

NHUC Annual report

1st April 2021 – 31st March

2022



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1.0 Introduction

North Hampshire Urgent Care is a not for profit, community benefit society which was formed on 1st October 2006 to deliver Out of Hours primary care, with TalkPlus joining the organisation in 2010, and the Beggarwood General Practice joining in September 2019.

Since January 2021 NHUC took on the in hours clinical assessment service changing us from an out of hours service to a same day care service (SDC). For SDC, NHUC covers a patient population of 563,000 for telephone triage 24/7 and face to face base appointments and home visits in the out of hours period. The service is commissioned as an integrated care (IUC) pathway by Hampshire and IOW CCG and Frimley CCG to South Central Ambulance Service (SCAS) who act as the lead provider. SCAS then sub contract us to provide these services to our patient population.

There is a separate contract covering the Sandhurst Practice with East Berkshire Place, who are part of Frimley CCG.

The TalkPlus contract covers the patients of North East Hants and Farnham place, part of Frimley CCG and runs to March 2022 with an additional year directly awarded taking us to March 2023.

In early 2022 NHUC completed our contract plus an extension period for the Beggarwood GP Practice in the North Hants place area, having achieved what we set out to do in turning the Practice around to provide high quality care to the patients of Beggarwood.

NHUC is registered under the Financial Conduct Authority and for its primary care activities comes under the Care Quality Commission (CQC)

2.0 Membership

Membership of NHUC is open to everyone working for the society and to any GP working in a practice within our CCG areas. The current membership is 292.

3.0 Corporate Governance

3.1 Management Council

The Society is governed by the Management Council which is made up of elected and appointed members, and meets quarterly. Additionally, we have an independent Chair and 2 Non- Executive Directors, who serve on the Management Council. The Chief Executive is in attendance at all Council meetings.

Please see Appendix 1 for details of the membership of the Council.

3.2 Management Executive

NHUC is led by three executive management teams, one for each part of our business.



The Same Day Care (SDC) Management Executive deals with the day to day SDC business. It is made up of the Chief Executive, the Medical Director, the Director of Nursing, the Management Accountant, and the Director of Operations Same Day Care, with the Chair invited to be in attendance.

The TalkPlus Management Executive performs the same function for TalkPlus. It consists of the Chief Executive, the Clinical Director, the Management Accountant, and the Director of Operations TalkPlus, with the Chair invited to be in attendance.

The Beggarwood Management Executive performed the same function for the GP practice but was stood down once the handover was completed and all learnings documented

3.3 Committees

The following committees serve the Council:

- The Risk and Assurance (Audit) committee
- Remuneration committee
- Nominations committee
- Clinical Governance committee
- Information Governance committee

Please see Appendix 2 for details

4.0 Chairman's Review

Once again, the year has been significantly affected by the impact of the Covid 19 pandemic and there is more detail on this later in the report. Our staff have responded to this situation in an exemplary way and have continued to provide high quality care to our patients throughout these challenging circumstances. I want to thank all our staff for their exceptional efforts during this time.

The NHUC Council has continued to meet regularly over the last year albeit on a digital basis and has maintained its governance and strategic responsibilities. The changes we have made to the Council structure have gone well. Dr Caroline O'Keeffe joined us last September and we are seeing real benefits in having a full time Medical Director. This has enabled us to work even more closely with our system partners where, along with them, we continue to do all we can to improve patient care and patient experience.

We held a Council strategy meeting in September where we were able to confirm the strategic approach we will take going forward. We are planning innovative and improving ways in which we can deliver our services working with system partners to provide excellent care and value for money.

I'm pleased to say that our financial performance continues to be very acceptable and this puts us in a strong position going forward with sound reserves at our disposal.

For the future, I look forward with confidence that NHUC will continue to provide exceptional care.

Martin Howell, Chairman



5.0 Chief Executive's Review

2021/2022 still saw us in the grip of Covid with all the challenges that brought to our teams, both professionally and personally. Despite that environment, NHUC continued to deliver a high quality service and commence local initiatives to help support our systems and patient populations. I am immensely proud of what we achieved and the care we have given throughout the year.

Contractually this year saw us in a strong position with SDC signing a contract for 5 years, with a possible 2 year extension, with SCAS as the lead provider for the IUC. We also established an APMS contract with our CCGs for the same time period to cover other services that we have traditionally supplied such as supporting our community hospitals, a prophylactic Flu response service and added this year a reactive team for Avian Flu testing. TalkPlus was also direct awarded a contract for the year and later again for 2022/2023. At the CCG's request we extended the contract for our stewardship of Beggarwood until Jan 2022 at which point we handed the practice over to CGH under the Operose banner having successfully turned around the quality of care given to our residents. Keeping our focus on quality, TalkPlus commissioned a report from HealthWatch to ensure the patients' perspective was truly integral to what we do and went on to recruit a patient experience manager in the following year to help implement recommendations. SDC were audited by Audit SW over our Covid response and were rated green across the board. Whilst we still had Beggarwood they had a remote CQC inspection as mentioned in last year's report but by the point of handover all recommendations had been actioned.

By June 2021 some feeling of normality was returning and we restarted our cover of in hours target days allowing GP training days to recommence. We also started discussions with the Meads around our return and by November had signed the lease for the 4th floor, with the first members of our team ensconced there by March. We also began exploration for new homes for the SDC clinical bases and by March 2022 had an agreement around Farnborough Centre for Health for FPCS and had submitted our CQC application.

During the year the number of refugees crossing the channel increased dramatically and we worked with the system to give OOH care to asylum seekers who had been placed into local hotels. We also extended the BW contract to allow us to provide a full primary care service to the Afghan refugees at the asylum seeker hotel, thereby taking the pressure off local practices.

On the financials, NHUC had a solid year coming in with a surplus that allows us to reinvest for the benefit of our community. During Covid one of the programs we supported in this way was the out of hours portion of the Covid Oximetry at Home program, designed to pick up if a patient's oxygen saturations were deteriorating, termed silent hypoxia, as there is a clear link between this and the need for hospitalisation. As our biggest single expense is the SDC clinical rota the team conducted a zero based budgeting exercise and rebuilt the rota from scratch to ensure that it was fit for purpose.

Overall, the single biggest thing is just how incredibly all our staff and contractors stepped up, which in turn allowed NHUC to react and take its place as a key system player ensuring our patients received the care they needed during the year despite the fatigue and pressure of the ongoing pandemic. Thank you!

Felicity Greene, CEO



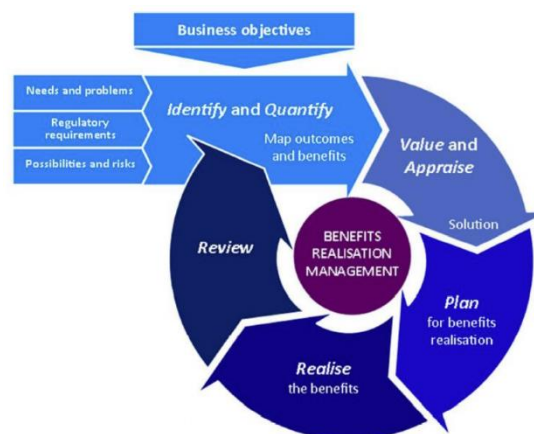
6.0 Innovation Update and highlights

NHUC has a strong reputation for maintaining high quality, patient focussed care and delivering best practice, and this can be attributed to NHUC's existing robust approach to the management of projects that strives for excellence. The organisation has transformed over the last 12 months seeing a growth in the number of services provided and the introduction of new innovative processes that not only deliver solutions but prioritise the people related aspect of change.

Projects have ranged in scale and complexity from the successful introduction of Covid @ Home to the preparation and planning for the Frimley ED Streaming Services, the relocation of Same Day Care and Talk Plus services and new patient pathways. Behind the scenes we have added a new level of consistency to the way in which incidents are reviewed; these provide unique insights into matters of operational concern and present the perfect opportunity to learn from collectively, and improve processes. These are our driving force for continuous improvement; every change remains patient focussed but more importantly, NHUC's culture nurtures the need to support our colleagues, teams and system partners.

All initiatives and business cases adopt quality improvement and benefits realisation methodology as part of change management.

The Benefits Cycle:



Put into layman terms, using a consistent, collaborative approach we align our business objectives with NHUC's core values to evidence how the solution is the 'right fit' to any identified problem or need. More complex changes are being delivered with the right level of support and are carefully monitored after being introduced. These steps ensure any additional change requirements are recorded and improvements are being measured; this is an evolving process that continues until the change becomes business as usual.

Marcus Lade, Process & Project Manager

7.0 Clinical Governance Overview

NHUC Clinical Governance Committee (CGC) undertakes assurance and oversight activity as delegated by the Management Council through its Terms of Reference. CGC meets quarterly to review patient safety, patient experience and clinical effectiveness ensuring ongoing learning and improvement. The membership of the Committee includes senior representation from across TalkPlus, and Same Day Care including the Medical and Nursing Directors and is chaired by a Clinical Non Executive Director.

As Chair of NHUC Clinical Governance Committee, I am pleased to report that NHUC has continued to provide a focus on ensuring delivering safe and effective services as we recover from the Covid pandemic and experience significant increased demand for services.

Clinical Governance Committee has put in place and mobilised a framework of assurance activity that triangulates a range of data and brings together robust forward planning, audit, reflection and learning. Clinical Governance Committee has renewed its focus on shaping and assuring innovations and clinical policy and protocols. Workforce is key for the delivery of safe and effective care therefore NHUC has undertaken significant and innovative work to ensure we have a workforce plan to build for the future as well as care for and support those who work with us now.

Importantly I am assured by the significant work undertaken to refresh and further develop robust risk management systems building on the positive culture in NHUC and reinforcing a mature approach to the management of clinical risk.

Over the last year, NHUC has continued to grow and develop stronger Clinical Governance across all parts of the business with a relentless focus on those we serve and provide robust assurance to the Management Council.

Karen Thorburn, Non Executive Director and Clinical Governance Committee Chair

7.1 Freedom To Speak Up Guardian

NHUC has a Freedom to Speak Up Guardian who is directly linked in to the Regional and National Networks and is available for NHUC staff to talk to about concerns, issues and flagging good practice. There have been no reported FTSUG cases in NHUC throughout 2021/22

Karen Thorburn, Non Executive Director and Clinical Governance Committee Chair

7.2 Risk Management

Risk is inherent in the provision of healthcare; therefore, robust and effective processes must be in place to manage this risk in order to provide safe care whilst also enabling opportunity and innovation. NHUC undertook a full risk review and update to the organisation's Risk Management Policy and Procedure in 2021/22. The new policy was developed collaboratively and reflects the changes within the organisation since the previous review and describes how NHUC uses its structures and hierarchies to manage risk safely and effectively. The intention behind the new approach is to ensure that effective risk management is an integral part of NHUC's culture by enabling a depth of shared understanding of how effective risk management will have a positive



impact on the organisation's ability to meet its objectives. On a practical level, NHUC has introduced separate, standard format TalkPlus, Same Day Care and Corporate risk registers that are centrally hosted on Sentinel and clarified the responsibilities of its hierarchy from the individual right through to the Management Council level. Equally, NHUC's Management Council accepts that it is not possible to fully mitigate all risks. It has therefore developed a Risk Appetite Statement that articulates the level of risk it is willing to accept in the best interests of its patients and to achieve its strategic objectives. This statement will be reviewed on an annual basis to ensure that it accurately reflects the requirements of the organisation and its patients.

Steve Clarke, Deputy Director of Clinical Governance, Risk & Patient Experience



8.0 Environmental Awareness

NHUC is committed to developing and delivering a Green Plan as part of the NHS Net Zero ambition. 2021/22 saw NHUC lay the foundations of a Green Plan by understanding the requirements and undertaking a stock check of its position organisationally in terms of green initiatives in place, changes as a result of Covid-19 and also identifying and making any quick wins. The multitude of change experienced by both Same Day Care and TalkPlus during 2021/22 has proven challenging in some green areas but equally the sustained digital working and reduction in patient and staff travel has provided significant positive environmental impact.

The upcoming year will provide excellent opportunities to expand our work through our new locations at the Meads and Farnborough Centre for Health by working with our people and partner organisations at these sites. NHUC's Green Plan will be in place during 2022/23 and outline how it will deliver improvements across the following areas;

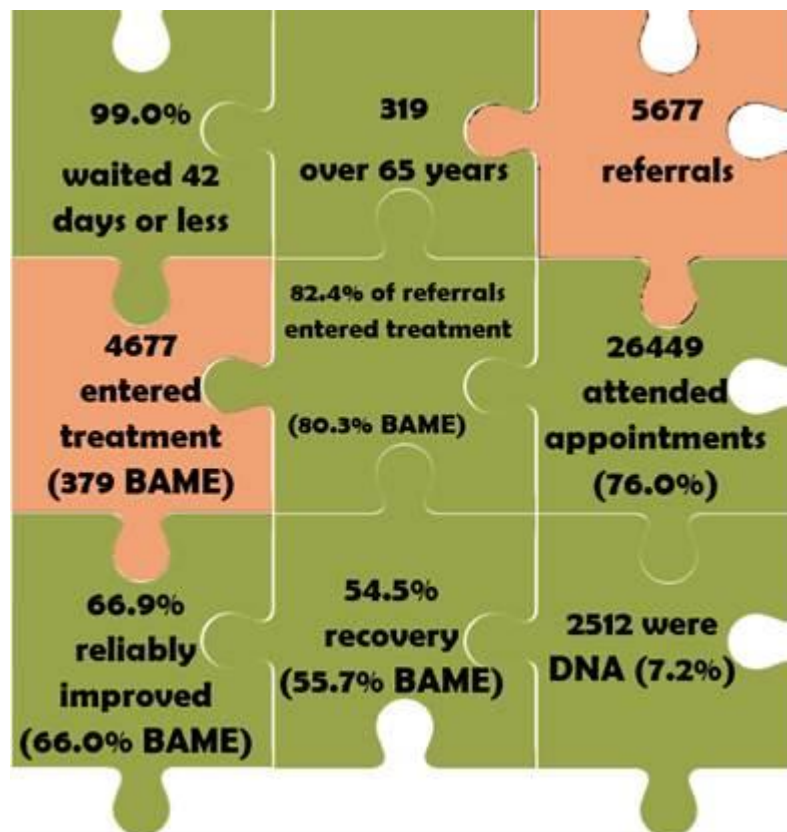


Steve Clarke, Deputy Director of Clinical Governance, Risk & Patient Experience

9.0 TalkPlus

During 20/21 TalkPlus surpassed expectations when it converted to a remote service at the beginning of the pandemic. In 21/22, we have been working to reverse the process of lockdown and although the unlock process is successfully moving along, we have faced a number of barriers due to the continuation of the pandemic.

Performance



Despite the challenges, TalkPlus maintained KPI performance. Recovery and waiting times remained within target. Our BAME recovery was also above the 50% recovery target and our overall DNA rate was 7.2%. Disappointingly, we did not reach our Access KPI (the number of people entering treatment). Nationally most IAPT services are experiencing low access figures, so an access workstream was set up to develop strategies to mitigate this.

Return to the Office

One impact of the pandemic is that Level 5 in the Meads Business Centre was deemed no longer suitable as a TalkPlus base due to lack of fresh air ventilation. Therefore, much time and energy was spent securing the lease for Level 4, which has a recently installed state-of-the-art air-conditioning and ventilation system, and designing suitable accommodation for both TalkPlus and SDC (Same Day Care) within this new, more open-plan space.

Throughout the year, the team continued to work from home. However face-to-face patient clinics were re-established around the patch for those patients who were not able to engage in telephone or video therapy.

Innovation

We continue to explore new innovations. We reviewed a number of VR (Virtual Reality) products to see if there any were suitable to incorporate into our therapeutic delivery. The products sampled were not deemed sufficiently developed but we will continue to keep an open mind to digital methods.

We have gathered sufficient anecdotal and descriptive data to conclude that “Single Session Therapy” (SST), pioneered at TalkPlus during the pandemic, is a useful and effective method for some patients. We have approached the Regional IAPT Team regarding whether SST could be rolled out more widely.

We have used SilverCloud, an online CBT approach for anxiety and depression, for some years but we were pleased to offer access to SilverCloud for all patients as soon as they complete a referral to TalkPlus.

Team Training

Team training has continued online since the pandemic. Such training included anti-discrimination training run jointly by TalkPlus and HRDept, and we have invited outside speakers including a speaker with lived experience of autism and disability, and a clinical psychologist from the Frimley pain service.

We were pleased to host a “Togetherness” day in March 2022 which allowed the whole team to meet in-person for the first time in two years. There was a “fresher’s fair” with stalls representing all the special interest groups (LGBTQ+, Employment, men’s mental health, BAME, exercise, older People, young people) and TalkPlus courses including Mindfulness and Useful Skills for Better Relationships.

The day was a huge success, with many people, who had never met in person, expressing how much it made them feel part of the team and what TalkPlus was like as a service. The agenda included team building exercises and everyone was presented with goodie bags which included a personalised TalkPlus mug and a TalkPlus cupcake!! NHUC corporate team and HRDept were there to support us and Felicity gave the team an update on NHUC’s strategic plan.

Collaboration

Despite all the uncertainties of the pandemic, TalkPlus has seen an increase in the level of collaboration with neighbouring IAPT and mental health services around the patch.

We have been part of the Mental Health Transformation conversations with Surrey and Borders Partnership. We continue to work with the Frimley Pain service to run joint assessments and “living with pain” course. The same model developed in conjunction with the pain service has been used for



the Long Covid pathway. We have collaborated with Berkshire and Surrey IAPT services to establish this pathway throughout Frimley Health footprint.

Regular meetings with CMHRS (Community Mental Health Teams) and CAMHS (Child and Adolescents Mental health services) have been reinstated after a hiatus during 2020. We also restored the LTC (long-term physical health conditions) links with local PCN (Primary Care Networks) and co-facilitated integrated diabetes and asthma courses with the Oakley Health Group.

National Presentations

TalkPlus has conducted a number of national presentations.

We presented at the IAPT Currency Expert group in July 2021 and we were included in the High Impact Digital paper published by NHSE&I. We also presented at a BAME CPD (continued professional development) event hosted by the IAPT workers café and two of our therapists co-wrote an article regarding cultural competence for the magazine CBT today.

Service Promotion

We have been active in the local community promoting TalkPlus and meeting local organisations including Pulmonary Rehab., military veterans' breakfasts, UCA (University of Creative Arts) wellbeing day and conducting presentations for medical practice staff.

New roles within TalkPlus

As our team has expanded so new roles have been added to the TalkPlus team structure. We have created roles to fill the gaps the service needed, this included; an ICT system and network support administrator, an academic and training Senior PWP, Engagement Office and Operations Manager.

HealthWatch/Patient Voice

We were very pleased to have HealthWatch conduct surveys and focus group discussions with our patients. We have received an excellent report. We will be implementing the recommendations in the coming months.

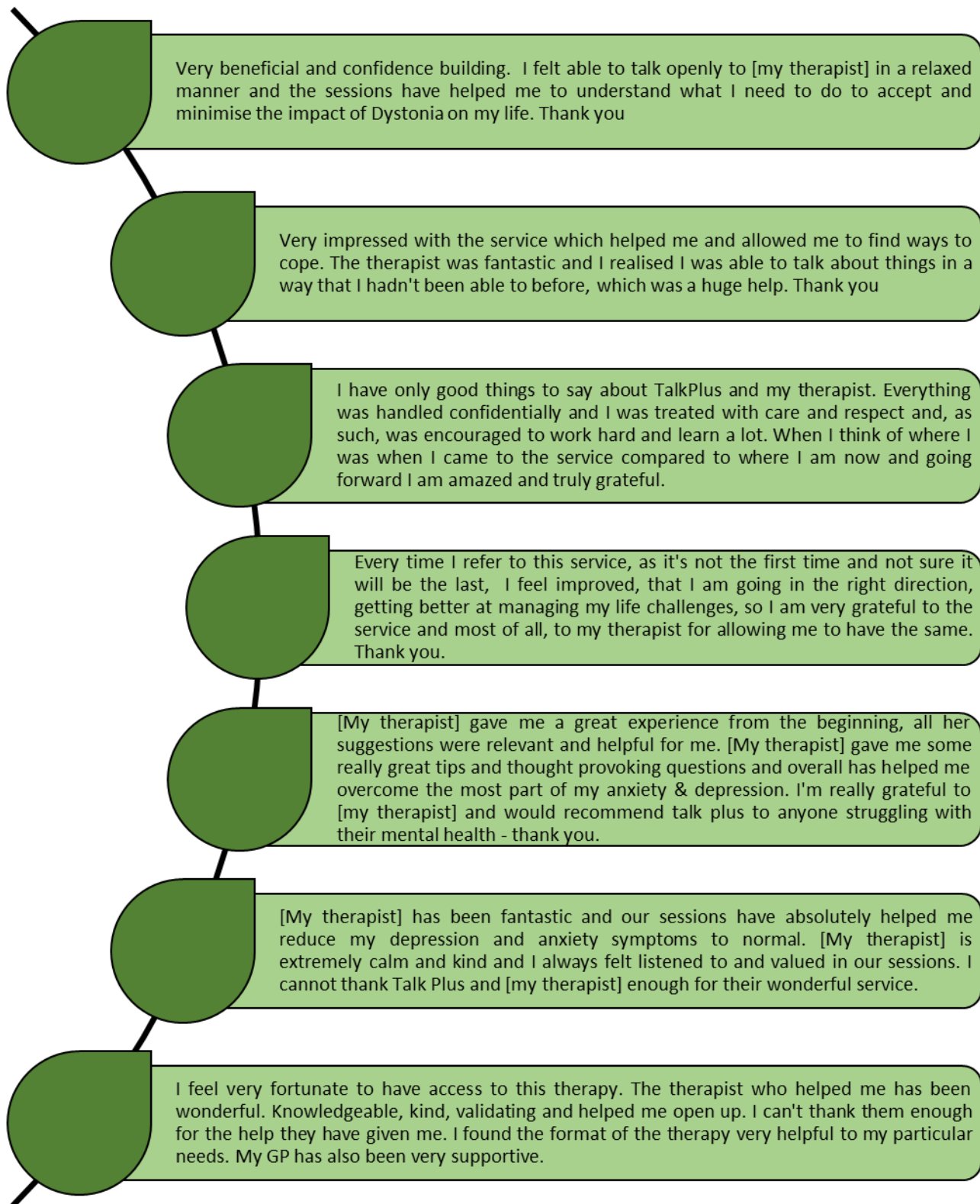
Richmond Fellowship/Employment Advisers

We are pleased that the DWP (Dept. of Work and Pensions) has extended the contract for Employment Advisers in TalkPlus. The EA's are truly embedded into the service and co-facilitate stress courses and attend promotion events as well as offering one-to-one employment support.

Patient Feedback

We aim to send 90% of our patients a PEQ (Patient Evaluation Questionnaire) and so a small sample of patient feedback has been included below.



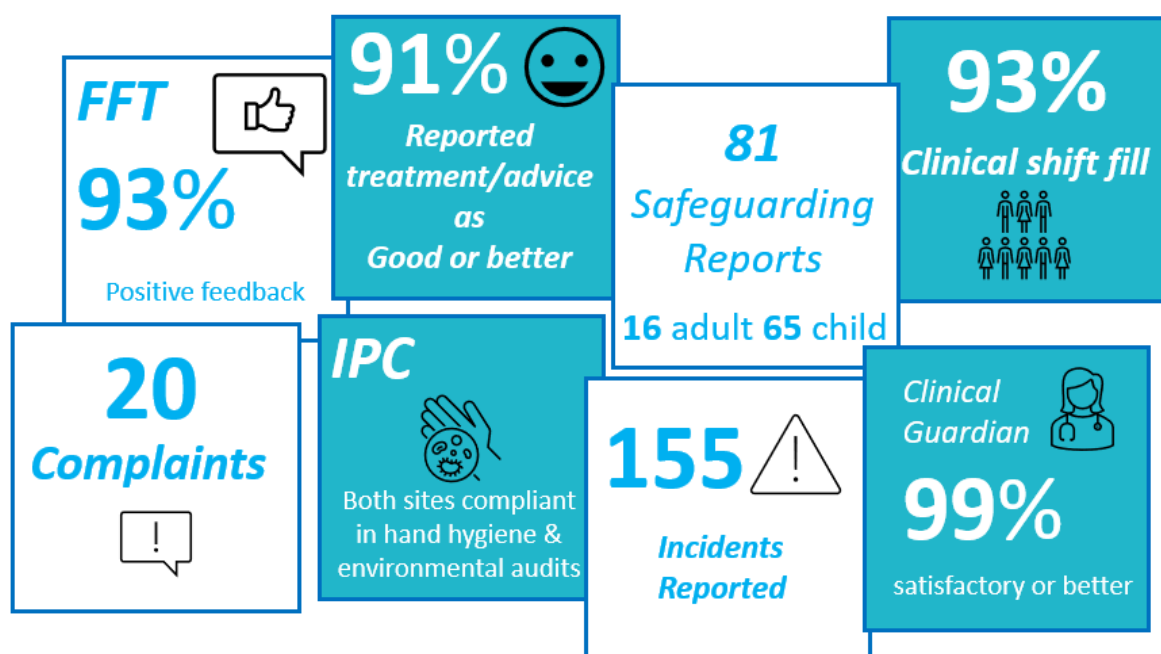


Tracy Harris, Clinical Director

10.0 Same Day Care

10.1 Same Day Care Quality Review

Quality Dashboard Summary 2021/22



Introduction

NHUC's Same Day Care mission is to provide high quality, effective and patient focussed urgent primary care services for the population of North & Mid Hampshire and Frimley systems. Our Service is committed to continuous improvement and open to innovation, opportunity and collaboration with our partners. In order to do this, Same Day Care has further developed its rigorous approach to clinical governance through investment in people and a focus on refinement of the systems and processes that maintain safety, listen to the patient voice and enable improvement.

Same Day Care delivers urgent primary care services seven days a week from 18.30-08.00 inclusive and 24/7 at weekends and bank holidays. In addition to this, the Service also provides a remote 'in hours' clinical assessment service (CAS) during weekdays. These services play key roles in delivering the Out of Hospital agenda, helping build system resilience and significantly contributes to keeping people out of hospital, both as admissions and ED attenders. The Service has continued to operate from Whitewater Health in Hook & Hartley Wintney following a move to these locations during the early stages of the Covid-19 pandemic in 2020.

In June 2021, these elements of the Same Day Care service were incorporated into a formal Integrated Urgent Care contract and pathway. As this approach was established, local system groups of providers and commissioners were formed to understand and review and improve clinical governance, alongside an overarching IUC Clinical Assurance Group. This approach has worked well in forging and strengthening relationships across the pathway and enabled a more effective approach in areas such as complaints, incident management and End-to-End Case reviews.

More widely, SDC contributes to various local forums including nursing homes, safeguarding and end of life. The Service has worked more closely with local hospices this year in order to understand the challenges faced by them and our community patients so that we are able to provide the right support. Same Day Care has also continued to provide locally commissioned services including Seasonal Influenza Out of Hours, Community Ward Medical Cover, CCG TARGET Day cover and also the weekend and bank holiday provision of the Covid-19 Oximetry at Home Service.

Internally, Same Day Care has continued to build on a very strong clinical governance framework. Clinical Guardian provides a rolling clinical risk based audit process of our clinical work with 3-10% of each clinician's work reviewed on a regular basis. Clinical Guardian found that 99% of all cases audited throughout the year were satisfactory or better. Allied to this is the Service's approach to incident and complaints management via;

- **Daily Sentinel Incident Review** – Initial review by clinical governance
- **Weekly Sentinel Review** – Senior Clinical and Managerial input
- **Monthly Sentinel Review** – Review of progress and identification of learning and actions
- **Joint Operations Monthly Meeting** – Report from Monthly Sentinel Review
- **Quarterly Clinical Governance Committee** – Assurance of key incidents, themes and improvement

NHUC updated its corporate level complaints policy in 2021/22. This has provided a focus on meeting legislative requirements for complaints acknowledgement and also working with complainants early on during the process to fully understand the nature of their complaint and mutually agree a timeframe for a response.

2021/22 also saw NHUC invest in its clinical governance approach through people with a full-time Medical Director and a Deputy Director of Clinical Governance, Risk and Patient Experience taking up posts. This has been further supported by a new Process and Project Manager role who has enabled strong change management processes to underpin improvements identified.

Learning from Incidents & Serious Incidents

All incidents are reported on to NHUC's Sentinel reporting system and allocated an owner and investigator. Updates were made to the system during 2021/22 in order to improve thematic analysis and identification.

Serious Incidents

There were no Serious Incidents reported during 2021/22. There was one Serious Incident closed during the year that had been reported in 2020/21;

Opioid Prescribing in End of Life – Lesson Identified: If available, consider renal or liver function impairment before making final choice of medication to be used in end of life situations. To support this learning, a palliative care webinar was held along with updates via email and clinical governance newsletter.



Incidents

Incident Reporting by month 2021/22

Month	Apr-2021	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-2022	Feb	Mar
Number	14	6	3	3	9	16	24	29	13	17	8	13

Incident reporting is positively encouraged throughout all our teams. This is in line with the organisational values of openness and honesty. This approach is a key element of the Service's ability to acknowledge when things have not met the expected standard and identify areas for improvement. The system is also used to identify external incidents and provide health care professional feedback to our system partners.

Key Themes

Direct Booking – Following a change to the electronic patient record and management system Aadastra in Q2, Q3 saw a marked increase in SCAS 111 booking patients directly into face to face appointment slots to be seen at SDC base, a process that was not agreed and increased risk to patients and the provision of safe services. Escalated to senior management, a solution was identified and the strong reporting culture enabled the service to monitor the success of the solution.

Emergency Care – An increased number of cases required the provision of emergency care at the Service's base locations of Hook and Hartley Wintney during 2021/22. This presented the opportunity to take on feedback from staff involved and make changes to our processes and provision of emergency equipment. With the emergency ambulance services also under increased pressure, response times were noted to be extended on occasions along with the base locations being seen as a place of safety for patients by ambulance services. In order to mitigate against this risk, a number of key changes were made including increasing the quantities of emergency oxygen on site and introduction of buccal midazolam to treat seizures.

Controlled Drugs – There have been a number of incidents reported regarding the process, paperwork and patient access to controlled drugs. The reporting and vigilance of our teams in this higher risk area is appreciated, providing the service with opportunities to review, consider processes and make changes to best mitigate the risks, whilst continuing to provide much needed treatment for those who need it such as for palliative care. Included in this has been the decision to rationalize the range and quantity of controlled drugs stocked.

Personal Protective Equipment – We recognize that wearing PPE for prolonged periods of time is challenging, particularly whilst delivering healthcare. With the frequent updates to national and organisational Covid-19 guidance and custom and practice of staff working in other healthcare environments, there have been instances where staff and contractors have not been compliant with PPE in non-patient facing settings such as the triage hub. On these occasions, the issues have been raised with those involved and clarification of the guidance reviewed and re-circulated to all.

Clinical Waste – Due to the volume of clinical waste produced during Covid-19 (PPE etc.) and the shared use of treatment/consulting rooms, the management and ownership of clinical waste at Hook has been problematic. At times this has resulted in non-Hepatitis B vaccinated non-clinical staff



emptying bins which presents a health risk to them; this duty falls outside the remit & job description of these staff. The Service has identified routes for the provision of Hepatitis B vaccines for these staff in order to ensure they are fully protected.

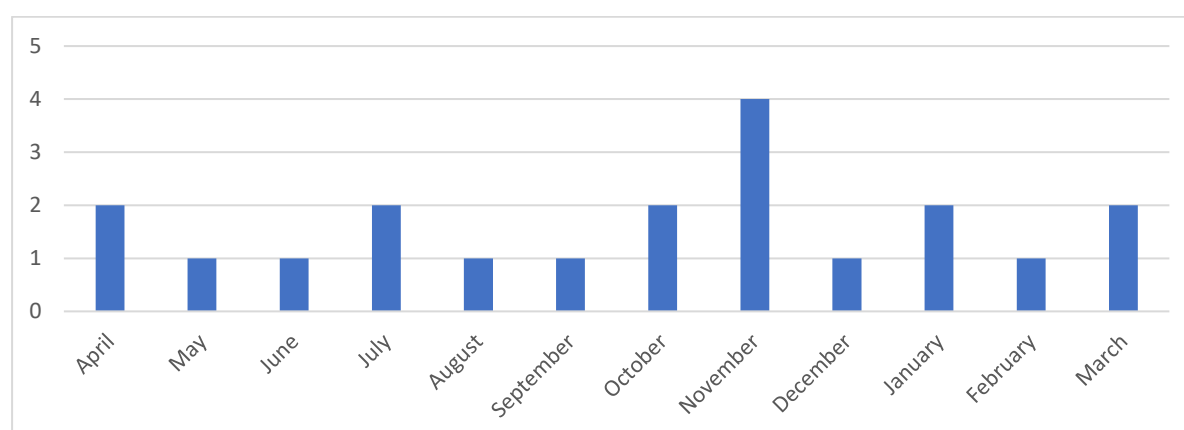
Patient Experience

Complaints & Concerns

Hearing from patients and their families and carers is a core part of NHUC's approach to service improvement. Complaints provide an excellent opportunity to identify learning and work with our service users to understand their experience when the service has not met their expectations.

NHUC reviewed and updated the organisation's Complaints Policy in 2021/22. This involved making improvements to the approach of Same Day Care including a refocus on meeting the legislative requirements for complaints acknowledgment and offering a conversation prior to the start of any investigation in order to clarify the complaint and agree timescales for a response.

Same Day Care received 20 complaints during 2021/22. Chart 1 shows when each complaint was received by month. There were just under 2 complaints received on average each month, this represents 0.02% of our activity

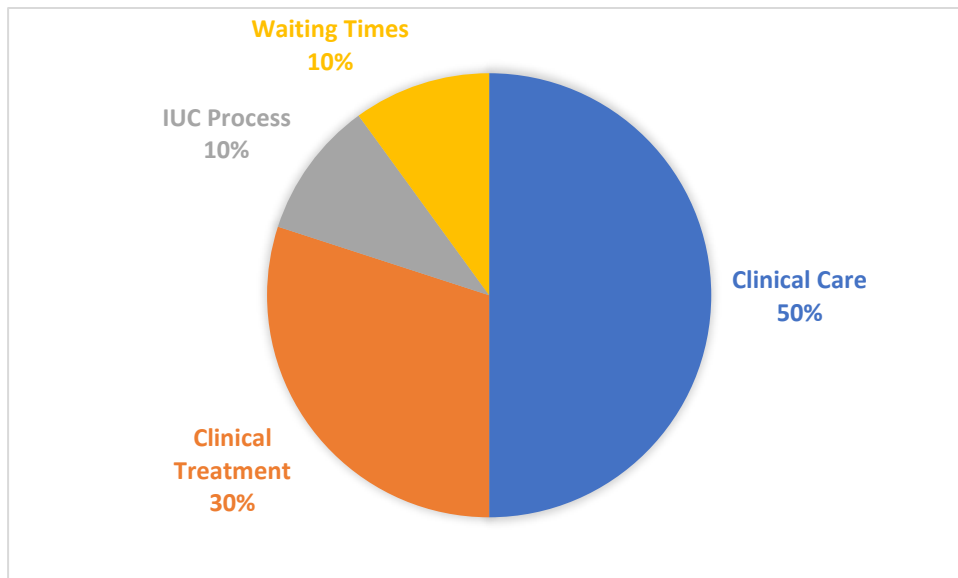


Complaints Origin 2021/22

Received from	Number
Patient or carer	8
Provider	8
Clinical Commissioning Group	2
Parliamentary Health Service Ombudsman	1
NHS England South Complaints	1

The total number of complaints received directly from patients is lower than the number received via other organisations. This is to be expected given the multi-organisational nature of the Integrated Urgent Care Pathway. Patients often approach other organisations (such as South Central Ambulance Service, the local 111 provider) in order to register a complaint about NHUC Same Day Care since it is not always clear to patients which organisation is providing which part of the 111 service.

Themes 2021/22



Key Themes and Learning

Clinical Care

Clinician approach – A number of complaints stated that the attitude or approach of the clinician was not as expected. The Service records all telephone triage calls and reviews these along with the notes as part of the complaint process. These are also provided to the clinician involved so they are able to reflect fully on the consultation, learn and offer an apology for the experience of the patient.

Patient Expectations – A number of complaints raised highlighted the expectation that patients have when accessing our service. Some see that we should be able to deliver the full range of services as per their GP Practice; it can be challenging for our teams to manage this particularly at a time when the NHS is under unprecedented pressure. In a number of these cases, particularly good care was highlighted with respect to antibiotic stewardship and management of challenging patient behaviour.

Safeguarding – One complaint involving complex child safeguarding issues was raised by the parents involved. Following the complaint, NHUC's Safeguarding Policy has been peer reviewed and an investigation conducted. It was demonstrated that proactive dialogue via phone or face to face meetings has provided a significant benefit in identifying learning, ensuring complainants feel heard and enabling a positive resolution.

Clinical Treatment

Catheter Care – Following a complaint and further review, the Service took the decision to cease providing catheter care which had been traditionally provided through goodwill. Most of our clinicians are not competent in catheter insertion and therefore we are unable to provide a consistent service. Catheter management is an increasingly specialist skill, with a variety of different catheters being used, and many catheters requiring ultrasound guidance to safely site them.

End to End Review – The Service has taken part in a number of End-to-End reviews involving the Integrated Urgent Care Pathway utilizing cases that have been identified via complaints. This has provided the opportunity for the local system to co-ordinate a detailed integrated response.

IUC Process

IUC Complaints Process - As highlighted above, the majority of complaints are received indirectly via partner organisations. It may also be that the Service is only required to answer part of the full complaint. As such, complainants can be pushed around the system in search of the 'correct place' to complain. Often with multiple providers involved in complaints, the responses can also be disjointed and lack accountability and ownership.

Waiting Times

Comfort calling – Given the unprecedented strain on the IUC pathway throughout 2021/22 the low number of complaints regarding waiting times is of note. From both complaints and incidents, the Service has identified the opportunity to employ comfort calling earlier on when the Service comes under pressure from increased activity. This helps to manage patient safety and expectation and thereby improves patient experience.

Patient Feedback

Understanding the experience of our patients is a core part of delivering high quality, patient centred care and enabling a continuous improvement approach. NHUC is proactive in its approach to understanding these experiences via a rolling monthly approach to Patient Satisfaction Questionnaires and Friends & Family Test. NHUC has also worked closely with Frimley CCG to co-design and deliver an online insight and engagement space in order to support a move to Farnborough Centre for Health

Patient Satisfaction Questionnaire

Each month a random selection of 5% of Same Day Care's patients are sent a Patient Satisfaction Questionnaire. An average of a 20% return rate results in feedback from 1% of our patients on a monthly basis. Feedback can also refer to 111 and or our ED colleagues as well as patients own GP. Positive and negative feedback is always shared with individual clinicians and anything significant is followed as a concern or complaint as indicated. Learning identified is cascaded throughout the service as appropriate and/or utilised to make improvements to our policies, procedures and processes. Clinician feedback is also collected for performance appraisal.

The questionnaire was changed following Q2 in order to align with the new Friends & Family feedback format.

The PSQ asks the following question; How do you rate your experience of your contact with our service? (Q1/Q2 Excellent, Good, Fair, Poor, N/A. Q3/Q4 Very Good, Good, Neither Good nor Poor, Poor, Very Poor, Don't Know)

The time you had to wait before you saw or spoke to a clinician?

The manner of the clinician?

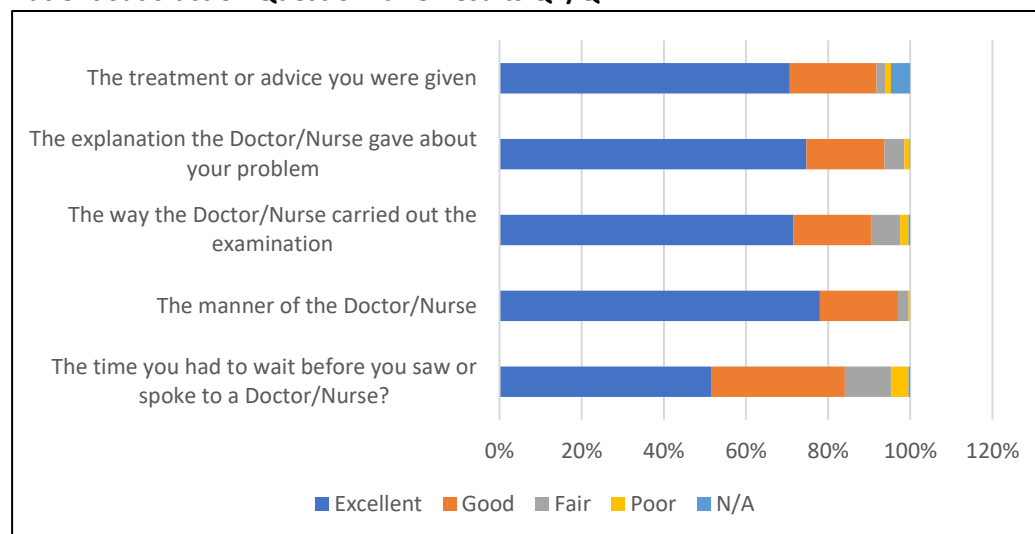
The way the clinician carried out the examination?

The explanation the clinician gave you about your concern?

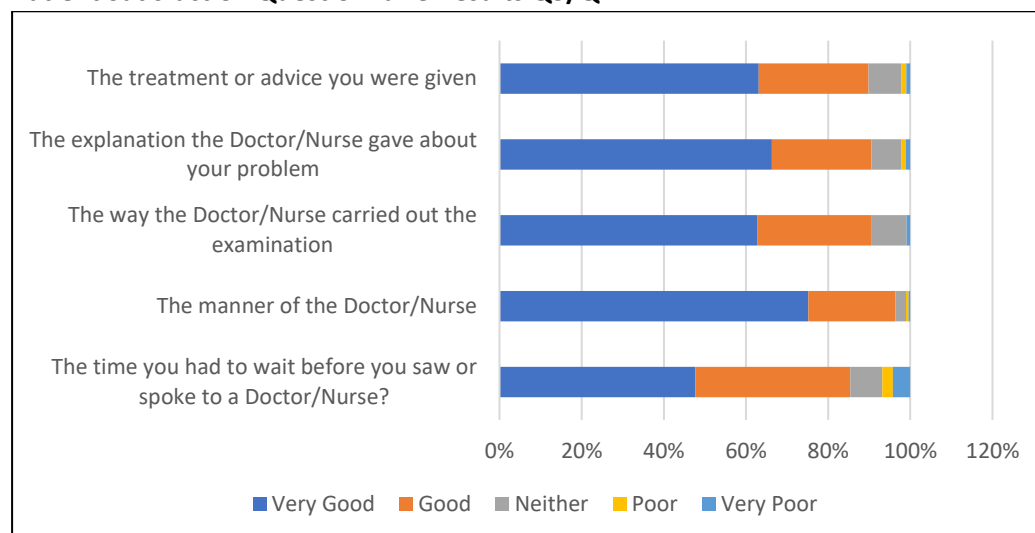
The treatment or advice you were given?



Patient Satisfaction Questionnaire Results Q1/Q2



Patient Satisfaction Questionnaire Results Q3/Q4



In line with an update to the FFT question, the PSQ responses were revised in October 2021 in order to provide clarity to the PSQ template to support completion. Therefore, there are two separate charts outlining the PSQ performance across the year.

Feedback for each of the questions is very similar across Q1/Q2 & Q3/Q4 given the slight change in response options. There would appear to be a greater inclination to choose 'Good' rather than 'Very Good' in comparison to choose 'Good' versus 'Excellent'. This will continue to be monitored into 22/23.

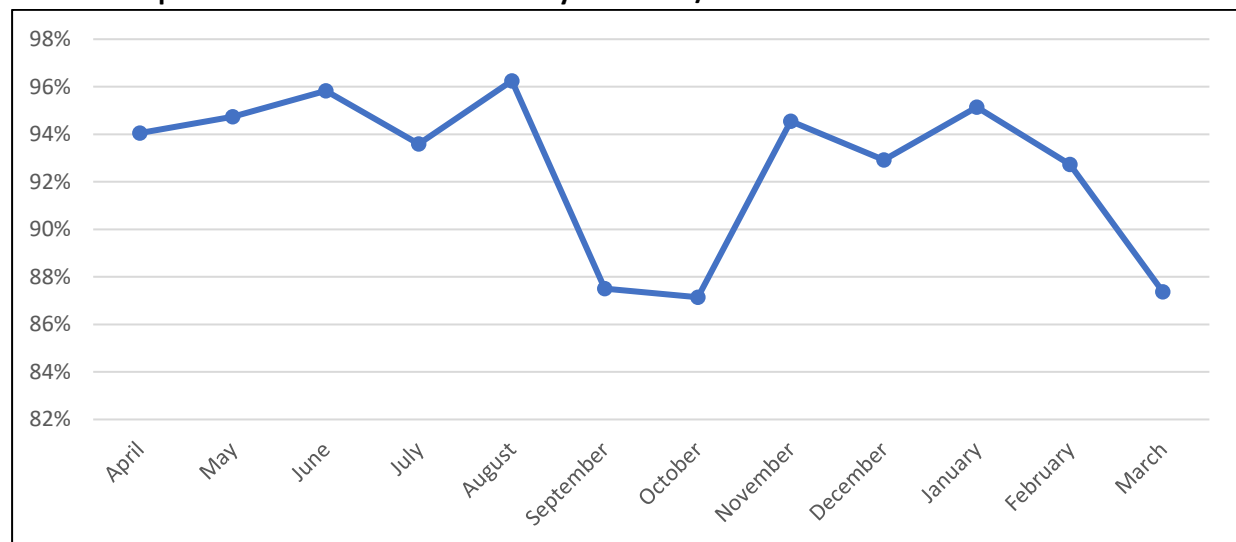
The level of feedback received in general is high across each question of the entire year. Given the continued pressure on the service and across the IUC pathway, this level of patient feedback is recognized as very positive. Any specific issues identified in patient narrative are picked up with individual clinicians/staff or across the team as required to drive improvements.

Waiting time continues to be the lowest scoring question. We have not seen a high number of formal complaints in this area and have started comfort calling earlier in order to manage patient expectation and experience. Breach audits indicate that safety is well maintained in the event of extended waiting times.

IUC pathway work to provide a single patient experience approach has now commenced and will continue into 2022/23.

Friends and Family Test

Positive Response Rate for Friends and Family Test 2021/22



The FFT question and responses were update in October 2021 as per the latest FFT guidance. Positive responses have remained above 87% for the entire year with a high of 96% in August 2021. Figures will always vary month on month due to the relatively small sample size of around 100 returns each month.

Public & Patient Engagement

Working with patients and the public is a core part of any major service change. In order to understand views on a potential relocation of NHUC's Frimley Primary Care Service an engagement workstream was introduced. This comprised of two key components;

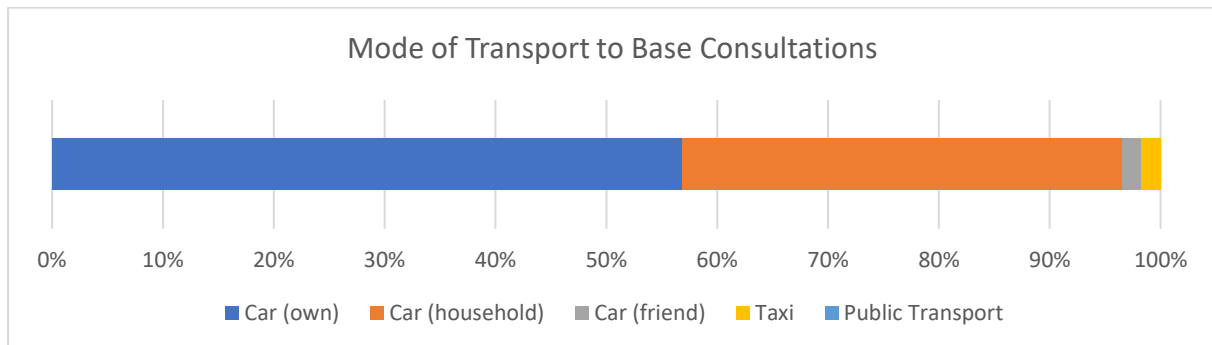
1. Understanding the transport available to our patients
2. Enabling patients and the public to understand the proposed move and listening to their views

In order to reach out to our local population the following activities were undertaken;

1. **Patient Travel Survey** – To understand how patients travel to base appointments at Hook Surgery
2. **Collaboration with Frimley CCG to produce an Insight Portal** – To provide an online space for local people to understand the relocation opportunity, provide their thoughts/questions and access a live survey regarding travel.

Travel survey

A travel survey conducted over a standard weekend in September 2021 asked patients attending NHUC's temporary location in Hook for a face-to-face consultation how they travelled to their appointment. Across Q3 of 2021, face to face consultations at Hook accounted for 13% of all NHUC consultations with 84% telephone consultations and 3% home visits.



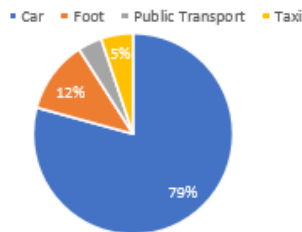
Insight Portal

NHUC worked with Frimley CCG to launch an insight portal for public and patient engagement. Currently the portal is focused on gaining feedback on a potential relocation of the Frimley Primary Care Service (FPCS) to Farnborough Centre for Health.

The portal was launched during Frimley CCG's virtual AGM in October 2021 and provides an introduction and overview to NHUC's services and an interactive space for people to find out about Farnborough Centre for Health, its location, access and facilities as well as the ability to submit feedback or concerns and also take part in a live travel survey.

The insight portal has been shared widely including Frimley CCG's Community Panel (approx. 1,500 people), members of Frimley Health Foundation Trust (approx. 6,000 people), and via stakeholder routes including Primary Care Networks, Healthwatch and local CVS organisations. NHUC has also promoted the proposed move and insight portal via its rolling Patient Satisfaction Questionnaire programme to over 1,000 Frimley Primary Care Service patients between December 2021 and mid-February 2022. We heard from over 80 local people via the live poll regarding transport to base appointments.

Insight Portal Poll - If you had to travel to a face to face out of hours appointment how would you get there?



Comments and questions received via the insight portal have been in support of the move. Some examples include:

- *"I believe that to move NHUC from Hook to Farnborough Centre for Health will be an excellent move as it will put this service in the heart of the community it is designed to serve, far closer than Hook."*
- *"I think the proposed change of location is a very good idea. The location is very close to the M3 4A junction. Voyager Health Centre is large and well appointed and there is good parking...also good alternative routes if [junction] 4A is closed (Farnborough Road-Ellis Road to Summit Avenue)."*
- *"GOOD IDEA"*

Patient Experience Summary

NHUC's SDC patient experience measures continue to provide a core part of our triangulation around quality. Positive feedback from service users has remained high in the face of a challenging year of managing the impact of the Covid-19 pandemic along with rising demand and activity. Waiting times has been the lowest scoring area across the year from our Patient Satisfaction Questionnaire, although complaints in this area are low and comfort calling has helped to manage patient expectation.

There has been a marked increase in complaints with the majority relating to clinical care which is not unexpected given the pressure on the service and its clinicians and the context of the uncertainty and change faced by our local population created by the Covid-19 pandemic. The learning gained through feedback from our service users has driven improvements across the service and highlighted opportunities for IUC pathway and system improvements, particularly around how we can provide a more integrated approach to managing complaints and understanding the experience of our patients through the full IUC pathway.

Patient Safety Culture Staff Survey

Same Day Care once again took part in Urgent Health UK's (UHUK) annual 'Patient Safety Culture Staff Survey'. The survey sought the views of staff about NHUC's Same Day Care culture with respect to patient safety. As per 2020, the 14 standard questions were supplemented with a further 10 questions specific to the Covid-19 pandemic. Both parts of the survey were issued to UHUK

members in September 2021, for distribution to all salaried staff and contracted clinicians. NHUC Same Day Care was ranked joint top of the survey with an overall score of 88 in comparison with the UHUK average of 71, scoring higher than the UHUK average for all but one of the core survey questions. For nine questions, the score had increased since the 2020 survey. NHUC's overall score has increased from 85 in 2020 to 88 in 2021.

Part 1 Results

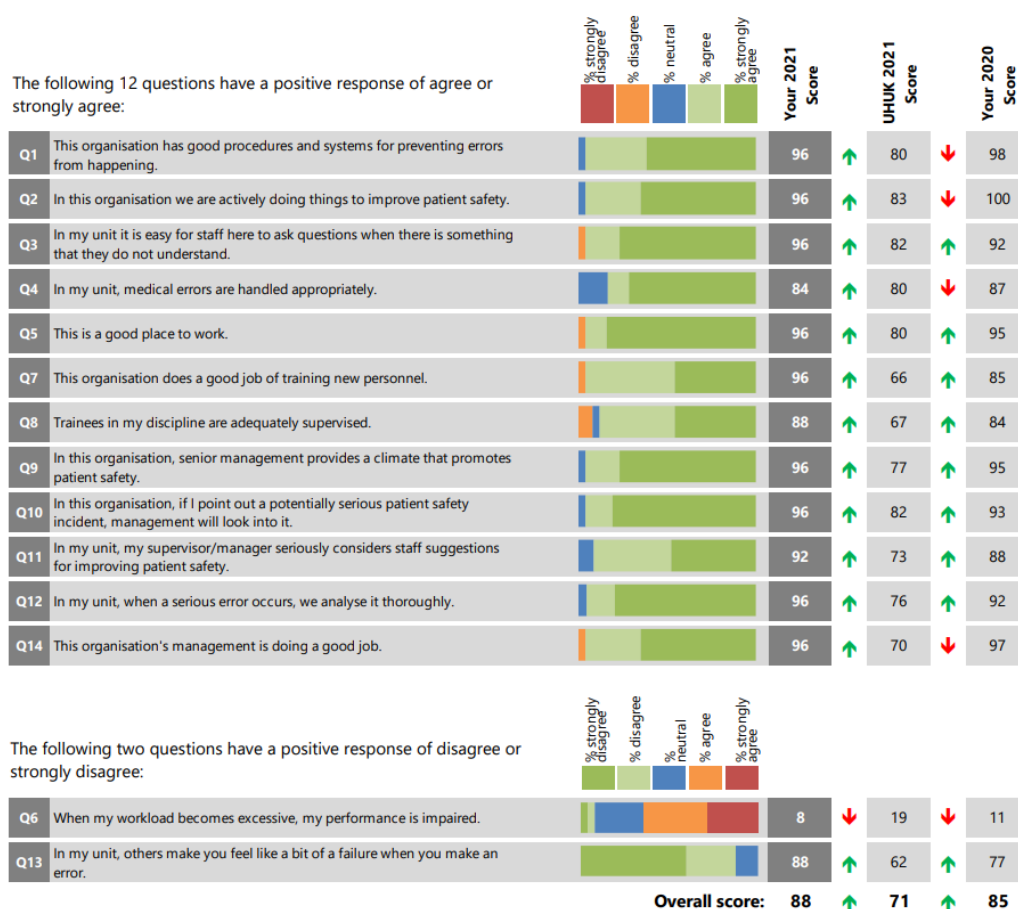
Our respondents' top ranking feedback was as follows;

- This is a good place to work.
- In this organisation, if I point out a potentially serious patient safety incident, management will look into it.
- In this organisation, senior management provides a climate that promotes patient safety.
- In my unit it is easy for staff here to ask questions when there is something that they do not understand.
- In this organisation we are actively doing things to improve patient safety.

We also noted a small drop in five scores in comparison with 2020 and that for the following question rated below the UHUK average

- When my workload becomes excessive, my performance is impaired.

We will continue to support our teams and look to improve our processes in place that maintain safe and effective care under periods of increased activity.



Part 2 Results

For all 10 questions, NHUC's 2021 score is higher than the UHUK average, with an overall 2021 score of 93 in comparison to the UHUK average of 78. For six of the eight questions asked in both 2020 and 2021, NHUC's score has increased. NHUC's overall score for Part Two of the survey has also increased from 90 in 2020 to 93 in 2021.

Our respondents' top ranking feedback was as follows;

- My organisation took effective steps to minimise my risk of contracting COVID-19 infection whilst working.
- In my organisation, safe care of patients was sustained from the start of the pandemic, to today.
- In my organisation the new ways of working during the COVID-19 pandemic worked well.

		% strongly disagree	% disagree	% neutral	% agree	% strongly agree	Your 2021 Score		UHUK 2021 Score		Your 2020 Score
Q1	This organisation does a good job caring for patients during the COVID-19 pandemic.						96	↑	89	↓	98
Q2	My organisation took effective steps to minimise my risk of contracting COVID-19 infection whilst working.						96	↑	84	↑	93
Q3	In my organisation the new ways of working during the COVID-19 pandemic worked well.						96	↑	81	↑	92
Q4	When I had any concerns that might have affected my physical or mental health during the COVID-19 pandemic my organisation was there to support me.						95	↑	71	↑	92
Q5	Overall, in this organisation staff were kept well informed during the COVID-19 pandemic.						96	↑	86	↓	98
Q6	During the COVID-19 pandemic if I had to work in new ways, I received adequate training.						88	↑	71	↑	85
Q7	This organisation's leadership is doing a good job during the COVID-19 pandemic.						96	↑	80	↑	95
Q8	I felt able to help shape my organisation's response to the COVID-19 pandemic.						77	↑	60	↑	63
Q9	In my organisation, safe care of patients was sustained from the start of the pandemic, to today.						96	↑	82		n/a
Q10	Overall, this organisation has worked hard to look after my wellbeing throughout the pandemic.						88	↑	76		n/a
Overall score:							93	↑	78	↑	90
Number of responses Q1-Q8:							26		703		60
Number of responses Q9-Q10:							26		696		n/a

Coronavirus (Covid-19) Response

COVID-19 is a contagious disease caused by severe acute respiratory syndrome virus (SARS CoV-2). Symptoms are variable and can be none to life threatening. Since its discovery, COVID-19 has had a huge impact on the NHS with unprecedented demands on health care provision. This has been reflected in NHUC which has had to react to changed circumstances very quickly and adapt to a dynamic and uncertain environment. Throughout the pandemic, NHUC has demonstrated the ability to be proactive in their approach to adapt and surge capability and sustain this effort during

unprecedented times. All decisions that have been made have been discussed daily and recorded in the Covid Decision Making Log, and all decisions made have been underpinned by national and local guidelines

NHUC's COVID-19 response can be summarised as below:

Infection Prevention and Control (IPC)

Since the start of the pandemic, IPC has been at the forefront of all NHUC's care provision. To afford protection to our patients, colleagues, friends and families, enhanced IPC measures were introduced in accordance with National Guidance and evidence-based practice. NHUC have continued to:

- Carry out risk assessments to identify new COVID-19 related concerns within the clinical and non-clinical environments.
- Developed new policies and procedures around social distancing, enhanced cleaning and PPE to ensure the safety of our patients, staff, friends and families which are now embedded in practice.
- Continue with CQC IPC auditing on a monthly basis and commenced enhanced COVID-19 IPC audits on a regular basis and take action as required. This has been evident during the past year with NHUC reacting to current and UpToDate guidance which has been communicated to all our staff electronically via the weekly update

Staff Risk Assessment

In accordance with National Guidance, NHUC developed and carried out full staff assessments for COVID-19 risks. Staff were offered risk mitigation in accordance with the any risk identified, including remote working and Occupational Health medical advice.

Personal Protective Equipment (PPE) Training

PPE was introduced to provide appropriate protection for the NHUC work force in response to the COVID-19 pandemic National Guidance and continues to be embedded in practice. Adopting the approach that everyone is responsible for preventing the spread of infection, all staff, clinical and non-clinical, were given the same PPE training to create a focused team with a common goal, encouraging a shared vision and purpose. This method of learning also promotes a strategic and operational adaptiveness and responsiveness needed for the fast-changing COVID-19 situation.

Currently, NHUC offers ongoing ad hoc training as required, for staff who have missed the training or new staff to the rota. In response to the everchanging situation NHUC now has 5 members of the team trained to fit FFP 3 respirators following an external trainer coming into the organisation.



Hot Hub

In September 2020, in response to the rise in National and Local COVID-19 cases, NHUC opened a “Hot Hub” at Hartley Wintney. This has proven to be a timely and successful Covid response measure by allowing NHUC to see more patients with mild to moderate Covid-19 symptoms in a safe and appropriate environment and has continued into 2022. Responding to a demand in patients presenting with Covid at various peaks during the pandemic the staffing has been increased to 4 Clinicians comprising GPs and ACPs . The Hot Hub still operates every weekend, seeing a full quota of around 40-50 patients a day at the weekend and Bank Holidays. By setting up and sustaining a fully staffed and functioning Hot Hub, NHUC is able to:

- Provide alternative safe care provision for patients with COVID-19 symptoms other than them attending ED or requiring a home visit.
- Enabled a buffer for ED and secondary care specialists and allowed them to focus on unwell and deteriorating patients.
- Protect patients and staff at the Cold Hub in Hook from risk of contamination.

It should be identified that this would not have been possible without the hard work and commitment from the team working in, and those supporting, the Hot Hub

COVID-19 Oxygen Monitoring @Home (CO@H)

CO@H was an initiative developed by the CCGs to provide safe and effective care to Covid-19 patients in the community, thereby reducing the need for unnecessary ED attendances and hospital admissions.

CO@H was introduced to NHUC in Dec 2020 and a team of Nurse Practitioners (NP) were trained to support this service over three CCGs at the weekend and Bank Holidays. This innovative nurse led service overcame initial obstacles to work collaboratively with systems to provide a gold standard service to our patients. To date, this service has enabled multiple high- risk patients to stay at home with supported monitoring to identify and manage early deterioration in their condition and improve their outcomes. It has proven to be a good example of system working and collaboration with IUC and Primary care to put patient care at the front of the COVID-19 agenda. This service has also continued successfully over the past year and was handed back to NHCCG in March 2022. The service continued to be Nurse Led and the team received an award for their work and commitment at the NHUC AGM held in September 2021.

Safeguarding

The service is contracted to meet the requirements of the NHS standard quality contract. NHUC is fully committed to the children’s safeguarding agenda and 2021-2022 has seen the following activity:

- Maintained the contact with the HIOW safeguarding team.
- Multi agency study day held virtually for all clinicians for specific presentation effecting OOH
- NHUC now has 2 named Safeguarding Leads
- CEO and DoN attended Bond Safeguarding Leaders Course



The work of the Children and adults' boards covers all areas of safeguarding and benefits NHUC by ensuring cross organisational working and sharing of best practice. NHUC continues to disseminate information and alerts as requested. The Local Safeguarding Children Boards and the safeguarding adults boards also provide advice and support for workforce development, education and assistance to meet national mandated and additional training for all staff at all levels within organisations. The Director of Nursing attends the Hampshire and Isle of Wight Safeguarding quarterly Forums (virtually) and is fostering links with Surrey Social Services.

Key Safeguarding Themes Identified

All safeguarding concerns are raised by clinicians directly to the Multi-Agency Safeguarding Hub and discussed with the Duty Team. NHUC then asks all clinicians to raise a concern on Sentinel which can keep track of referrals and identify themes and share any learning. These cases are reviewed daily and discussed at weekly and monthly incident meetings.

Adult Safeguarding - 16 cases reported on sentinel with the following themes

- Drug, alcohol or solvent abuse
- Neglect
- Modern slavery concern
- Mental health
- Domestic Violence

Child safeguarding - 65 cases reported on sentinel with the following themes

- Non mobile bruised babies
- Self-harm
- Neglect
- Underage sex
- Failed to attend
- Injuries/burns

Concerns /Complaints

NHUC has had one complaint this year from a family who felt a safeguarding referral made about them was heavy handed and unnecessary. A full investigation was conducted by NHUC and we also met with the family. This year we have also noted an increase in mental health cases and self-harm in both adults and children

Documents

The following key documentation has enabled Same Day Care to learn and improve processes;

- NHUC Safeguarding Policy - in review with Hampshire & Isle of Wight Safeguarding Team
- Annual Safeguarding report from 2020-21
- Section 11 Audit report and feedback



Education and Development

All staff are required to attend statutory and mandatory training and compliance is good. Regular clinical meetings are held for the Nursing Team virtually and have a standing agenda as well as elements of clinical supervision built in. Clinical Supervision has also been held regularly during Covid-19 to support the Nursing staff. Further education facilitated by NHUC include:

- Non-medical Prescribing Forums have been held by the Local Medical Committee virtually with good attendance, as well as NHUC hosting a Nursing and Midwifery Council accredited Non-Medical Prescribers update virtually.
- Several Nurse Practitioners and Nurses attended the Hot Topics study sessions
- 2 Nurses have completed the History Taking and physical examination course and one has started Non-Medical Prescriber training and is working towards a Nurse Practitioner qualification.
- One Advanced Nurse Practitioner has successfully completed the Royal College of Nursing Advanced Practice Credentialling program, and two Nurse Prescribers have completed an advance practice program

NHUC also held virtual lunch and learn sessions to review managing illness in sick children and managing vomiting in children using Ondansetron. Both sessions were well attended and delivered by a Consultant Paediatrician. The DoN and MD also completed the Hampshire 2020 Leadership program.

A review of the Nursing service has been undertaken and as a result a Framework for ACP and competencies for all Nurses has been reviewed. We are also starting to look at using Nurse Practitioners to work with and support GPs with Home Visits as well as recruiting Paramedic Practitioners. A pilot has been carried out and is currently being evaluated.

Christina Stark, Director of Nursing

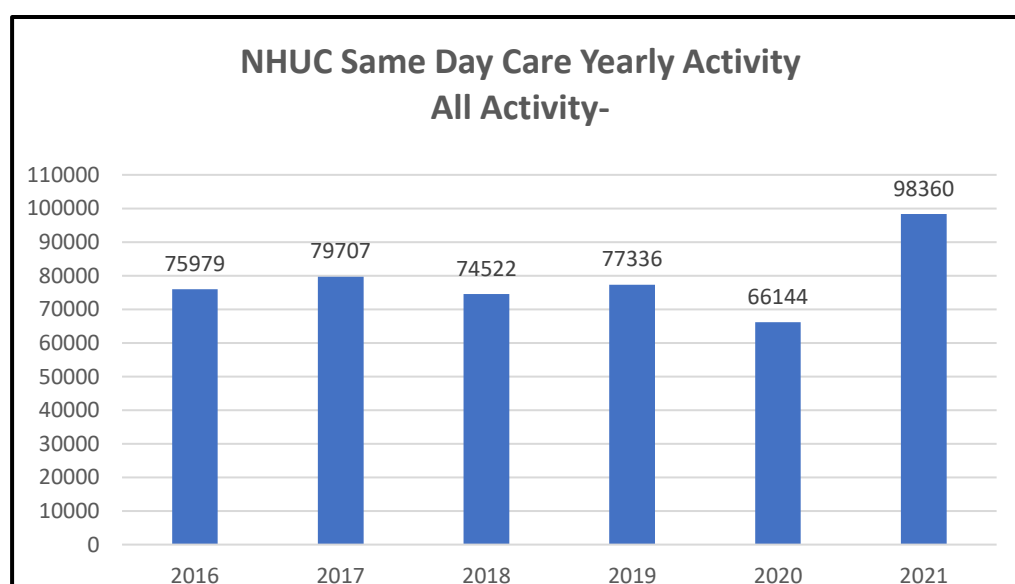
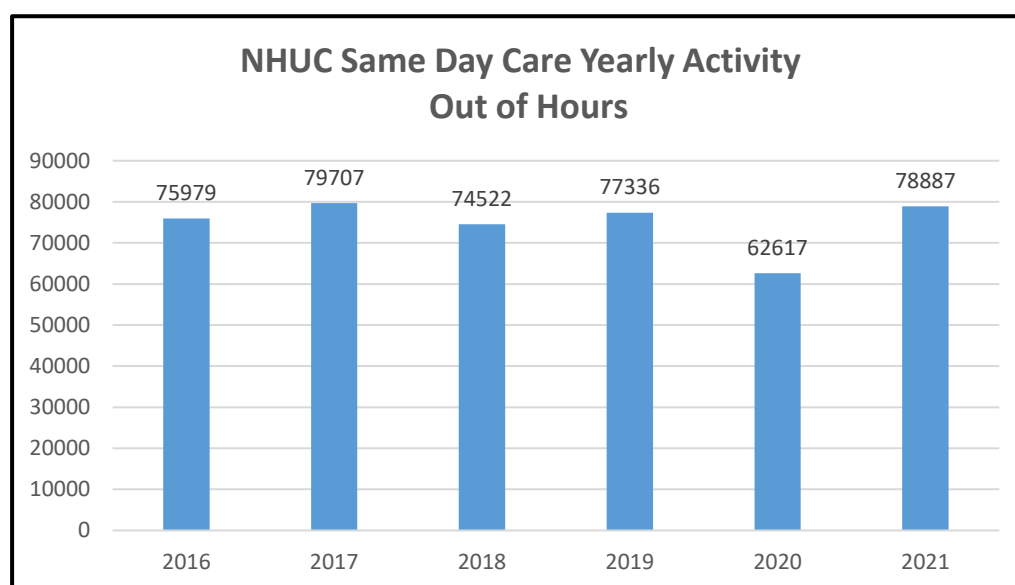


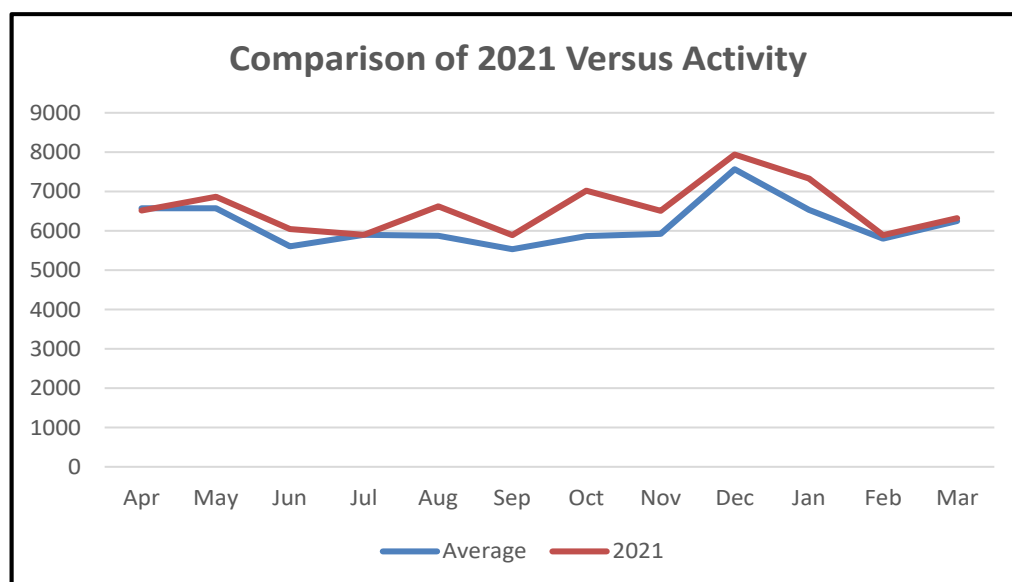
10.2 Same Day Care Performance Review

Overall Activity

Activity over 21/22 peaked at 26% higher than 20/21 as expected primarily due to the impact of decreased contacts throughout the NHS during the previous month of Covid restrictions. For the majority of the year the Service remained under Covid restrictions increasing consultation times and with reduced clinicians available

The charts below show that when the country was released from lockdown, activity returned and then continued to increase.





In Hours Activity

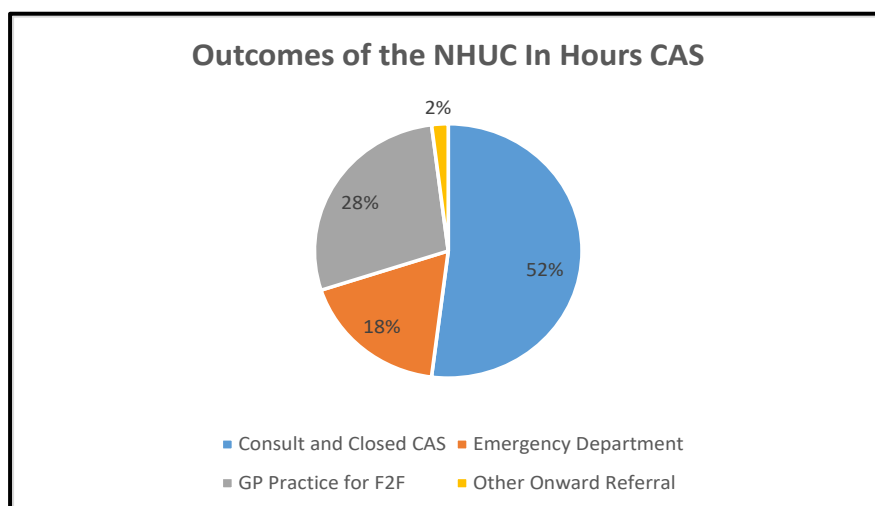
NHUC introduced the In Hours CAS Service in January 2020 and it has been an incredible success, in its first year handling 19,474 patient consultations

These were cases where initial triage by the 111 Service indicated that patients either needed to attend an Emergency Department or their own GP Practice in the next few hours. With a higher level of clinical intervention, and by using local clinicians, we have demonstrated that these patients can often be diverted from their original destination to either be consulted and closed by NHUC Clinicians or diverted to a more appropriate place of care.

We practice a consult and close model within our In Hours CAS using a combination of extended phone consultation, video consultation and Photography using Goodsam

Results for the first year

Outcome	Number	Percentage
Consult and Closed CAS	10,127	52%
Emergency Department	3,505	18%
GP Practice for F2F	5,452	28%
Other Onward Referral	389	2%



Performance Standards

2021 was a challenging year. For the first few months of the year the country was still in lock down but as that eased, the pressure increased and our ability to fill our rotas was often affected with a combination of sickness and, in a number of cases, pure exhaustion and practice pressure forcing many of our clinicians to reduce their OOH commitment to enable to concentration on their own practices.

This impacted our performance and where most years we would be consistently 95% plus on our target measures this reduced to 87%



Urgent Base Consultations = 1 Hour & 13 Minutes

Routine Base Consultations = 2 Hours & 10 Minutes



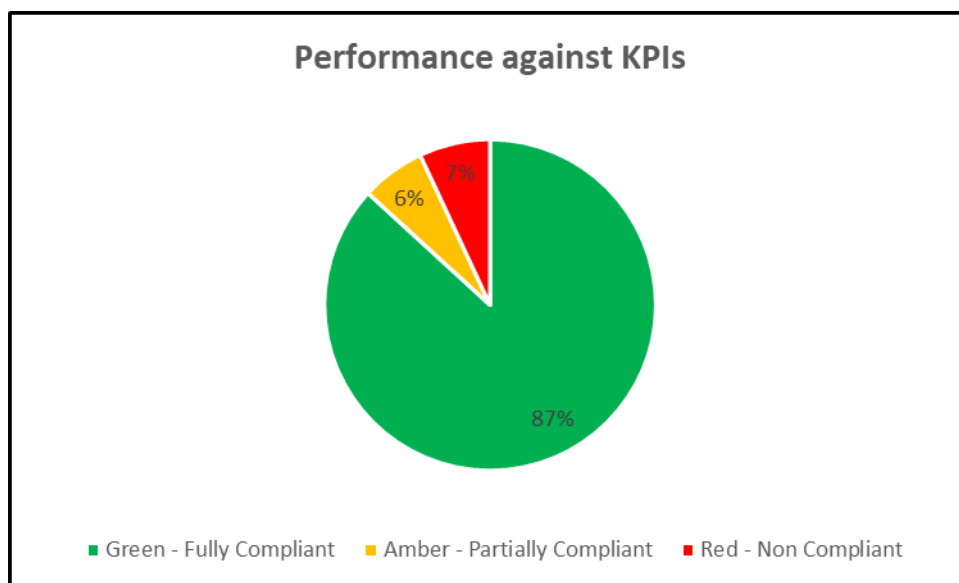
Urgent Visit in trav time = 1 Hour & 6 Minutes

Routine Visit inc trav time = 1 Hour & 51 Minutes



Urgent Triage Calls = 26 Minutes

Routine Triage Calls = 2 Hours & 10 Minutes



Simon White, Director of Operations

11.0 Beggarwood

NHUC was approached by the CCG CEO with a requirement to solve a problem. Beggarwood Surgery was at the point of collapse with no staffing, an unsustainable CQC position and no contract holder. NHUC was therefore requested to step in and act as a turnaround partner. A business case was put together incredibly rapidly and CCG assumptions about clinical staffing requirements successfully challenged. A finalised business case was submitted to both the CCG and NHUC Boards and this work was all completed and agreed in the 6 weeks prior to Cedar Medical stepping away.

NHUC's two concerns were the reputational impact if we couldn't achieve a turnaround and any financial or operational impact on the core business.

NHUC had to start by building trusting relationships with Beggarwood staff to bring the team together with a shared sense of purpose. Recruiting good staff and retention of quality individuals was difficult. Although extremely challenging, recognising people with different skills and working towards common goals encouraged a smooth, efficient operating team and promoted NHUC's standards and values.

2020 and Covid 19

The year started well with a new Clinical Lead and full Nursing Team in place. The ANPs were supporting on the day access and started to review Long Term Condition (LTC) clinics. The CCG Diabetes Team came in to work with ANP in supporting high risk patients and regular clinics were set up. The other ANP started to review asthma and COPD patients, many of whom had not been reviewed for some time. However, Covid 19 impacted the Practice and the whole way of working safely through the pandemic became a real challenge, due to staff sickness, shielding and isolation absence.

Post Covid

In the context of on-going COVID-19 pressures, the Practice has continued to work innovatively and collaboratively with the PCN and other agencies on key issues to provide safe and timely care to the wider local community including on-going assistance with the vaccination schedule for home bound patients, and patients with learning difficulties. Strict IPC standards and COVID-19 risk mitigation are constantly maintained to ensure patient, staff and visitor safety.

On 7th April 2021 NHUC and Beggarwood Surgery received the CQC Remote Access Inspection results. With consideration to the turbulent time the surgery has had and the pressures of the COVID-19 pandemic, the overall result of the report was encouraging with some areas identified as requiring improvement. These areas centred around clinical leadership, quality assurance and medicines management.

Regular clinical meetings were re-established with everyone working together on the CQC action plan. The meetings included all practice staff as well as Locums and all staff were given protected time to attend. By the time of handover to CGH the action plan was well embedded.

Beggarwood Practice team also worked with the CCG supporting the Asylum Seekers Hotel and ensuring all patients there have been registered and then helping them to access care within the NHS.



The Nursing team have continued to deliver a robust flu immunisation campaign, as well as supporting the CCG Covid Immunisation program at the vaccine centres and to vulnerable patients at home. The Practice is also supporting a newly opened care home and working with the staff and CCG to ensure the patients there can receive good care.

Maintaining this progress has been challenging due to the everchanging face of Primary Care particularly with the added demands of the pandemic. However, the staff have risen to the challenges faced and have remained committed and enthusiastic about their achievements. This has included successes in both clinical and operational capacity within the Practice and by contributing to the wider, strategic workforce for the CCG which included helping at COVID-19 vaccinations centres, delivering COVID-19 vaccinations to the housebound, and caring for Afghanistan refugees and asylum seekers in the local area.

NHUC have continued with its initial strategy of promoting a culture of support, openness and transparency where all staff are valued and involved in decision making. In return NHUC has expectations and values that Beggarwood staff are expected to meet. This mutual respect and understanding have been fundamental to the success of the partnership and have resulted in a strong team who put patients at the centre of their care. This has been shown in the attitudes and expressions of current staff who have increased job satisfaction and commitment to the surgery.

The staff survey results from 2019 – 2022 are also reflective of positive engagement with 90% of respondents satisfied with NHUC as an employer with one staff member mentioning we should 'keep up the good work'.

North Hampshire Urgent Care handed over the Beggarwood surgery on the 1st February 2022, to Camrose Gillies and Hackwood (CGH) part of the Operose group. The handover to the new providers went well with several meetings between the NHUC Management, Practice Team and Clinical Teams. The incoming team were given full access to the practice, staff and policies from the day the award was confirmed ensuring a transparent transition. The welfare of our staff and the safety of our patients were of the utmost concern and both these areas were handled with no issues and with staff and patients retaining confidence.

By living and breathing NHUC's values and by offering immense amounts of support on the ground, especially around governance, NHUC did turn the practice around in terms of staff and patient satisfaction and clinical safety. Whilst adding considerable pressure to the executive leadership team the BW experience has enhanced NHUC's reputation, has provided additional exposure and collaborative working with the practices and PCNs of North Hampshire and remained cost neutral to NHUC.

Therefore overall, this venture should be considered a success

Christina Stark, Director of Nursing



12.0 HR Update

Throughout 2021 and into 2022, NHUC have continued to embrace the extensive challenges Covid – 19 has presented whilst still maintaining outstanding care for our patients.

The impact on our staff did not go unnoticed, and we made every effort to ensure their safety and wellbeing remained a priority focus throughout this time by introducing bi-weekly wellbeing content and All-Hands meetings.

Although this was another really tough year for the entire workforce, NHUC continued to launch the staff survey across all areas of the business in November 2021. Results show that over 95% of staff would continue to recommend NHUC as a place to work. This is a true credit to the leadership teams but we acknowledge there is still room for improvement and are working closely with staff on recommendations for the future.

In the forthcoming year, we will be continuing to review and update other HR policies to ensure they are still fit for purpose and meet the needs of the organisation and continue to make NHUC a great place to work.

Finally, I would like to thank everyone who has continued to work through this especially difficult time, maintaining professionalism with a smile and continuing to provide quality care for our patients.

Sophie Avoth, HR Officer



13.0 Finance

The accounts for the period 01/04/2021 to 31/03/2021 are available in PDF form. If you would like to receive a copy, please email communications@nhuc.co.uk

NHUC conducts its business through two statutory companies, North Hampshire Urgent Care Limited and NHUC Resources Limited, which is a wholly owned subsidiary of North Hampshire Urgent Care Limited. Doctors who wish to provide service to NHUC can elect to do so via NHUC Resources Limited as this affords them the opportunity to earn income but not make pension contributions. NHUC has one other subsidiary, Frimdoc Limited, which has not traded in the year and is to be made dormant.

NHUC has taken advantage of the small companies exemptions provided in the Companies Act 2006 to not produce consolidated financial statements for North Hampshire Urgent Care Limited and NHUC Resources Limited combined.

The financial results shown below for NHUC are those of North Hampshire Urgent Care Limited and NHUC Resources Limited combined.

	Year ended 31 March	
	2022	2021
Turnover	12,532	11,011
Cost of Sales	(8,931)	(7,874)
Gross surplus	3,601	3,137
Administrative expenses	(3,155)	(2,746)
Other operating income	8	8
Operating profit	454	399
Interest receivable and similar income	1	2
Surplus before tax	455	401
Tax on profit	(89)	(92)
Surplus after tax	366	309

Income grew by £1.52m in the year. Of this £1.05m was in Same Day Care, driven by funding for increased clinical provision, of which £0.94m was for the commensurate increases in clinician pay. TalkPlus income increased by £0.47m, largely driven by funding for trainee therapist roles. Income for the Beggarwood GP practice, the extended contract for which ceased in January 2022, was unchanged at £1.3m.

Cost of Sales grew by £1.04m, driven by increases in doctor costs and therapist costs as discussed above.

Administrative Expenses increased by £0.41m to £3.15m, with the biggest changes in Pay (£0.19m), and Rent (£0.10m). A third of the increase in Pay was due to the annual pay increase, with the remainder driven by an increase to our risk management and project management capabilities.

Surplus before Tax grew from £401k last year to £455k in 2022/23, largely as a result of difficulty in recruiting therapists in TalkPlus due to a market wide shortage of staff



NHUC is a community benefit society and as such does not seek to make a profit. When surplus is made the company looks for ways to reinvest that money into the local healthcare system for the benefit of the local population.

Graham Butler, Management Accountant



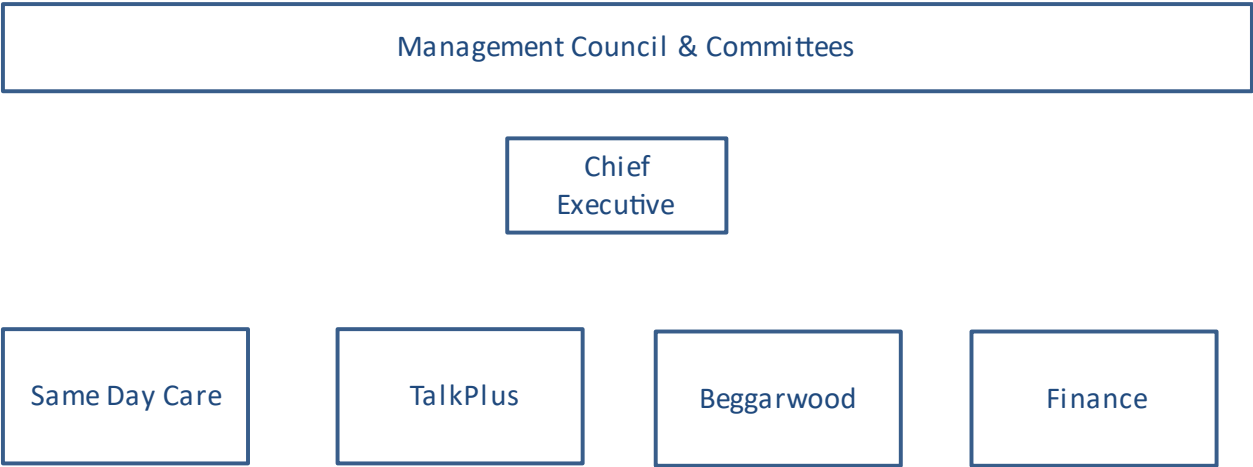
Appendix 1: Governance Structure

Management Council Current Post Holders (as at 4th August 2022)

Name	Job Title
Martin Howell	Chairman
David Brooks	Non-Executive Director
Karen Thorburn	Non-Executive Director
Caroline O’Keeffe	Clinical Medical Director
Felicity Greene	Chief Executive
Tracy Harris	Clinical Director, TalkPlus
Chris Stark	Director of Nursing and Head of Quality
Dr Tim Cooper	Elected GP
Graham Butler (In Attendance)	Management Accountant





North Hampshire Urgent Care
Organisation Chart



NHUC Governance Structure

NHUC Management Council							
SDC Management Executive	TalkPlus Management Executive	Beggarwood Management Executive	Clinical Governance Committee	Remuneration Committee	Audit Committee	Nominations Committee	Information Governance Committee
<u>Chair</u> Chief Exec <u>Members</u> Medical Directors Director of Nursing Dir of Ops (OOH) HR Department <u>In Attendance</u> Chairman <u>Frequency:</u> Monthly	<u>Chair</u> Chief Exec <u>Members</u> Clinical Director (TalkPlus) Dir of Ops (TalkPlus) <u>In Attendance</u> Chairman <u>Frequency:</u> Monthly	<u>Chair</u> Chief Exec <u>Members</u> Dir of Ops (OOH) Medical Director Director of Nursing <u>In Attendance</u> Chairman <u>Frequency:</u> Monthly	<u>Chair</u> Non-Exec Director <u>Members</u> Medical Directors Director of Nursing Clinical Director <u>In Attendance</u> Chief Exec HR Department Non-Exec Director <u>Frequency</u> Quarterly	<u>Chair</u> Non-Exec Director <u>Members</u> Non-Exec Director <u>In Attendance</u> Chairman Chief Exec HR Department <u>Frequency</u> 4 times a year	<u>Chair</u> Non-Exec Director <u>Members</u> Non-Exec Director <u>In Attendance</u> Chairman Chief Exec <u>Frequency</u> 4 times a year	<u>Chair</u> Non-Exec Director <u>Members</u> 2 Council Members – one of whom a clinician <u>In Attendance</u> N/a <u>Frequency</u> As required but min annually	<u>Chair</u> Chief Executive <u>Members</u> Caldicott Guardians Non-Exec Director Dir of Ops (OOH) Dir of Ops (T+) <u>In Attendance</u> HR Department <u>Frequency</u> Annually

Appendix 3: Management Council Bio's and Photos

	<p>Martin Howell, Chairman</p> <p>Since retiring from a long career in the steel industry where he was much involved with the commercial side of the business both nationally and internationally, Martin Howell has been involved with the NHS since 2007. He was appointed as a Non- Executive Director of the South-Central Strategic Health Authority and then as Chair of Oxford Health NHS Foundation Trust until March 2019. He has also been a Governor of Oxford Brookes University since 2010 most recently as Deputy Chair of the Board. He has been Master of the Company of Cutlers in Hallamshire in 2008-2009. He is a liveryman and Freeman of the City of London</p>
	<p>Felicity Greene, Chief Executive</p> <p>Felicity is an experienced commercial director with 20 plus years in the Medical Device and Pharmaceutical Industry much of which was at Director Level. Felicity has lived and worked in the United States and Germany and has held International Marketing Director and General Management posts for many years. Felicity then joined the NHS as a senior manager for a large acute trust before moving onto an Executive Director role in the only combined trust in the country. Felicity then joined South, Central and West CSU as their Director of Operations prior to moving to her current role as Chief Executive of North Hampshire Urgent Care.</p> <p>Felicity has a passion for keeping the patient at the centre of everything we do, for actively working as part of a complete system and, as a registered Pharmacist, in ensuring the voices of the clinician are clearly heard. Felicity has an MBA from one of the UK's leading business schools and is a Chartered Marketer and a fellow of the Chartered Institute of Marketing.</p>



Chris Stark RN RM BSc (Hons) NMP PG Cert

Chris Stark is an experienced senior Advanced Nurse Practitioner (ANP) with a wide and diverse background in both Primary and Secondary care. She qualified as an RN in Oxford in 1983 and then went on to be a Midwife before joining the QARANC as a nursing officer for 8 years serving in Aldershot, Germany and Cyprus. On returning to the UK she started to work in primary care as a practice nurse and then trained as an ANP graduating from London South Bank university in 2012. Chris joined NHUC as a triage nurse in 2006 and has progressed to become Director of Nursing and Quality in 2019. She is married, has 3 children and lives locally. Outside of work Chris is an avid reader being a member of 2 book clubs and enjoys paper crafting, cooking and escaping to the allotment at weekends.



David Brooks, Non-Executive Director

After 20 years in senior roles within the food industry, David has been undertaking a range of non-executive and advisory activities since 2009 - initially in consumer goods within the food and beverage sectors, though now primarily in consumer related activity in a broader range of organisations. He currently holds three other Board level roles, as well as acting as an advisor and investor in developing food businesses, trying to cycle at least 100kms a week, and being as active as possible within Cookham Dean Cricket Club as a player, and within the junior section looking after the older age groups.



Karen Thorburn, Non-Executive Director

Karen Thorburn has 38 years' experience in and around the NHS. As Registered nurse and health visitor, she has practiced in both acute and community settings and uses that experience in her Non Executive role.

She has held executive roles in both provider and commissioning organisations including Surrey Heartlands ICS and has worked for NHSE in the Quality Directorate. Her primary focus has been on quality assurance and quality improvement and clinical governance.



Tim Cooper, Elected GP (From May 2019)

Tim Cooper, newly qualified GP whose portfolio includes working as a GP partner at Chineham Medical Practice, Clinical Lead for Mental Health at North Hampshire CCG and as a Clinical Director for Whitewater Loddon PCN. Works for NHUC 3-4 times per month.



Tracy Harris – TalkPlus (IAPT) Clinical Director

Tracy Harris, Clinical Director of TalkPlus, completed her training as Clinical Psychologist at Birmingham University in 1992 having already achieved her first degree at Southampton University and an MSc in Applied Psychology at Cranfield University. Her first clinical psychology post was with West Surrey and North East Hampshire Health Authority where she worked in Adult Mental Health and Family Therapy Services. Whilst in this role she completed 3 years of Family Therapy training at St Georges Hospital. In 1999 she joined Loddon NHS Trust for a period of 3 years, during which time she set up a psychological service for people experiencing psychosis. Following this post she joined Rushmoor and Hart Psychological Therapies (RHPT) team in 2002 during which time she managed a team of Mental Health Advisors and was part of the team which led the NHUC and RHPT bid for the IAPT (Improving Access for Psychological Therapy) service. She has been Clinical Lead of TalkPlus since its inception in 2010 and has enjoyed being part of the service expansions and successful renewal of the IAPT contract in 2014. Tracy is married to Tim and they have two sons. Originally from Wales, she would prefer to spend her weekends walking the South Wales coastline (the best beaches in the world!) or climbing Welsh hills.



Caroline O'Keeffe – Medical Director

Caroline is an experienced GP and Trainer with a background in Urgent and Pre-Hospital Care with proven leadership capability, and the ability to collaborate and innovate through periods of change. This has been demonstrated during the COVID pandemic as she led the North Hampshire COVID response. She has a background in Urgent Primary Care and has delivered medical care around the globe as well as leadership training and remote expedition support.

She trained in Bristol and London, and has lived and worked in Sudan, South Sudan and Kenya. She relocated to North Hampshire in 2013 and worked as a GP Partner in a large Town Centre practice from 2013 to 2021 and held the role of PCN Clinical Director from 2020 to 2021. In addition to her role with NHUC, she holds a clinical leadership role with HIOW ICS focusing on expanding the Virtual Ward services and integrating these across Primary, Secondary and Community Care aiming to provide the right care, for the right patients at the right time, keeping the patient at the centre of everything we do.

Glossary

4HLCSB	4 Hampshire Locality Children's Safeguarding Board
ACP	Advanced Care Practitioner
AHP	Allied Health Professionals
ANP	Advanced Nurse Practitioner
CCG	Clinical Commissioning Group
CD	Controlled Drug
CHIE	Care and Health Information Exchange
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DHSC	Department of Health and Social Care
ED	Emergency Department
FPCS	Frimley Primary Care Service
FHFT	Frimley Health Foundation Trust
HCSW	Healthcare Support Worker
HHFT	Hampshire Hospitals Foundation Trust
HI	High Intensity Therapist
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
IG	Information Governance
IUC	Integrated Urgent Care
KPI	Key Performance Indicators
LAC	Looked After Children
LTC	Long Term Conditions
MET	Missing Exploited Trafficked
MOU	Memorandum of Understanding
NEHF	North East Hants and Farnham
NH	North Hampshire
NHUC	North Hampshire Urgent Care
NQR	National Quality Requirements (for OOH providers)
NP	Nurse Practitioner
NMP	Non-Medical Prescriber
OOH	Out of Hours
PALS	Patient Advisory Liaison Service
PCC	Primary Care Consultation
PHL	Partnering Health Ltd
PSQ	Patient Satisfaction Questionnaire
PWP	Psychological Wellbeing Practitioner
RCGP	Royal College of General Practitioners
SBAR	Situation Background Assessment Recommendation
SCAS	South Central Ambulance Service
SCR	Serious Case Review
SERAF	Sexuality Exploitation Risk Assessment Framework
SI	Serious Incident
STP	Sustainability and Transformation Partnership
ST3GP	Speciality Training Year 3 General Practice
UEC	Urgent and Emergency Care
UHUK	Urgent Health UK



OUR VALUES



In your **Safe**
Honest
Open
Effective
Supportive

