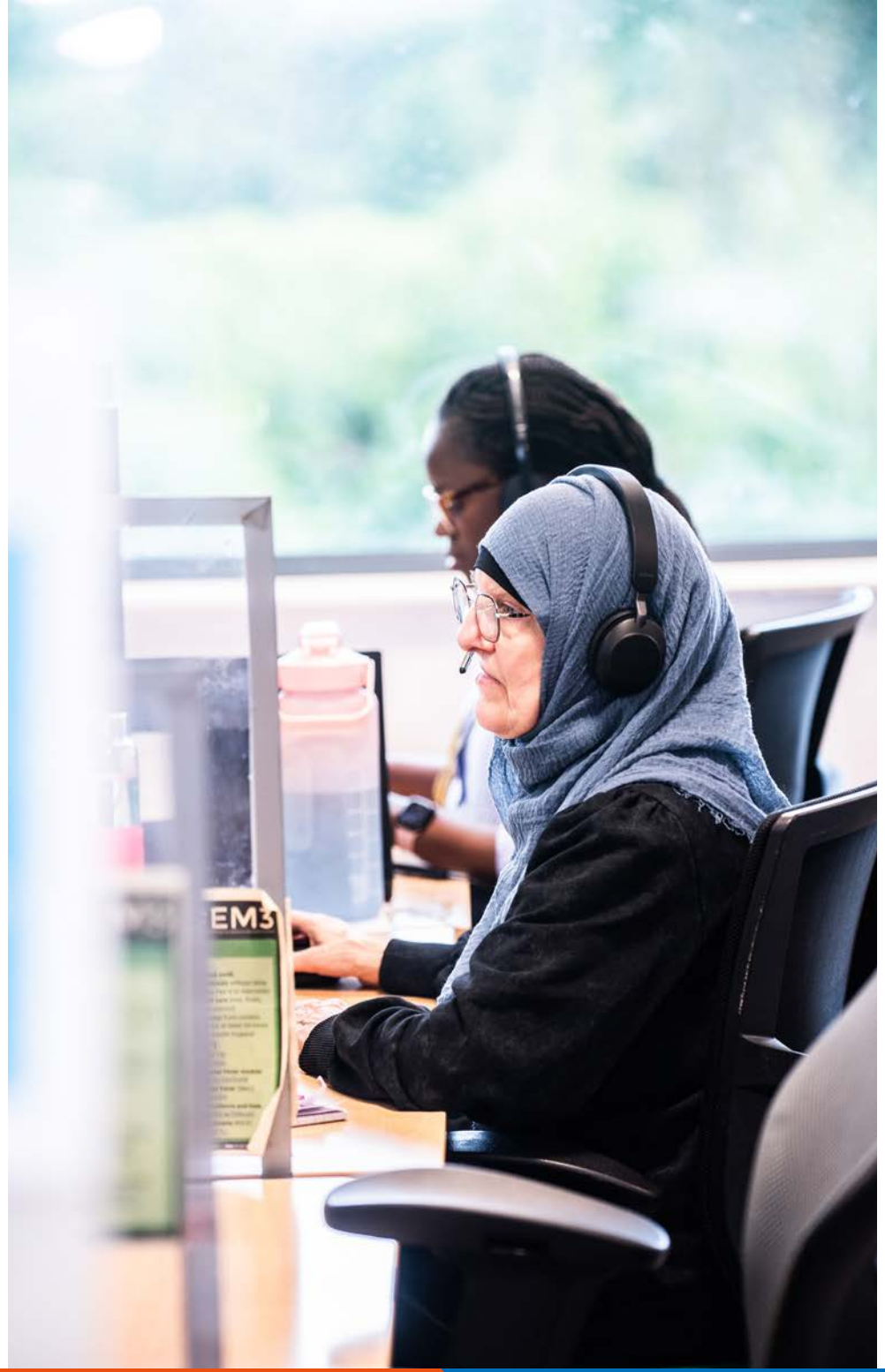
Home visiting services remained a particular area of focus. An updated Standard Operating Procedure strengthened clinical prioritisation and supported more

consistent allocation of urgent and routine visits according to patient need and risk. Audit activity, clinician feedback and refinement of Directory of Services profiles also helped improve the consistency of urgent home visiting decisions, particularly for patients requiring rapid assessment or two-hour visits.

Partnership working across the urgent care system continued to support more integrated patient pathways. Established referral arrangements between Emergency Departments, Urgent Treatment Centres and OOH services helped patients access the most appropriate setting for their needs while supporting patient flow across the wider healthcare system.

During the year, 535 patients were managed through a dedicated referral pathway from urgent care partners into OOH services, helping reduce unnecessary hospital attendance and supporting access to care.

Development of digital pathways also continued through expanded use of PaCCS within treatment centre services, enabling clinicians to book suitable patients directly into face-to-face appointments where this represented the most appropriate pathway and improving visibility of alternative urgent care options.



Looking ahead

During 2026–27, HUC will continue to focus on strengthening workforce resilience, improving consistency in urgent clinical decision-making and embedding learning from incidents, complaints and audit activity.

Priority will also be given to further improving urgent home visiting dispositions, reducing unwarranted variation across services and maintaining strong clinical governance and supervision arrangements.

Alongside this, OOH services will continue to work closely with system partners to improve access, integration and patient experience across urgent care pathways, ensuring the service remains a safe, responsive and effective component of the wider urgent care system.

Service delivery and operational resilience

Community services, urgent care and primary care

During 2025-26, HUC's community, primary and urgent care services continued to support patients across a healthcare system experiencing sustained demand, workforce pressures and increasing complexity across urgent and unscheduled care pathways.

Activity throughout the year focused on maintaining timely access to care, strengthening operational resilience and ensuring patients received assessment and treatment in the most appropriate setting.

Alongside day-to-day service delivery, continued progress was made in developing integrated approaches to care, improving patient flow and strengthening governance arrangements across services.

Delivering care closer to home

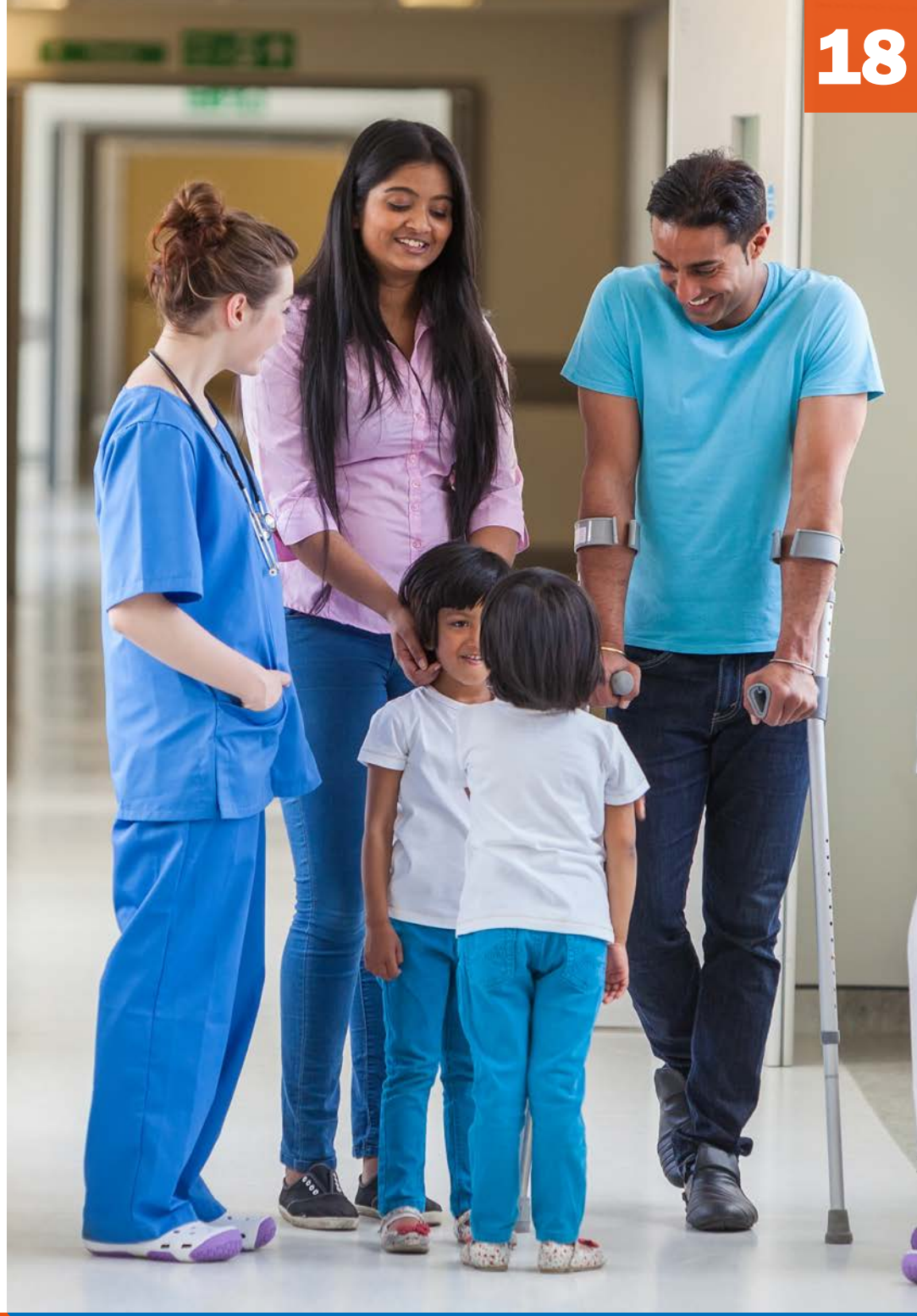
Community-based services continued to play an important role in supporting patients closer to home and helping avoid unnecessary hospital attendance.

The Acute In-Hours Visiting Service (AIHVS) and Early Intervention Vehicle (EIV) service maintained strong performance throughout the year, providing timely assessment and intervention for vulnerable and housebound patients.

AIHVS completed 97.6% of visits within six hours, while 94.9% of calls were answered within 60 seconds. Within the EIV service, 96.7% of visits were completed within two hours and approximately 90% of patients avoided hospital admission.

Alongside service delivery, work continued to strengthen workforce resilience within community services through the development of prescribing capability and progression towards a more prescribing-led workforce model.

Efforts were also made to improve awareness and utilisation of community pathways across the wider healthcare system, helping ensure patients could access the most appropriate care closer to home and supporting greater integration between services.



Improving access to urgent care

Maintaining access to urgent care remained a significant priority throughout the year. Performance remained strong across urgent care services despite ongoing operational pressures.

At the St Albans Integrated Urgent Care Hub, 98.8% of patients were seen within 30 minutes and 91.6% were discharged within two hours. Luton Urgent Treatment Centre achieved 96.6% performance against the four-hour standard, while streaming compliance remained above 92%. Cheshunt Minor Injury Unit continued to provide timely assessment and treatment for patients with minor injuries, helping reduce avoidable attendance at local Emergency Departments.

Throughout the year, services focused on improving patient flow, strengthening referral pathways and supporting more effective navigation across urgent care services.

Operational changes to appointment allocation, scheduling and patient streaming, alongside continued collaboration with NHS 111, GP practices and system partners, helped support more integrated urgent care pathways and improve access to the most appropriate care. Work also continued to strengthen coordination between urgent care services and community-based provision, reflecting a broader focus on reducing avoidable escalation into Emergency Departments and supporting more joined-up care across local systems.

Supporting primary care and population health

Within primary care services, activity focused on improving access, strengthening long-term condition management and supporting underserved communities.

Luton Town Centre Surgery continued to provide care for a diverse and often complex patient population, achieving approximately 90% Quality and Outcomes Framework performance while undertaking targeted improvement work in areas including diabetes care, asthma management, childhood immunisations and cervical screening.

Additional vaccination clinics, enhanced recall processes and greater use of nursing support helped improve engagement and support more proactive management of long-term conditions.

Work also continued to reduce inequalities in access and engagement. Community outreach activity supported greater engagement with groups traditionally less likely to access preventative healthcare, while

cultural awareness training helped strengthen communication and engagement with diverse communities.

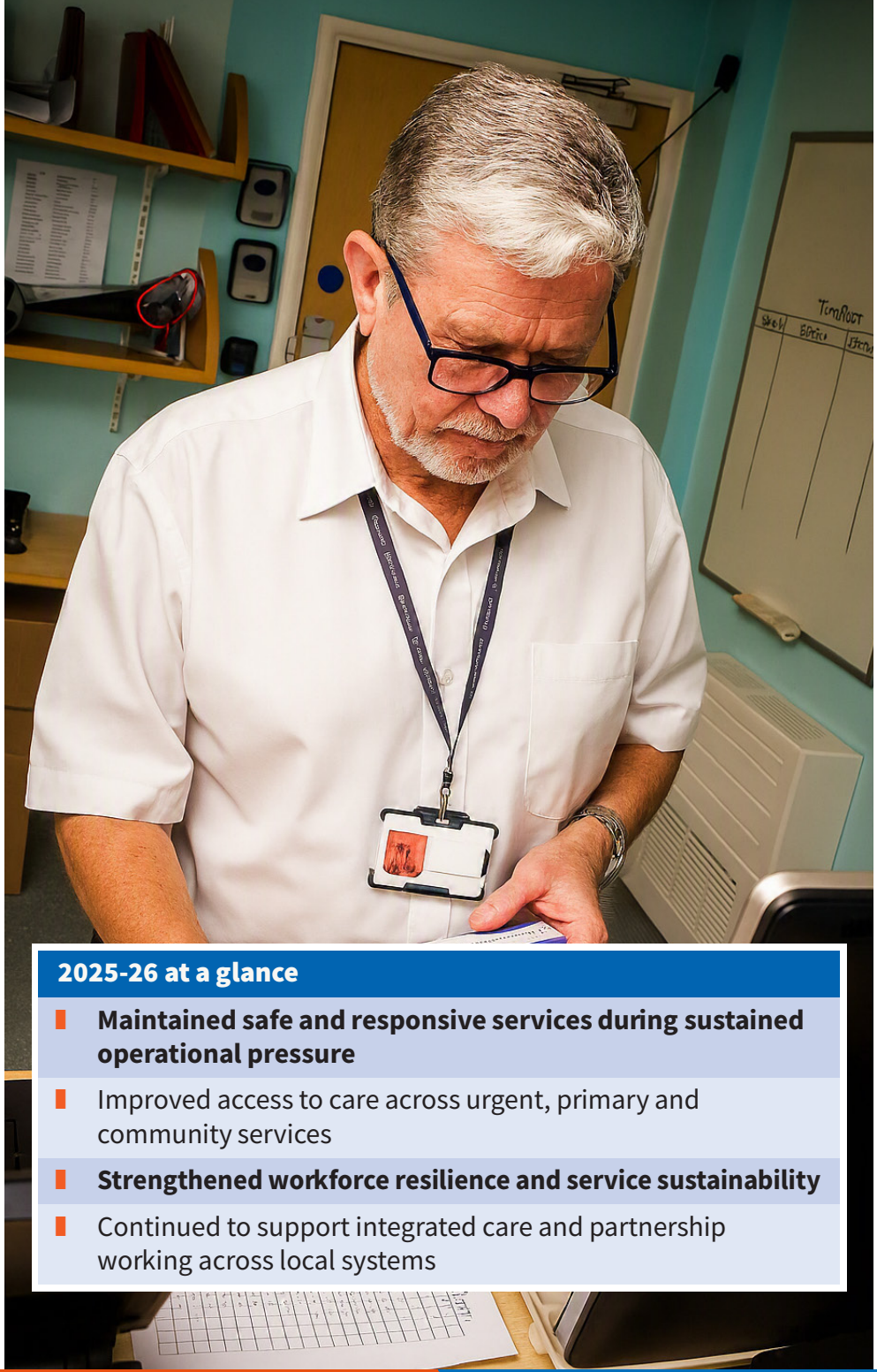
Further progress was made in developing social prescribing approaches, including implementation of the Joy platform within the St Albans Integrated Urgent Care Hub, supporting stronger links between healthcare services and wider community-based support.

Quality, governance and workforce development

Patient safety, governance and workforce capability remained central priorities throughout the year.

Governance and quality improvement initiatives included prescribing audits, hand hygiene audits, implementation of standard operating procedures and continued development of governance arrangements across services.

Recruitment of Advanced Nurse Practitioners and continued development of prescribing capability among Urgent Care Practitioners helped strengthen clinical capacity and support service sustainability.



2025-26 at a glance

- **Maintained safe and responsive services during sustained operational pressure**
- Improved access to care across urgent, primary and community services
- **Strengthened workforce resilience and service sustainability**
- Continued to support integrated care and partnership working across local systems

Patient experience also remained an important focus. An easy-read patient feedback survey was introduced within the EIV service to improve accessibility and inclusivity, while services continued to review patient feedback and learning themes to identify opportunities for improvement. This supported HUC's wider commitment to ensuring services remain responsive to the needs and experiences of patients.

Looking ahead

During 2026-27, HUC will continue to strengthen integrated approaches to urgent, primary and community care, with particular focus on supporting care closer to home, developing workforce capability, strengthening governance arrangements and improving utilisation of community services.

Further priorities include enhancing social prescribing pathways, improving patient flow across urgent care services and continuing to work with partners to support integrated, community-based models of care that improve access and patient experience.

Service delivery and operational resilience

Dental services

During 2025-26, HUC's dental services continued to provide urgent and emergency dental care across the South West and East of England, supporting patients through telephone triage, appointment booking and face-to-face out-of-hours provision.

Activity throughout the year focused on maintaining access to urgent care, strengthening workforce resilience, improving service quality and supporting a consistent patient experience across geographically diverse services.

Urgent access and service delivery

Supporting timely access to urgent dental care remained the primary focus of services throughout the year.

In the South West, HUC's subsidiary Access Dental continued to deliver urgent and emergency dental services across Bristol, North Somerset and South Gloucestershire, Devon and Dorset. Services included telephone triage, appointment booking and out-of-hours face-to-face clinics, helping ensure patients could access urgent assessment and treatment when routine dental services were unavailable.

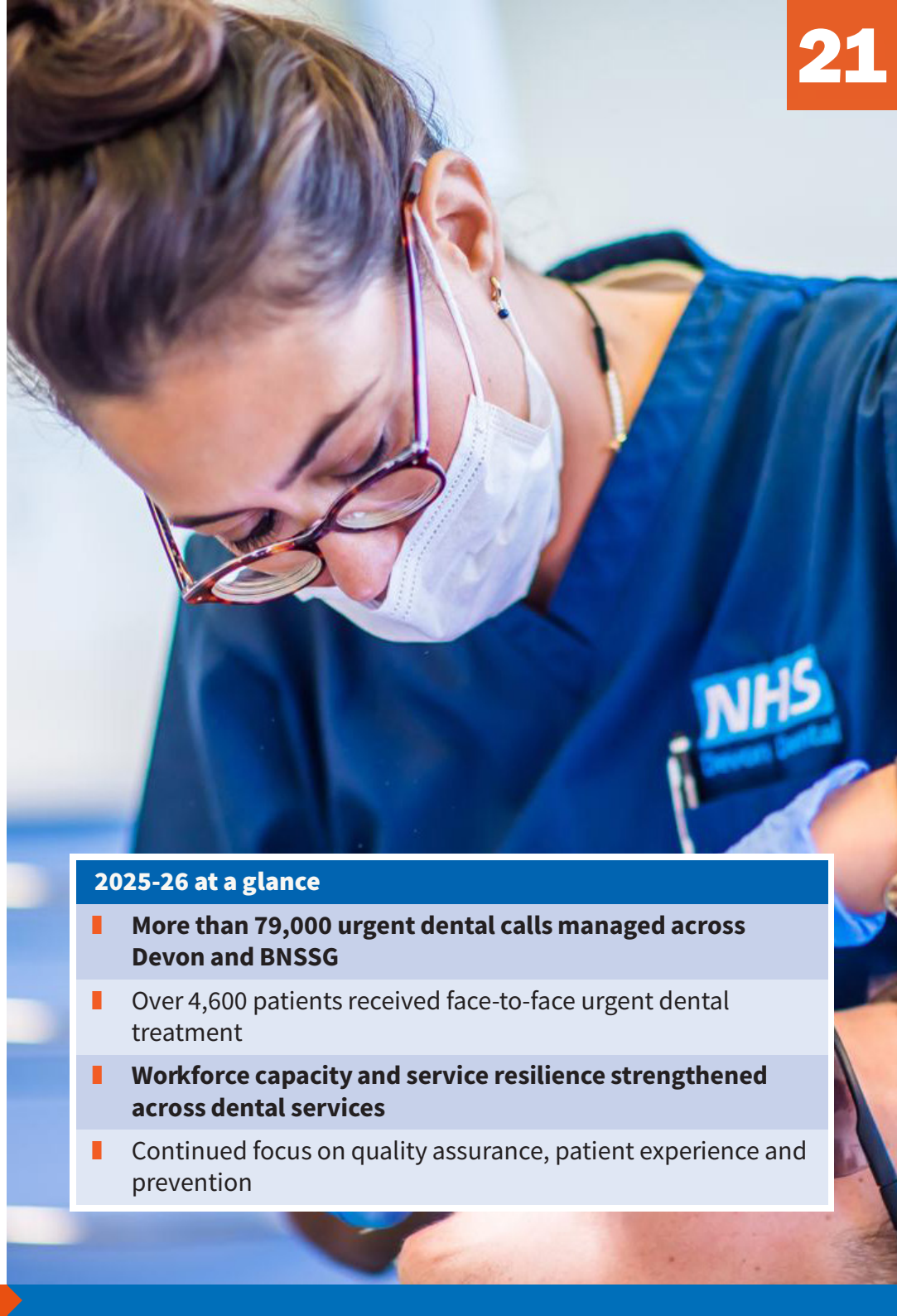
Demand remained high throughout the year. The telephony service managed more than 33,000 calls within Bristol, North Somerset and South Gloucestershire and more than 46,000 calls across Devon.

Face-to-face urgent dental services treated 4,603 patients during the year, while a further 1,024 patients were supported through dentist-led telephone triage. Alongside urgent assessment and treatment, services continued to provide stabilisation appointments where appropriate, helping patients manage pain and symptoms safely while awaiting definitive care.

Quality workforce and patient experience

Maintaining high standards of clinical quality and patient experience remained a key priority throughout 2025-26.

Ongoing training, structured coaching and shared learning arrangements supported consistency of call handling, clinical safety and patient experience



2025-26 at a glance

- **More than 79,000 urgent dental calls managed across Devon and BNSSG**
- Over 4,600 patients received face-to-face urgent dental treatment
- **Workforce capacity and service resilience strengthened across dental services**
- Continued focus on quality assurance, patient experience and prevention

across telephone triage and out-of-hours services. Audit performance remained strong throughout the year, providing ongoing assurance around triage quality, clinical decision-making and service standards.

Workforce resilience also improved during the year. The South West telephony workforce expanded to 26.5 whole-time equivalent colleagues, helping strengthen operational capacity and service resilience.

Service performance improved in several areas, including a reduction of approximately one third in call abandonment rates.

Digital improvements, including implementation of new Practice Management Software and upgrades to radiography equipment, supported more efficient clinical workflows and strengthened operational resilience within face-to-face services.

Patient feedback continued to highlight positive experiences of compassionate, professional and responsive care, reflecting the commitment of colleagues working across both telephony and face-to-face services.

Prevention and partnership working

In the East of England, HUC's dental triage service continued to support patients following NHS 111 assessment and referral into urgent dental pathways.

Delivered by registered clinical dental nurses, the service provided clinical advice and facilitated onward referral into urgent care appointments where appropriate, helping patients access timely support and treatment.

Alongside urgent care delivery, HUC continued to explore opportunities to strengthen prevention and oral health promotion through collaborative work with public health teams and academic partners.

This included implementation of the RETURN intervention with the University of Liverpool, supporting wider efforts to improve oral health and reduce avoidable demand for urgent care services.

Looking ahead

During 2026-27, HUC will continue to focus on maintaining access to urgent dental services, strengthening quality assurance arrangements and supporting workforce development across both South West and East of England services.

Particular emphasis will remain on patient experience, workforce resilience, partnership working and any opportunities to further strengthen prevention and oral health support.

Medicines management and infection, prevention & control

Safety, assurance and stewardship

During 2025-26, HUC continued to strengthen medicines management and infection prevention and control (IPC) arrangements across urgent and out-of-hours services, supporting patient safety, clinical quality and organisational assurance.

Prescribing assurance and audit

Regular audit activity remained central to medicines governance throughout the year. Medication and prescription stock audits were undertaken routinely across services to support safe storage, availability and accountability.

Monthly prescribing audits continued to provide assurance that prescribing practice remained aligned with national and local guidance. This included review of medicines associated with potential misuse and antimicrobial prescribing audits to support appropriate antibiotic stewardship within out-of-hours services.

Where prescribing concerns were identified, feedback and additional guidance were provided to clinicians to support learning and strengthen safe prescribing practice.

Medicines safety, infection prevention and control

Patient safety alerts, medicines recalls, drug safety updates and relevant NICE guidance were reviewed and shared with the wider clinical workforce where appropriate, supporting awareness of emerging risks and changes in best practice.

HUC also maintained Home Office Controlled Drug licences across relevant operational sites to support the safe and lawful management of controlled drugs used within urgent and end-of-life care services.

Strong infection prevention and control practices continued to support the delivery of safe care across HUC services. Relevant IPC risks, incidents and national public health guidance were reviewed through established governance processes, helping ensure the organisation remained responsive to emerging infectious disease risks, including those highlighted nationally during the year.

Together, these arrangements supported safer medicines management, effective infection prevention and strengthened organisational assurance.

Training, quality improvement and organisational learning

Developing skills and capability

During 2025-26, HUC continued to strengthen workforce capability and organisational resilience through a broad programme of statutory, mandatory and role-specific training across clinical and non-clinical services.

This work has supported safer practice, strengthened organisational assurance and helped ensure colleagues remain equipped to respond to the operational demands of urgent and primary care services.

Alongside statutory and mandatory training, colleagues continued to access a wide range of eLearning and instructor-led development opportunities covering areas including safeguarding, manual handling, health and safety, mental health awareness and emergency preparedness.

Additional face-to-face training delivered during the year included Basic Life Support (BLS), Safeguarding, Incident Debriefing and Emergency Preparedness, Resilience and Response (EPRR) training. New training introduced during 2025-26 included Fire Marshal and Evacuation Chair training, alongside Display Screen Equipment (DSE) Assessor training, helping strengthen internal capability in workplace safety and risk management.

HUC also continued to support workforce development through funded professional qualifications and leadership programmes. During the year, colleagues undertook training including the European Certificate in Essential Palliative Care (ECEPC), Minor Illness and Minor Injury Level 7 qualifications, Nurse Prescribing and the NHS Mary Seacole leadership programme.

Apprenticeship pathways also remained an important component of workforce development during the year, spanning areas including Senior Leadership, Business Management, Finance and Learning and Development. Despite changes to Government Levy funding arrangements, HUC continued to invest in apprenticeship opportunities, including support for a Senior Leader Level 7 apprenticeship and Safeguarding Support Officer apprenticeships.

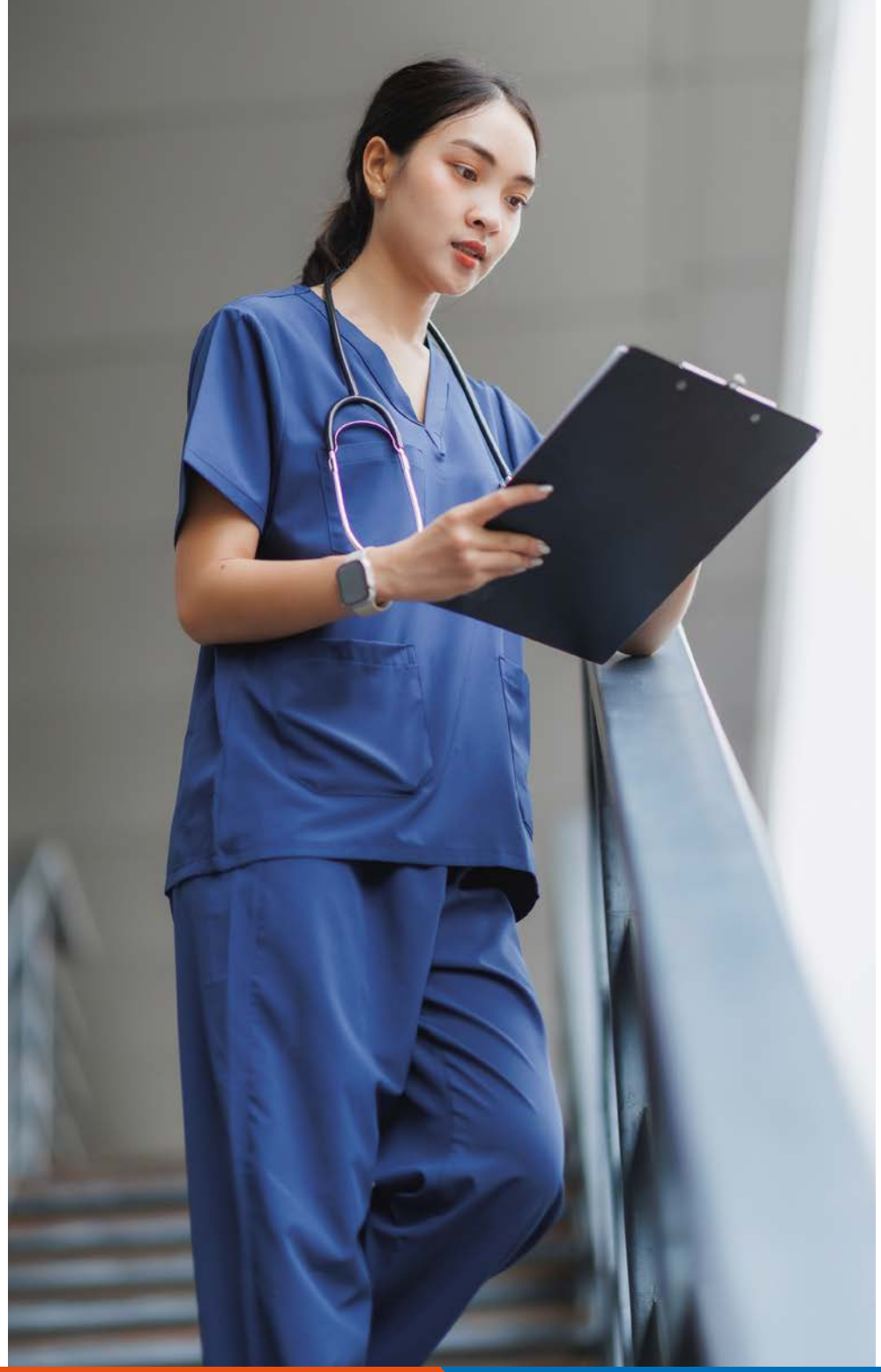
Maintaining high levels of statutory and mandatory

training compliance remained a significant organisational priority throughout the year. Targeted improvement work was undertaken with operational teams and line managers to address areas of lower compliance and strengthen oversight arrangements across services.

Overall compliance improved during the year, increasing from 93% in April 2025 to 96% in March 2026. This reflected continued focus on monitoring, accountability and workforce assurance across the organisation.

Alongside this, work commenced during the year to strengthen internal compliance reporting arrangements, improve visibility of outstanding actions and support more effective oversight for operational managers.

Looking ahead to 2026-27, HUC Academy will continue to focus on strengthening workforce capability and organisational learning. Planned priorities include the introduction of Driver Awareness eLearning for driver services, continued development of digital skills training and a refresh of management development provision.



GP trainee development

During 2025-26, HUC's GP Trainee Department continued to strengthen its onboarding and support arrangements for GP trainees working across services.

- 204 GP trainees were onboarded
- 15 induction programmes were delivered, attended by 255 trainees
- More than 1,000 GP trainee shifts were supported across services

The trainee induction manual was also streamlined from more than 40 pages to 12 pages while retaining key operational and clinical information.

These developments improved consistency within the induction process, reduced duplication and supported trainees to become operationally prepared more effectively when commencing shifts across HUC services

Quality improvement and organisational learning

Embedding learning into practice

During 2025-26, HUC continued to strengthen workforce capability across NHS 111 services through a structured programme of NHS Pathways training, coaching and ongoing professional development.

Between April 2025 and March 2026, 51 NHS Pathways training courses were delivered across HUC contact centres in Bedford, Peterborough, Welwyn Garden City and Taunton. During this period, more than 400 Health Advisors and nine Clinical Advisors commenced training.

Examination outcomes remained consistently strong throughout the year, with pass rates of 95% for Paper 1 and 97% for Paper 2.

Alongside initial training, HUC continued to support workforce development through ongoing coaching, structured refresher training and targeted workshops focused on communication, call management and supporting patients experiencing difficult or distressing situations.

Additional development activity during the year included workshops covering probing and information gathering, managing challenging conversations, conflict resolution and sensitive communication.

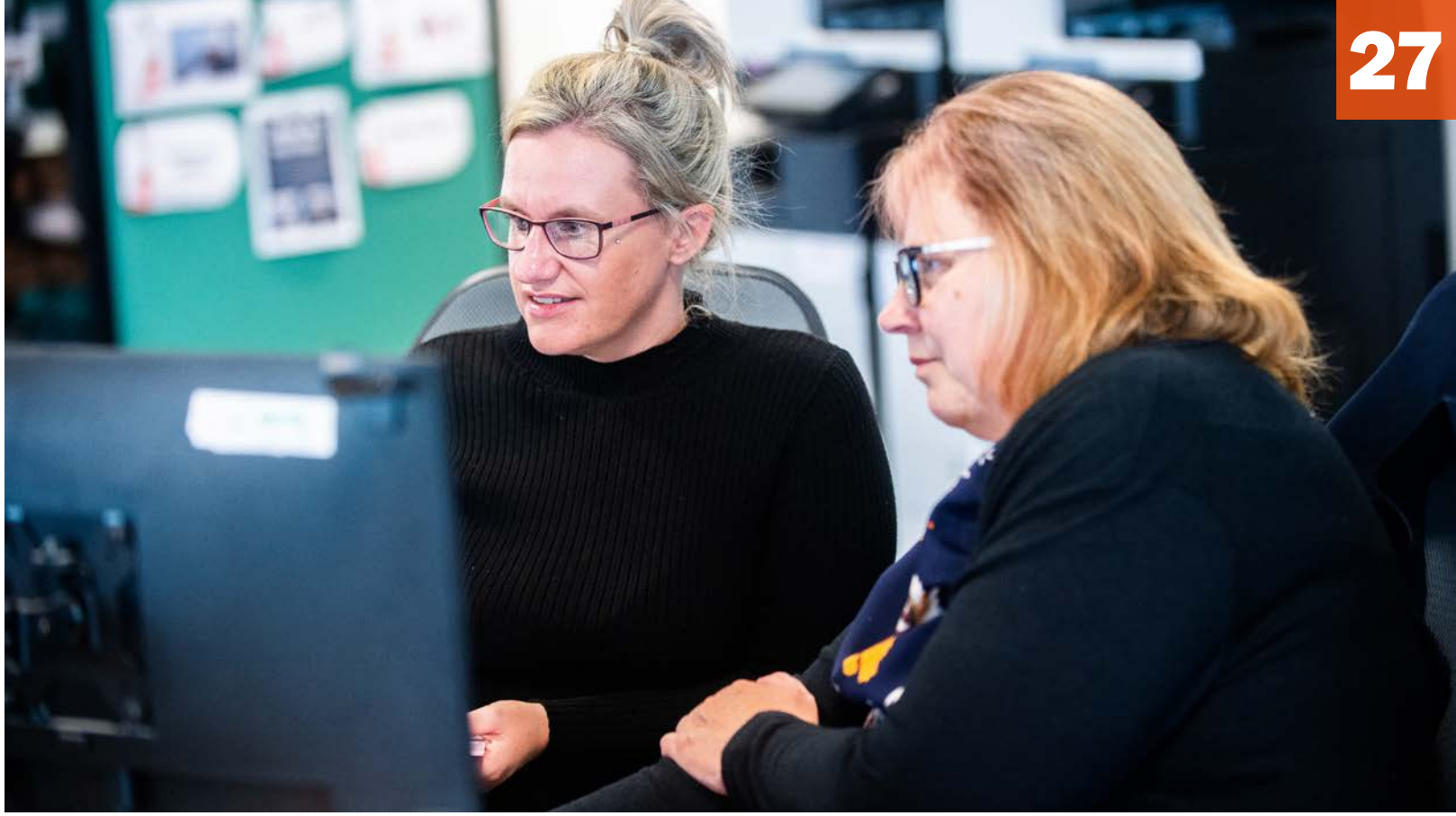
This continued investment in training and workforce development has supported greater consistency across services, strengthened staff confidence and contributed to safer patient assessment and triage.

During the year, HUC also continued to support development of services within the South West through delivery of dedicated Service Advisor training for the Dental Out of Hours service.

Looking ahead, further development work is planned to support colleagues managing calls relating to anxiety, depression, self-harm and communication barriers, helping strengthen both patient experience and staff confidence in responding to complex or sensitive contacts.

Quality assurance and organisational learning

Quality assurance and continuous learning remained central to HUC's NHS 111 governance arrangements throughout 2025-26.



The Quality and Improvement (Q&I) Team continued to deliver a structured audit programme for Health Advisors and Service Advisors, supporting both patient safety and workforce development. Audit activity focused not only on identifying areas for improvement, but also on recognising good practice, strengthening confidence and supporting a positive learning culture across services.

All non-clinical staff continued to receive regular call audits in line with NHS Pathways Provider Licence requirements, with additional support, coaching and review arrangements introduced where further development was required. This included targeted workshops, supervised shifts and tailored development plans designed to support improvement in a consistent and supportive way.

Throughout the year, audit activity continued to focus on the quality and safety of patient interactions, including call handling, probing, triage accuracy and signposting. Findings from audits and thematic reviews were regularly used to inform wider learning activity, coaching and service improvement.

Average audit scores remained consistently high during the year for both Health Advisors and Service Advisors, providing ongoing assurance around service quality and consistency.

This continued focus on supportive quality assurance, learning and workforce development has helped strengthen organisational resilience, improve consistency and support safer patient care across NHS 111 services.

Knowledge sharing and service improvement

During 2025-26, HUC strengthened internal knowledge sharing and access to operational guidance through the introduction of the Support Hub, a centralised resource providing staff with access to current guidance, pathway reminders, standard operating procedures and service updates.

The hub was developed to improve accessibility of information for colleagues and reduce reliance on outdated local guidance or paper-based resources. During its first 11 months, the platform received more than 45,000 views and generated positive feedback from staff regarding its role in supporting day-to-day decision-making and confidence.

Throughout the year, the Support Hub was further developed to incorporate learning from audits, incidents and thematic review activity. This was supported by strengthened weekly communications and more consistent sharing of operational learning across teams.

Together, these developments have supported a more consistent and learning-focused approach across NHS 111 services, helping ensure colleagues remain informed, supported and aligned with current guidance and best practice.

Supporting safer patient pathways

HUC has continued to work collaboratively with pharmacy partners to strengthen referrals into Pharmacy First pathways and support patients to access appropriate care in community settings where clinically suitable.

During 2025-26, referral performance continued to improve, supported by regular review of pathway utilisation data, ongoing staff guidance and increased promotion through the Support Hub. Referrals increased during the year, contributing to wider system efforts to support appropriate care navigation and reduce avoidable demand on urgent and emergency care services.

Alongside this, HUC's Training and Q&I teams continued to engage with NHS Pathways nationally regarding updates to triage guidance and pathway content. This included participation in early adopter discussions relating to pre-hospital management of extremely preterm births, supporting wider service learning and contributing to ongoing development of national guidance.

Looking ahead

During 2026-27, HUC will continue to strengthen workforce capability, quality assurance and organisational learning across NHS 111 services.

Particular focus will be placed on further embedding supportive coaching and development arrangements, improving access to learning resources and strengthening training relating to complex or sensitive patient contacts.

HUC will also continue to develop the Support Hub, expand learning from audit and incident review activity, and support ongoing improvement in pathway utilisation and patient navigation across urgent care services.

Digital development and service improvement

Improving pathways and patient journeys

During 2025-26, HUC continued to develop digital capability and service improvement initiatives designed to strengthen patient access, reduce unnecessary handoffs and support more efficient use of clinical resource across urgent care services.

Activity during the year focused on improving patient pathways, strengthening integration between services and using digital development to support safer and more responsive care.

Wider partnership, pathway development and digital improvement activity undertaken during 2025–26 is reflected throughout the relevant clinical and operational sections of this Quality Account.

While some developments remain at an early stage, the work undertaken during the year has strengthened organisational capability and created stronger foundations for continued improvement.

Improving patient pathways and access

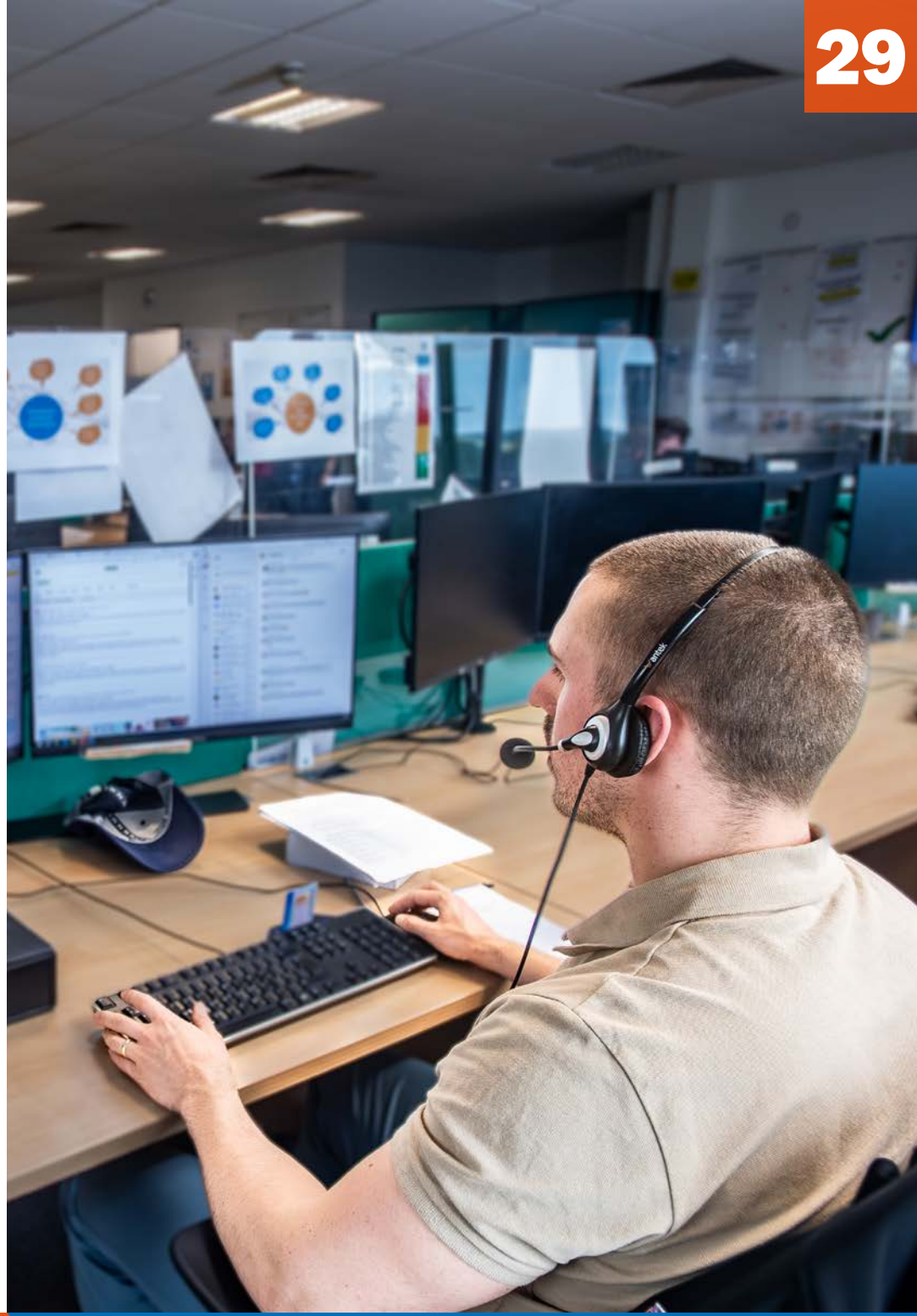
During 2025-26, HUC introduced a number of pathway changes designed to simplify patient journeys and improve access to urgent care services.

A new process was introduced enabling triaging clinicians within the GP Out of Hours service to book patients directly into face-to-face appointments where clinically appropriate.

Previously, patients requiring an appointment often progressed through an additional step following telephone assessment. Removing this touchpoint reduced delays between triage and appointment booking, simplified the patient journey and supported a more responsive experience for patients requiring face-to-face care.

Alongside this, a pilot was introduced to improve management of patients contacting NHS 111 who declined an initial primary care disposition.

Historically, some of these cases generated emergency clinical callbacks despite many not requiring urgent reassessment. Working with clinical teams and commissioners, revised processes were developed to support more



proportionate management of selected cases.

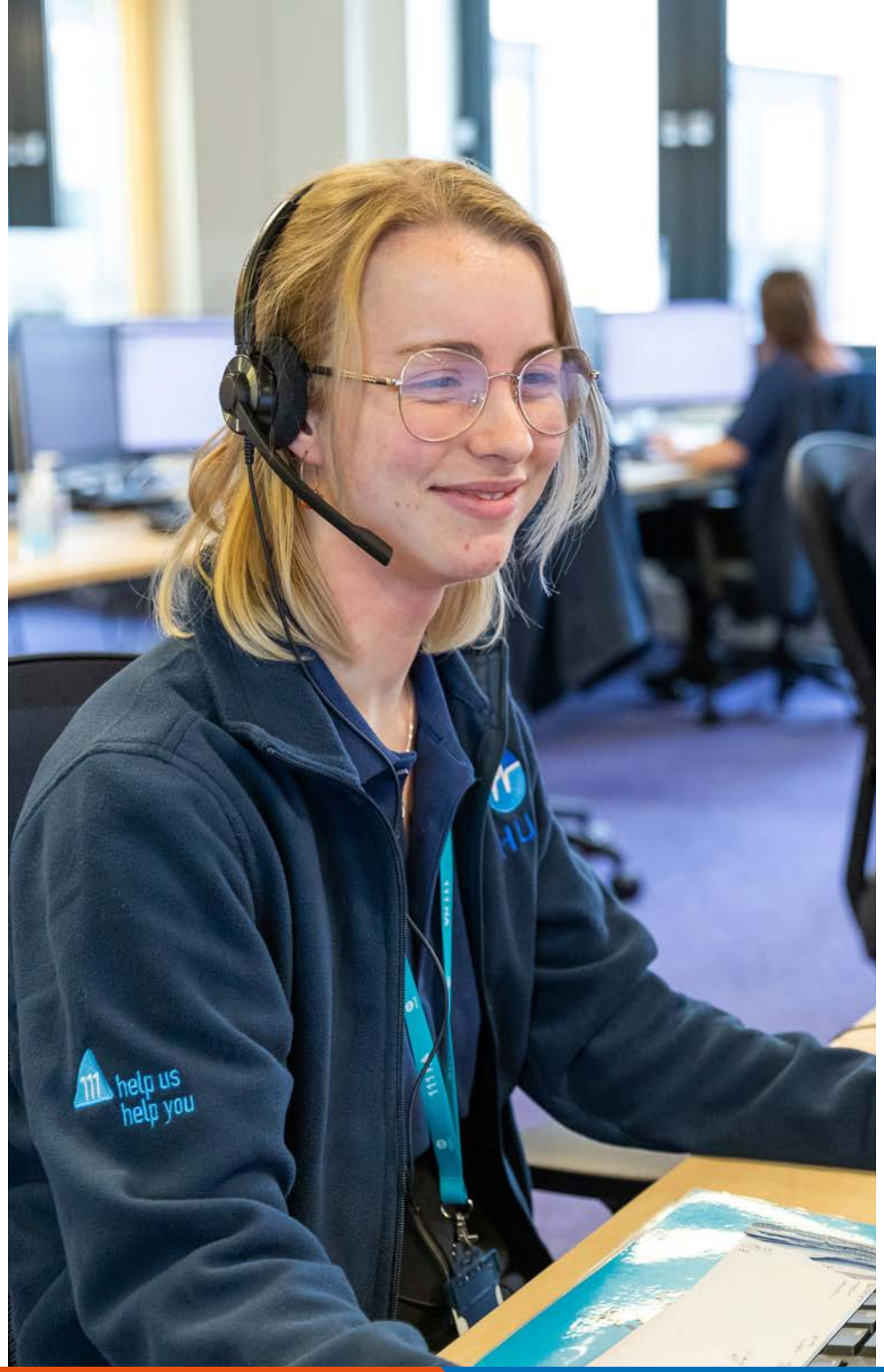
The pilot reduced avoidable escalation, improved use of clinical resource and contributed to improved clinical callback performance. Following evaluation, the approach has continued as business as usual.

Supporting integrated urgent care

HUC continued to explore opportunities to strengthen coordination between urgent care services and improve patient navigation across pathways.

A two-phase pilot undertaken with ambulance partners in the East of England enabled selected Category 5 ambulance contacts to be referred into HUC services for assessment. The first phase directed cases to clinicians, while the second phase incorporated NHS 111 Health Advisor assessment processes.

This work supported more appropriate patient navigation, improved use of urgent care capacity and provided valuable learning regarding referral processes, pathway utilisation and opportunities for future service development



Learning and future development

Digital development and transformation activity during 2025-26 has focused not only on introducing new processes, but on understanding how pathway design, integration and service coordination can improve patient experience and support operational resilience.

Learning from pilot activity undertaken during the year will continue to inform future development work during 2026-27, with ongoing focus on reducing avoidable handoffs, improving patient navigation and strengthening integrated approaches across urgent care services.

People, workforce and organisational culture

Building a resilient organisation

The past 12 months have been a year of significant delivery and organisational development across HUC's People function, with a clear focus on strengthening workforce foundations, improving consistency, and supporting a more stable and resilient organisation.

This work has taken place against a backdrop of continued operational pressure across urgent and primary care services, alongside ongoing workforce and recruitment challenges impacting on the wider NHS.

During the year, priority has been given to strengthening workforce governance, improving compliance and modernising key people processes, while also increasing focus on colleague voice, leadership visibility and organisational culture.

While some workforce pressures and variability remain, the work undertaken during 2025-26 has created stronger foundations to support continued improvement over the course of the next 12 months and beyond.

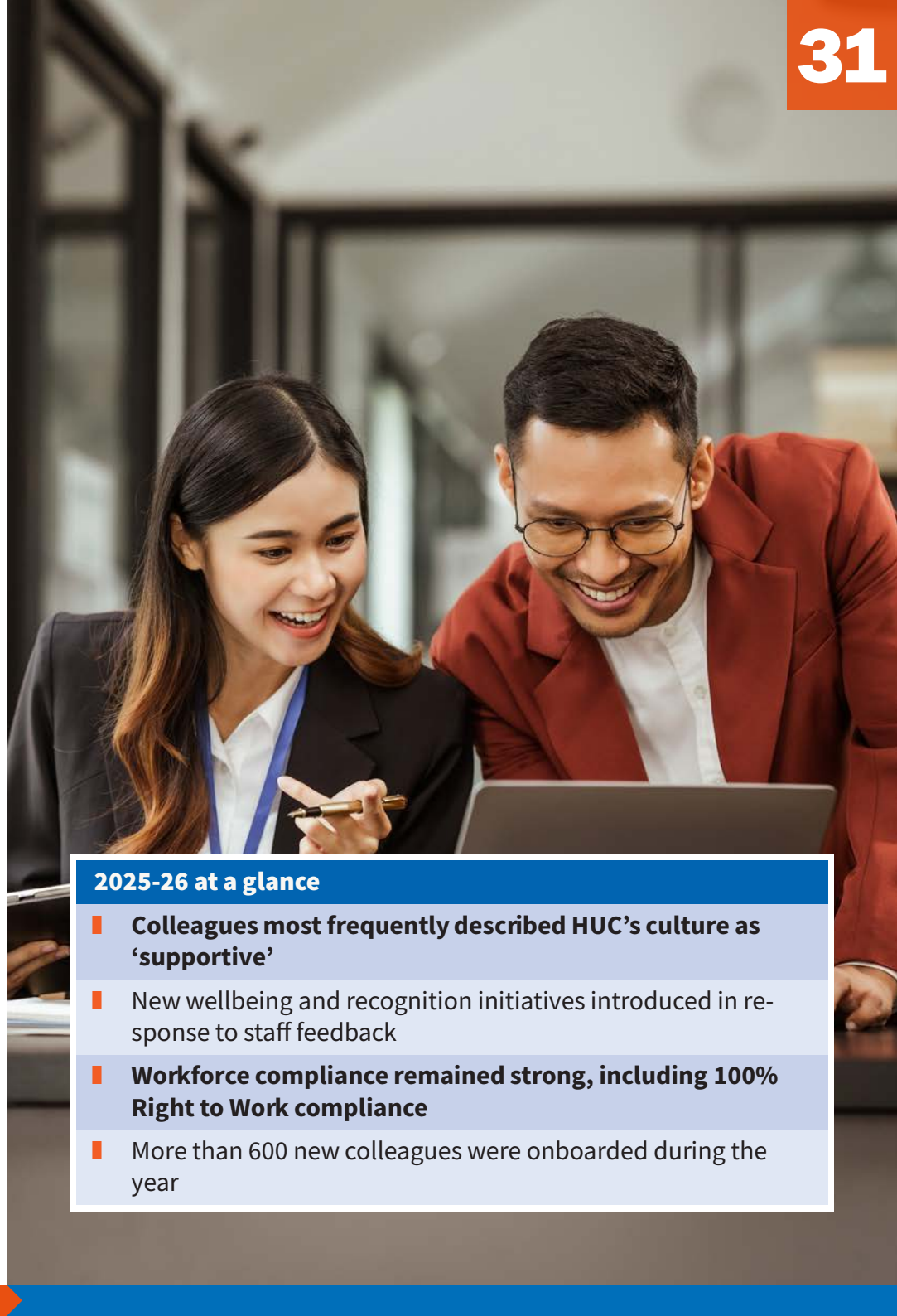
Workforce culture and engagement

During 2025-26, HUC has continued to strengthen how it listens to and engages with colleagues.

A Culture Pulse Survey undertaken in November 2025 provided an updated view of colleague experience, with 'supportive' emerging as the word most frequently used by colleagues to describe HUC's culture. This represented a positive shift compared to previous feedback and reflected continued focus on visibility, engagement and colleague support.

Throughout the year, CEO-led briefings, local engagement activity and increased leadership visibility have created more opportunities for colleagues to ask questions, raise concerns and contribute to organisational discussions.

A continued priority has been ensuring that colleague feedback leads to visible action. Feedback gathered through surveys, engagement activity and day-to-day conversations has informed



2025-26 at a glance

- **Colleagues most frequently described HUC's culture as 'supportive'**
- New wellbeing and recognition initiatives introduced in response to staff feedback
- **Workforce compliance remained strong, including 100% Right to Work compliance**
- More than 600 new colleagues were onboarded during the year

changes to wellbeing support, colleague recognition and wider organisational planning.

A more consistent ‘You said, we did, we are doing’ approach has also been introduced to improve transparency and strengthen confidence that colleague feedback is being heard and acted upon.

Together, these changes have helped create a more open and engaged organisational culture and align with expectations within the CQC Well-Led framework around staff voice, leadership visibility and organisational learning.

Psychological safety and wellbeing

Strengthening psychological safety and colleague wellbeing has remained an important area of focus throughout 2025-26.

The Freedom to Speak Up service has continued to develop as a confidential route for colleagues to raise concerns, supporting a culture where issues can be identified and addressed earlier.

Work has also progressed on the development of HUC’s Equality, Diversity and Inclusion and Culture Strategy, alongside the introduction of staff networks to improve colleague voice and representation.

Alongside this, wellbeing and recognition support has been reshaped in response to colleague feedback. This included the introduction of a new Employee Assistance Programme and colleague recognition platform, alongside continued investment in Mental Health First Aid, wellbeing campaigns and improved communication of available support.

These developments have contributed to a more proactive and preventative approach to workforce wellbeing, while also helping strengthen engagement, inclusion and organisational resilience.

Workforce assurance and compliance

A significant programme of work has been undertaken during 2025-26 to strengthen workforce governance, compliance and organisational assurance.

Recruitment and onboarding processes have been modernised through the implementation of TRAC, improving consistency, reducing reliance on paper-based systems and strengthening oversight of pre-employment checks. Additional controls have also been introduced around DBS monitoring, professional registration tracking and onboarding assurance processes.

A sustained focus on workforce compliance has improved the reliability and quality of workforce

data and strengthened assurance against NHS Employment Check Standards and CQC expectations. Right to Work compliance has remained at 100% throughout the year, while compliance with statutory and mandatory training has consistently remained between 92% and 95%. Professional registration compliance has also remained at 100%.

Alongside strengthening assurance processes, the People Team has continued to support high levels of operational workforce activity across the organisation during the year, including the onboarding of more than 600 new starters, management of over 6,000 applications and processing of more than 820 role changes.

Work has also continued to simplify processes, reduce duplication and improve system-led workflows, helping improve workforce administration reliability across the organisation.

Learning and leadership

During 2025-26, HUC has continued to strengthen leadership capability and workforce development to support both organisational performance and patient safety.

Leadership development activity has focused on areas including team leadership, wellbeing conversations, performance management and people management capability. This has supported managers to lead teams more consistently and confidently within increasingly pressured operational environments.

Training compliance has remained consistently strong throughout the year, supported by improved monitoring, clearer accountability and closer working between operational managers and the People Team.

This continued focus on leadership capability, workforce development and compliance contributes to safer services, stronger governance and a more resilient organisation.

Summary

2025-26 has been a year of meaningful progress across workforce culture, compliance, engagement and organisational assurance.

Significant work has been undertaken to strengthen workforce foundations, modernise key systems and processes, improve colleague engagement and support a more consistent organisational culture. This has improved oversight, reduced reliance on manual processes and strengthened organisational assurance.

While further work remains to achieve consistent stability across all areas of the organisation, HUC is now better positioned to build on this progress through the continued development of its People Strategy during 2026-27.

Corporate governance and organisational assurance

Oversight, accountability and resilience

During 2025-26, HUC continued to strengthen its approach to corporate governance and organisational assurance to support the delivery of safe, effective and sustainable services across urgent, primary and community care.

This work focused on improving organisational oversight, strengthening assurance processes and supporting clearer visibility of quality, operational and organisational risk across the organisation.

Against a backdrop of continued operational pressure, evolving NHS system structures and increasing regulatory expectations across health and care services, HUC continued to develop governance arrangements designed to support resilience, accountability and informed decision-making across all areas of the organisation.

Throughout the year, governance and assurance activity remained focused on ensuring that patient safety, service quality and organisational resilience remained central to operational and strategic decision-making.

Key areas of focus during 2025-26 included:

- Strengthening organisational risk oversight and assurance arrangements;
- Improving visibility of operational, quality and compliance risks across services;
- Supporting more integrated reporting and governance processes;
- Strengthening preparedness and organisational resilience arrangements;
- Improving oversight of operational and digital change activity; and
- Supporting organisational learning through more coordinated assurance processes.

During the year, HUC refreshed its Board Assurance Framework (BAF) to support clearer identification and oversight of strategic risks and organisational priorities. This work helped strengthen visibility of key

risks and support more consistent assurance reporting to the Board and senior leadership teams.

Governance structures and committee arrangements were also reviewed during the year to improve clarity around accountability, oversight and organisational assurance. Alongside this, work continued to strengthen integrated reporting arrangements and improve the use of organisational data to support improved visibility of operational pressures and organisational risk.

A Corporate Governance and Assurance Cycle was introduced during 2025-26 to support improved coordination across governance, quality, compliance, emergency preparedness, information governance and health and safety functions. This supported a more consistent approach to organisational assurance and helped strengthen alignment between governance and operational oversight processes.

HUC also introduced a Change Control Group to strengthen oversight of organisational and system change activity, including operational and digital developments. This improved governance around change management processes and

strengthened visibility of associated risks across the organisation.

Alongside this, work continued to strengthen organisational preparedness and resilience arrangements through ongoing review of business continuity, emergency preparedness and assurance processes.

While governance and assurance arrangements will continue to develop during 2026-27, the work undertaken during the year has strengthened organisational foundations, improved oversight and supported a more coordinated approach to assurance, resilience and organisational learning across HUC.

Emergency Preparedness, Resilience & Response (EPRR)

Preparing for disruption and recovery

HUC recognises its responsibility to maintain robust arrangements for emergency preparedness, resilience and response in line with national NHS requirements. As an NHS provider, HUC is required to comply with the NHS England Core Standards for EPRR, ensuring the organisation is able to plan for, respond to and recover from incidents and disruptions that may affect patient care, operational delivery or service continuity.

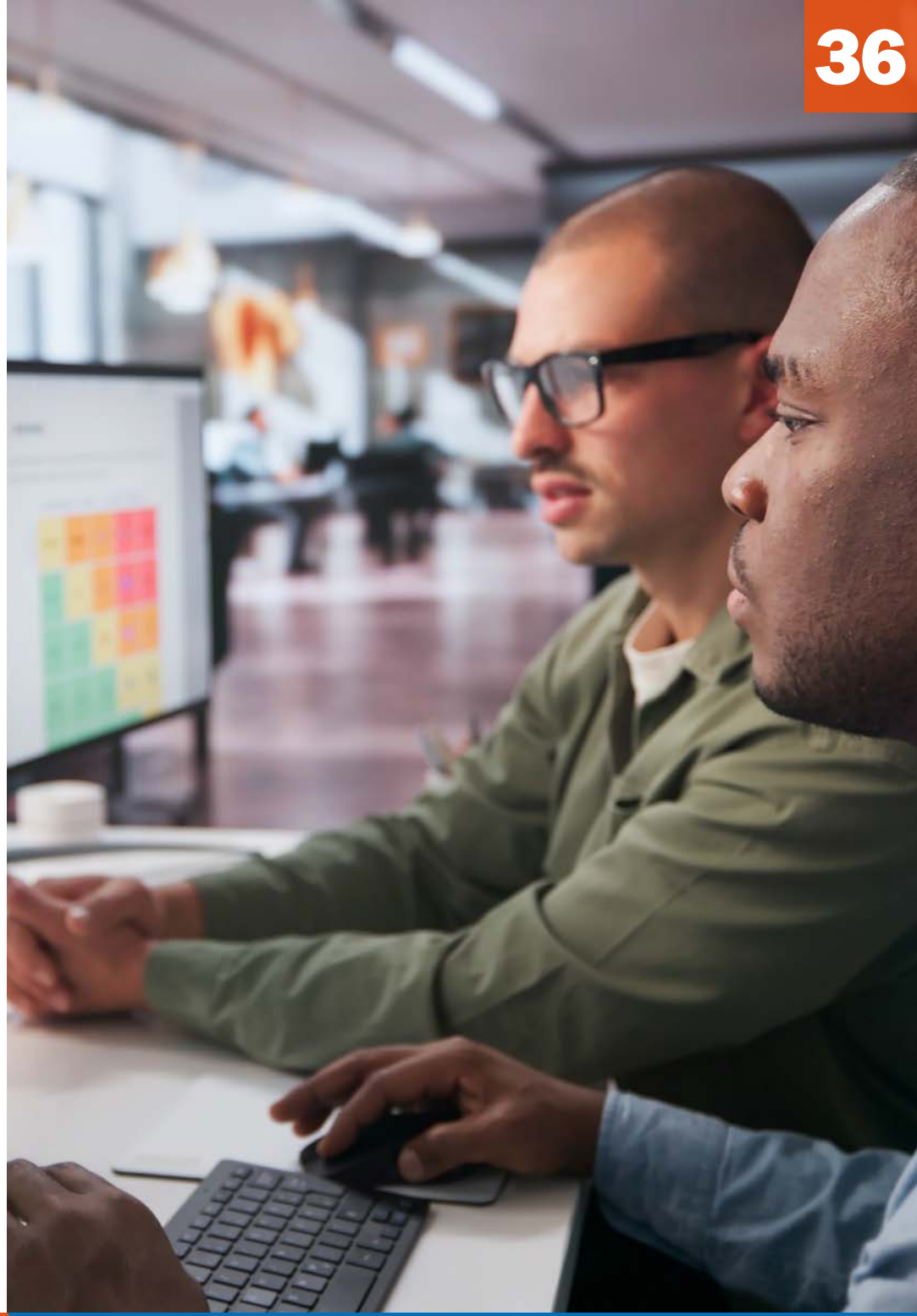
During 2025-26, HUC continued to strengthen its EPRR arrangements through ongoing planning, training, exercising and partnership working. This included reviewing and testing Business Continuity Plans across services, refining escalation and response processes, participating in multi-agency exercises and maintaining close collaboration with system partners across health and emergency planning networks.

This work took place against a backdrop of continued operational pressure across urgent and primary care services, alongside increasing focus nationally on organisational resilience, cyber preparedness and service continuity.

HUC continued to develop its organisational maturity in relation to resilience and preparedness through both internal learning and external assurance activity. External training and independent review of elements of the organisation's Business Continuity Planning arrangements provided positive assurance while also identifying areas for further strengthening and development.

HUC completed the NHS England Core Standards self-assessment and continued to work closely with regional EPRR leads throughout the assurance cycle. Activity during the year focused on strengthening assurance processes, improving oversight and supporting continued progress against identified development areas.

EPRR remains closely aligned with HUC's wider governance, risk management and organisational assurance arrangements, including operational resilience, clinical safety, cyber resilience and service continuity planning. Together, these arrangements support HUC's ability to maintain safe, responsive and resilient services during both routine operations and periods of disruption.



Health, safety and environmental sustainability

Creating safe and sustainable services

The health, safety and wellbeing of staff, patients and visitors remains a fundamental priority for HUC and an important component of delivering safe, effective and sustainable healthcare services.

Throughout 2025-26, the organisation has continued to strengthen oversight, assurance and risk management arrangements across health, safety and environmental sustainability activity, supporting safer working environments, organisational resilience and responsible service delivery.

This work has taken place against a backdrop of continued operational pressure across urgent and primary care services, alongside increasing recognition of the relationship between environmental sustainability, population wellbeing and the long-term resilience of healthcare systems.

Health & safety

During 2025-26, HUC continued to strengthen its health & safety governance arrangements through the development of a structured Health & Safety Assurance Cycle and the implementation of a centralised compliance tracker. This has improved organisational oversight of statutory requirements, training, inspections, risk assessments and assurance activity, supporting a more proactive and coordinated approach to compliance monitoring across services.

Fire safety activity during the year included the continued training of Fire Wardens, provision of fire safety equipment and completion of fire evacuation drills across contact centre sites. First aid training also continued throughout the organisation to help maintain appropriate levels of preparedness and emergency response capability.

Portable Appliance Testing (PAT) activity progressed during the year, including arrangements supporting colleagues working remotely or in hybrid roles. Additional work was undertaken to strengthen oversight of Display Screen Equipment (DSE) assessments and workplace risk management processes.

Alongside this, HUC continued to support workforce wellbeing and safer working environments through ongoing health and safety training, incident reporting

processes and strengthened organisational oversight arrangements.

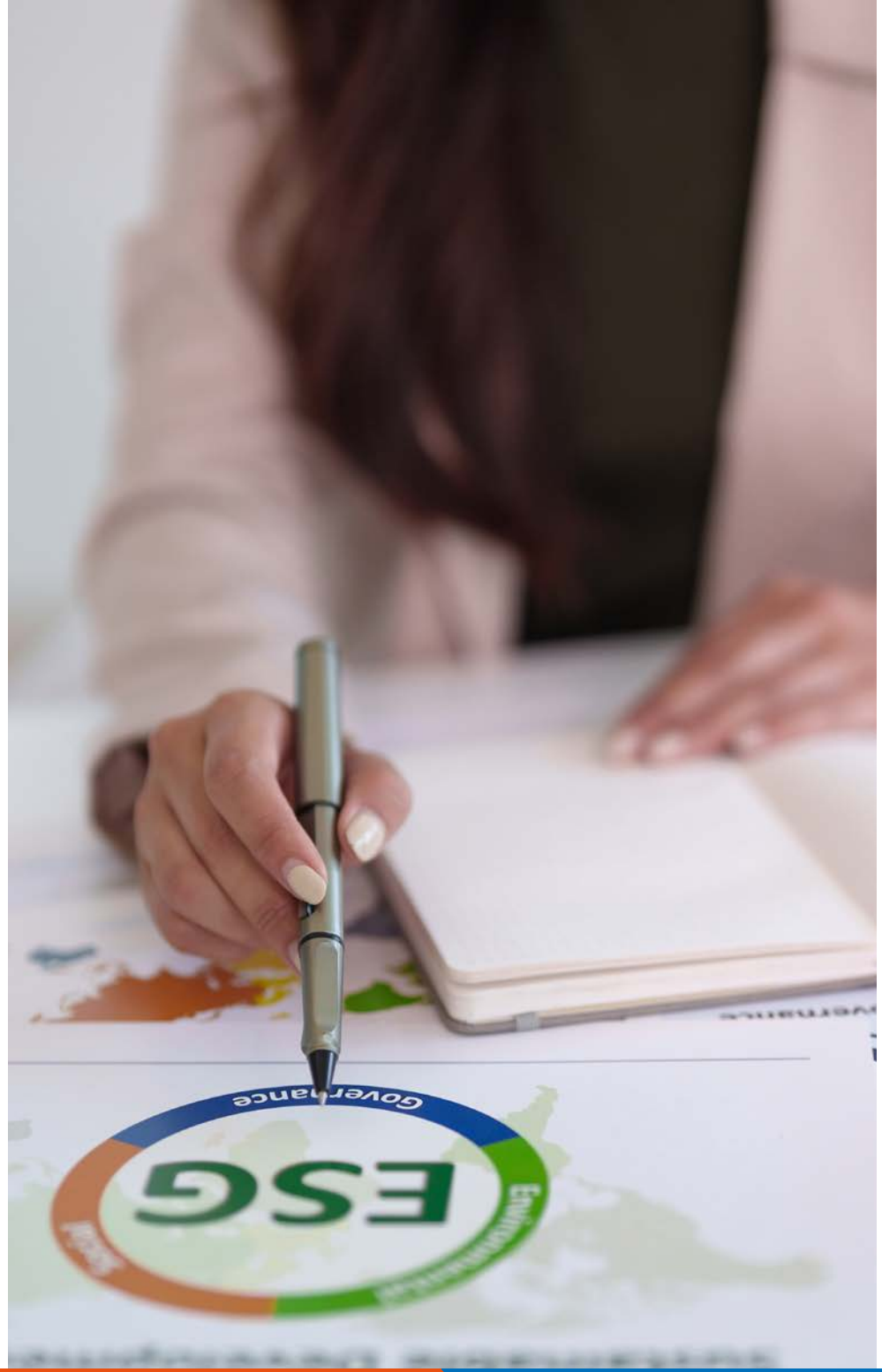
Together, these developments have supported safer environments for staff and patients, improved organisational assurance and strengthened HUC's ability to respond proactively to health and safety risks across a geographically diverse workforce and estate.

Environmental sustainability

HUC remains committed to embedding environmental sustainability into the delivery of healthcare services, recognising the important relationship between environmental health, population wellbeing and the long-term sustainability of healthcare systems.

The organisation's Green Plan (2025–2028) outlines HUC's approach to reducing environmental impact while supporting the wider NHS ambition of achieving net zero carbon emissions.

During 2025-26, progress continued across a number of Green Plan priorities through the support of Green Ambassadors and wider staff engagement activity. This included reducing paper usage through increased use of electronic systems for records, reporting and policy management, alongside exploration of more sustainable procurement approaches and environmentally responsible suppliers and materials where appropriate.



HUC has also continued to promote staff awareness and engagement in sustainability initiatives, encouraging behaviours that support environmental objectives while maintaining the safety and quality of care delivery.

Looking ahead, HUC aims to further align Green Plan objectives with regional and national NHS sustainability frameworks. Future priorities include strengthening carbon reduction reporting, increasing staff engagement and continuing to identify opportunities for more sustainable operational and clinical practices.

Together, this work supports HUC's wider commitment to delivering safe, responsible and future-focused healthcare services while strengthening organisational resilience and supporting long-term sustainability.

Developments, partnerships and system working

Working together to improve outcomes

During 2025-26, HUC has continued to strengthen its role as both a provider of high-quality services and an active system partner across urgent, primary and community care.

Activity throughout the year has focused on maintaining service continuity, supporting integrated models of care, responding to changes within the commissioning landscape and developing services that improve access, prevention and patient experience.

This work has taken place during a period of significant change across Integrated Care Boards (ICBs) and wider NHS system structures, requiring providers to remain agile while continuing to deliver safe, sustainable and responsive services.

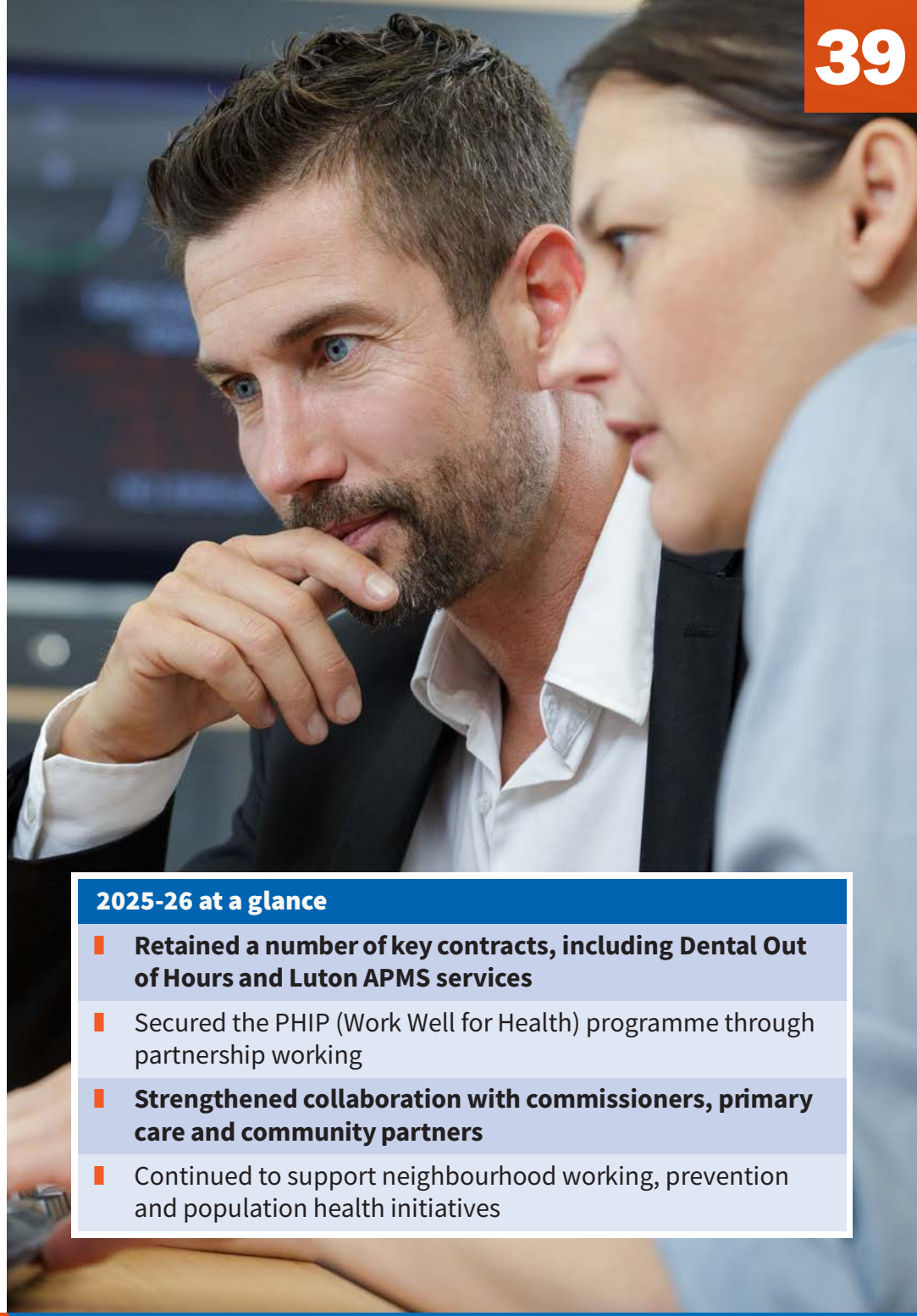
Service development and contract retention

During the year, HUC successfully retained a number of key services through the Provider Selection Regime (PSR), including the Minor Injuries Unit (MIU) in Cheshunt and the longstanding APMS contract in Luton Town Centre. These outcomes reflected continued commissioner confidence in HUC's ability to deliver responsive, high-quality care within local communities.

HUC also successfully retained the Dental Out of Hours contract in Devon, securing the service for a further seven years, with the option to extend. This provides long-term stability for patients accessing urgent dental care and reflects HUC's established expertise in delivering safe and effective out-of-hours provision.

Alongside this, HUC was awarded the PHIP (WorkWell for Health) programme through partnership working with Public Health and Hertfordshire County Council. The programme supports individuals whose health impacts their ability to work and represents a further step in developing preventative, community-based approaches to care and wellbeing.

As the Provider Selection Regime becomes more fully embedded across the NHS, HUC has continued to adapt to an evolving commissioning environment in which a number of planned procurements have been delayed,



2025-26 at a glance

- **Retained a number of key contracts, including Dental Out of Hours and Luton APMS services**
- Secured the PHIP (Work Well for Health) programme through partnership working
- **Strengthened collaboration with commissioners, primary care and community partners**
- Continued to support neighbourhood working, prevention and population health initiatives

reshaped or withdrawn. Throughout this period, the organisation has maintained readiness to respond to future opportunities while ensuring continued alignment with system priorities and local population need.

To support future service development and mobilisation activity, recruitment has commenced for a dedicated Bid Manager role to strengthen organisational capacity and support a more coordinated approach to tendering, implementation and partnership working.

Commercial planning and service sustainability

During 2025-26, HUC continued to strengthen collaboration between Commercial, Finance, Business Intelligence and Operational teams to improve planning, forecasting and service modelling.

This work has supported more detailed analysis of service demand, contractual delivery requirements and financial risk, helping to inform business cases, contract discussions and operational planning. Enhanced modelling processes have also strengthened oversight and supported more effective allocation of resources within the constraints of NHS funding.

Improved collaboration across teams has enabled more consistent use of operational and financial insight to support service sustainability, contract delivery and longer-term organisational planning.

Partnership working and population health

Strengthening partnership working and community engagement has remained a significant area of focus throughout 2025-26.

HUC has continued to work collaboratively with Integrated Care Boards, Primary Care Networks, local authorities, hospices and Voluntary, Community, Faith and Social Enterprise (VCFSE) partners to support shared priorities around access, prevention and reducing health inequalities.

Community engagement activity, including Healthwatch events, voluntary sector forums and Primary Care Network initiatives, has provided opportunities to engage directly with local communities and gather feedback relating to access to urgent and primary care services. This feedback has informed service improvements and supported greater understanding of local population need, including amongst underserved groups.

Collaborative initiatives delivered during the year included work to support direct booking optimisation across primary care services, helping improve utilisation of available appointments and patient flow across the system.

HUC also worked with hospice partners to support implementation of a dedicated NHS 111 palliative care pathway, strengthening coordination of end-of-life care

and generating wider interest as a potential model for replication.

Supporting the development of Integrated Neighbourhood Teams (INTs) has also been an important priority. Through data-led insights, targeted patient education and partnership working, HUC has begun to further embed its services within neighbourhood models of care. This has included work to address avoidable demand by improving confidence in managing childhood illness and supporting appropriate use of primary care services.

Alongside this, HUC has continued to support wider prevention and population health initiatives through collaboration with public health, local authorities and VCFSE partners. This has included securing funding for programmes supporting individuals out of work due to ill health, alongside initiatives designed to improve accessibility and engagement for underserved communities.

Using insight to support system improvement

HUC's use of operational and population health data has continued to develop during 2025-26, supporting more targeted engagement with system partners and more informed service planning.

Regular reporting and Primary Care Network-level analysis have helped identify patterns of demand, service pressures and opportunities for targeted intervention. This has supported collaborative planning across systems and strengthened HUC's contribution as both a provider and system partner.

Looking ahead

During 2026-27, HUC will continue to strengthen its contribution to neighbourhood working, integrated care and prevention-focused services.

Particular focus will be placed on embedding services within Integrated Neighbourhood Teams, strengthening local partnerships and ensuring services remain aligned with evolving commissioner priorities and population need.

As wider NHS system structures continue to evolve, HUC will maintain a strong focus on collaboration, service sustainability and equitable access, while continuing to support integrated, community-based approaches to care that improve patient experience and population outcomes.

Statement on behalf of ICBs commissioning HUC services

Commissioner perspective

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the HUC Quality Account for 2025-26. This statement is provided on behalf of CE ICB and Dorset, Somerset, Bath and North East Somerset, Swindon and Wiltshire ICB.

The ICB considers that this Quality Account provides a clear, comprehensive and balanced overview of the quality of services delivered. It reflects HUC's continued efforts during the year to strengthen its approach to clinical governance, patient safety, organisational learning and quality assurance processes, supporting quality improvement and organisational oversight.

The Quality Account outlines the sustained pressures experienced across services, including high demand and workforce challenges, contributing to delays in care and clinical assessment processes. The ICB recognises that some progress has been achieved within this context of operational and organisational challenges.

The ICB acknowledges continued focus on learning from incidents, patient feedback and developing approaches to improve patient experience. This is supported by broader work to strengthen workforce engagement. Continued focus on triangulating data and intelligence provides a stronger foundation for more mature quality and governance processes.

The organisation's commitment to strengthening safeguarding systems and oversight is welcomed, with notable progress in improving triage processes and multi-agency working, aligning with system priorities to better protect vulnerable patients.

HUC's contribution to partnership working and its responsiveness during a period of wider system change is also recognised. Of particular note is the successful award of the PHIP (Work Well for Health) programme through collaboration with Public Health and Hertfordshire County Council.

The proposed quality priorities for 2026-27 are well aligned with both Place and system priorities. Continued development of HUC's Patient Safety Incident Response Framework (PSIRF) and associated patient safety improvement priorities, with a clear emphasis on

Rowan Procter of NHS Central East ICB

learning from incidents and a focus on:

- improving care for patients with learning disabilities
- strengthening clinical assessment for specific presentations to support earlier identification of risk and improve decision-making
- addressing delays in assessment and care delivery
- enhancing support for palliative and end-of-life patients represents a balanced and appropriate approach to improving safety, outcomes and experience.

As the organisation moves forward, the ICB encourages continued focus on:

- further strengthening leadership, clinical governance and oversight arrangements
- maintaining organisational and workforce resilience to support sustained improvement, including strengthening staff experience, engagement and retention

- enhancing responsiveness and system-wide learning from incidents
- promoting a learning-focused approach to inform service quality
- providing enhanced insight into how improvement initiatives contribute to better outcomes and experiences for people using services

Central East ICB wishes to acknowledge and commend the staff at HUC who continue their ongoing commitment to support the NHS and deliver high quality, safe and effective care to populations served in our system. We also commend the commitment to improvement and innovation. We look forward to continuing to work in partnership with HUC over the forthcoming year and hope that the organisation finds these comments helpful.

Rowan Procter
Deputy Director Quality Assurance
NHS Central East Integrated Care Board

Statement of directors' responsibilities

The directors are required underthe Health Act 2009 and the National Health Service (Quality accounts) Regulations to prepare Quality Accounts for each financial year.

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

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

- The content of the quality report is not inconsistent with internal and external sources of information:
- The quality report presents a balanced picture of the organisation's performance overthe period covered
- The performance information reported in the quality report is reliable and accurate
- There are properinternal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report

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

By order of the board.

Glossary of terms and abbreviations

Advanced Clinical Practitioner (ACP): A healthcare professional with advanced clinical training who can assess, diagnose and manage patients.

Advanced Nurse Practitioner (ANP): A registered nurse with advanced clinical training and decision-making responsibilities.

Acute In-Hours Visiting Service (AIHVS): A community-based service providing urgent assessment and treatment for patients who are unable to attend appointments.

Alternative Provider Medical Services (APMS): A contractual framework used by the NHS to commission primary medical services from organisations other than traditional GP partnerships.

Business Intelligence (BI): The collection and analysis of operational data to support planning, performance monitoring and decision-making.

Care Quality Commission (CQC): The independent regulator of health and social care services in England.

Clinical Assessment Service (CAS): A service providing clinical assessment and advice following referral from NHS 111 or other urgent care pathways.

Clinical Navigator: A clinician who supports patient flow, prioritisation and operational oversight within urgent care services.

Disclosure and Barring Service (DBS): The organisation responsible for criminal record checks for people working in certain roles.

Directory of Services (DoS): The NHS database used to identify appropriate healthcare services for patient referral.

Early Intervention Vehicle (EIV): A community-based service providing rapid assessment and treatment to help prevent avoidable hospital admissions.

Emergency Department (ED): A hospital department providing emergency care, often referred to as Accident and Emergency (A&E).

Emergency Preparedness, Resilience & Response (EPRR): NHS arrangements for planning, responding to and recovering from incidents that may affect service delivery.

Freedom to Speak Up (FTSU): A framework enabling colleagues to raise concerns safely and confidentially.

General Practitioner (GP): A doctor providing primary medical care within the community.

Green Plan: HUC's environmental sustainability plan, aligned with NHS ambitions to reduce carbon emissions and environmental impact.

Health Advisor (HA): A trained NHS 111 call handler who assesses patients using NHS Pathways.

Healthwatch: The independent consumer champion for health and social care services in England.

Integrated Care Board (ICB): The NHS organisation responsible for planning and commissioning health services within a local area.

Integrated Neighbourhood Team (INT): A partnership of health, care and community organisations working together to meet local population needs.

Local Quality Requirement (LQR): A locally agreed quality standard or performance measure set by commissioners.

Minor Injuries Unit (MIU): A service providing assessment and treatment for minor injuries that do not require Emergency Department care.

National Institute for Health and Care Excellence (NICE): The organisation that develops evidence-based guidance and quality standards for health and care services. admissions.

NHS 111: The NHS urgent care telephone and online service providing advice and direction to the most appropriate care.

NHS Pathways: The clinical assessment system used within NHS 111 services.

Operational Delivery Manager (ODM): A manager responsible for operational oversight, workforce support and service delivery within NHS 111 and related services.

Out of Hours (OOH): Healthcare services provided outside normal GP opening hours.

Patient Care Coordination System (PaCCS): A digital platform supporting referral management and appointment booking across services.

Patient Safety Incident Response Framework (PSIRF): The NHS approach to learning from patient safety incidents and improving safety.

Pharmacy First: A national service enabling patients to access advice and treatment for certain conditions directly from community pharmacies.

Primary Care Network (PCN): A group of GP practices and partner organisations working together to deliver local healthcare services.

Provider Selection Regime (PSR): The NHS framework governing how healthcare services are commissioned and awarded.

Quality and Improvement Team (Q&I): The team responsible for quality assurance, audit, learning and service improvement activities.

Quality and Outcomes Framework (QOF): A national system used to measure quality and performance in general practice.

Safeguarding Concern Form (SCF): HUC's internal process for reporting concerns relating to vulnerable children or adults.

TRAC: An NHS recruitment and onboarding system used to manage vacancies and pre-employment checks.

Urgent Treatment Centre (UTC): A service providing urgent care for illnesses and injuries that require prompt attention but are not life-threatening.

Voluntary, Community Faith and Social Enterprise (VCFSE): Organisations working within local communities to support health, wellbeing and social outcomes.

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