HUC

Quality Account 2021/22

Contents

Our Mission

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

Our Vision

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

Our Values

Collaborative

- We ensure that our shared objectives are understood, and we work together as a team to achieve these.
- We appreciate each other and enjoy working together and where appropriate creating a fun environment in which to undertake our jobs.
- We build effective relationships with our stakeholders and develop our business with them to achieve our shared goals

Dynamic

- We welcome and appreciate the contributions of all colleagues and consider ideas with enthusiasm and imagination.
- We actively encourage innovation at all levels and adopt a solution focused approach to challenges.
- We are always learning as individuals and as an organisation to develop ourselves and our services

Caring

- We put our patients and colleagues needs first.
- We demonstrate empathy and kindness to all we interact with.
- We take time to listen and understand other's points of view.

Respectful

- We are welcoming and inclusive to all who use our services or join our team.
- We are open, honest and transparent in all our interactions and value the same in others.
- We take pride in our work as individuals, as a team and as an organisation and we are proud to work for HUC.

CEO Statement

I would like to extend a warm welcome to HUC's 2021/22 Quality Account and I am pleased to be able to share you with the amazing work and dedication that we have witnessed to support the delivery, transformation and improvement of services over the past year.

It has been a challenging but very proud year for HUC as we have faced the ongoing challenges brought by the COVID-19 pandemic. Our teams have showed great dedication and resilience and I have been inspired by the way all colleagues have continued to provide high-quality patient care and innovative new services throughout the year.

Whilst I am personally incredibly proud of this year's achievements given the extreme pressures of COVID-19, it is also important that we continue our journey to be recognised as an organisation that continuously works to improve and deliver outstanding services to the communities we serve.

Investment in the wellbeing and development of our colleagues remains a key priority for us and as Chief Executive, this is something I am extremely passionate about. I believe that investing in this vital area is paramount to our success, and the challenges our colleagues have faced as a result of COVID-19 have only amplified this need. Significant progress has been made in both highlighting colleague welfare as part of our governance arrangements and with the introduction of numerous changes and improvements – including, for the first time, the appointment of an organisational Happiness Lead.

Despite the continued pressures and impact of COVID-19 in relation to activity levels, absence, and challenges, HUC continued to innovate and provide new service models to support personalised patient care. New services and pathways to support patients with palliative care diagnosis were introduced as well as new validation services to help support patients effectively but without needing to attend an emergency department. An amazing success, our efforts have been rewarded with three awards, two of which were prestigious Health Service Journal awards, which really recognises our vision and commitment to patient care.

Our Quality Account highlights a wide variety of further examples of quality improvements achieved across all our services during 2020/21. I am immensely proud of everything we have achieved in the last year, and this is testament to the hard work and dedication of our colleagues and the patients who work with us to continuously improve the quality of services. This commitment to providing high-

quality care has become particularly evident as we continue to grapple with the impact of the COVID-19 pandemic.

Maintaining and improving our governance arrangements has been a high priority over the last twelve months and I am pleased to report the successful overhaul of our committee structure, the appointment of new governance lead and the introduction of a new platform to provide a single repository for all governance related evidence, including risk, actions, and assurance. We also significantly improved our membership arrangements with a new policy, application process, and dedicated area on our website to publish minutes of meetings and key documents relating to our governance.

As we move ahead, the COVID-19 pandemic will continue to provide challenges to us all. However, I am looking forward to seeing the ways in which our teams continue to innovate and dedicate themselves to the communities we serve. I have no doubt that they will continue to inspire me and continue to build on our successes whilst keeping the need of the patient at the heart of everything we do.

As an organisation, we have learned so much over the last twelve months, not only about how services can be provided in new and improved ways. Every day I am amazed by the commitment and resilience that colleagues have shown whilst working through several national lockdowns, incredibly high demand, and an ongoing crisis worldwide. Our colleagues have gone above and beyond in their contribution to our services, and we understand that this has often been at a great cost in their personal lives. We can only continue to thank them for all that they have done and continue to do as we move forwards.

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

David Archer
Chief Executive Officer

Priorities for 2022/23

Introduction: Associate Director of Clinical Quality and Governance

In line with HUC's ethos of continuous learning and improvement, quality objectives for 2022/23 focus on developing and nurturing a maturing culture in relation to clinical governance. This marks a change in direction from previous years and this 2021/22 Quality Account is reflective of this strategic directional change, which underpins the strong clinical governance foundations with wider organisational engagement and understanding.

Our priorities for 2022/23

Quality Priority 1	**Development and implementation of organisation wide committee structure**
Why is this a priority?	To ensure the collation, analysis and triangulation of data is shared across the organisation and up to the Board, with structures in place to facilitate reciprocal communication.
How will we achieve this?	Led by the Corporate Governance Manager the committee structure and schedule that has been agreed by the board will be implemented
How will we know if we have achieved the quality measure?	End to end review to confirm sharing of information and appropriate escalation to the Board via the committee structure

Quality Priority 2	**Introduction of service level Clinical Governance meetings**
Why is this a priority?	To facilitate service level review of incidents, complaints, clinical outcomes and audit findings, learning from themes and trends and building service level ownership and accountability for the development and completion of actions derived from learning.
How will we achieve this?	Develop and embed standard agenda items for Clinical Governance meetings to ensure that relevant issues are discussed, and appropriate actions are identified, agreed and completed

How will we know if we have achieved the quality measure?	Review of meeting minutes and action plans with an increase in incident reporting rate and decrease in the number of complaints.

Quality Priority 3	**Development and implementation of an annual audit schedule**
Why is this a priority?	It will support wider review with a focus on celebrating good practice and on sharing learning with associated actions. To ensure all appropriate processes are audited at correct frequency, using robust audit tools
How will we achieve this?	With supportive audit tools and user friendly, concise summary reports. The audit schedule and associated actions will be monitored at the monthly clinical governance meetings
How will we know if we have achieved the quality measure?	Year-end evaluation of audit outcomes and triangulation of data with incidents, complaints and new NICE and national guidance

Quality Priority 4	**Development and implementation of bespoke Enhanced Patient Satisfaction Questionnaire**
Why is this a priority?	To better understand the experience of our patients, where we can improve our service and practice, and share learning and successes across the organisation.
How will we achieve this?	By involving patient representatives and representatives from relevant departments in the design and development of the questionnaire
How will we know if we have achieved the quality measure?	By reviewing the feedback received, actions identified and implemented which should result in higher patient satisfaction. Internal and external as appropriate benchmarking

Quality Priority 5	**Develop internal, bespoke patient safety and quality focused inspection programme, developed around the core Care Quality Commission (CQC) domain principles: Safe, Effective, Caring, Responsive and Well Led.**
Why is this a priority?	To strengthen service level practice and procedures facilitating continuity and consistency across HUC by sharing and implementing identified areas of good practice and areas for improvement
How will we achieve this?	By the design and implementation of internal quality assurance visits
How will we know if we have achieved the quality measure?	End of year review that design is fit for purpose and that all areas of service have been reviewed

Quality Priority 6	**Nurture the maturation of HUC's reporting culture**
Why is this a priority?	To build trust and confidence with colleagues to demonstrate that we have an open and just culture that drives incident investigation focus on learning and improvement, with no fear or anxiety of blame or punitive actions.
How will we achieve this?	By providing training and support to staff in order to encourage them to report appropriate incidents. Additional work to improve our incident reporting tool, Radar, and work to strengthen reciprocal relationship between identification of incidents and continuous learning and improvement
How will we know if we have achieved the quality measure?	There will be an increase in the number of incidents being reported with actions and learning identified that have been shared and acted on.

Review of progress against 2021/22 priorities

The Good to Outstanding (G^2O) strategy was developed in 2019 with a view of documenting the organisation's ambitions for the next three years. It focused on five key areas:

- Great Place to Work
- Deliver Best Care Possible
- Deliver Best Value Possible
- Grow and Seize Opportunities
- Agile Social Enterprise

2021/22 is the last year of the original three-year plan for the organisation. That is why the objectives for this year reflect the progress we have made and also the rapid changes that COVID-19 has imposed on our services, colleagues and ambitions.

The complete list of organsiational objectives that formed the G^2O strategy can be found at Appendix 1.

Due to the COVID-19 pandemic, progress on some of these objectives was curtailed. It has also been recognised that these are fundamentally organisational objectives and not defined quality priorities.

Consequently, for the purposes of this report an update on four of the organisational objectives will be given:

Support our colleagues and services by attracting and retaining a flexible and resilient workforce, e.g., via a comprehensive Recruitment Marketing strategy and a focus on our infrastructure, onboarding, induction etc.

Priority achieved?
Yes

Evidence
A focussed piece of work was carried out by the HR, Recruitment and Marketing and Communications team to determine our Employee Value Proposition (EVP), developing our employer brand, its visual identity and straplines. This is now used

in recruitment communications aiming to raise the profile of HUC as an employer of choice. Further information can be found on page 70.

Providing a supportive environment for new starters working in the NHS111 contact centres is important to us, which is why the Training team revised our training programme to include an additional week to the timetable. Our NHS Pathways Lead also offers one-to-one pastoral support to new candidates to identify any additional support that might be required an example of this includes the use of a learning assessment tool which assists in the identification of those with dyslexia. Further information can be found on page 71.

Build greater resilience across our services so we only access National Contingency support for planned instances on one unplanned instance per year

Priority achieved?
No – we had to ask for support via National Contingency on 2 occasions

Evidence
National Contingency support does not replace our own internal business continuity and disaster recover requirements at our local provider level. National Business continuity should only be activated for events that cannot be resolved by our own internal plans and when the service is deemed clinically unsafe.

The request to activate National Contingency is considered carefully and requires sign off by the Gold on-call Director and a subsequent telephone call to NHS England's (NHSE) "National Telephony platform" to ask for permission for support from other NHS 111 providers. There are a number of criteria checked before NHSE approval and the call demand will then be sent through to them with the time frame agreed. After this process, calls will then be routed to other NHS 111 providers for the requested period of time. It is also a measure to reduce call demand in a staged manner to ensure that the service is safe to take the calls back to the dedicated provider.

The main reasons for activating National Contingency are a service outage or unsafe clinical queues and HUC has gone into National Contingency on two occasions within the last 12 months. On both occasions the request was made due to the service being clinically unsafe due to clinical resource issues having exhausted immediate mitigating actions including cross site working and gave support to the service whilst additional resource was found.

HUC continues to build resilience within our own services and all of the contact centres are cross-site working. Therefore, if one of the contact centres experiences

a service outage, another contact centres is able to immediately support without delay.

Further resilience measures within our NHS 111 services are that Health Advisors that are set up for homeworking and available can take calls at short notice.

Achieve an "Outstanding" CQC inspection rating in at least one category for each registered service if they are inspected

Priority achieved?
No, although improvement in rating of Luton Town Centre Practice and, due to methodology used by CQC, no rating was made when Cambridgeshire & Peterborough IUC services were inspected.

Evidence
During 2020/21, the CQC carried out inspections of two locations – the Town Surgery, Luton and the Cambridgeshire & Peterborough Integrated Urgent Care (IUC) Service. Further details about these inspections and the actions being taken can be found on page 29. Whilst we have not realised our objective of achieving an "Outstanding" rating in at least one category, we are proud of the improvements made which were recognised by the inspectors during their visit to the Town Centre Surgery. They were reflected in the overall rating of "Good" compared the previous one of "Requires Improvement".

In relation to the inspection of the Cambridgeshire & Peterborough IUC service, the inspection was not a full comprehensive inspection and consequently no ratings will be awarded.

Successfully implement the RADAR software platform to support our CQC compliance

Priority achieved?

Yes. Three modules – audit, risk and incident reporting have been launched on time as per the project timetable. There are some additional elements to the Event module now also in development including Safeguarding, complaints, compliments and feedback 'events' as well as the document management module which will be launched during 2022/23.

Evidence
HUC successfully launched the Audit Module of Radar in December 2021. This has resulted in all site audits around operational effectiveness, patient safety, Health & Safety and Infection Prevention and Control (IPC) measures, which previously had to be completed on paper and can now be submitted electronically. This had enhanced the organisation's ability to track and report on audit findings, whilst the integrated action module has assisted in follow up actions.

In early April, our new Corporate Governance team launched the Risk Module of the system, greatly improving the organisation's ability to manage and respond to risk at a local, service area and organisational level. In addition, the launch has prompted significant work in seeking to further promote the identification of risks.

This was also accompanied by the launch of the incident form within Radar. The new functionality was designed to be shorter and more user friendly, whilst also supporting greater opportunities for learning and feedback. Incident forms are now automatically allocated to managers, which we hope will improve local ownership and follow up moving forward. Whilst the system does not provide automatic feedback, it is given as appropriate in line with the investigation findings, learning and actions. In addition, the Radar system allows the member of staff to track the incident they have raised ensuring assurance and transparency.

Create a new role of Corporate Governance Manager with a focus on risk management (organisational and departmental) and oversight of HUC committees, Informational Governance, and annual assurance process/report.

Priority achieved?
Yes

Evidence
As briefly mentioned above, HUC successfully established a new Corporate Governance team, led by a Corporate Governance Manager. The subsequent recruitment of a Governance Coordinator supporting this role demonstrated our further commitment to this new function.

Within the first six months of the establishment of this team, a new Board committee structure was created to ensure appropriate oversight of all workstreams within the organisation. Each new committee is chaired by a Non-Executive Director, with associated terms of reference and a workplan. The Corporate Governance Manager has also developed a supporting governance guide to further support these new measures and maximise meeting effectiveness.

In addition, the Risk Strategy has been rewritten and a risk register processes relaunched with a new training programme for all managers and the executive team, further enhanced by the launch of the Risk Module within the aforementioned Radar software. A new Risk Review group further co-ordinates oversight of risk registers at all levels moving forward.

Building on our new comprehensive and consistent approach to policies and procedures further, a policy for policies and procedures has also been introduced, whilst new tracking processes for all existing documents have also been developed. This is underpinned by a new Policy Review group, supporting associated review and approval processes.

The Corporate Governance Manager has responsibility for ensuring the coordination of Emergency Planning Activity, for which we were recently able to demonstrate full compliance against associated EPRR core standards, due in part to the work undertaken more broadly across the Corporate Governance agenda.

Going forward, the new Corporate Governance Team will play a key role in ensuring the organisation has the most effective processes possible for identifying and acting upon risk, developing high quality policies and procedure and ensuring the appropriate monitoring mechanisms are in place to scrutinise all safety, performance and quality information. Work to publish a new Accountability Report for members is also underway.

The organisation has also separately appointed an external Data Protection Officer to support the Information Governance Agenda.

Statements of Assurance from the Board

Provided and/or sub-contracted services

During 2021/22 HUC provided the following relevant health services:

- NHS 111 Integrated Urgent Care (IUC) services
  - Hertfordshire & West Essex
  - Luton & Bedfordshire
  - Cambridgeshire & Peterborough
- Minor Injuries Service
  - Cheshunt Minor Injuries Service
- Primary Care – General Medical Service
  - Town Centre Surgery, Luton
- Other services provided
  - AIHVS (Acute In Hours Visiting Service) – East & North Hertfordshire only
  - EIV (Early Intervention Service) – East & North Hertfordshire only
  - COVID-19 swabbing service – Hertfordshire only

We have reviewed all the data available to HUC on the quality of care in all relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 92% of the total income for 2021/22.

Clinical Audit

National Audits

During 2021/22 HUC was not eligible to participate in any national clinical audits or national confidential enquiries.

Local Audits

Audit underpins HUC's exacting standards, with an established rolling annual audit schedule. Audit findings are shared in clear and concise reports with all potential areas for learning and improvement clearly articulated and encompassed within SMART actions, that are actively monitored through to completion. Audit also highlights good practice and areas of success, which offer equal value in terms of promoting our strengths, striving for consistency and local benchmarking in addition to boosting staff morale.

Controlled drug prescribing

The prescribing of controlled drugs is audited against the HUC Controlled Drug (CD) prescribing guidance which sets limits on the quantity of controlled drugs that should be prescribed to patients in the out of hours. This is limited to a maximum 5 days' supply. Our clinicians are expected to have 100% compliance to guidelines when issuing controlled drugs. Clinicians who prescribe outside guidelines are emailed and reminded to adhere to guidance. Clinicians who repeatedly fail to follow guidelines are flagged to Clinical leads.

Audit criteria: % of prescriptions outside HUC CD prescribing guidance

CD Data Apr21- March 2022				
	Q1	Q2	Q3	Q4
West Essex	5.20%	4.20%	3.80%	2.30%
Herts	5.20%	5.60%	4.50%	3.60%
L&B	5.90%	4.70%	2.90%	2.30%
C&P	2.00%	1.90%	2.10%	1.90%

Antibiotic prescribing

We choose a specified condition each quarter to focus our antibiotics auditing within HUC. Clinicians are expected to follow local antibiotics guidelines. Reasons for prescribing outside guidelines should be clearly documented on patients' records. If no reason is documented, clinicians are emailed and feedback is given regarding the concerns from the specific case, highlighting our expectations as well as providing a copy of the antibiotic guidelines for guidance on prescribing.

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

Antibiotic Prescribing Data Apr 2021- March 2022				
	Q1	Q2	Q3	Q4
West Essex	97%	84%	89%	90%
Herts	98%	81%	97%	96%
L&B	93%	78%	98%	96%
C&P	94%	91%	94%	93%

Themes:

- Q1 Antibiotic prescribing in Otitis Media
- Q2 Antibiotic prescribing in urinary tract infections
- Q3 Antibiotic prescribing in sore throat infections
- Q4 Antibiotic prescribing in lower respiratory tract infections

It is recognised that compliance with antibiotics guidelines for urinary tract infections was notably lower than for other infections audited. This is being addressed by promoting use of UK Health Security Agency (UKHSA) guidance in managing urinary tract infections in primary care, encouraging the use of 'Target Treat your infection' leaflets on the clinical system and having wider training around prescribing for urinary tract infections.

Safeguarding audits

To enhance the quality of safeguarding referrals and to address any learning outcomes from the audits, findings were shared with colleagues, addressed via training and via our network of safeguarding champions. This creates a targeted approach considering both the referrer and wider colleagues supported by widespread communication.

Section 11 as required by the 2004 Children Act sets out the duties for Local Children Safeguarding Partnerships. As part of this, HUC undertook a self-assessment in October jointly with all its partners and included adult review, which highlighted how HUC are meeting the expected standards. The Section 11 self-assessment audit and corresponding action plan provides us as an organisation with a consistent framework to assess, monitor and improve our safeguarding arrangements.

The purpose of this annual exercise is:

- To provide an account of how we prioritise safeguarding
- To provide evidence of how we learn and improve on safeguarding issues supported by our partners, the children, and adult safeguarding boards

In line with the section 11 action plan and our continued commitment to improve the quality of referrals sent, HUC have an ongoing audit plan in place.

Audits undertaken in the past 12 months include Consent and Child Protection Information Sharing (CPIS).

The feedback from our annual Section 11 visit was once again positive overall and showed that we continue to improve our safeguarding management across our services.

Health Advisors and Service Advisors

Regular audits are the way we can monitor and assess performance and recognise any knowledge gaps or areas of learning needs. We have embedded a strong auditing and learning culture at HUC.

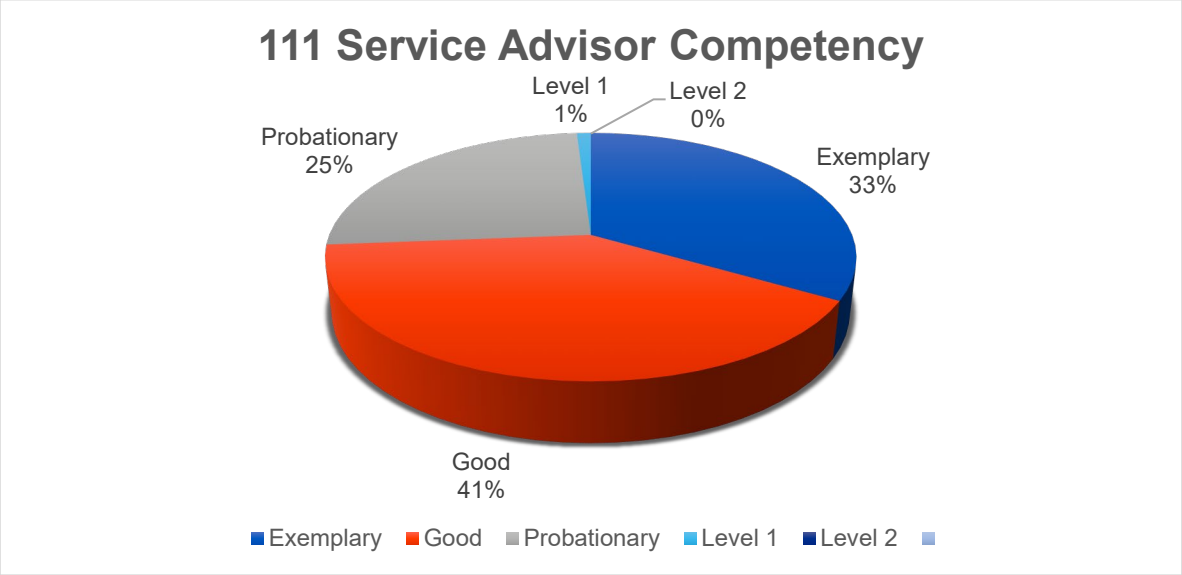
Operating as the go-to service during the pandemic had a significant impact on our call volumes, which continued to increase dramatically throughout an extended period. Our services played a pivotal frontline role in supporting the public both via telephony and online portals. We were proud to deliver this service to our communities and to be the reassuring voice at the end of the line in what was a difficult time for patients. Our call handlers, both clinical and non-clinical, rose to the challenge and continued to deliver a great service.

A team of Auditors facilitate face-to-face feedback with Health Advisors and Service Advisors throughout the hours our services operate. Colleagues also have 24-hour access to a Team Leader and can arrange face-to-face meetings to go over difficult calls or discuss if they might have done something differently. The Auditing team also look for trends each month, which informs our training focus.

Auditors and Team Leaders attend national NHS Pathways audit levelling courses, in-house levelling sessions, together with cross-site call reviews, which gives us an external standard to measure ourselves against.

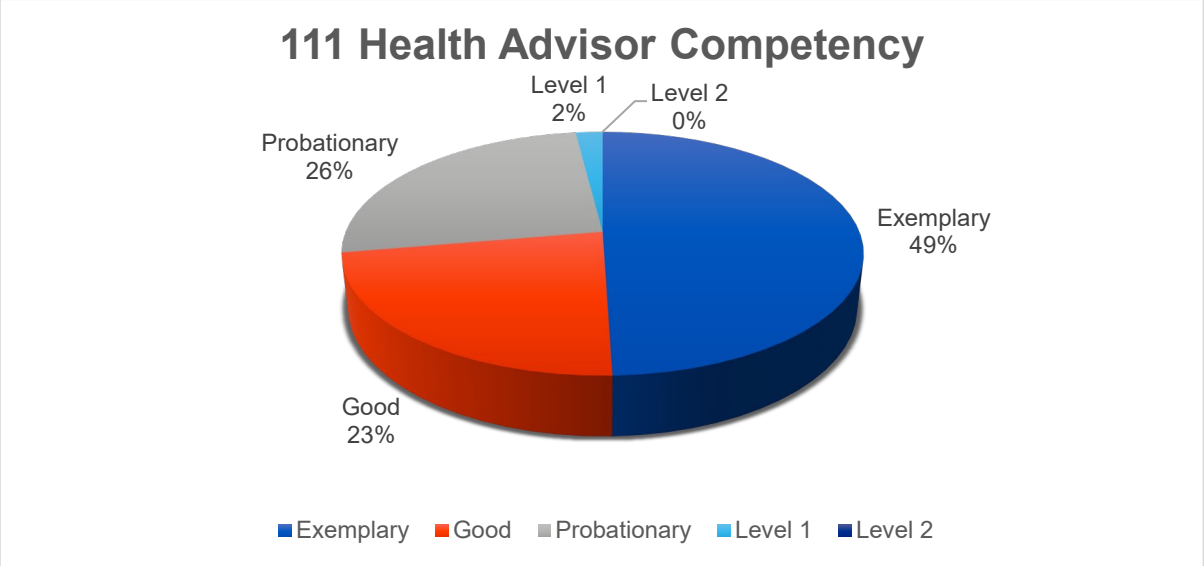
Service Advisor Audit detail:

- 1.4% of all Service Advisors calls were audited with 33% on Exemplary Performance (achieving over 96% score in audit) and 41% on Good Performance (achieving a Pass).
- There were 11,466 calls audited for Service Advisors as part of the audit process.



Health Advisor Audit detail:

- 1.4% of all Health Advisors calls were audited with 49% on Exemplary Performance (achieving over 96% score in audit) and 23% on Good Performance (achieving a Pass). 26% of the Health Advisor workforce were in their probationary period this year.
- There were 15,535 calls audited for Health Advisors as part of the Pathways audit process.
- Average Health Advisor Audit score is 95%.



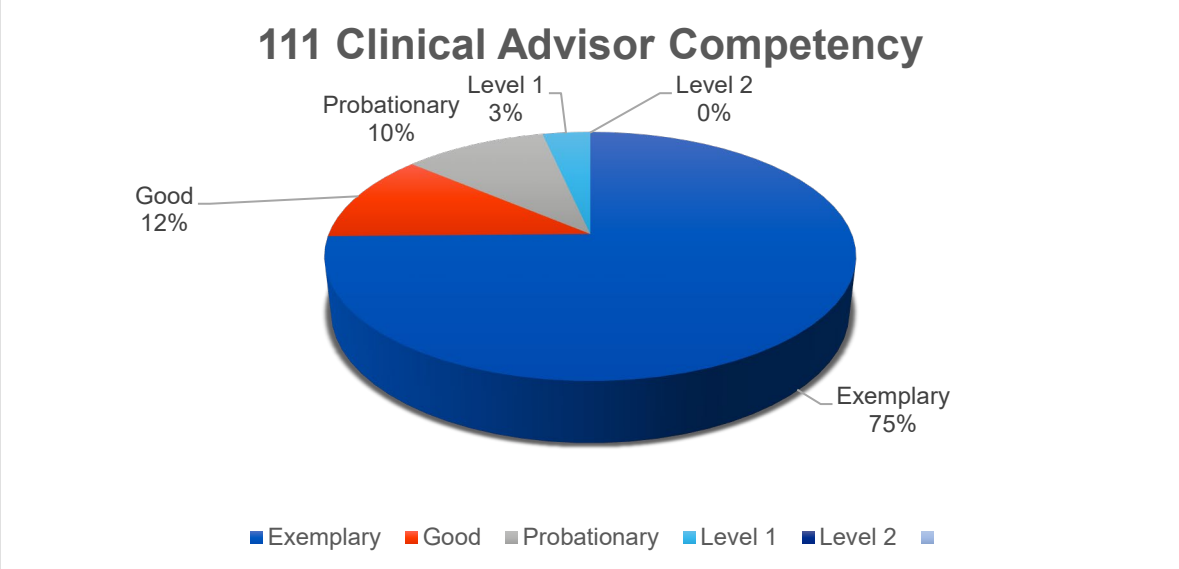
Clinical Advisors

We audit our Clinical Advisors continuously on a monthly basis. All Clinical Advisors need to achieve the audit assessment level required by NHS Pathways, which is 86% as a minimum. The assessment uses the 8 clinical competencies to maintain a safe use of the system, upholding accompanying clinical knowledge and skills. HUC can monitor and assess performance and recognise any knowledge gaps or areas of learning needs via Clinical Audits using the NHS Pathways Competencies.

Clinical Advisors also receive monthly feedback from their Clinical Auditor to identify gaps in knowledge, encouraging individuals to highlight areas that require further improvement and necessary development.

Audit themes are set for each month to identify case groups which may support certain learning needs and to give assurance of a competent team. The theme may relate to the time of year or if there has been a significant increase in a particular symptom or illness from patients contacting NHS 111. Overall, this may highlight areas for development, and support us in safely managing patients at home and reducing the reliance on urgent care services.

An Exemplary status is achieved if an average of 94% a month is achieved by a Clinical Advisor. In the year 2021/22, 75% of Clinical Advisors organisationally performed at an exemplary level. This gives us assurance in relation to patient safety whilst also enabling us to focus on any areas for improvement.



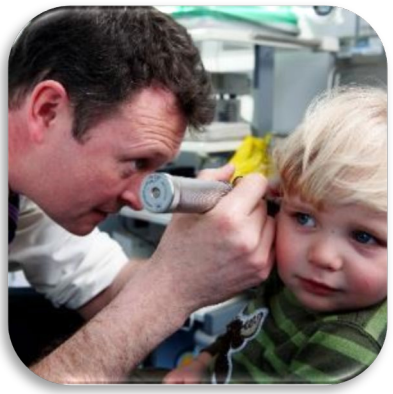
Dental Nurses

We currently have a total of 17 dental nurses of whom the majority have Exemplary audits, with two colleagues currently on probation. For those dental nurses whose scores are Exemplary, audits are carried out monthly.

One dental nurse who is currently being audited is on level one, which is a level signifying a lack of shifts. The number of shifts this individual is attending is increasing however and they are receiving support with regular feedback and enhanced auditing.

Across the year, these audits demonstrate a competent and experienced dental nurse team, who are triaging patients safely and effectively.

GPs, Nurses, UCPs and Pharmacists



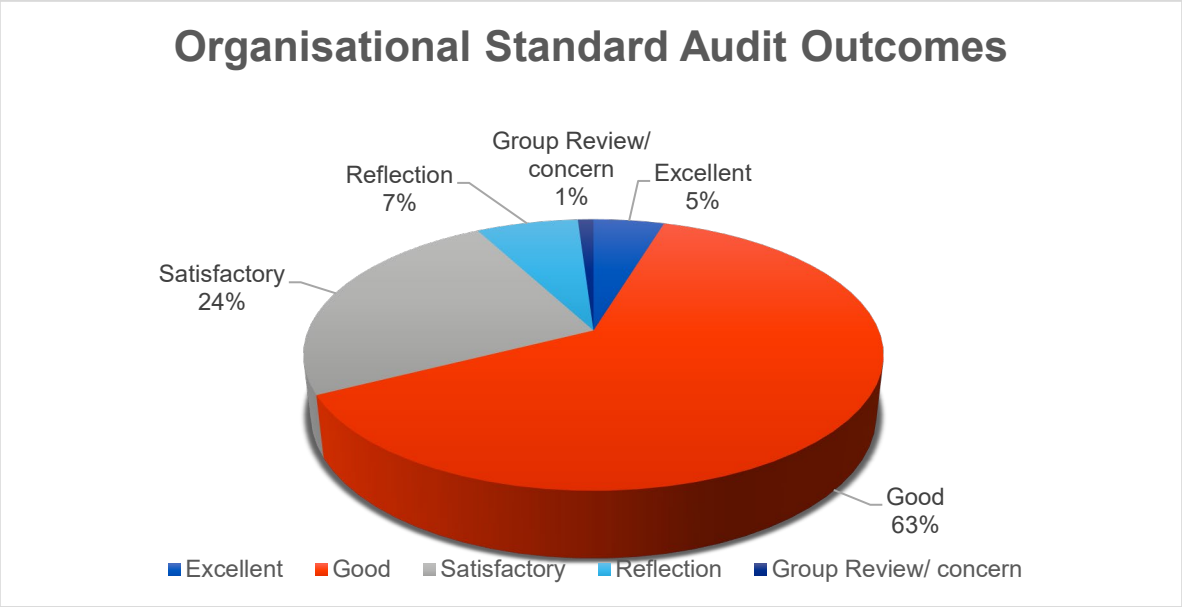
We use an external dynamic online system called Clinical Guardian to audit all clinicians working outside of NHS Pathways in our NHS 111 and Out of Hours services. The anonymised audit tool is based on the Royal College of General Practitioners (RCGP) toolkit and uses a systematic approach to support the assessment of clinician performance, particularly in relation to record keeping, the process and safety netting.

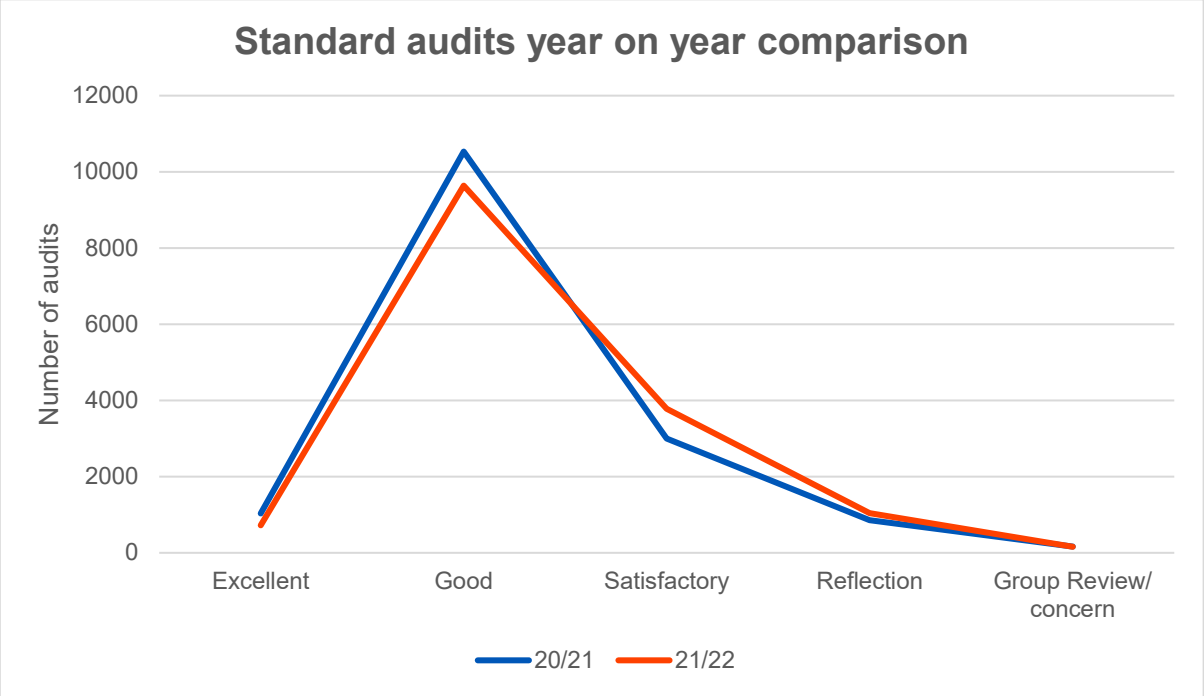
The outcomes of the audit can be set as Excellent, Good, Satisfactory and Reflection/Concern. The latter means that greater concerns are perceived by an initial auditor, which are then set for group review. The outcome from this can be any of the classifications named above. There is also additional finding of Concern, where the safety of the patient is questioned or the assessment has not addressed red flags appropriately, leaving a potentially unwell patient without the correct advice or a delay in accessing essential care.

Any outcomes of Concern are escalated to the Chief Medical Officer and our Clinical Governance team to agree next steps. Any Auditor can also provide anonymous feedback to the clinician for the purpose of reflection and development. For all new starters, HUC have a required assessment approach and auditing is based on those requirements. Auditors are only accepted if their own performance is Satisfactory and above. Our Clinical Audit Lead trains new Auditors (currently virtually) on how to use the system. There is an expectation that Auditors attend a levelling meeting at least twice a year where everyone audits the same cases to encourage discussion and consistency in approach.

All GPs, Nurses, Pharmacists and Urgent Care Practitioners (UCPs) are audited weekly for a minimum of one case worked per month with an overall expectation that 1% of cases is audited rising up to 10% for GP trainees.

This year, 3% of standard audits were completed. 5% of cases were deemed to an Excellent standard, 63% of cases as Good.





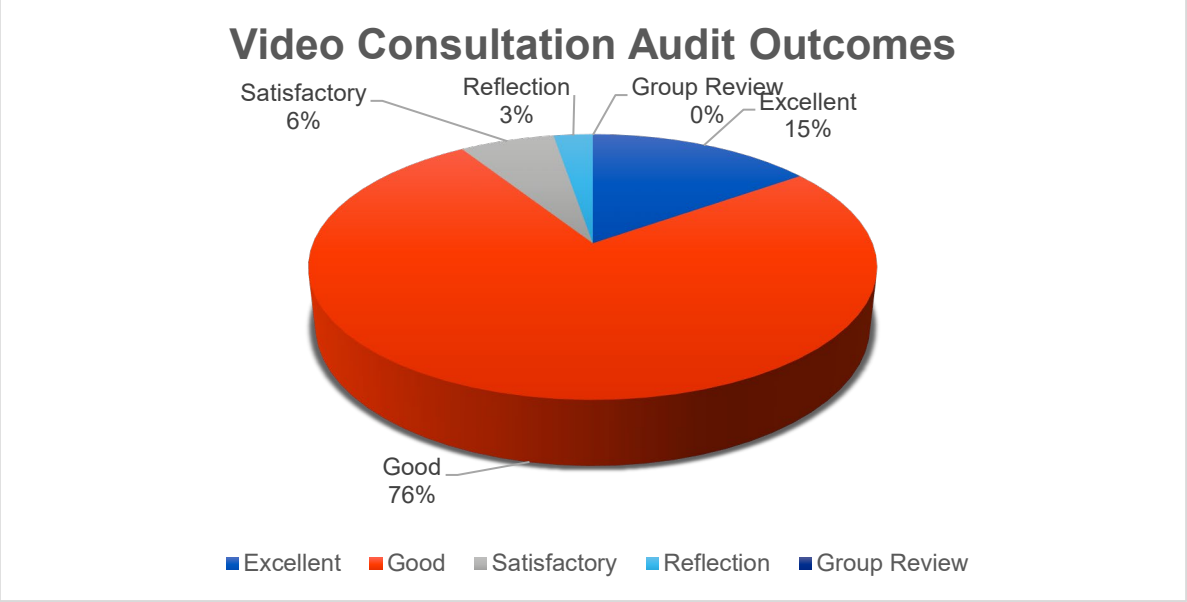
Video Consultation Audits

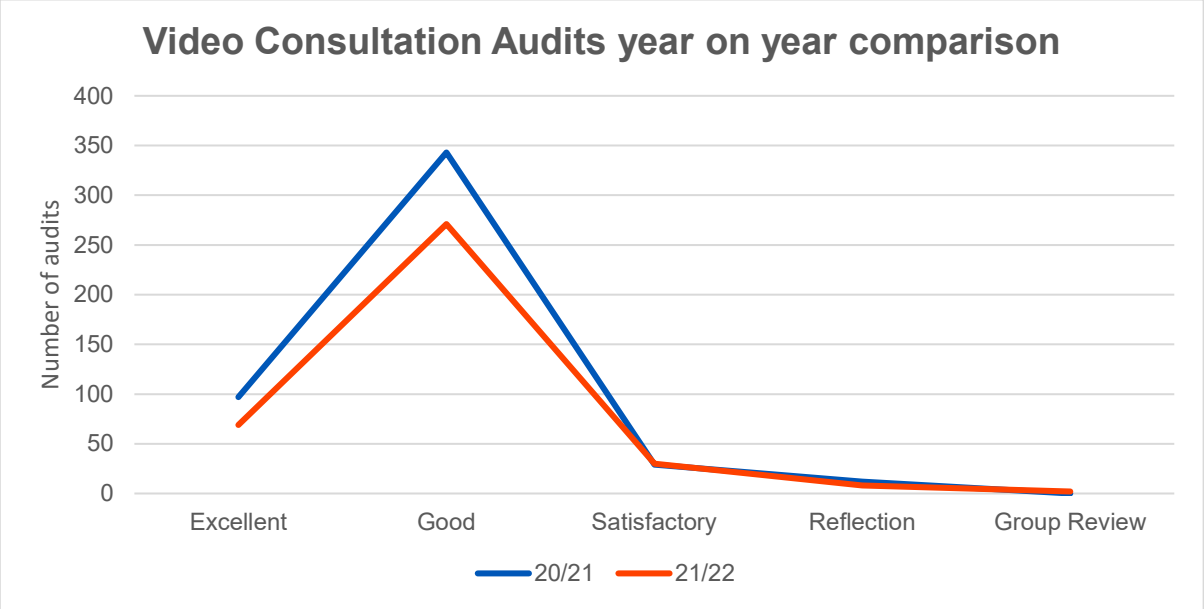
A video consultation enables the clinician to make an informed decision as to the potential diagnosis of the presenting complaint. It reduces the need for a face-to-face appointment when a situation can be resolved via video link. This was especially important in the fight to reduce the risk of exposure during the COVID-19 pandemic and allows face-to-face and other resources to be better allocated to those who need them. It also enhances the service user's experience. Colleagues are regularly reminded of the appropriate use of video consultation and what its limitations are. These are reflected in the Standard Operating Procedure (SOP).

Since rolling it out, our Clinical Leads have facilitated training sessions to incorporate video consultation and PaCCS training.

Some issues are pertinent to video consultations: Most clinicians have stated that they had experienced difficulties with patients' connectivity and internet availability. Others said that they did not always feel it would be appropriate for or add any value to their consultation. However, in a separate survey, results showed that in two thirds of cases the use of video consultation improved the management plan, and most were managed with self-care advice and EPS services.

Video consultations are audited using the same methodology as all standard audits. 8,355 video consultations were undertaken of which 5.7% were audited. Overall, 76% of all audits scored Good or Excellent. Feedback has also been that video consultation enhanced the triage. Clinicians were able to assess red flags and other symptoms and manage them effectively. Also, respiratory patients were able to be assessed for rate and effort of breathing.





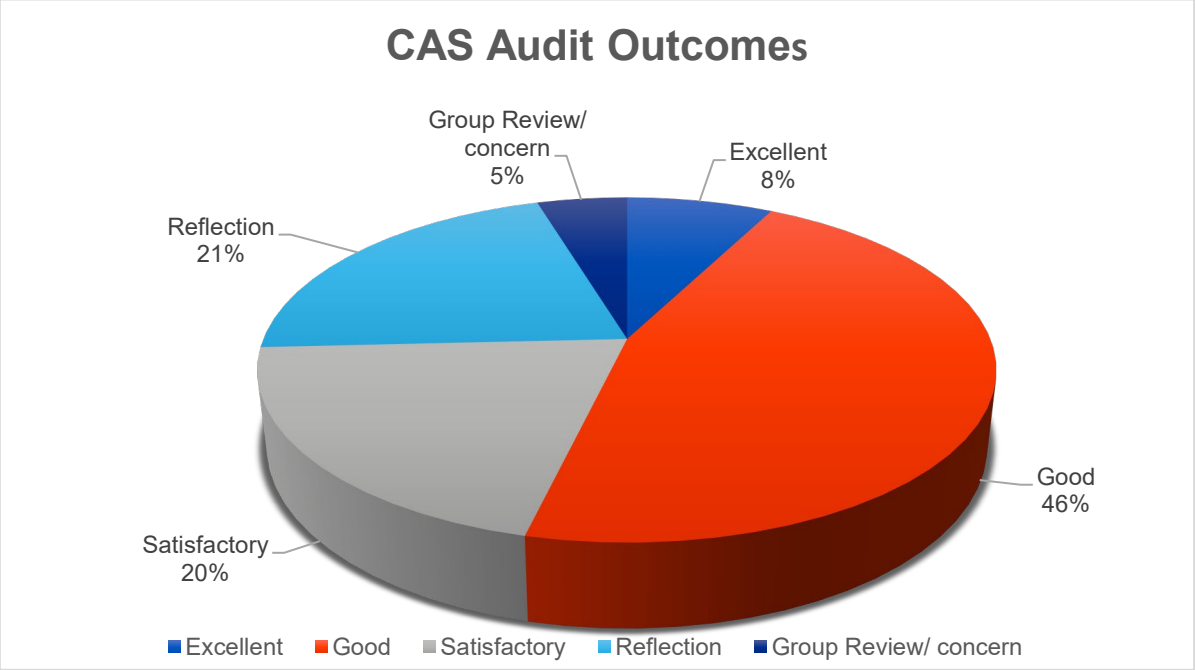
The number of audits of video consultations in 2021/22 is less than the previous year. This is due to the increased % of audits undertaken at the beginning of the service for quality assurance.

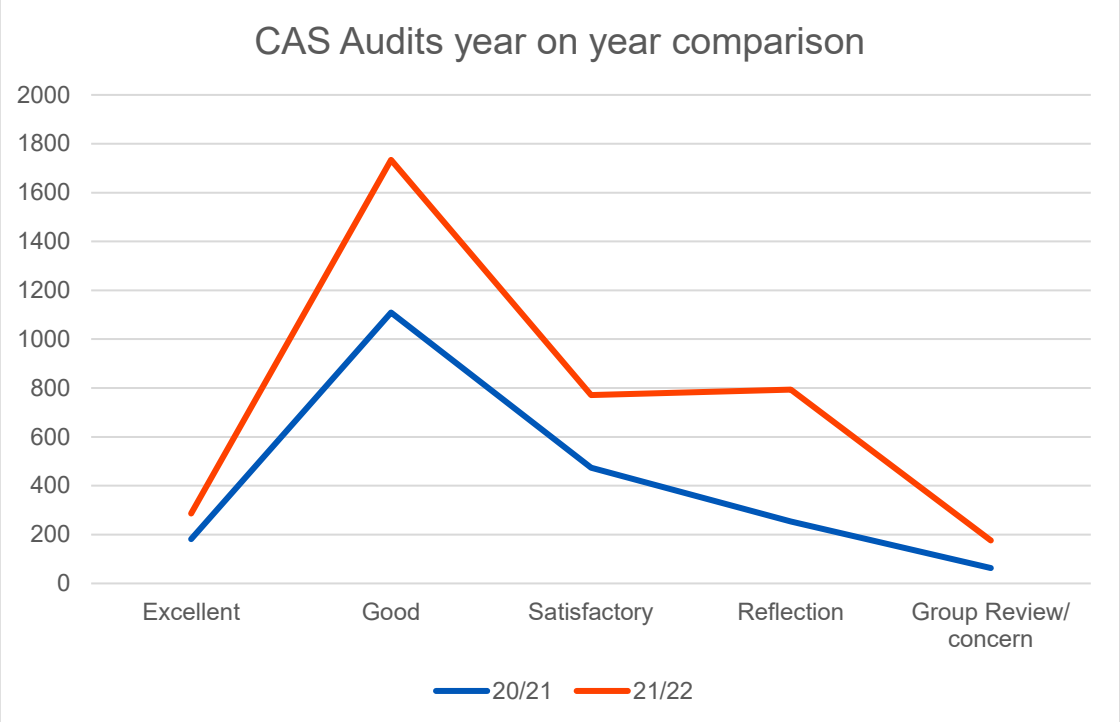
CAS audits

In addition to the standard audit, CAS auditing follows the same methodology, identifying cases via Clinical Guardian to ensure their randomness. In addition, the audit process requires an Auditor to listen to the call as well as review the documented assessment and advice – a cross triangulation of the record. The Auditor is listening whilst reading the record to ensure that the written record accurately reflects the discussion had with the patient or their representative. The criteria used for the auditing process as well as potential outcome follow the same classifications.

In 2021/22 137173 cases were revalidated through the CAS, of which 2.8% of cases were audited. CAS audits have increased in volume quite substantially from 2020/21

In order to share best practice and to improve the service we provide to our patients we have continued to hold Clinical Engagement Events. These events are open to all clinicians and focus on specific topics such as learning from serious incidents and documentation best practice.


CAS Audit Outcomes
Group Review/ concern 5%
Excellent 8%
Reflection 21%
Good 46%
Satisfactory 20%
Excellent
Good
Satisfactory
Reflection
Group Review/ concern


CAS Audits year on year comparison
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Excellent
Good
Satisfactory
Reflection
Group Review/ concern
20/21
21/22

AIHVS

During the year 9,885 consultations were undertaken by 50 clinicians. 3% of these cases were audited using Clinical Guardian using the RCGP Toolkit for standard audit. All clinicians receive regular feedback, and any concerns are addressed with reflective practice. No concerns were noted this year and the standard of consultation overall is Good.

Research & Development

During the period of 2021/22, the number of patients recruited to participate in research approved by a research ethics committee was nil for all patients receiving relevant health services provided or subcontracted by HUC.

Commissioning for Quality & Innovation (CQUIN)

CQUINs are a framework within the NHS to support improvements in the quality of services and the creation of new, improved ways of providing care.

HUC's income in 2021/22 was not conditional on achieving any CQUINs through the payment framework because of a national and local decision for CQUINs to be suspended for frontline NHS service providers from April 2020 for the Financial Years of 2020/21 and 2021/22 due to the COVID-19 pandemic.

CQC

HUC is required to register with the CQC, and its current registration status is:

- Hertfordshire & West Essex Integrated Urgent Care (IUC) Services
- Luton & Bedfordshire IUC Services
- Cambridgeshire & Peterborough IUC Services
- Town Centre Surgery, Luton
- Cheshunt Minor Injuries Unit

HUC has no conditions on its registration. The CQC has not taken enforcement action against HUC during 2021/22.

CQC Inspections in 2021/22

Town Centre Surgery, Luton – 13 September 2021

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

At the previous inspection in January 2020, the practice was rated as **Requires Improvement** overall because:

- there were gaps in the processes to maintain safety within the practice.
- data showed the practice scored lower than others locally and nationally for the review of patients with long-term conditions.
- the uptake for cervical screening and childhood immunisations was below the recommended Public Health England (PHE) and World Health Organisation (WHO) targets.

At the inspection on 13 September 2021 was rated as **Good**. The practice was rated:

- **Good** for providing **safe** services because improvements had been made to the systems, practices, and processes in place to keep patients safe. Actions had been taken to ensure staff vaccinations were maintained in line with current PHE guidance. Blank prescriptions were tracked throughout the practice. Risk assessments in relation to Health & Safety and security had been completed.
- **Requires Improvement** for providing **effective** services because whilst measures had been taken to improve the monitoring of patients with long-term conditions and the uptake for cervical screening and childhood immunisations, it was too soon to assess the impact this had for patients. Although improvements had been made to the uptake of childhood immunisations the practice remained below the minimum uptake target of 90% and the WHO target of 95%. The uptake for cervical screening remained below the PHE target of 80%.

  Actions being taken:

  1. A joint Task Force comprising of administrative and clinical staff is operating to ensure that there is a more robust recall system in place. If a patient fails to attend or declines then a member of the clinical team contacts the patient to provide information and advice.
  2. There is now a dedicated Childhood Immunisations Administrator who is responsible for recalls and ensuring that patients are booked into suitable appointments
  3. The Nursing Team have revised their shift patterns to accommodate the needs of working parents or school age children
  4. Cervical smear recalls are set up at time of registration.
  5. GPs are trained to support the nursing staff with carrying out smears
  6. Receptionists are trained in identifying those patients who are overdue for screening and proactively remind patients and encourage them to book appointments.

- **Good** for providing **well-led** services because governance structures were in place to support the management of the practice. Actions were taken to support the maintenance of the service during the COVID-19 pandemic. Colleagues reported they felt supported by the GPs and practice management. Improvements had been made to support carers registered with the practice.

Cambridgeshire & Peterborough IUC – 15 March 2022

The CQC carried out a system wide Urgent and Emergency Care inspection in Cambridgeshire and Peterborough, which included inspecting the IUC services that HUC provides. We were informed that because it was a system-wide approach, the inspection would not be a comprehensive inspection and would only look at elements of the five Key Lines of Enquiry – Safe, Well-led, Effective, Caring and Responsive. For this reason, the overall rating will not be updated. As at the time of this document, the report has not been shared with HUC, the system wide inspection process is incomplete, but the summary report was very positive as was verbal feedback.

Data Quality

HUC will be taking the following actions to improve data quality:

- Ensure that colleagues entering data on HUC systems continue to follow best practice guidelines i.e., RCGP and NHS Pathways
- Calls received via NHS 111 are audited as per NHS Pathways

Health Advisors

The initial consultation after a patient rings NHS 111 is usually with a Health Advisor who has received comprehensive training on NHS Pathways, a clinical tool used for assessing and triaging patients. Depending on the disposition reached during the assessment, the patient could be given care advice to manage their needs at home, or the case could be transferred to an in-house Clinical Advisor, a paramedic or nurse, the Clinical Advisory Service (CAS), a nurse or doctor, dental services, pharmacists, Mental Health Services or an Out of Hours GP. NHS 111 colleagues also have the facility to directly book a patient into their GP practice for a telephone assessment or access to appointments for Urgent Treatment Centres or Emergency Departments, as well as the option to automatically despatch ambulances if the assessment deems this necessary.

Once a telephone assessment has taken place, the patient will know what service is most appropriate for them and within what timescale, they will then be given care advice and support at the end of the call. This means that by contacting NHS 111, patients experience a quick and easy process to get the right advice or treatment they need, be that for their physical or mental health.

Service Advisors

The Service Advisor position was a new role introduced to HUC in September 2020. They are the first point of contact for calls into NHS 111 for patients that do not require a full NHS Pathways assessment and are able to assess callers using NHS Pathways Light. Service Advisor manage calls from a variety of Healthcare Professionals, requiring further assistance from either the CAS GP or the Out of Hours Service. They also have access to refer Healthcare Professionals to the Palliative Care team. Managing medication enquiries, prescription requests are also part of the role, using NHS Pathways Light to assess dental patients.

In addition, in Hertfordshire and West Essex palliative and end-of-life (EOL) patients are fast-tracked through the triage system by a Service Advisor and placed in the End-of-Life CAS queue, which is an appropriate clinical queue without the need for a lengthy NHS Pathways assessment.

Finally, Service Advisors can signpost callers to the most appropriate service for them along with performing a welfare check on patients who are waiting for the GP Out of Hours service to contact them. Service Advisors are fully supported by our wider contact centre network, including our Health Advisors, Shift Managers and clinicians.

Data Security & Protection

HUC use a Virtual Private Network (VPN) configured in line with National Cyber Security Centre recommendations, with all access to HUC resources from remote locations requiring multi-factor authentication. All devices are enrolled in Microsoft Defender for Endpoint to alert to suspicious activity and all remote devices are covered by Microsoft Endpoint Manager to ensure ability to ensure updates are happening and that devices are kept to a secure baseline.

The Data Security and Protection Toolkit replaces the previous Information Governance toolkit from April 2018.

The Data Security and Protection Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

In 2021/22 HUC was compliant with all mandatory security standards.

Our services and achievements in 2021/22

Health Service Journal (HSJ) awards

In 2021, HUC won not one but two awards at the Health Service Journal (HSJ) Awards 2021 in the Driving Efficiency Through Technology, and the Primary Care Innovation of the Year categories.

In collaboration with Cambridgeshire and Peterborough CCG, Cambridge University Hospital (CUHFT), Northwest Anglia Foundation Trust (NWAFT) and our telephony provider Content Guru (known internally as Storm), we launched the Virtual Waiting Room within the region last year. The initiative aimed to help patients who called NHS 111 receive the care they needed while alleviating the pressure on Emergency Departments (EDs) across Cambridgeshire and Peterborough.

According to the judges of the event, “The Virtual Waiting Room was an exciting development with excellent potential for adoption across the NHS. The winners demonstrated clear efficiency, performance and patient benefits whilst also being transformative, scalable, and mature – having already demonstrated significant uptake and buy-in from commissioners and other organisations across the region.”

They also appreciated the strong patient focus and the involvement of patients in the presentation; there was also clear data supporting the benefits claimed.

The other win was for the Palliative Care Hub which can be reached via option 3 when calling NHS 111. This is run collaboratively by the Cambridgeshire and Peterborough CCG, HUC, the East of England Ambulance Service Trust (EEAST) and Arthur Rank Hospice Charity.

European Contact Centre and Customer Service Awards (ECCCSAs)

Together with Content Guru, HUC won ‘Best Innovation in Customer Service’ at the European Contact Centre and Customer Service Awards (ECCCSAs) 2021.

In its 21st year, the European Contact Centre & Customer Service Awards is the longest running and largest awards programme for the customer

contact industry. The esteemed awards celebrate organisations across Europe that are leading the way in delivering exceptional service to customers. The winners were announced at a prestigious awards ceremony at Evolution, Battersea Park, London.

Content Guru and HUC were heralded at the awards for their work in enabling patients to use digital channels to keep safe during COVID-19.

COVID-19 response

2021/22 saw little respite in the workload and impact of the COVID-19 pandemic on the services we provide. The number of NHS 111 calls received where the patient had COVID-19 concerns still counted for 4.8% of total calls compared to 8% in 2020/21.

We have continued to review and revise our processes to adapt to the changing demands. During 2021, NHS Digital initiated changes within the NHS Pathways license to encourage a flexible workforce to increase staff availability during periods where workers needed to self-isolate but were well enough to continue working. Other benefits are also attached to homeworking, including maintaining a safe office environment where social distancing is vital. There are strict eligibility criteria to be able to be a homeworking Health Advisor.

HUC piloted homeworking Health Advisors in 2021 and has actively encouraged all eligible colleagues to participate. It has proved to be a popular option for colleagues as it supports a good work life balance, improves call productivity, improves the welfare of colleagues and enhances resilience as call handlers are able to pick up shifts at short notice. Across the organisation, there are now over 80 Health Advisors that are homeworkers. Looking forward we will continue to expand this number as more colleagues move from probation and the offer of homeworking becomes available (if meeting other criteria thresholds).

Together, our Clinical and Communication teams have established key communication channels for regular information on COVID-19 protocols via team briefings, emails, and newsletters to ensure that everyone is informed of changes in workplace IPC practices as a result of national guidance revisions. Further information can be found in the Infection, Prevent & Control section on page 57.

On a separate note, we also continued to collaborate with system partners in Hertfordshire to provide the COVID-19 swabbing service. This service has evolved over time and has included supporting care homes and essential workers to access PCR tests, outbreak swabbing and preadmission testing for patients in the community going into a care home. As nationwide systems and processes have been developed and embedded, the activity has decreased and as a result the service is being stepped down in May 2022. During the two years of operation, the team have coordinated over 61,000 tests.

Integrated Urgent Care

NHS111

Overall, for all services there has been an increase of 273,937 calls offered, an increase of 26.5% from 2020/21. Abandoned call rates are higher in 2021/22 with a total of 16.1% in comparison to last year's 4.8%.

The biggest challenge for our services was to reach our Key Performance Indicator (KPI) of average time to answer less than 20 seconds, which was exacerbated by these higher levels of activity. To mitigate and support our services, a large recruitment drive was launched from October 2021, as a result of which a considerable number of new frontline colleagues have commenced employment with HUC. It was a result of new budgetary requirements established in October 2021 in light of the continued increase in call activity and winter planning.

It is worth noting that less experienced Health Advisors often show longer call lengths, which is a contributory factor call lengths lengthening during this period, averaging between 6 minute 50 seconds to 7 minutes 20 seconds. This is evident in the data as particularly from Q3 and Q4, when the recruitment drive started showing first results, our call lengths changed. Our recruitment efforts continue to support our colleagues and the increase in activity alongside back-to-back training programmes. We recognise that retaining staff is as important as recruiting staff and are focussing on this by improving the working environment, managerial and pastoral support to staff, the recruitment of a Happiness lead and working on issues identified via the staff forum.

Similar to our telephony service, there were also a high number of online cases during this period, equating to 7.9% of total cases which compares to 4.1% last year. Increased national and local promotional campaigns (such as repeated messages on the telephone IVR redirecting to NHS 111 online and national TV ads) encouraged patients to utilise the online service to determine appropriate are for their symptoms, particularly at times when the services were under increased pressure.

If reviewed against rota fill and call activity, our performance dropped in Q2 and Q3, when our call volumes were at their highest throughout the year, impacted considerably by the Omicron variant surfacing. Despite our best endeavours to keep colleagues safe, the more infectious variant also had an impact on our colleagues, which also manifested itself in a small number of COVID-19 outbreaks in our contact centres. This meant that sickness absence levels rose, which we mitigated as best we could whilst supporting our colleagues who were off with

COVID-19. We increased our rota fill incentivising colleagues with enhanced rates pick up shifts. In the last quarter of the year, with increased rota fill and the steady decline of unplanned absence, our performance has gradually improved. One last absence spike occurred during a short period in March 2022, when many colleagues took their remaining annual leave before the end of the financial year. We managed this situation closely to maintain a high-quality service, but this meant that we had maximum numbers on annual leave. This issue will be monitored closely by team leaders and contact centre managers to reduce the likelihood of recurrence and Is not considered to be a live risk of concern.

The aforementioned recruitment drive resulted in a further 41 WTE (Whole Time Equivalent) Health Advisors joining the organisation. This is a significant achievement and 25% increase on WTE staffing in a few months. However, this number does not consider the number of candidates that withdrew or were unsuccessful during the intense training programs. The recruitment process has since been refined to include a mini assessment centre to ensure better quality of candidates with demonstratable resilience and IT skills before being offered a HA/SA role and can already see an improvement in retention. We are also reviewing the career pathways for HA/SA population to include more opportunities to develop into other roles at HUC and publishing at induction.

The Training team continue to run back-to-back training courses and implemented various changes to support new colleagues better, including remote classroom learning, the introduction of additional buddy shifts and of “Week 0” (see page 71).

In March 2022, to manage the use of clinical time better in our service, we piloted using non-clinical Floorwalkers for supporting our non-clinical contact centre colleagues remotely, taking any queries away from clinical Floorwalkers that are better addressed elsewhere. This has helped to provide real time response to our Health Advisors via direct speed dial and Microsoft Teams, which has proven invaluable.

Looking forward, as we continue to increase our overall headcount and those currently in probation continue to grow in experience, we anticipate that our performance will continue to improve.

CAS and Minor Injuries CAS

We successfully developed and launched specialist practitioner support to manage NHS 111 injury dispositions in our Minor Injuries CAS, using voice and video consultations. This contributes to managing condition in a more effective way and making better use of urgent care services. Due to its success, whilst it began as a pilot in Cambridgeshire & Peterborough, we are now rolling this out across the whole HUC footprint in a networked arrangement running 7 days a week, 12 hours a day. The scheme has demonstrated that patients can be better managed outside of Emergency Departments (EDs) in some cases, reducing the

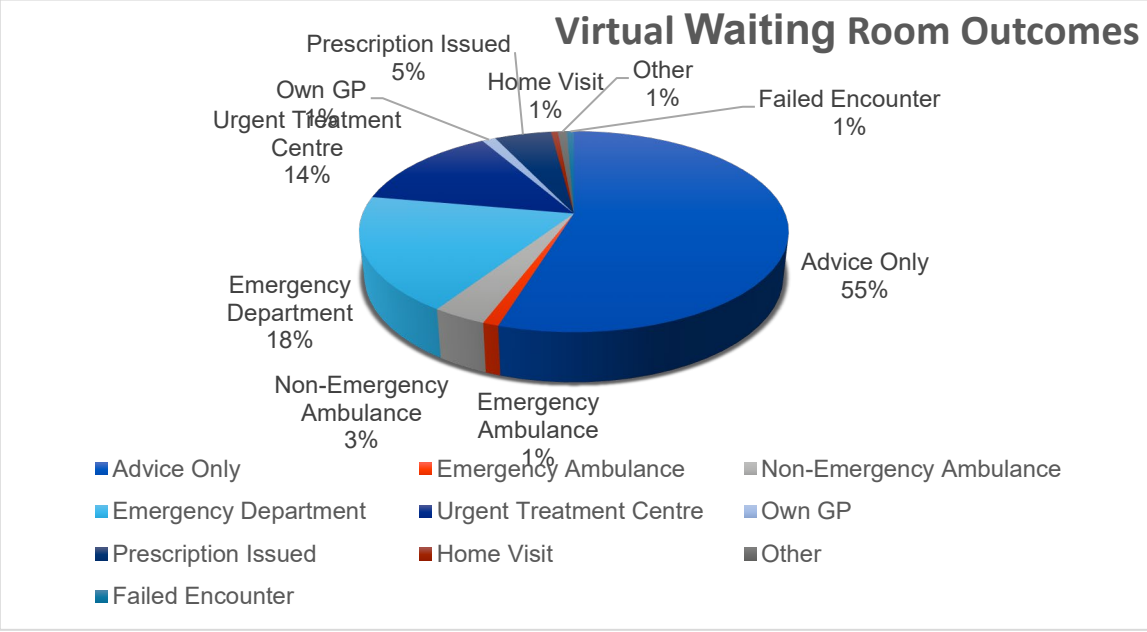
number of patients needing treatment at alternative sites such as Minor Injuries Units (MISs) and Urgent Treatment Centres (UTCs).

The HUC-wide roll out began by extending the Cambridgeshire & Peterborough scheme to Luton and Bedfordshire on 13th March 2022 and will be further extended to Hertfordshire and West Essex in June 2022 as new clinicians are onboarded. As this process only began on 15th March 2022 data is currently unavailable but will be shared monthly with commissioners following the first whole month roll out (data pack due in May 2022).

Virtual Waiting Room

Our previously mentioned award-winning Virtual Waiting Room began as a pilot scheme in Cambridgeshire & Peterborough and has brought ED Consultants into our CAS to support management of ED referrals from NHS 111 using voice and video consultations. This often means that patients are managed so effectively, they do not need to attend any further urgent or emergency care services. Commissioner and ICS colleagues, including the ICS Clinical Lead collaborated with our Transformation team to build on this pilot, rolling it out across the HUC footprint in January 2022 in a networked arrangement. The HUC-wide pilot will run until the end of summer 2022 and will be fully evaluated as part of the Regional NHSE UEC development work.

In Q4, there were 492 VWR cases, of which 376 were diverted away from an ED (76%) as patients were better helped elsewhere. 55% were of patients were given self-care advice, 5% managed via our Electronic Prescribing Service (EPS) and 1% of patients received a referral back to their own GP practice.



Dental Service

Dentistry has been under increased pressure and demand due to the changes implemented during the COVID-19 pandemic when routine treatment was paused but emergency treatment was still available. We saw a direct correlation with reduced dental access leading to increased calls to NHS 111. This not only affects call volumes but also results in an increase in the complexity of calls.

The average amount of dental calls per day by month shows a reduction in average calls per day over the past 12 months. December is always a busier month for dental calls due in part to the closure of practices over Christmas and New Year. Cambridgeshire and Peterborough is an outlier with the highest volumes in January and February 2022.

Dental calls monthly average calls per day					
		Herts	West Essex	Cambridgeshire & Peterborough	Luton & Bedfordshire
2021	Apr	123	34	111	73
2021	May	119	32	100	68
2021	Jun	94	23	98	60
2021	Jul	89	25	100	59
2021	Aug	85	28	102	59
2021	Sep	78	22	98	55
2021	Oct	88	22	99	57
2021	Nov	90	24	94	56
2021	Dec	101	28	105	64
2022	Jan	88	22	114	58
2022	Feb	90	24	115	60
2022	March	83	21	107	55
2022	April	106	27	101	49

Please note April 2022 figures are only based on data from 3 days

The monthly totals data broadly reflects monthly averages and confirms the increase in call volumes for Cambridgeshire & Peterborough over the past few months. We received feedback even before and during the pandemic regarding the lack of dental access in the region. The weekday urgent dental care provider is continually at capacity, and we have limited other accessible services to signpost callers to.

Month total					
		Herts	West Essex	Cambridgeshire & Peterborough	Luton & Bedfordshire
2021	April	3196	882	3326	2183
2021	May	3824	985	3105	2123
2021	June	2879	714	2949	1801
2021	Jul	2768	773	3109	1830
2021	Aug	2647	867	3152	1834
2021	Sept	2341	664	2935	1635
2021	Oct	2713	674	3056	1754
2021	Nov	2704	716	2831	1694
2021	Dec	3140	878	3269	1972
2022	Jan	2742	696	3540	1800
2022	February	2533	661	3229	1666
2022	March	2578	643	3224	1720

Despite the fluctuations in call volumes and the increased complexity of calls, our small dental team have continued to provide a service that is responsive and adaptive to the continued dental challenges.

Examples of these include fluctuations in the availability of appointments and changing service availability across all areas. As a result, queries relating to access, prescribing, referrals, registration with practices have become more common. Initiatives were introduced including the introduction of Urgent Dental Care centres (UDC) and recently Dental Urgent Care centres (DUCC), for which there are different referral methods.

Out of Hours / Unscheduled Care

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

Following an assessment via NHS Pathways by NHS 111, patients who have been assessed as needing to be seen are booked into a base location that is conveniently located for them and best equipped for the urgency of their presenting symptoms. HUC provides overnight GP cover for patients from 6.30pm to 8.00am on weekdays and continuously from 6.30pm on a Friday evening to 8.00am on a Monday morning or the following day if it is a bank holiday.

Operating from 26 locations across Cambridgeshire and Peterborough, Luton and Bedfordshire, Hertfordshire and West Essex, many of HUC's treatment centres or "bases" are co-located with other health system partners for example acute

hospital trusts, community hospitals or GP surgeries. Consisting of a reception and waiting areas, one or more consulting rooms and secure storage for medicines and equipment, our sites are continuously assessed to ensure they remain fit for purpose and meet the needs of the populations we serve.

During the last year, we have relocated two of our bases. The Borehamwood base is now located within a general practice on a retail park and our Watford base has moved away from Watford General Hospital and into a well-appointed surgery less than a mile away. All site moves were carried out in conjunction with our commissioner colleagues for quality and operational oversight, and the two new locations have been very well received by colleagues and patients alike.

For patients who are assessed as needing to be seen but are unable to travel to a base location themselves, perhaps being too frail to travel or needing end-of-life (EOL) care, we can organise a home visit for them to be seen in their own home or place of care. To this end we have a well-appointed fleet of 4x4 vehicles that facilitate visits across the whole of HUC. We are in the process of reviewing our fleet requirements to align with our Green Plan to reduce carbon and increase vehicle and travel efficiency.

We implemented changes to respond to the COVID-19-19 pandemic as per government guidelines. All patients have a telephone consultation with a clinician before they receive an appointment, or a home visit is arranged. This is to ensure that patients, staff and facilities are safeguarded against potential spread of the disease. Consequently, we did see a reduction in the number of face-to-face contacts in the last year, and an increase in the number of telephone consultations that are carried out, however we are starting to see a shift back to more normal levels in this regard.

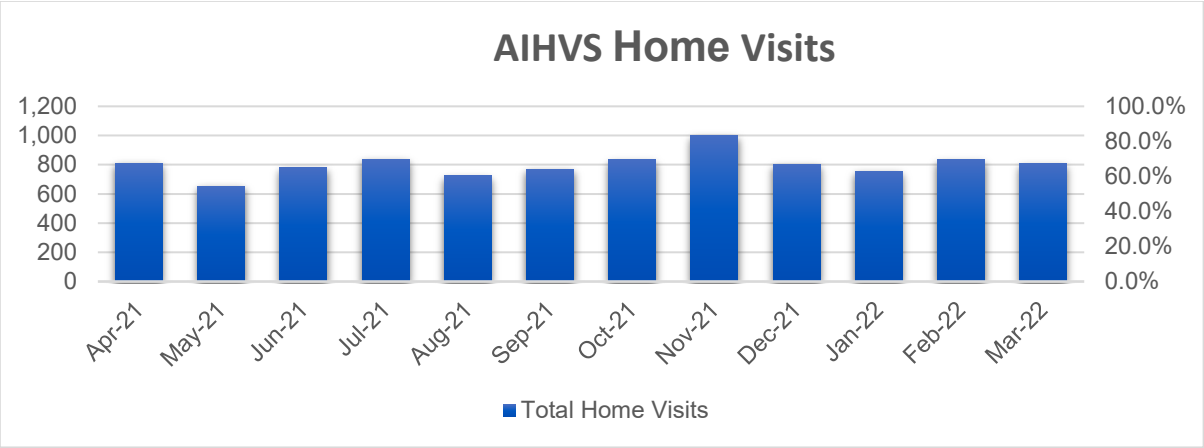
Measure	Description	Q1	Q2	Q3	Q4	Total
Out Of Hours						
Out of Hours cases	Number of Out of Hours cases	66,471	68,492	67,598	71,857	274,418
	% advice only	71.8%	62.0%	59.7%	60.0%	63.3%
	% come to centre	16.5%	24.2%	25.8%	26.0%	23.2%
	% home visits	8.4%	8.6%	9.5%	9.2%	9.0%
	% no advice given	3.2%	5.1%	5.0%	4.7%	4.5%
KPI 5b: Call Backs by a clinician	KPI 5b: % patients receiving a call back within specified timeframe	97.0%	93.0%	92.6%	92.8%	93.9%
LPR1: Speak to a GP disposition of 2 hours or less	LPR1: % patients called back within 2 hours	97.8%	94.7%	93.8%	94.4%	95.2%
LPR2: Speak to a GP disposition 6 hours or greater	LPR2: % patients called back within 6 hours	97.8%	89.5%	89.3%	93.6%	92.7%
LPR3: Contact a GP disposition of 2 hours for patients not directly booked	LPR3: % patients called back within 2 hours	97.1%	91.7%	90.5%	91.7%	92.7%
LPR4: Contact a GP disposition of 6 hours for patients not directly booked	LPR4: % patients called back within 6 hours	99.3%	93.3%	93.2%	95.7%	95.3%
KPI 16: Home Visits	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	94.5%	92.6%	93.2%	93.1%	93.3%
KPI 17: Base Visits	Proportion of patients receiving a face-to-face consultation in and Out of Hours base within the specified timeframe	96.1%	95.0%	94.5%	94.1%	94.9%

Acute In Hours Visiting Service (AIHVS) – East and North Hertfordshire only

AIHVS is a service which operates in the East and North Hertfordshire area only, providing urgent home visits for patients on behalf of their own GP. Set up to support our colleagues in Primary Care, the service allows GPs in general practice to refer patients who have had a sudden onset of a new, urgent healthcare need, allowing the practice GPs to focus on patients with long term healthcare needs.

An AIHVS Coordinator receives telephone referrals and will arrange a visit for a clinician, who will see and treat the patient in their own home. Information about the patients visit and resulting treatment is shared with their own GP via the clinical software SystmOne and directly into the patient's own healthcare record.

Working to set criteria, AIHVS operates within normal surgery opening hours from Monday to Friday. Using a mix of clinicians, including GPs, Advanced Nurse Practitioners (ANPs) and UCPs, for much of the year, the service remained affected by COVID-19 with a reduction in referrals from general practice. Now, we are seeing a return to normal activity levels with on average 67 visits carried out a day.



AIHVS	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
AIHVS Cases	825	679	801	848	752	788	863	1,034	838	775	861	930	9,994
AIVHS Routine visits	809	661	779	836	723	769	831	998	801	755	834	898	9,694
% face-to-face visit within 6 hours of initial referral	100.0	98.0	99.0	99.6	97.6	97.4	97.5	97.6	96.3	98.3	97.2	97.9	98.0

Early Intervention Vehicle (EIV) – East & North Hertfordshire only

The EIV service went live in October 2021, covering East and North Hertfordshire with a two-person crew per vehicle to enable timely response for urgent cases within the community. This is a collaborative service with Hertfordshire County Council (HCC) as partners providing 50% of the workforce from a therapy or social services background.

EIV is currently open to referrals from Careline, Hertfordshire Community Trust, HCC and NHS 111.

The service sees an average of 520 cases a month, including 125 home visits, meeting 2hr response times in 89% of cases. Less than 8% end up being conveyed to hospital.

Performance Metrics	KPI	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Q3	Q4	2021-22
Total no of cases		244	428	581	764	699	553	1253	2016	3269
Telephone Consultations		173	327	467	608	546	369	967	1523	2490
Home Visits		71	101	114	156	153	184	286	493	779
Home Visit Patient Outcomes										
Referred to own GP			27	24	39	35	32	51	90	141
Home Care			65	78	96	93	128	143	239	382
Referred to pharmacist			1	0	3	1	0	1	4	5
Referred to other			1	3	5	6	0	4	9	13
Referred to emergency ambulance			6	7	8	13	23	13	21	34
Referred to ED			1	2	2	5	1	3	5	8
KPI2 Rockwood Assessments Completed (on appropriate patients)	>=70%	80%	73%	100%	100%	100%	100%	84%	100%	91%
KPI3 Patient Satisfaction Returns	>=90%	N/A	N/A	N/A	N/A	N/A	N/A			
HUC Shift Fill	95%	56%	91%	71%	113%	111%	106%	73%	110%	83%

HCC Shift Fill	95%	71%	52%					62%	52%	62%
Total no of 2-hour UCR cases		15	19	17	36	26	35	148	133	281
Percentage attended within 2 hours		93%	94%	88%	91%	80%	86%	92%	86%	89%
Average time to attend		01:38:43	01:17:25	01:24:34	01:08:12	01:03	01:11:00	01:17:09	01:12:50	01:15:00
Longest wait		03:08:15	05:26:12	04:11:25	04:05:01	05:09:41	02:25:00	04:04:16	04:15:28	04:09:52
Number of Care Home visits		8	5	8	16	11	10	21	37	58

Looking forward to 2022/23

Working closely with the Integrated Care System we are aiming to fully integrate EIV into the Hospital at Home pathway with a central point of access and trusted assessor models. This aims at utilising resources efficiently across providers and minimising duplication, building on virtual ward pathways within EIV for suitable patients. Once the central point of access is established, this will allow for the service to be opened widely to system partners and Primary Care Networks (PCNs).

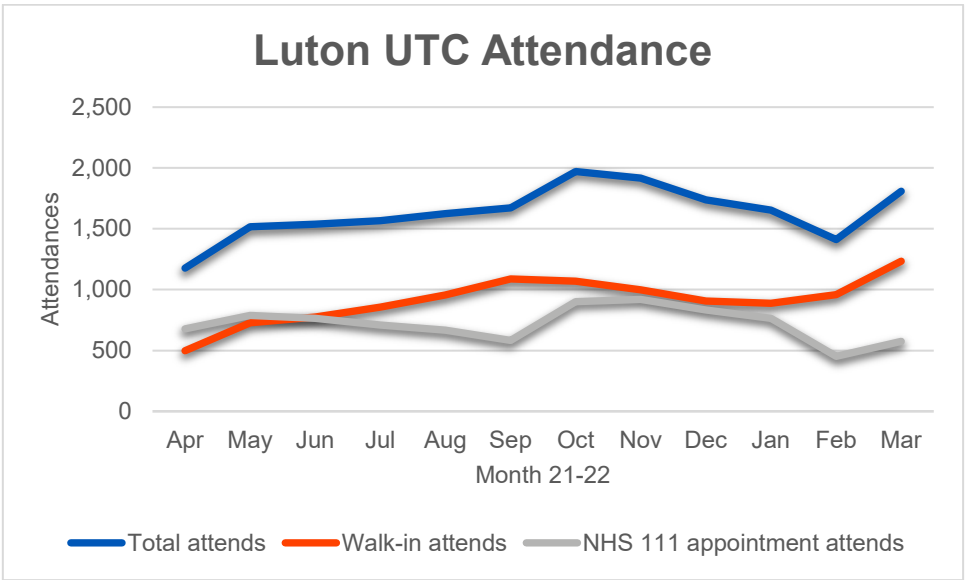
In addition, a one-year pilot for an integrated Navigator role will commence to facilitate pathway development between Hertfordshire Community NHS Trust (HCT) and HUC to ensure appropriate utilisation of services across the footprint.

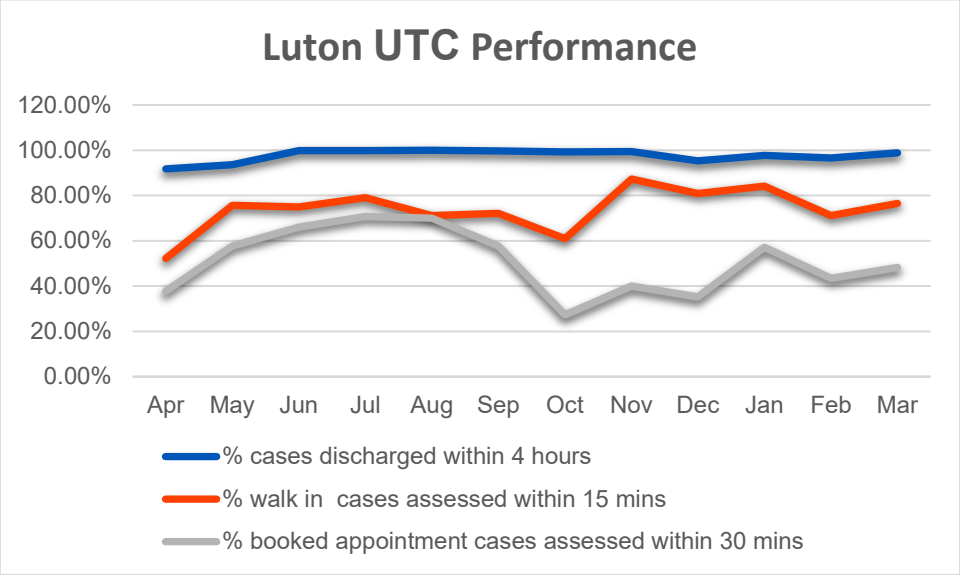
UTC

Our Luton UTC observed a normalisation of attendance levels post April 2021 in line with that recorded over the wider system and with the easing of social restrictions.

Both walk-in and NHS 111 booked appointment attendance increased, from 498 in April to 1070 in October (+53%) for walk-ins and from 679 to 901 (+25%) for NHS 111 booked appointments.

Both COVID-19 related staff sickness absence and local staffing challenges have impacted service capacity, which in turn influenced NHS 111 appointment attendances. They reduced from 901 in October to 575 in March (-43%) while walk-in attendances increased from 1,070 to 1,234 over the same period (+13%).





Our performance against the four-hour see and treat target has remained largely consistent over the duration of 2021/22, increasing from 91.76% in April 2021 to 98.8% in March 2022. Similarly, performance across initial assessment targets increased during Q1 and Q2, but then observed a notable drop related to activity increase during October 2021. Since then, performance has generally improved with some fluctuation month-to-month. This is reflected in the reduction in the total average wait to time to triage for all cases, which fell from c. 35 minutes in April 2021 to c. 20 mins in March 2022, and also the average triage time recorded over the same period, which decreased from c.15 minutes to c.12 minutes.

Our data shows that both case outcomes (for all cases) and most common presentations at the UTC (for NHS 111 booked appointments) have remained relatively consistent. It also suggests that most patients are discharged to patients' own GPs for follow up.

We strive to continuously improve our services and have agreed multiple measures for 2022/23 with a focus on our staffing arrangements and procedures

Description	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Follow-up treatment by GP	809	1,023	1,209	1,262	1,423	1,444	1,609	1,507	1,280	1,398	1,196	1,531
Referred to A&E Clinic	66	63	80	83	80	82	84	88	78	93	67	71
Admitted to Hospital Bed (Same Trust)	8	3	4	6	4	4	3	3	9	7	7	3
Referred to Other Out-Patient Clinic	3	3	3	8	4	5	2	4	8	13	9	9
No Follow Up Treatment	25	71	79	97	80	88	153	240	157	40	23	60
Left Before Treatment	12	15	25	15	25	35	69	37	33	16	24	30
Other	108	157	127	88	5	5	18	4	17	1	1	5
Not Recorded	0	0	0	0	0	0	0	0	0	0	0	0
Admitted to Hospital Bed (Different Trust)	1	0	0	0	1	0	0	0	0	1	0	1
Referred to Fracture Clinic	1	0	0	0	0	0	0	0	1	0	0	0

Primary Care

Luton Town Centre Practice

A CQC inspection rated the overall the practice service delivery as ‘Good’ in 2021, which represented an increase from the previous rating of ‘Requires Improvement’ (see page 29)

Items that were addressed via a formalised schedule of service development included:

- Addressing staff vaccination by ensuring individual risk assessments were completed
- Ensuring the process governing administration of prescriptions at site is consistent and auditable with electronic prescribing available to all clinicians to allow for faster referral direct to pharmacies
- Ensuring essential Quality Outcome Framework targets, including the management of patients with chronic conditions, the provision of cervical smears and childhood immunisations were improved

During April 2021 to March 2022 the practice list size increased from 11,536 to 12,704 (+10%).

During the pandemic, the practice offered a sole telephone triage system for GPs in line with changing national guidance, but we have since reverted to a combination of face-to-face and telephone triage to better accommodate patients. This was further enhanced by the introduction of a duty doctor system, accommodating emergency same day care of urgent or complex patients. In addition, a UCP assisted with home visitation for vulnerable patients who were unable to attend for face-to-face appointments in the surgery.

Face-to-face appointments were staggered across clinics to maintain social distancing and we restructured Nurse and Healthcare Assistant (HCA) clinics to offer more appointments with time added after each patient for a consultation room clean.

The average number of appointments per month between October 2021 and March 2022 was 3,172, with Did Not Attend (DNA) rates ranging from c.9% in October 2021 to c. 6% in March 2022.

Social distancing was facilitated by the separation of the UTC from the Town Centre surgery. Some wider estates development was also carried out during this time, including new external window décor, flooring and the transformation of unused rooms into clinical workspaces and admin rooms, increasing capacity and improving our patient experience.

In December 2021, HUC assumed the role of the local PCN Lead, recruiting an operational lead. Regular virtual meetings were established in order to better disseminate information relating to the local provision of healthcare, key areas of shared learning and any group challenges. The surgery has benefitted from PCN allocation of staff, including Pharmacists, Physician Associates and Care Coordinators to assist with medication reviews, prescription administration, medical audits, CAS alerts and diabetic reviews etc.

Recruitment for medical and nursing leads has remained challenging, with relatively high levels of local staff attrition, although the surgery did appoint a new Health & Safety Lead, qualified by the Institution of Occupational Safety and Health (IOSHH).

We are proud of our response during the vaccination drive: The team administered COVID-19 and flu vaccinations via an external vaccination centre within Luton for our PCN patients.

For 2022/23, we have agreed a number of objectives including piloting automation of direct booking of patients requiring same day appointment booking through the HUC IUC service in order to better accommodate access for patients and a focus on local engagement with regular meetings with the CCG's Primary Care Development Lead and Quality Leads to ensure the Town Centre Surgery is maximising opportunities for shared learning and improving the quality of care afforded to patients.

Cheshunt Minor Injuries Service (MIS)

Cheshunt MIS also experienced a normalisation of attendance levels since April 2021 in line with our anticipations, the wider system and the easing of social restrictions.

Over the year, attendances generally correlated with seasonal demands, increasing over the summer period and reducing over winter, declining significantly throughout December. A significant continued increase in demand can be noted from March 2022.

As elsewhere in the system, both COVID-19 related sickness absence and staff attrition have impacted our service delivery, particularly during the winter period.

Our performance for four-hour see and treat targets has remained largely consistent over the duration of 2021/22, ranging between 98.96% to 100%. This is reflected in the median time spent in the MIS, which ranges between 55 and 92 minutes, and also the median time to treatment, which is between 10 and 46 minutes.

During COVID-19, the MIS implemented safety measures for patients and colleagues. As a result of our small waiting room, staff were assessing patient needs before entering the MIS, before requesting, where appropriate, that patients wait in the safety of their cars or outside. Colleagues were then either calling the patients on the phone to enter the MIS or collecting the patients directly. This impacted the speed of the service as more time was needed between patients leaving the unit and new patients entering the unit, but it helped to ensure patients remained safe.

The Royal Free Hospital introduced a Virtual Fracture Clinic (VFC) at Barnet Hospital to enable them to continue seeing patients via video or telephone consultations, a fundamental change to processes when referring into the VFCs. We were able to rapidly adjust to ensure there was no interruption to referrals and patients were able to continue to receive the treatment required. This demonstrated how quickly our colleagues were able to adapt and collaborate with local healthcare providers to ensure minimal to no impact on patients, giving them a better experience and more effective service.

For 2022/23 we are planning to review a potential move to the Adastra platform from SystmOne to better ensure quality of reporting and harmonise processes across the primary care brief with other objectives set.

West Essex Extended Access

HUC is commissioned to deliver Extended Access services in West Essex on behalf of the PCNs and the CCG. This service aims to provide pre-bookable appointments on behalf of the patient's own GP at a time more convenient for patients.

Covering six PCNs, the service operates every day, in the evening and at the weekends. We offer routine bookable primary care appointments with GPs, Nurses and Healthcare Assistants outside normal working hours, 7 days a week, 365 days a year. If a patient requires a specialist referral following an Extended Access appointment, we work in collaboration with the patient's own GP to arrange this.

We operate out of several different locations, to provide equity of access for patients across the whole of the West Essex area; some are co-located with our own Out of Hours service, for example in Epping, Harlow, and Great Dunmow, whereas others operate from within a local surgery.

NHS 111 Resilience Partnerships

London Ambulance Service NHS 111

HUC became a resilience partner for London Ambulance Service (LAS) in 2021 with the provision of NHS 111 call answering and clinical assessment based at our contact centre in Peterborough, and we are continuing with this arrangement.

Devon Doctors NHS 111

Similarly, HUC became a resilience partner for Devon Doctors with 16 WTE Health Advisors who are based at our contact centre in Bedford, which went live in February 2022.

Quality Assurance

Safeguarding

The Chief Medical Officer is the executive lead for safeguarding at HUC. We remain fully committed to the principles and duties of safeguarding for children, young people, and adults under the statutory frameworks of the Care Act 2014 and Children's Act 1989 and 2004. HUC is dedicated to ensuring that the principles and duties of safeguarding children, young people, and adults at risk are applied every time an individual accesses its services by making every contact count and so actively encourages and supports staff to raise a safeguarding concern at the point of contact.

Following the lifting of the restriction of the pandemic, safeguarding remains at the heart of all we do as "Safeguarding is everyone's responsibility", whether undertaken via a telephone triage, consultation or by face-to-face assessments.

Safeguarding means protecting a person's health, wellbeing, and human rights; enabling them to live free from harm, abuse, and neglect. It is an integral part of providing high-quality healthcare and a collective responsibility for all those working for or on behalf of our organisation.

Those most in need of protection include:

- Children and young people
- Adults at risk, such as those receiving care in their own home, care home and with learning disabilities.

All colleagues are required to undertake training commensurate to their role within HUC and in line with the intercollegiate Documents, which provide guidance regarding the expected competencies in respect to safeguarding.

We have appointed a dedicated GP to support child safeguarding, who works with the Head of Safeguarding for Adults and Children.

We have continued its close working arrangements with Safeguarding Partnerships across the communities we serve and are dedicated to working with our partners on any investigations.

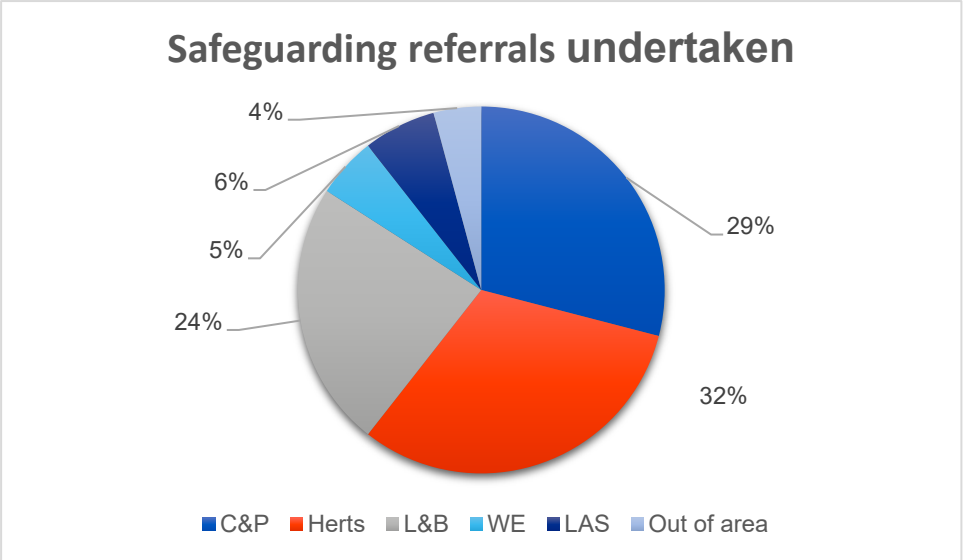
Where appropriate, HUC participate in safeguarding strategy meetings led by the local authorities, police and in learning events because of case reviews.

Any feedback received from partner agencies following the raising of a safeguarding concern, though consistently low, is used to support learning and development as well as individual reviews. We have raised this issue with our partners and relevant CCGs.

In 2021/22, we made a total of 3,393 referrals, which constitutes an increase of 8% on the previous year. They consisted of 1,312 (35.54%) children and 2,380 (64.46%) adults. Details of referrals made are shown below:

	C&P	Herts	L&B	WE	LAS	Out of area	Total
Children	381	414	308	70	84	55	**1312**
Adults	801	793	488	153	72	73	**2380**
Combined	**1182**	**1207**	**796**	**223**	**156**	**128**	**3692**

Details not recorded for Devon Doctors



Safeguarding Supervision

We offer supervision to our network of Safeguarding Champions, which is incorporated into their normal role. Safeguarding Champions are there to support all colleagues to undertake a safeguarding referral effectively should any concerns be identified. We reviewed our process early in 2022, also providing a clear learning structure to support our colleagues. All Champions are trained to Adults and Children Level 3 and two colleagues have been trained to perform supervision training with a further 3 colleagues completing Domestic Abuse champion training.

Multi Agency Request

We continue to support in multi-agency requests for information. There were 22 multi-agency requests made by other agencies for information.

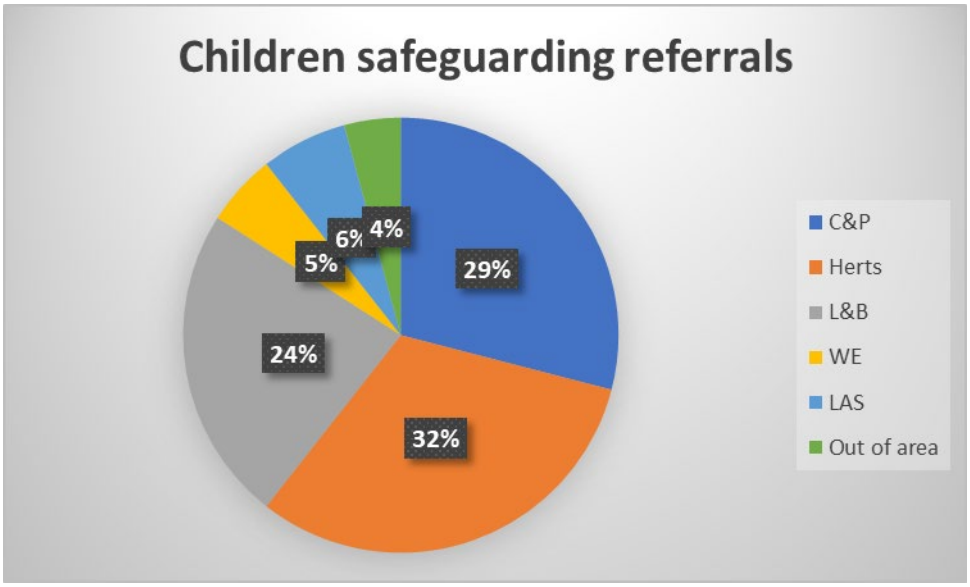
Children and Young person's safeguarding referrals

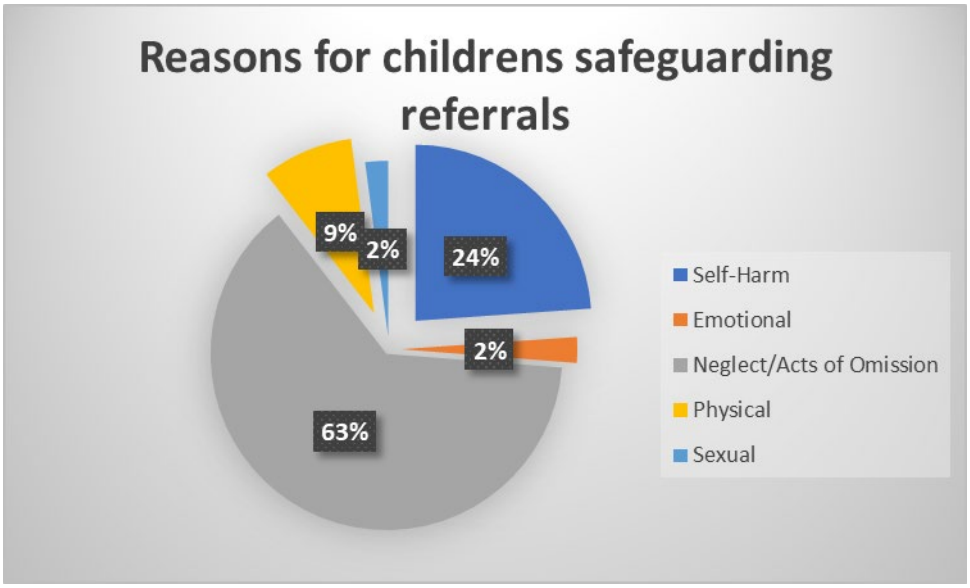
The was an increase of 6.9% children's referrals compared to 2020/21 with a total of 1,312. The breakdown is shown in the table below. The top three reasons for referral are:

1. neglect/ acts of omission (63%)
2. self-harm (24%), and
3. Physical abuse 9%).

In Cambridgeshire and Peterborough, we also saw the introduction of child safeguarding referrals via an online portal.

	C&P	Herts	L&B	WE	LAS	Out of area	Total
Children	381	414	308	70	84	55	**1312**
Adults	801	793	488	153	72	73	**2380**
Combined	1182	1207	796	223	156	128	**3692**





Safeguarding Adults

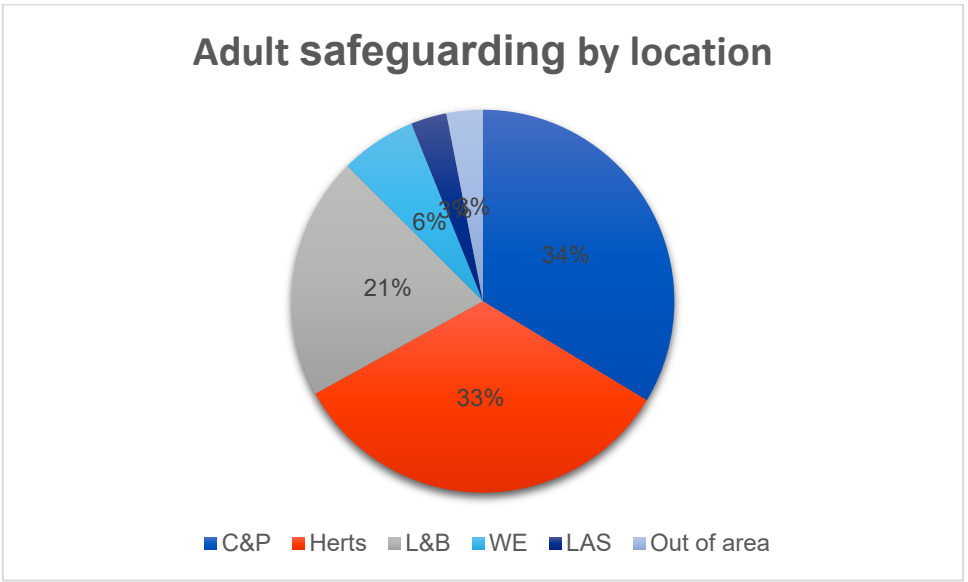
Everyone has a responsibility to take a 'Think Family' approach. We recognise our shared responsibility, which is at the heart of our practice and heavily promoted in training and supervision sessions.

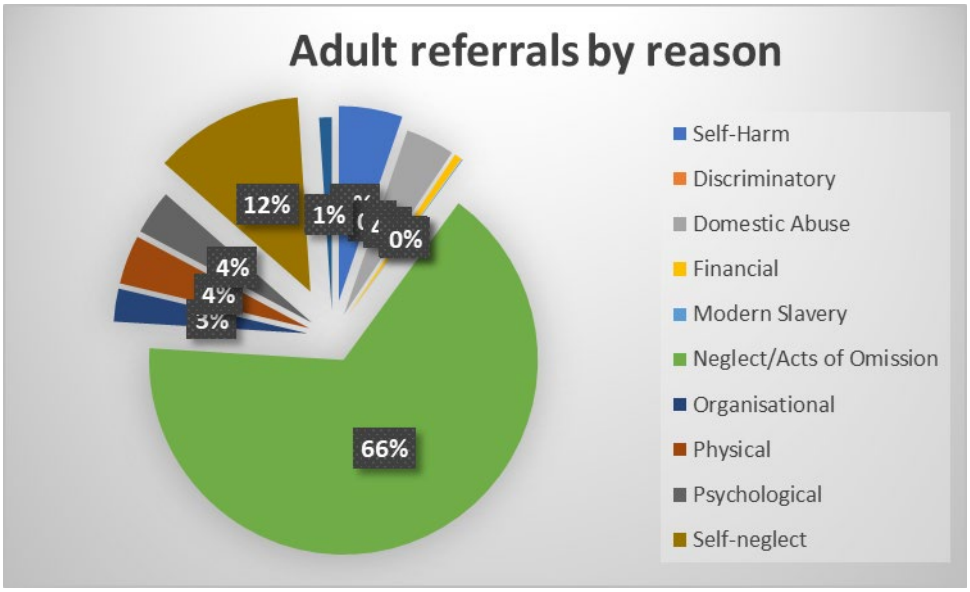
In 2021/22, HUC undertook a total of 2,380 Adult referrals, an increase of 10.6% on previous year. The table below gives breakdown by location. The top three types of referrals are:

1. Neglect/ act of omission (66%)

2. Self-neglect (12%) and

3. Self-harm (5%)





Care Homes

For escalation to the relevant CCG and other appropriate Leads, we do regularly update on any identified concerns relating to specific care or nursing homes, especially if there have been multiple occasions or concerns. In 2021/22, HUC made 440 referrals involving care homes which was similar to the previous year.

	C&P	Herts	L&B	WE	LAS	Out of area	Total
Total number of care home referrals	120	206	91	23	n/a	n/a	**440**

Infection Prevention & Control

The Chief Medical Officer is the accountable executive for all IPC related issues. 2021/22 has been challenging with regards infection control, due to COVID-19. We have reviewed our policies and SOPs to consider current advice from the government with additional advice from our CCGs, PHE and NHS England IPC leads.

Always an important subject, infection control became an even more crucial part of our care delivery during the pandemic to ensure the safety of

our colleagues, our patients, and their loved ones. Patients were advised not to attend bases in person if presenting with COVID-19 symptoms. Similarly, clinicians did not undertake visits to homes for patients who had symptoms without a telephone triage beforehand and, in some cases, even a video consultation. It must be noted that if a patient had COVID-19 symptoms and required a face-to-face visit either at home or at base, this was undertaken following triage assessment with the staff member wearing full PPE as per current PHE guidance. All our colleagues had access to standard PPE for the performance of their roles where relevant.

Our patients were asked to attend any alone unless a parent, guardian or carer was needed to accompany. Similarly, suspected COVID-19 patients were asked to wait in their cars and then seen in a separate area. The consultation rooms were cleaned thoroughly after each patient. Any risks were identified through local risk assessment.

We continued to ensure the safety and wellbeing of all our colleagues by requiring temperature checks before entering the contact centre and weekly deep cleaning of the offices. Colleagues are also encouraged to undertake frequent cleaning of workstations and consultations rooms.

Perspex screens were installed in our offices, contact centres and visiting cars as an additional measure to keep our colleagues safe. As mentioned before, despite best efforts, there were COVID-19 outbreaks reported in all our contact centres and we mitigated these on a case by case basis. We also introduced mandatory mask wearing at all times in our contact centres to avoid further outbreaks, alongside other IPC measures and followed guidance regarding NHS Test and Trace.

We maintain working relationships with the wider ICS Infection Control groups for our contracts. Our IPC compliance is monitored via an ongoing rolling monthly audit programme and our incident reporting software Datix.

Quality Assurance Visits (QAV) with our CCGs recommenced during the year and, where required, an action plan was initiated.

Infection control Incidents

In 2021/221, 13 cases were raised on Datix, which was slightly lower than the previous year (19).

Guidelines for attending base not adhered to with COVID-19 symptoms	3
Overcrowding guidance, social distancing not followed	2
Base not cleaned down after use by partner for HUC to use	2
Needle stick injury	1
Patient discharged from hospital with cannulation device in situ	1
Infection control process raised by an acute trust in which services are co-located	1
Equipment not cleaned in line with policies after use	1
Base concern following contact with previously known as “Indian” variant (Delta)	1
Non notification of infectious disease by GP	1

All cases were closed following local actions. In addition, the relevant CCG was contacted for support as one base had IPC issues which were not being addressed e.g., curtains changed in line with current guidance (every three months).

Base Audits

Base audits were resumed as the COVID-19 restrictions were relaxed. Together with QAVs, base audits form a part of our quality assurance strategy. Our Base Coordinators continue to monitor the bases for infection control related issues.

As we are co-located with other services, information displays for our patients are often in a shared space, which can be challenging. We are currently looking into options to digitise displays, which would also minimise the risk of infection.

As previously mentioned, our base audits have been adapted to Radar, which facilitates the generation of action plans and tasks at the time of the audit.

Immunisation Compliance

As part of our recruitment process, we request evidence of immunisation status, a process we have strengthened for all clinicians working in a face-to-face environment after the CQC report in 2020. If the individual has chosen not to be immunised, they need to sign a declaration which is recorded on their file.

We also advise our non-clinical colleagues working in the services in a face-to-face role that they may be at risk of infection from patients, explaining the potential risk from blood-borne viruses and promote Hepatitis B immunisation. Our dedicated Occupational Health contractor Medigold supports us in these endeavours.

Flu vaccination

We commenced our seasonal flu vaccination programme in October 2021 and throughout the winter period offered a wide range of flu clinics for colleagues so they could conveniently get the flu jab whilst at work. Sessions were arranged throughout the week including early mornings, evenings, and weekends. Furthermore, we also actively encouraged colleagues to inform us if they received their influenza vaccination through another source such as their own GP.

As a result, we are aware that 42% of our colleagues were either immunised by us or through another source, a fall of 11% on the previous year.

COVID-19 vaccinations

Our colleagues are classified as frontline healthcare workers due to the nature of our services and were thus eligible for early COVID-19 vaccination. We actively encouraged all colleagues to take part in the vaccination programme in line with the national guidance, including their booster jab.

Incidents

Serious Incidents

Key Principles which guide a Root Cause Analysis (RCA) investigation:

NHS England stresses the importance of recognising that the purpose of a Serious Incident (SI) investigation is to identify learning opportunities for individuals and organisations as a whole that may prevent recurrence of similar incidents in the future.

A RCA may identify care or service delivery problems during the course of clinical care, which may be valuable from a learning perspective. It is important to note that these may not be causally related to the final outcome of the incident, meaning they may not be responsible for causing the outcome. This is particularly pertinent to cases where the patient's underlying condition is complex and severe.

Elimination of bias:

A key principle of SI investigations is the elimination of investigator bias. National Patient Safety Agency (NPSA) guidance stresses the importance of eliminating, as far as possible, the two most common biases:

- **Outcome bias**
- **Hindsight bias**

Outcome bias means that knowing a patient has suffered unexpected significant harm has the potential to bias an investigator to believe that errors must have occurred during clinical treatment. This can prejudice judgements against those involved in patient care.

Hindsight bias means that knowing a harmful outcome has occurred as a result of a missed or incorrect diagnosis may lead an investigator to think that evidence that may have provided a clue to the clinician involved would have had been obvious at the time of the incident. It is noted that in reality this is not always the case.

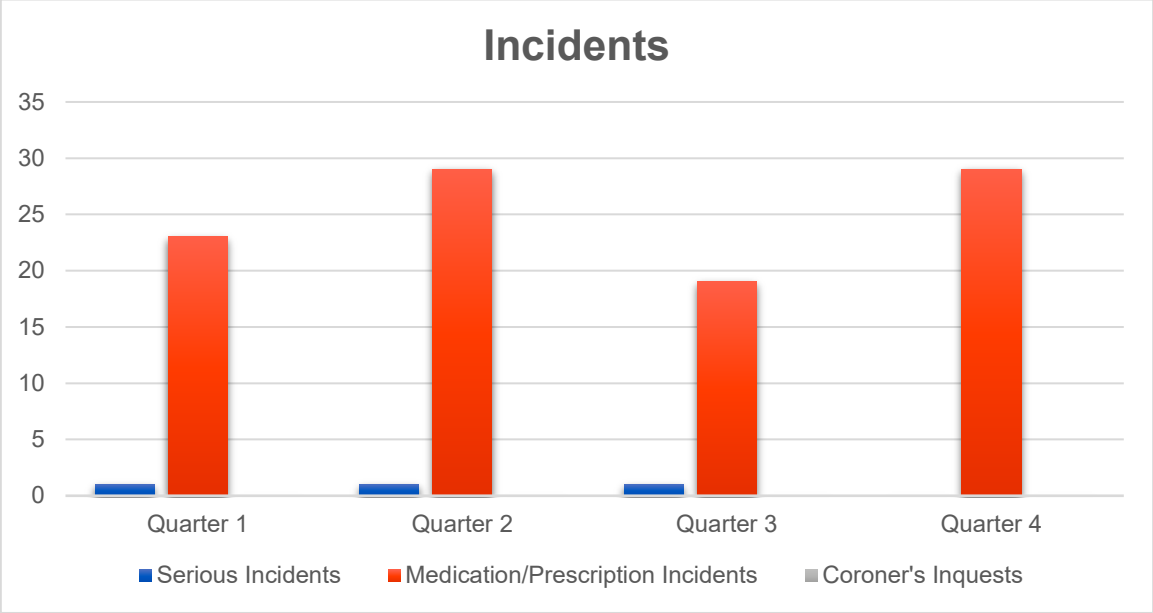
Anonymity:

It is usual practice to maintain anonymity of staff and patients within SI reports as they may be shared widely for learning across the organisation. As such, other than referencing the patient as he/ she, all clinicians are either referenced by their job title or their / they etc.

Learning not blame:

The purpose of an NPSA-based RCA is to identify what happened and why, and also to identify learning to try and help prevent the same thing from happening again. The purpose and scope of an RCA is not to identify ‘negligence’ or to blame individuals for their actions.

In 2021/22 HUC declared three Serious Incidents and four Higher Level Investigations.



The Serious Incidents were as follows:

- A patient called NHS 111 with shoulder blade pain and shortness of breath that would have benefitted from being assessed as upper back and chest pain, as a result of which there were delays to appropriate care. Patient later died of a myocardial infarction at hospital.
- A patient died following contact to NHS 111 and the Out of Hours telephone triage service for 2-day history of fever, vomiting and diarrhoea. The patient's family were given home care advice. The cause of death is still unknown.
- An out of area patient contacted NHS 111 with shortness of breath. The symptoms were misdiagnosed as a reaction to medication, and patient referred to the Out of Hours, but due to the patient being out of area, the referral was not received. The patient called 999 and later passed away.

Following on from the investigations learning outcomes are taken and disseminated in a series of engagement events, where HUC facilitate constructive peer review of calls, followed by a series of guest speakers presenting sessions on the topics identified for learning. By sharing the learning from such events will assist in reducing the possibility of recurrence.

There were 100 medication incidents reported organisationally this year. The majority of these were around incorrect reconciliation of the medicines register at the end of a shift when returning unused medicine supplies to base in the Cambridgeshire & Peterborough area as the reconciliation of medication has to be done manually (SystmOne does not have the functionality for medicines reconciliation, but Adastra does). In each case, the Medicines Management team will raise an incident if there are missed entries in registers or prescriptions not

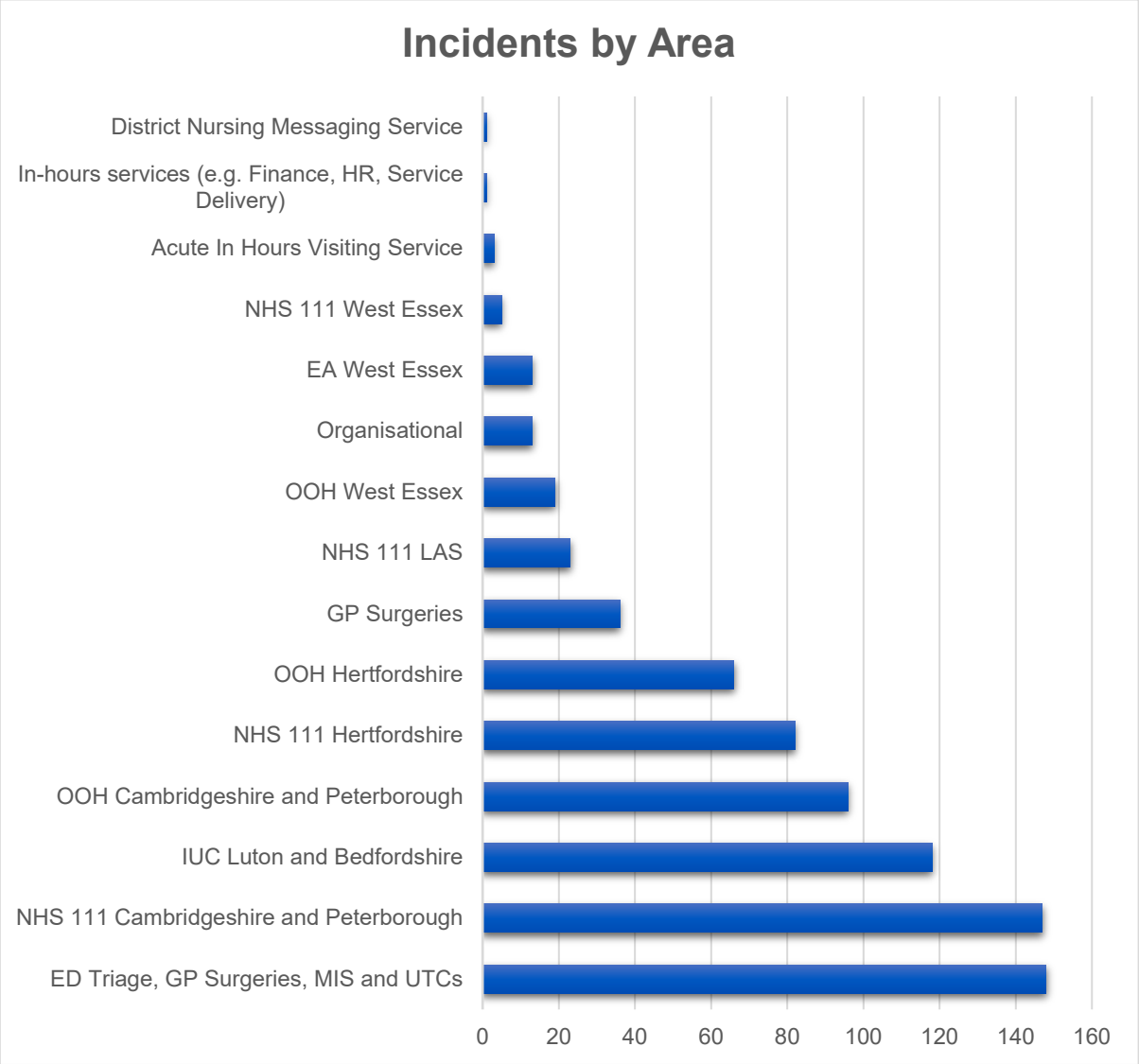
completed, and the individuals receive feedback regarding the correct process. This is also included in the induction and onboarding sessions.

Incidents by service

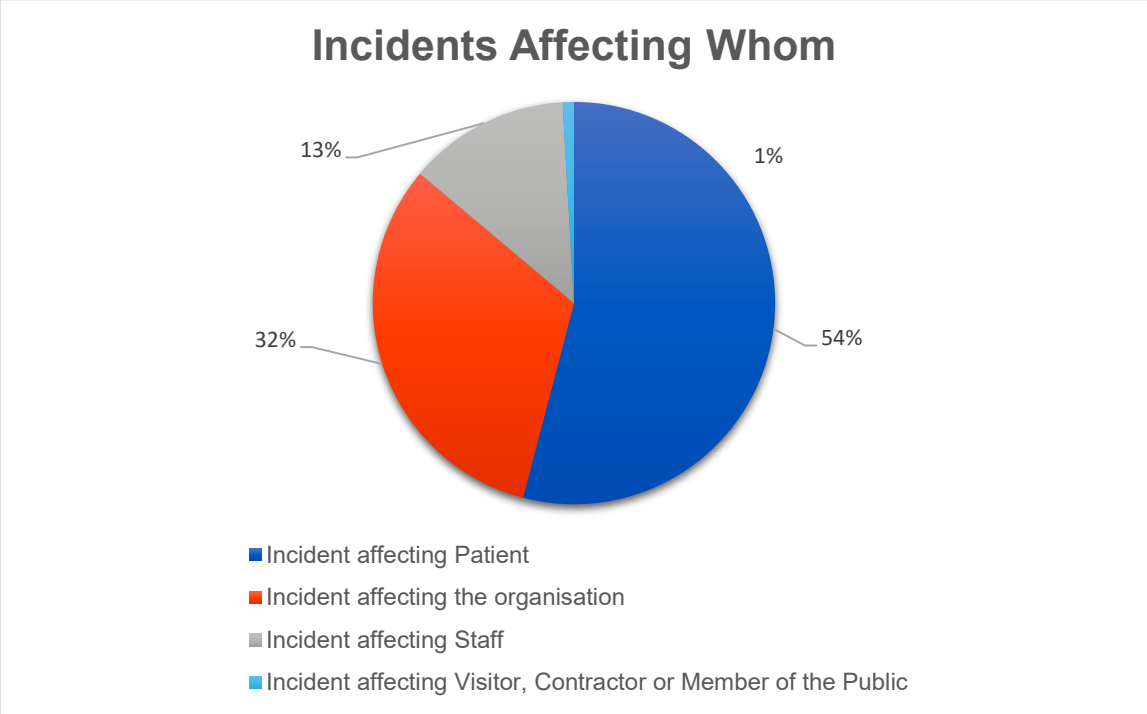
Incidents this year were reported on the Datix system, which is now gradually being replaced by our Radar software to enable a more thorough audit trail of the investigation process.

The majority of incidents were reported in our Primary Care and Urgent Treatment centres; however, this is a combination of three sites: Luton UTC, Hemel UTC and Cheshunt MIS. Our NHS 111 Cambridgeshire and Peterborough service reported the highest number of incidents in the IUC. The majority of reported incidents were service referrals this year, mainly in relation to cases passed to EEAST (East of England Ambulance Service NHS Trust) by NHS 111, which were then referred back to NHS 111 by EEAST due to the capacity of the ambulance service. We have opened a risk on the Risk Register around these cases.

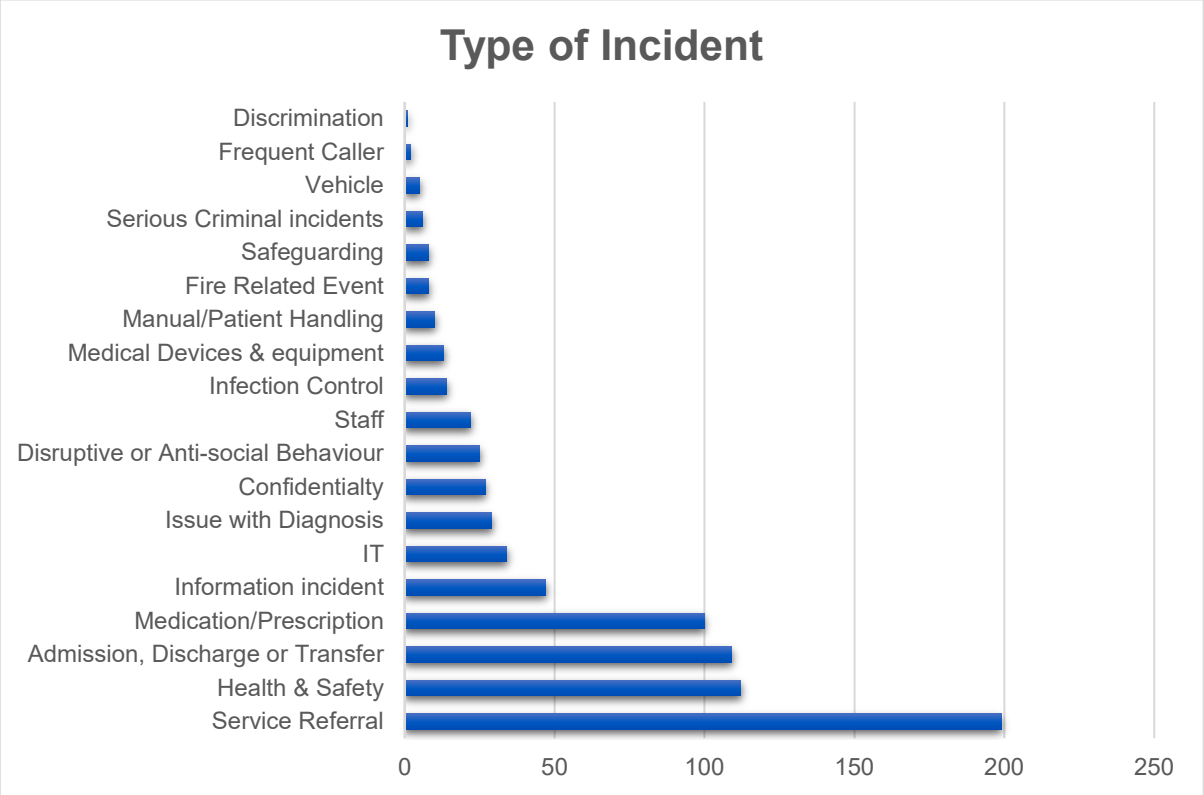
ED Triage, GP Surgeries, MIS and UTCs	148
NHS 111 Cambridgeshire and Peterborough	147
NHS 111 and Out of Hours Luton and Bedfordshire	118
Out of Hours Cambridgeshire and Peterborough	96
NHS 111 Hertfordshire	82
Out of Hours Hertfordshire	66
GP Surgeries	36
NHS 111 LAS	23
Out of Hours West Essex	19
Organisational	13
Extended Access West Essex	13
NHS 111 West Essex	5
Acute In Hours Visiting Service	3
In-hours services (e.g. Finance, HR, Service Delivery)	1
District Nursing Messaging Service	1
Grand Total	**771**



Incident affecting patient	417
Incident affecting the organisation	247
Incident affecting staff	100
Incident affecting visitor, contractor or member of the public	7
Grand Total	**771**



Service Referral	199
Health & Safety	112
Admission, Discharge or Transfer	109
Medication/Prescription	100
Information incident	47
IT	34
Issue with Diagnosis	29
Confidentiality	27
Disruptive or Anti-social Behaviour	25
Staff	22
Infection Control	14
Medical Devices & equipment	13
Manual/Patient Handling	10
Fire Related Event	8
Safeguarding	8
Serious Criminal incidents	6
Vehicle	5
Frequent Caller	2
Discrimination	1
Grand Total	**771**



Patient Experience

Complaints

NHS 111

During this reporting period, HUC have seen an increase in the number of calls to the NHS 111 service compared to 2020/1 by 302,722 calls. In the same period, we received 87 more complaints than in 2020/21 but the percentage of complaints received remains low at 0.02%.

Any complaints relating to NHS 111 are scrutinised and cases are reviewed and audited. Where a member of the NHS 111 team receives comments on their performance, this is raised with their line manager for further discussion with the staff member concerned. Where wider learning is identified (operating procedures/process) these are flagged to the relevant teams. We review feedback and survey results, and any negative comments are investigated from a point of learning. We regularly undertake a full review of the patient journey and make amendments to our processes as appropriate.

Out of Hours

Year on year, Out of Hours cases have increased by 28,224 and complaints by 106, which is an increase of 0.02%. We have identified the main trend for complaints in Out of Hours is “call back delay”. Patients have been waiting longer

than anticipated for contact with a clinician due to the high volumes of calls into our service. All patients receive worsening advice and safety netting at the end of their NHS 111 assessment, encouraging them to contact us if their condition deteriorates or they have any further concerns. Our colleagues also comfort call patients when delays are anticipated. There were no reported incidents as a result of longer call back times.

Acute In Hours Visiting Service (East and North Hertfordshire only)

AIHVS saw an increase of 1,595 cases against 8,091 in 2020/21. During this period, the number of complaints were low (4) compared to 3 the year before.

April 2021 to March 2022

	NHS 111	**Out of Hours**	**AIHVS (East and North Herts only)**	**Extended Access (West Essex only)**
Total calls / cases	1,303622	299,0257	9686	40,106 Appts booked 34,067 No shows 915
No. of complaints	243	241	4	1
% of complaints against all calls / cases	% 0.02	% 0.08	% 0.04	**%0.0003 (on 33152 actual appointments)**

Compliments / Accolades

We receive compliments and accolades from our patients directly or via our surveys. Examples of patient praise is as follows:

“The treatment I received was excellent from the time I phoned NHS 111 and had a call back from doctor and was seen within three hours. It was very busy but was given time by the doctor.”

“Seen promptly. Doctor able to diagnose quickly and issue prescription online to pharmacy.”

“Great service for instant advice. Thank you. Felt reassured with advice given. Explained the symptoms and was told what to do but felt listened to. I knew what to do if symptoms became worse!”

“Doctor called back promptly. Questions were asked to ascertain the problem; prescription was issued and was ready to collect within the hour. I felt that the doctor made every effort to identify the problem and that he had an empathetic manner.”

“Alter nothing, I was made to feel like a VIP at a moment's notice when due to pain and fear I was quite desperate.”

“I called on behalf of my five-year-old daughter and was impressed at how quickly we were able to get an appointment at an Out of Hours GP service as a result.”

“I would like to pass on very good feedback from the service I received from the NHS Cambridgeshire 111 service today. My daughter has been very poorly with vomiting /rash which as a first-time mum, I have not had any experience with, and have been feeling anxious to make sure I am treating her correctly. I spoke to two amazing and calm members of staff who offered compassion and reassurance and I am sure people are often quick to complain, but I wanted to pass my gratitude to your staff and service. The Clinician who helped me at around 17.15 this afternoon was very thorough and reassuring and gave me a plan of action to treat my daughter from home. Many thanks again for the amazing service and long may our NHS continue to strive, even in such tough times”

“I submitted an online request for a call-back. The nurse who called me was very kind and caring. Obviously knowledgeable and very patient in listening to me and asking relevant questions. I felt very reassured and looked after.”

“We recently had to use the 111 service for my husband. The call handler was exceptional on the call and took the time to exactly work out what we needed. My husband is now recovering after a visit from the on-call doctor, and I would like you to pass on our thanks for the care and attention in these difficult times from all parties. “

Patient surveys

Receiving feedback from our patients and service users is of particular importance in monitoring the success of our services. Each month, we select a percentage of patients who have used our service and ask them to participate in the Friends and Family Test (FFT).

The FFT is an important tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

The survey asks people if they would recommend the services they have used and offers a range of responses, which provides a mechanism to highlight both good and poor patient experience.

The percentage of patients who were happy to recommend our services to friends and family:

- 85% of patients who attended and Out of Hours appointment (88% in 2020/21)
- 79% of patients who received telephone advice (87% in 2020/21)
- 91% of patients who received a home visit (98% in 2020/21)

Further, the results of an NHS 111 Patient Satisfaction survey showed 84% of the patients surveyed were happy with the NHS 111 service (98% in 2020/21).

We have noticed there is a pattern to the occasions when our survey results are less positive. It appears that during main/school holidays when the call volumes increase, patients are less positive about the services we offer. This may be because the patients journey time is increased. Additionally, we are aware that during 2021 patients have voiced their concerns at a lack of face to face appointments via other services. In light of the feedback provided, and our findings, we endeavour to contact patients who are affected by delays utilising our recently updated and more robust comfort calling process.

Quality Management Systems

Workforce factors

In 2021/22, HUC's workforce was made up of 224 full-time and 653 part-time employees, most of whom live and work in the community HUC serves. We also employ 257 individuals on bank contracts and engage c.350 self-employed clinicians on a regular basis.

Culture

Given the increasingly competitive market for talent together with high turnover in the contact centres, where it has been challenging to recruit and retain employees, our HR, Recruitment, Training and Marketing and Communications team collaborated on a project to determine and develop our Employee Value Proposition (EVP). The team canvassed our current workforce to review our culture, focusing on the organisation's values and purpose to differentiate HUC from the competition, listen to employees and act on their feedback in order to attract, engage and retain quality and talent.

Focus groups and interviews took place with colleagues across the organisation in various different roles about what attracted them to HUC, their perception, if any before joining, what they liked most or least about HUC and what skills or behaviours they need at HUC.

As a result, an employer brand was developed with visual assets, careers site and dedicated strapline: ***"Dedicated to what we do. Passionate about how we do it"***

It describes the characteristics, benefits and ways of work at HUC and is now the bedrock that supports all HUC employer marketing and communications. In summary, it is the sense checker for all and the description of what makes HUC an employer of choice.

Message matrixes, personas and narratives based on EVP followed, all with the aim to raise the profile of HUC, sell our roles more accurately, attract quality talent, reduce attrition, improve and professionalise employee communications and present ourselves as an employer of choice on social media.

Early key performance indicators are demonstrating improvements in employee satisfaction rates, good results on traffic to our career's site, corporate website and social media profiles (LinkedIn) together with more quality candidates for HUC roles.

Recruitment

We are continuing to support colleagues and our services by attracting talent and retaining a flexible and resilient workforce focusing on inclusivity, quality, compliance, onboarding, induction and engagement. Throughout the pandemic, we have been able to offer permanent home-based working for back office and managerial colleagues as well as facilities to support their wellbeing and for keeping in touch. We have also facilitated many operational roles like Health Advisors and Clinical Advisors to work from home, ensuring Health & Safety in a COVID-19 safe environment.

As mentioned before given the high volumes of calls, the impact of COVID-19 sickness and isolation, staff attrition as well as the requirements of our new resilience partnership contracts, we focused heavily on our recruitment drives starting in October 2021. We outsourced recruitment for our contact centre roles to third parties building on our new EVP and recruitment marketing strategy, developing a pipeline of candidates resulting in 30 candidates joining on average every week from mid-October to date. Previously, there had been an average of 16 new joiners a month. Our Training team increased our training offering, ensuring at least 85% of candidates achieved their NHS Pathways licence at the end of their first six weeks. The high attrition statistics are a result of some of these candidates not succeeding in NHS Pathways examinations, despite the additional one-to-one coaching, the introduction of our "Week 0" and pastoral care provided to the candidates.

Plans for a national campaign to recruit GPs into substantive roles were put on hold during the second and third wave of the pandemic.

Senior Appointments

There have been a number of changes and appointments within our senior and executive leadership teams in the last year.

In the clinical directorate, the Head of Nursing and Safeguarding role has been uncoupled, providing a 100% focus to Safeguarding adults and children, which was supported by the successful appointment of a Head of Nursing and Non-Medical Professionals. New clinical leadership roles have been shaped and developed together with Lead GPs which will bring real focus on clinical

standards, productivity and quality. A refreshed recruitment campaign is now underway with to attract more clinicians to bring consistency and quality of approach to HUC's 3.5 million patients.

Two new Non-Executive Directors joined our Board to bring independent assessment and scrutiny of HUC's strategy, performance and governance.

Working closely with the Board, a Governance Manger started in September 2021, which has been mentioned before, taking responsibility for implementation of risk management and quality assurance system, annual assurance processes and oversight of Board Committees.

In our Service Delivery directorate, we were pleased to have successfully recruited two individuals previously seconded from local CCGs into Head of Team Roles, the Head of Transformation and Head of Contracts respectively.

Operationally, a major change was implemented to bring our Cambridgeshire and Peterborough service into the HUC structure. The IUC service delivery is now broken down into service lines rather than regional approach. The Head of NHS 111 oversees the call handling element of the service while the Head of CAS looks after all clinical components. This restructure will be followed by the development of a 'Mission Control' on-call system, which will provide real-time management of operational services with focus on performance, best use of resources and working as a single organisation.

Finally, with more focus on our Primary and Urgent Care portfolios, two new senior roles were created, a Primary Care and Prevention of Admissions Lead, which were also successfully appointed in 2022.

Employment Compliance Checks

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

- ‘Fit and Proper Person’ including
    - enhanced DBS Check
    - Board Level Declaration
- Right to Work
- Pre-Employment Medical
- Employer References

For patient-facing Roles:

- Right to Work
- Professional registration(s)
- Two employment references ideally in last 3 yeas
- Enhanced DBS check
- Occupational Questionnaire
- Social media checks
- Evidence of vaccinations in accordance with CQC and best practice requirements

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

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

The pandemic has restricted HR colleagues travelling to the contact centres and bases to conduct the process of collating ID documents for DBS renewals. As a result, new processes had to be quickly implemented to address and mitigate by completing a self-declaration form whilst waiting for DBS renewals in particular.

Spotlight on Leadership and Organisational Development

The re-structure of the Clinical and Operational teams as part of HUC’s organisation development has offered a wide range of opportunities for colleagues particularly those promoted into Heads of Team and leadership roles.

This together with the new Performance Appraisal process and Personal Development Plans has identified new cohorts of managers who want to develop a broader understanding of what it means to be a leader, helping them manage their teams more effectively.

Manager ‘Bootcamps’ and ‘Manager 101’ modules have continued throughout the year and now include Insight Discovery, which covers leadership style, self-awareness, resilience, strategy and managing change. HUC has also added additional interventions often complementing the above with one-to-one executive coaching.

We are pleased to have been invited to participate and nominate senior leaders and managers to participate in the NHS East of England Leadership Academy programmes to uplift the capacity of our leaders and create positive continuous cultural and behavioural change and in turn enhancing patient and employee experiences by supporting our leaders to deliver against HUC objectives and our People plan.

We currently have or are about to have some of our leaders participating in the following programmes:

- **The NHS Regional Clinical Leadership Fellow Scheme 2022/23** is for applications from doctors in training, dentists, pharmacists, nurses, and allied health professionals.
- **Edward Jenner “Developing the foundations of leadership"** is for anyone aspiring to their first leadership or management role within the health and care sector within the next 1-2 years. Typically, this is equivalent, but not limited to, NHS bands 5-7.
- **Mary Seacole Programme** is available for those in their first clinical or non-clinical leadership role. This is a mix of online and face-to-face/virtual learning with work-based application assessments.
- **Accelerated Director Development Scheme (ADDS)**
  HUC has one senior manager participating in the ADDS, which is a Chief Executive sponsored scheme to identify and develop leaders for the Hertfordshire, West Essex and BLMK Partnership who have the potential to fill key executive director roles within 9-36 months years of attendance of the programme. ADDS is focused on identifying and developing high potential leaders from clinical, operational and corporate backgrounds.

There are also a number of individuals participating on Apprenticeship Programmes as part of their development journey.

Equality, Diversity and Inclusion

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

A review of our approach to Equality, Diversity and Inclusion is currently in progress, instigated by our Workforce Committee. We are also investing in a comprehensive blended training programme on diversity awareness and inclusion starting with the Board and we would like to provide all HUC employees with the same training to ensure Diversity and Inclusion is embedded across all levels of the organisation.

Gender Pay Gap 2021

The largest percentage of our workforce is made up of significantly more female (74%) than male colleagues (26%), the majority of whom work in our frontline and support roles. They predominately work part-time with built-in flexibility to suit our business and provide the opportunity for shifts to be worked around family and other commitments; typically, these roles fall within the lower and middle quartiles.

Gender Pay is measured in quartiles, which in turn are calculated by splitting all employees in an organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation. In the Upper Quartile, there are more women than men in higher paid roles, 72% female versus 28% males, this is similar in the Lower Quartile with 76% women (increased by 24% since 2019) versus 24% men. Full details of Gender Pay Gap can be found on our website https://hucweb.co.uk/about-us/annual-reports/

Performance Appraisals

The performance appraisal process is an integral part of HUC'S performance management system. It is an ongoing communication process between a manager and an employee that occurs throughout the year in support of accomplishing the strategic objectives of the organisation.

The overall aim of the appraisal process is to maximise the effectiveness and potential of each employee, so that HUC successfully achieves its corporate and financial objectives for the year. It is also an opportunity to check that statutory and mandatory training and clinical supervision is up to date as well as discussion about future learning and development opportunities to improve in current role and career planning relevant to individual and organisation.

Employee Survey

The annual staff survey has undergone a major reworking since 2020, with the primary focus on staff wellbeing. Where questions are broadly comparable to previous years, most scores show recovery from 2020 results. It is also important to consider that this survey was undertaken at the height of the pandemic during an ongoing period of high pressure on our workforce and results are very positive in this light.

Some of the highlights include:

- 54% of staff said they were satisfied with the action the organisation takes with respect to health, wellbeing and support received, compared to 38% in 2020 who felt the organisation did not take positive action. This is a significant improvement, but more work is needed to improve further.
- 58% agreed with the statement that their manager or team leader enquired about their health and wellbeing at one-to-one or appraisal meetings. Again, while not directly comparable, this question has significantly improved from 51% agreement in 2020 to 58% in 2021 and is also better than in 2017 and 2018. However, it should be noted that nearly a quarter (23%) of colleagues still disagree that they have these type of conversations with their manager or team leader. This may be due to some 'catchups' being held informally rather than as formal meetings.
- A third of colleagues (33%) reported high energy levels at work, with nearly a quarter (23%) saying their energy levels are low, but the majority (44%) are in the middle. Over half of staff (56%) say they have high levels of stress, just over a quarter (28%) are in the intermediate range and less than a fifth (16%) have low stress levels. A high percentage of staff (70%) agree that they tend to bounce back quickly after challenging times, 17% gave a neutral response and 13% disagreed.

The Survey offered the opportunity for colleagues to provide feedback, which in turn resulted in positive change from subsequent focus groups. Themes included staff engagement, facilities and flexible working arrangements. One result among many is the revamp of our Welwyn Garden City contact centre and the addition of new break out areas, engagement events and staff recognition schemes.

HUC is working to continuously improve within the area of employee wellbeing and recognises that there is still room for developments to be made. As mentioned above, it was clear that one specific area of improvement that was required was to improve the internal communication between employees and managers regarding their individual wellbeing and to take more action as an organisation within all of the pillars of wellbeing. With our newly designed wellbeing calendar and communication content plan, we are ensuring that wellbeing is prioritised by all at HUC, by providing continuous reminders and relatable and supportive content. By placing an importance on these events and employee wellbeing is allowing us as a company to continue to create an environment where wellbeing is prioritised, practiced and supported by our managers. We have shared supportive and

practical tools provided by MIND such as their Wellness Action Plans with the intention to support employees to start the difficult conversations with their line managers regarding their wellbeing and needs.

Health & Wellbeing

Ensuring HUC is an organisation that focuses on the mental health and wellbeing of our workforce, we strive to practice a proactive and preventative approach, which reflects what our employees need to feel happy within the workplace. We place a high importance on employee feedback, and this is what is used to form the basis of our plan going forward when deciding which initiatives take priority under the umbrella of wellbeing.

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

We have over 100 Mental Health First Aiders (MHFA), a considerable part of our workforce. This preventative resource encourages early intervention, reduces stigma around mental illnesses and provides a safe place for colleagues. We also have our Debriefers who have been trained to provide reactional support to employees across the HUC contact centres that may experience incidents as part of their professional role which can cause them distress and upset.

We recently identified the need to provide a separate network for the MHFAs and the Debriefers to have access to support. This will be an informal group where meetings for mutual discussion will take place every 4 months. It will provide a platform to review current trends within HUC so that we can analyse the requirements for our employees and amend our approach.

Following the Staff Survey, we recruited a Happiness Lead to own and push forward our Wellbeing agenda. Focus areas include leading our well-established Health and Wellbeing group with managerial representatives from across HUC, planning and leading on an employee activity plan as well as awareness days and coordinating support packages including our employee assistance scheme. Recent highlights include Mental Health week with daily communications, Step Challenge to encourage fitness and team building and a photo competition to create a culture where it is part of the everyday to talk about how to stay well mentally and physically. All activities endeavour to be as inclusive as possible.

Our Health and wellbeing group have planned a number of successful incentives and activities across HUC:

- Pause for Mind boxes were delivered to all employees' for Mental Health Days
- Nutrition and Hydration Week saw a number of activities with fruit drops, daily communications, back by popular demand this year
- A Health & Wellbeing managers toolkit was rolled out with tips on how to create a happy and healthy team, support colleagues through challenging circumstances
- Continuous signposting on different support frameworks including our Employee Assistance Scheme, Mental Health First Aiders (MHFA) and Debriefers (see below)

Freedom to Speak Up

Whilst several concerns were raised via our existing Freedom to Speak Up and Whistleblowing process, it was noted that some of these were initially directed externally via our commissioners. In all cases these concerns were confidentially investigated and addressed in line with our existing process by our Freedom to Speak up Guardian where necessary in liaison with our Senior Executive Team.

To ensure that staff are encouraged to utilise our freedom to speak up processes and ensure this procedure is as robust as possible we have begun a project to further enhance this crucial route for staff escalation of concerns and feedback.

We have undertaken an appraisal of approaches currently utilised at NHS organisations and reviewed best practice approaches advocated by the National Guardian Office and the CQC. This scoping process identified that a sizeable number of organisations now utilise an independent provider to support their Freedom to Speak Up and Whistleblowing processes. Alternatively, organisations also utilise additional local speak up champions, with resulting training requirements.

HUC is now considering utilisation of such an external provider and has commenced work on a wider process improvement plan that will be implemented within 2022/23. This reflects our central aim to continually develop outstanding assurance processes.

Engagement

At HUC, we care about our people and the communities we serve. That is why we are keen to give our colleagues "on the ground" a chance to provide feedback, make suggestions for improvement and generally engage with our executive and senior leadership teams about what it is like working for HUC. Ultimately, this will

make HUC a great place to work, supporting our ambition of becoming an "Outstanding" organisation.

Cuppa and a Chat

Our survey highlighted that colleagues would prefer more opportunities to directly feed back to our leadership team. To that end, we offered a series of employee events geared toward connecting staff with our CEO David Archer with alternating members of the senior leadership team as co-hosts. These virtual events were open to anyone who attends to ask unfiltered questions without any agenda or set topics. As of April 2022, three events have been held, and have been well attended. Attendees have included staff from various parts of the systems as well as from different locations.

GP Evenings with HUC Leadership team

In addition to our employed workforce, a series of talks were held in spring 2022 to foster a positive relationship and exchange of thoughts between self-employed GPs and our HUC leadership team to improve clinical shift fill, creating a forum for two-way communication including the Chief Medical Officer, Dr Sivanthi Sivakumar.

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

Staff Forum

The Staff Forum was formed in 2020 to provide two-way communication between all staff groups and the executive and senior management teams, enabling employees to give feedback as well as involving and engaging them in important organisational developments.

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

There have been great outcomes from the Staff Forum meetings, which are held regularly, for example the launch of our new corporate values, the commissioning of our COVID-19 stars to recognise each individual's contribution to our communities during the pandemic as well as the annual Thank You Love-2-Shop vouchers for colleagues at Christmas.

Staff Awards / HUC Heroes

Our HUC Heroes Staff Awards are held annually to recognise colleagues who have shone in their area of work, demonstrated HUC values and gone above and beyond in caring for patients and supporting colleagues.

For 2021/22, following feedback received from staff members, the submission for nominations were held all year-round for the first time as well as support being available by the Communications team in writing them. Upon submission, the nominations were then anonymised and shared with a panel of judges, made up of frontline colleagues, e.g., members of our Staff Forum as well as previous winners, two Board representatives and an external individual.

A face-to-face ceremony as in previous years was not possible due to COVID-19 concerns, and the lifting of restrictions and rising case numbers coincided with our initial plans to hold individual presentations with our executive team and winners. That is why a middle 'hybrid' way was chosen with a mix of in-person and online presentations to keep everybody safe. Our HUC Heroes Staff Awards Week took place at the beginning of April 2022 over a whole week with winners and runners-up announced every day. The highlight of the event were two video messages from national treasures Stephen Fry and Olivia Colman, thanking our colleagues for their work during the pandemic and sharing congratulations for our winners and runners up.

Staff Awards in numbers

There have been more winners than ever before as we have introduced a Corporate and Frontline part of each category this year.

- Nearly **100 nominations** in the individual categories and **30 for team awards**, due to team sizes this adds up to a grand total of **160 HUC Heroes**.
- 5 individual categories with 10 winners and 10 runners-up overall, with some categories featuring joint winners and runners-up.
- Julie Kropacz Award for Innovation (Now Chairman's Award), which went to **two palliative care pathways**.
- 6 judges, and 20 presentations with executive team members, COVID-19 safely face-to-face plus virtual, this year the HUC Heroes Staff Awards has seen shining success.

Celebrating success

It has been a really tough 18 months and we wanted to make sure that our colleagues know that we value and appreciate all that they have done. We celebrate the success of our colleagues, our HUC Heroes, and our Contact Centre Managers have HUC Heroes boards within the contact centres with the names of individuals and the reasons why they have been added, which is updated regularly. A raffle draw is held every quarter with nominations given by the team leaders and a prize awarded to the winner. Some of the successful nominations are:

- **"difficult call, very well handled"**
- **"audits are excellent, productivity is good and a real team player"**
- **"0 bounced calls for the last month" and many, many more great successes.**

These are also displayed in our "Zen Room" in the Cambridgeshire & Peterborough contact centre.

Training

Statutory / Mandatory

Module	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Adult BLS Level 2	BLS training split in July, all clincal staff complete adult & paediatric BLS level 2, non clincial BLS level 1				52%	69%	77%	77%	76%	76%	81%	86%
Paediatric BLS Level 2					56%	74%	78%	80%	78%	79%	83%	87%
Adult BLS Level 1	86%	85%	80%	74%	46%	69%	72%	80%	83%	85%	87%	91%
Conflict Resolution	94%	92%	89%	90%	90%	90%	90%	89%	91%	90%	93%	95%
Deprivation of Liberty	94%	92%	90%	90%	90%	90%	88%	91%	92%	89%	93%	94%
Equality and Diversity	93%	92%	88%	91%	90%	91%	90%	91%	91%	89%	92%	95%
Fire Safety	92%	88%	88%	88%	93%	92%	91%	92%	90%	90%	92%	94%
Infection Control	90%	89%	87%	91%	88%	88%	87%	88%	90%	86%	90%	93%
Information Governance	85%	84%	84%	87%	86%	86%	85%	82%	82%	86%	89%	90%
Mental Capacity Act	91%	86%	85%	84%	88%	90%	85%	89%	87%	85%	93%	94%
Moving and Handling	93%	93%	90%	94%	90%	91%	90%	90%	89%	85%	91%	94%
Prevent	93%	92%	88%	90%	89%	90%	88%	91%	88%	87%	92%	94%
Principles of Health and Safety	94%	94%	92%	93%	93%	92%	90%	92%	90%	87%	93%	94%
Records Management	92%	93%	90%	90%	89%	91%	89%	91%	92%	87%	92%	92%
Risk Management	93%	92%	91%	90%	90%	91%	88%	89%	92%	86%	91%	93%
Safeguarding Adults (Level 1)	89%	90%	91%	91%	89%	88%	91%	92%	91%	89%	90%	92%
Safeguarding Adults (Level 2)	91%	92%	89%	86%	84%	84%	81%	83%	86%	83%	90%	93%
Safeguarding Adults (Level3)	85%	87%	85%	88%	89%	88%	88%	89%	84%	75%	81%	88%
Safeguarding Children (Level 1)	87%	82%	85%	94%	91%	89%	89%	91%	87%	87%	85%	86%
Safeguarding Children (Level 2)	89%	87%	84%	81%	79%	79%	79%	81%	82%	81%	86%	92%
Safeguarding Children (Level 3)	85%	88%	89%	92%	87%	88%	88%	89%	86%	77%	78%	86%
Sepsis	83%	81%	79%	83%	87%	84%	87%	87%	84%	83%	88%	93%

Safeguarding Training

Our NHS 111 service colleagues receive interactive face-to-face training via Microsoft Teams. In line with the Intercollegiate Documents safeguarding training is maintained via the Bluestream Academy online portal. Additionally, learning events are available for GPs and all other colleagues to attend.

Details of our training requirements are shown below. Where this has fallen below the required 95%, managers have been made aware for action to be undertaken. Mandatory training is also linked to the annual performance appraisal.

% Eligible staff training at Level	C&P	Herts	L&B	WE	LAS	Total
Level 1 Safeguarding Children (including FGM /CSE)	93.3%	97.4%	94.4%	n/a	89.6%	**93.7%**
Level 2 Safeguarding Children ing FGM /CSE)	90.6%	92.9%	91.4%	93.8%	91.4%	**92.0%**
Level 3 Safeguarding Children (including FGM /CSE)	90.6%	87.6%	97.7%	80.4%	92.4%	**87.7%**
Level 4 Safeguarding Children (including FGM /CSE)	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**
Level 1 Safeguarding Adults	97.3%	92.1%	97.1%	97.5%	97.5%	**95.7%**
Level 2 Safeguarding Adults	91.2%	94.3%	90.8%	91.8%	91.8%	**93.1%**
Level 3 Safeguarding Adults	92.3%	88.3%	96.6%	93.3%	93.3%	**92.5%**
Level 4 Safeguarding Adults	100.0%	100.0%	100.0%	100.0%	100.0%	**100.0%**
% Relevant clinical and medical staff who have undertaken DOLS training	89.4%	94.2%	87.3%	89.6%	89.6%	**91.3%**
% Relevant clinical and medical staff who have undertaken MCA training	93.1%	92.9%	90.8%	93.3%	93.3%	**93.0%**
% Relevant clinical and medical staff who have undertaken PREVENT/WRAP training	93.8%	94.1%	90.3%	93.6%	93.6%	**93.3%**

Apprenticeships

At HUC, we encourage our colleagues to enroll for apprenticeships to hone their skills in their area of work. Currently we have the following apprenticeships in progress:

Level 7 Accountancy - 4 colleagues
Level 5 Operations Manager – 1 colleague
Level 3 Team Leader – 2 colleagues
Level 2 Finance – 1 colleague
Level 4 Data Analyst -1 colleague
Level 3 Procurement -1 colleague
Level 4 Marketing -1 colleague
Level 3 Contact Handler -5 colleagues

Further apprenticeships we are currently looking to include are Level 7 HR and Senior Leader, which is a Higher Apprenticeship with the opportunity for Masters degree from Hertfordshire University.

HUC Academy

We have hosted a plethora of different training sessions aimed at preparing our colleagues for the responsibilities of their roles, as well as training aimed at strengthening the resilience of HUC colleagues. First Aid Mental Health and face-to-face Basic Life Support (BLS) are hosted regularly.

As well as the training provided for groups and individuals, including an ambitious induction programme, the Training team are working on developing a new learning platform which should hopefully be easier for both managers and colleagues to use. It should increase engagement and make reporting automatic. It will hopefully make it easier for colleagues to determine the training they need for career progression and make it easier to keep track of nurse revalidation.

The Training team have also been working on relaunching clinician engagement events in line with a new clinical supervision policy at HUC, which should increase learning and support for clinicians.

Finally, as mentioned before, the team are also rolling out further Equality, Diversity, and Inclusion training to help bolster organisational understanding of the support needed to support our ED&I policy.

Our extensive NHS Pathways training programme has been set out in other parts of this document and underpins our onboarding process for our contact centre colleagues.

Green Plan

In 2020/21 HUC completed an ambitious programme with the support of ETL, a leading social enterprise specialising in environmental sustainability, to comprehensively measure our existing baseline emissions and identify maximum opportunity for new green initiatives. This process included the facilitation of staff engagement sessions, feedback surveys and modelling of our resource usage.

Our resulting Green Plan has allowed us to categorise our emissions, outline our commitments and sustainability journey, create a detailed action plan and put in place new mechanisms to monitor our resources and delivery. HUC's vision in respect to sustainability is to be: 'A leading provider of high-quality, low-carbon healthcare, which incorporates sustainability and resource efficiency throughout the organisation.'

The Green Plan sets out realistic though ambitious milestones to achieve our aim to reduce our emissions year on year to achieve net zero by 2040 for the emissions we control, known as our Carbon Footprint, and 2045 for those we have control over known as our Carbon Footprint Plus in line with the NHS targets. It will build on our previous successes and will be updated and monitored throughout 2022/23 and beyond as we progress toward our goals. As an example, HUC has already introduced a fleet of low emission vehicles used for home visits and within our Green Plan is a commitment to replace all fossil fuelled vehicles with electric only vehicles moving forward.

Within the Green Plan we have identified 9 areas of specific focus with multiple associated actions in each. These actions form the basis by which we then achieve our net zero strategy and span our whole range of services and activities, allowing progress to be made and monitored.

The nine themed areas of focus are:

- Workforce and Leadership
- Sustainable models of care
- Digital transformation
- Travel and Transport
- Medicines
- Food and nutrition

- Estates and facilities
- Supply Chain and Procurement
- Adaptation

Some example actions within these nine themes include a plan to introduce sustainability within job descriptions, staff inductions, and training, review digital use and efficiency of technologies to reduce energy consumption and explore recycling initiatives at an organisational wide level.

The plan is fully supported by our Board and senior leadership team across the organisation, with plans for the internal recruitment of Green Ambassadors. We look forward to providing further updates on progress in next year's Quality Account.

NHS
East and North Hertfordshire
Clinical Commissioning Group

Statement from Commissioners

East and North Hertfordshire Clinical Commissioning Group's response to the Quality Account provided by HUC – on behalf of Luton CCG, Bedfordshire CCG, Cambridge and Peterborough CCG, West Essex CCG and Herts Valleys CCG.

The CCGs have reviewed the information provided by HUC and checked the accuracy of the data within it; this statement is a collective response. We believe the information is a true reflection of HUC's performance during 2021/22, based on the data submitted during the year as part of the on-going quality monitoring process.

HUC has clearly identified within its Quality Account where progress has been made and where further improvements are still needed. During 2021/22 the CCGs have worked closely with HUC, meeting regularly to review progress in relation to Quality Improvement.

During 2021/22 the NHS continued to be significantly affected by the Covid-19 pandemic, and all organisations across our healthcare system have pulled together to redesign services and deliver safe care to our patients. The CCGs recognise the efforts of all staff in what has been an incredibly challenging time. We recognise that HUC have needed to adapt their ways of working and this has been positive, and we are grateful for the determination and effort HUC has shown to respond to the challenges it faced. We congratulate HUC in winning several awards showcasing their innovation and technological developments.

The CCGs have been pleased to see that delivering a high quality and safe service has continued to be a priority for HUC during 2021/22, particularly with the unprecedented demand that has continued to be experienced because of the pandemic and the rising number of calls. It is also pleasing to see improved CQC rating for the Town Centre Surgery. It is really positive to see the increased focus on clinical governance and we do expect the focus on quality and safety to continue also, including the ongoing adaptation of services to meet the needs of our local populations during these challenging times. The CCGs will continue to monitor progress closely over the coming year.

During 2021/22 HUC declared 3 Serious Incidents, the same as the previous year, and they have recognised the learning and themes from them. The CCGs continue to seek assurance that learning has been identified and the relevant actions and improvements are being implemented to prevent reoccurrence. We are also pleased to see the continued approach to the clinical audits of calls that have taken place to support a learning culture within the organisation.

HUC have continued with their focus on improvements with workforce, which remained a key driver in 2021/22, and is a key part of the G_2O strategy going forward. The Strategy was launched in 2019/20 to achieve HUC's aim of

becoming an ‘Outstanding’ organisation. This strategy identifies key priorities including creating a great place to work, delivering the best care possible at all times, delivering best value possible, growing and seizing opportunities and being an agile social enterprise. The CCGs note the investment in staff wellbeing and are pleased to see the improvements that have been made so far and look forward to seeing further development of the workforce during 2021/22 in the final phases of this three-year strategy.

The CCGs support HUC’s 2022/23 quality priorities, including developing their governance structures, improvements to the auditing process, greater understanding of patient experience, improvements to patient safety and quality focussed inspections, and nurturing a reporting culture. The CCGs will continue to monitor progress in these areas to support HUC to reach its ambition of becoming an ‘Outstanding’ organisation as well as supporting the wider system improvement programmes.

We look forward to working with and supporting HUC to deliver high quality safe services for our patients. We hope that HUC finds these comments helpful, and we look forward to continuous improvement in 2022/23.

Sharn Elton

Managing Director, East and North Hertfordshire CCG

June 2022

Glossary

Adastra
Patient management software used in conjunction with NHS Pathways

AIHVS
Acute In-Hours Visiting Service, a service that provides in-hours home visits to patients meeting the specified criteria

ANP
Advanced Nurse Practitioner

C&P
Cambridgeshire and Peterborough

CAS
Clinical Advisory Service

CD
Controlled Drug

Clinical Advisor
Registered nurses or paramedics who provide a clinical assessment if required.

CPIS
Child Protection Information Service

CQC
Care Quality Commission

CQUIN
Commissioning for Quality and Innovation

CUHFT
Cambridge University Hospital Foundation Trust

Datix
Electronic system for recording incidents and risks

DBS
Disclosure & Barring Service

ED
Emergency Department

EEAST
East of England Ambulance Services Trust

EIV
Early Intervention Vehicle

ENP
Emergency Nurse Practitioner

EPRR
Emergency Preparedness Resilience Response

EPS
Electronic Prescription Service

G²O
Good to Outstanding strategy launched by HUC to implement growth and improvement organisationally

Health Advisor
part of the NHS 111 contact centre team

Hospital at Home
this is an umbrella term for prevention of admission and virtual ward services across East & North Hertfordshire. This is a multi-provider pathway aiming to prevent hospital admissions and support discharges from acute hospitals.

HSJ
Health Service Journal

ICS
Integrated Care System

IPC
Infection, Prevention and Control

IUC
Integrated Urgent Care

IVR
Interactive voice response is a technology that allows interaction with a computer-operated phone system through the use of voice and input via a keypad.

KPI
Key Performance Indicator

L&B
Luton & Bedfordshire

LTCP
Luton Town Centre Practice

MIS
Minor Injuries Unit

NED
Non-Executive Director

NHS Pathways
A clinical decision support system supporting the remote assessment of callers to urgent and emergency services.

NHS Pathways Light
Pathways Light is the collective term for a suite of NHS products used by a NHS Service Advisor. Pathways Light is made up of the following modules:

- Dental
- Healthcare Professional (HCP)
- Repeat Prescription Modules

They are standalone assessment tools, that provide the same clinical algorithm and outcomes as a full NHS Pathways assessment with access to the Directory of Services (DoS) for onward referral

NWAFT
North West Anglia Foundation Trust

PCN
Primary Care Network

PHE
Public Health England – now UKHSA – UK Health Security Agency

PPE
Personal Protective Equipment

Radar
Electronic system for recording incidents and risks

SOP
Standard Operating Procedure

UCP
Urgent Care Practitioner, registered nurses or paramedics with extended training that provide primary care services via telephone or face-to-face assessment, assisting in the workload traditionally carried out by GPs

UTC
Urgent Treatment Centre

VWR
Virtual Waiting Room

WE
West Essex

Appendix 1 – G²O Strategy

It focused on five key areas:

- Great Place to Work
- Deliver Best Care Possible
- Deliver Best Value Possible
- Grow and Seize Opportunities
- Agile Social Enterprise

Great Place to Work

- Support our colleagues and services by attracting and retaining a flexible and resilient workforce, e.g., via a comprehensive Recruitment Marketing strategy and a focus on our infrastructure, onboarding, induction etc.
- Offer a wide range of opportunities that support the development of a multi-disciplinary workforce to help us reduce our core GP staffing by 25%

- Working with the East of England Deanery develop a training programme for new GP registrars as one of the best training environments in England
- Create more resilience by developing a 100% cloud-based storage of documents and deployment of mission critical systems including telephony, reporting, finance, HR and rota management.
- Offer permanent home-based working for back office, managerial, technical, and professional colleagues as well as facilities to support the wellbeing of colleagues, keeping in touch, health, and safety in a COVID-19 safe environment.
- Promote HUC as an employer of choice and increasing our retention
- Develop our IT infrastructure resilience further both internally and of third-party suppliers.

Provide Best Possible Care At All Times

- Meet 90% or more of our Integrated Urgent Care and Primary Care quality targets
- Build greater resilience across our services so we only access National Contingency support for planned instances or one unplanned instance per year

Provide best care possible at all times

- For NHS 111, deliver 95% answering performance across the whole organisation, making use of new technologies and flexible staffing and delivery solutions
- Achieve an Outstanding CQC inspection rating in at least one category for each registered service if they are inspected
- Develop a strategy and associated funds to support the research into and development of new services, introduction of new working practices, technologies, or growth of new opportunities
- Successfully implement the RADAR software platform to support our CQC compliance
- Ensure that HUC has an overarching Business Continuity Plan which is tested on an annual basis with a subsequent review of training and processes.

Deliver Best Value Possible

- Meet and be paid at least 90% of our performance related income by a number of means including managing the delivery and productivity of our contracts very closely, consideration of a remodel and changes to some elements
- Deliver a surplus for the Financial Year ending 31 March 2022 of at least 2.5% of overall turnover

Deliver best value possible

- Ensure that all current contracts have a budgeted profit margin of 2.5%
- Put into effect our financial reserves strategy to achieve a clear financial reserve of £5m
- Reduce and maintain organisational overheads at 8% or less of gross contracted turnover for the year

Grow and Seize Opportunities

- Increase our revenue by £5.5m by 31 March 2022. To achieve this, we will consider: tendering outside of our current geographic footprint; achieving 90% of performance related income and integrated working with commissioners and providers within our current geographic footprint.
- Create a primary care development strategy that highlights opportunities and risks of this market, highlighting how we can support the emerging Primary Care Networks (PCNs) in any way
- Futureproof HUC by identifying required changes to our organisational structure, constitution, and membership helping us to seize opportunities
- Get access to funding for research including the use of new technology or clinical innovation in our services, which would also help us boost our profile.
- Develop a financial and budget management strategy that we can adapt to support the uncertainty of public finances during the year and to possible risks to reduced income

Agile Social Enterprise

- Create a new function at HUC to make sure we work with our patients to provide the best care possible, which includes patient representatives, performance reviews and quality improvement plans
- Make sure we are in the best position in the changing NHS landscape considering the recently published White Paper on the future of NHS commissioning and the development of Integrated Care Systems, provider boards and integrated partnership working.
- Establish a resilient Communications and Marketing function that supports the three key areas: Internal communications; Stakeholder communications; Marketing and promotion of the HUC brand on a national scale

- Create a new role of Corporate Governance Manager with a focus on risk management (organisational and departmental) and oversight of HUC committees, Informational Governance, and annual assurance process/report.
- Promote a culture of customer service and accountability for back-office functions and create a document of details for the services provided including timescales, resources etc. Functions in scope would include HR, BI, Finance and IT.
- Create a strategy to focus on sustainability, the environmental and social impact of our organisation
- Finish our three-year G^2O+ strategy with a revised staff survey focusing on: Organisation Culture; Training and Development; Staff Wellbeing; Communications; Accountability


APPROVED
THE SOCIAL ENTERPRISE MARK
TRADING FOR PEOPLE AND PLANET