

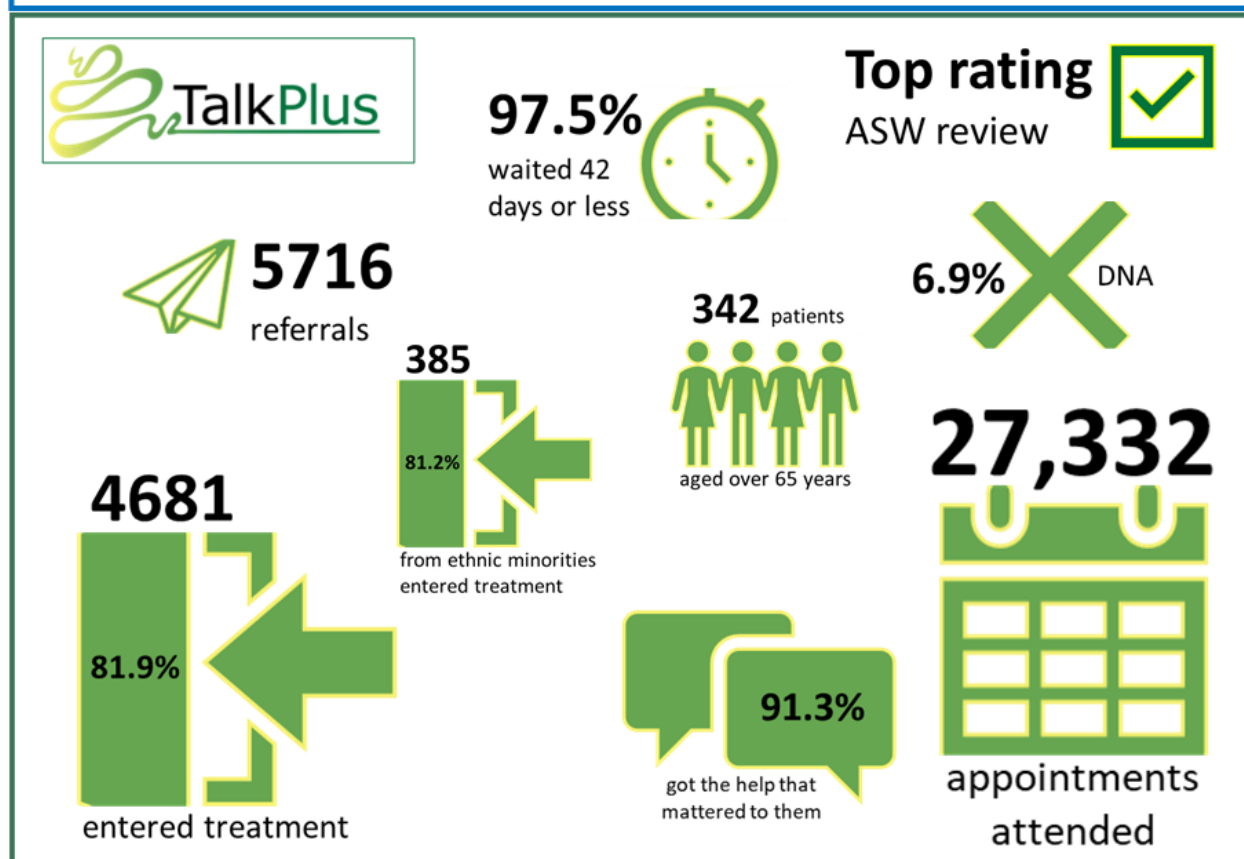
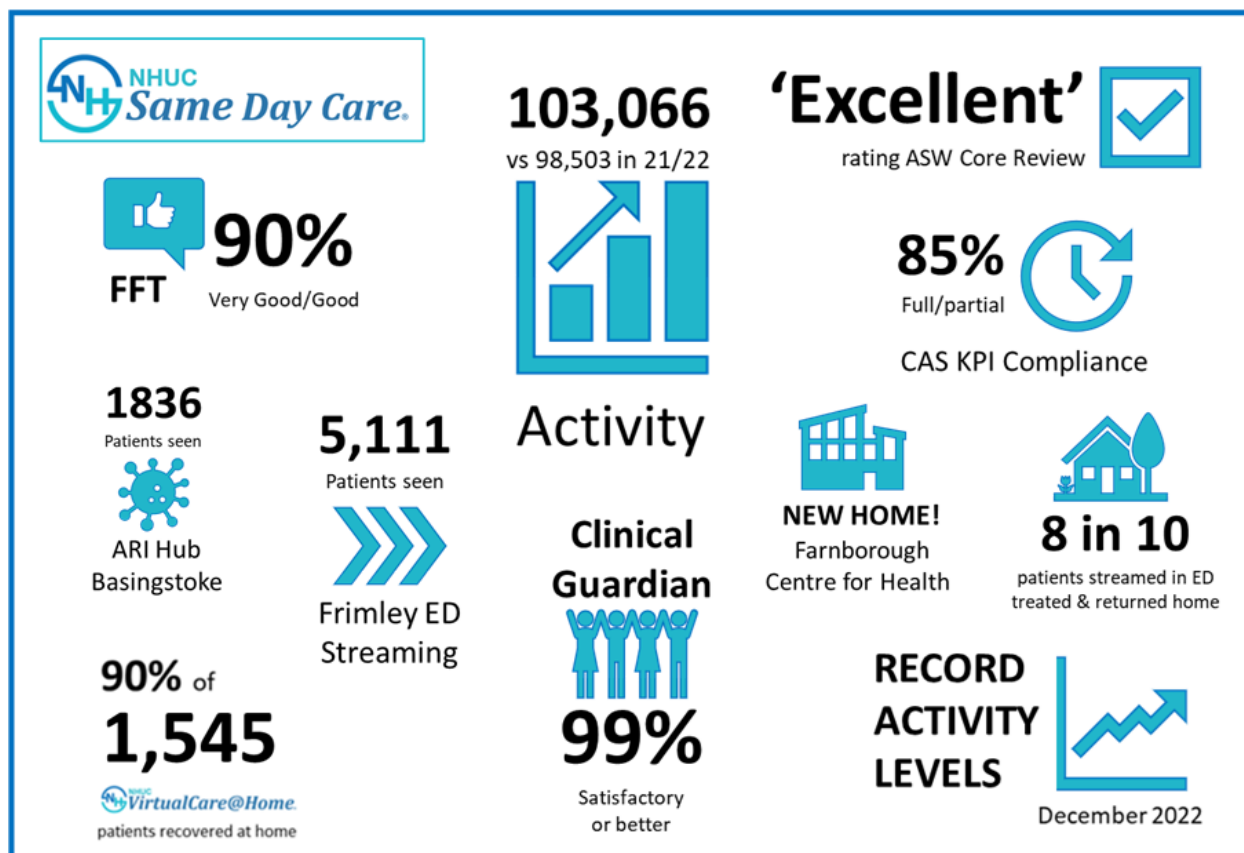


Annual Report

2022-23

In Your Shoes Safe
Honest
Open
Effective
Supportive

Our Services at glance 22/23...



Contents

1.0 Introduction & Membership	2
2.0 Chair's Review	4
3.0 Chief Executive's Review	5
4.0 Corporate Governance	6
4.1 Management Council	6
4.2 Committees	6
4.3 Management Executive	6
4.4 Freedom To Speak Up Guardian	6
4.5 Risk Management	7
5.0 Strategic Direction & Goals	8
6.0 Innovation	9
6.1 SDC Frimley Park Hospital ED Streaming	9
6.2 SDC Acute Respiratory Infection (ARI) Hub	10
6.3 VirtualCare@Home	11
6.4 TalkPlus FAST Pathway	12
6.5 NHUC Connect, our new digital home	14
7.0 Social Value	15
7.1 Green Plan	15
7.2 Equality, Diversity & Inclusion	18
8.0 Clinical Governance	19
9.0 TalkPlus	20
9.1 Headlines	20
9.2 Public & Patient Engagement	21
9.3 Project Highlights	21
9.4 Performance & Quality	24
10.0 Same Day Care	29
10.1 Headlines	29
10.2 Expanding Our Multi-Disciplinary Team	31
10.3 Education and Training	32
10.4 Performance & Quality	33
11.0 HR	39
12.0 Finance	40
Appendix 1 - NHUC Management Council	41
Appendix 2 - NHUC Governance Structure	41
Appendix 3 - NHUC Management Council Biographies	42

1.0 Introduction & Membership

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.

In 2021 NHUC took on the in hours clinical assessment service changing the Out of Hours service to a Same Day Care service (SDC). SDC covers a patient population of over 550,000 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 ICB and Frimley ICB 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 for these services with East Berkshire Place, who are part of Frimley ICB.

This year, Same Day Care also initiated the provision of primary care support to ED at Frimley Park and Basingstoke Hospitals as well as virtual care in the community for patients on a variety of pathways. We also work with our system partners and PCNs to provide additional services such as extended access and flu response to keep our patients safe in the community.

TalkPlus delivers NHS Talking Therapies via a contract that covers the patients of North East Hants and Farnham place, part of Frimley ICB. The contract was further extended during 2022/23 for an additional year until March 2024. We offer a core service focused on evidence-based therapy for anxiety, depression and insomnia. Whilst collaborating with local partners, we have well-established integrated pathways for people with Long-Term Physical Health Conditions and sleep difficulties. As well as offering employment support, our experienced team provide innovative single session therapy to people in need of one-off support.

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

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 323.

Our Mission

'To provide high quality, patient focused services for the population of North and Mid Hampshire and Frimley'

Our Values

...in your SHOES

Safe

Honest

Open

Effective

Supportive

Safe: Our patients and our staff are protected from abuse and avoidable harm. Our staff will act professionally at all times

Honest: We will be honest in all our communication with each other and with our patients. We will always act in the best interest of the health systems that we are part of and within the spirit of our entity as a community benefit society.

Open: The leadership, management and governance of the organisation will ensure that it promotes an open and fair culture which encourages learning and innovation.

Effective: Our patients' care, treatment and support will meet their individual needs, achieve good outcomes and is based on the best available evidence. We will work effectively as a team to achieve this.

Supportive: Our staff will support our patients, involve and treat them with care, compassion, kindness, dignity and respect. Our teams will be supportive of each other and treat each other with care and compassion.

2.0 Chair's Review



Looking back over my reports in recent years, it seems that pressure on our services is a continuous factor. Whilst the demand caused by Covid 19 has abated somewhat and with less severe symptoms generally, it remains with us. Demand, in general, has remained high in both our psychological therapies and urgent care provision. This has been particularly acute over the winter period and we have battled valiantly to maintain care for our service users in a determined and professional way. Once again, I want to record my thanks to everyone involved for their dedication and

magnificent performance.

The NHUC Council has met regularly to maintain its responsibilities for the oversight of NHUC performance and delivery of our strategic objectives. From the strategic perspective, we continue to look for innovative ways to support our local healthcare systems and you will read more about this later in the report. We have continued to work closely with our commissioners and healthcare partners to jointly provide high levels of care.

Financial pressures on the NHS continue to cause concern and NHUC is no exception in this regard. Despite these pressures, we have been able to generate a small surplus and maintain our financial reserves at a level which enables us to be confident for the future. We have ensured that we remain a very lean and agile organisation. Our overheads remain a small proportion of our total costs and we continue to operate on a value for money basis in serving our service users and commissioners.

I am confident that we will continue to provide the exceptional care that is our hallmark and I hope you enjoy the rest of our report.

Martin Howell, Chair

3.0 Chief Executive's Review



One of the joys of the annual report for me, is that it gives the opportunity to really reflect on the incredible work that we, as NHUC, have achieved over the last year, which in hindsight, is always a staggering array of achievements and new projects.

Those achievements wouldn't have been possible without all the incredible work done by our teams, so I must preface this with a heartfelt thank you, that whilst tired and pressurized from coming off the back of the pandemic, not only have we continued to provide excellent patient care, we have done so in novel and innovative ways. We always look at possibilities for continuous improvement and one area of ongoing focus is communication and a major project to help open these channels began during the year through the roll out of our new intranet, NHUC Connect.

TalkPlus continued with their innovative long term conditions work but also introduced the FAST Pathway a real ground breaker for patients with busy lives, such as some of our NHS colleagues, who needed the space to talk. Their focus on patient engagement and how to improve access has brought our service to a wider audience who have benefited throughout the year. The team grasped the opportunity of the relaxation of Covid rules to move back into The Meads and hold hybrid togetherness days to keep the teams in touch with each other. Having undergone a rigorous external audit on quality and care pathways previously we wanted to ensure we had embedded learnings from this and continued to excel so invited Audit SW to come back in and reaudit TalkPlus who were given the highest possible rating of "significant assurance" a real testament to the way we do things and how the teams operate – congratulations!

Same day care also had an exceptional year, truly supporting the systems we work in, establishing ED streaming at Frimley Park Hospital to ensure primary care patients who went to ED get seen by a primary care clinician and the Acute Respiratory Hub at Basingstoke Hospital. Our virtual care team looked after an increasing number of patients over what became a very challenging winter with Covid and Flu, expanding their reach from Covid Oximetry at home to cover a spread of respiratory diseases and acting as a wrap around for patients presenting at the hub. On top of that we relocated the Frimley arm of the service back on patch moving into our new home at Farnborough Center of Health, proved our business continuity plans worked during the extended Adastra outage over the summer and were ranked joint top in the UHUK Staff Patient Safety Survey for the third year running!! All in all a tremendous performance from the team, thank you.

Finally we continue to develop as an organisation with an increasing focus on our green plan and our approach to Equality, Diversity and Inclusion, which, along with our financial stability, finishing the year with a small surplus which we can reinvest for the good of our community, allows us to continue to strive to be a great place to work and to provide the best possible care for our patients.

Felicity Greene, Chief Executive Officer

4.0 Corporate Governance

4.1 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 two Non- Executive Directors, who serve on the Management Council. The Chief Executive is in attendance at all Council meetings.

Please see Appendices 1 & 3 for details of the membership of the Council.

4.2 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.

4.3 Management Executive

NHUC is led by two 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, Director of Operations Same Day Care and NHUC Director of Governance, 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 and NHUC Director of Governance with the Chair invited to be in attendance.

This year saw the introduction of the Change Approval Board (CAB). This brings together senior leaders from the two Management Executives to review and manage business cases. This has provided improvements in organisational visibility and rigor of new projects, and facilitated collaboration and subject matter expert input whilst maintaining our agility in decision making.

4.4 Freedom To Speak Up Guardian

NHUC fully supports freedom to speak up and embraces a positive open and learning culture.

Over the past year there have been 3 referrals to the FTSUG. Issues raised were alleged bullying, workload and wellbeing. All were resolved through informal routes, application of HR policy and support. There were no common themes identified through the cases.

Our Guardian has submitted Quarterly reports to NHUC Council and the National FTSUG portal and engaged with regional and national FTSU meetings.

In order to raise awareness our Guardian has presented at team meetings and ran a promotion in October, FTSU month, with a weekly poster campaign aligning with the national themes each week. This year the core message was #FreedomtoSpeakUpforEveryone.

- Speak Up for Safety
- Speak Up for Civility
- Speak Up for Inclusion
- FTSU For Everyone

NHUC has approved a new FTSU Policy which is now available on a FTSU specific page with links to national training on the staff intranet NHUC Connect. We would like to thank those who spoke up, it helps NHUC to continuously improve.

Karen Thorburn, Freedom To Speak Up Guardian

4.5 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 has continued to drive improvements in risk management following the full policy review in 2021/22. The Same Day Care ASW Core B review report found that:

'Overall, NHUC has appropriate risk management processes in place that support the identification, assessment, recording and reporting of risks. Details of arrangements, together with key responsibilities, are clearly outlined within an up-to-date Risk Management Policy. Good practice was noted with regards to the inclusion of a RASCI (Responsible, Accountable, Supportive, Consulted, Informed) Matrix, which clearly depicts where delegated accountability lies for managing risk across the organisation...the arrangements now in place are robust. Good practice was identified in relation to the recent development of a risk appetite statement, which involved a series of workshops and Management Council input. The 2022/2023 statement, which had just been agreed at the time of our review, sets out the level of risk NHUC is prepared to take for each of the key areas outlined in its Strategic Plan'

The review identified further improvements to NHUC's approach including the management of the Corporate Risk Register and the way in which updates were made to our risk registers. All actions were put into place during this year and have added value to our processes. We have also seen improved engagement with our risk registers at Management Executive level, with Directors and Managers across our services taking control of risk management processes.

Steve Clarke, Director of Governance

Strategic Direction & Goals (2022/23-2023/24)

NHUC is an excellent provider of same day primary care & talking therapies through our SDC and TalkPlus divisions. Our mission is to provide high quality, patient focused services for the population of North & Mid Hampshire and Frimley.

We are focused on widening our impact across our Integrated Care Systems through:

Our Services

High Quality, **Safe**, Patient Focused & **Effective**
Committed to Continuous Improvement
Innovative & **Open** to Opportunity

Our People

Valued Individually
Supported to Develop & Flourish
Succeed through Teamwork

Our Sustainability

Value for Money
Honest & Evidence Based Decision Making
Collaboration with Partners & Systems



Goals

- Leading innovation in 24/7 urgent primary care
- Widening the Multi-Disciplinary Team so we have the right person with the right skills in the right place at the right time.



Goals

- Strengthen governance rigor whilst maintaining agility
- Deliver Green Plan & EDI Pledge
- Invest in external relationships & collaborations



Goals

- Further enhance strong reputation through excellence & delivery
- Expansion of Long-Term Health Condition work
- Renew contract and prepare for opportunities to develop & grow

Our Values.....In your

Safe

Honest

Open

Effective

Supportive

6.0 Innovation

6.1 SDC Frimley Park Hospital ED Streaming

Through collaboration with Frimley Health Foundation Trust and Frimley ICB, SDC's Frimley Park Hospital Emergency Department (ED) streaming commenced on the 4th of July 2022. The foundation of the service is built upon a strong working partnership between Frimley ED and NHUC. The service saw 5,111 patients from July to the end of March, which reflects the leadership and teamwork between NHUC and Frimley Park ED staff members.



The Service is based out of two clinical rooms in the Emergency Department of Frimley Park Hospital and is staffed with an administrator and two clinicians (GP/Advanced Clinical Practitioner (ACP)). The service is open from 1000 – 2200, seven days a week, using Adastra as the primary clinical platform. As part of service adaptation, our clinicians also have 'read only' access to EPIC, the trust-wide clinical platform, thus aiding productivity.

The clinical model was agreed in collaboration with Frimley ICB, including the Chief Medical Officer and Frimley Health Foundation Trust. Due to the nature of primary care, the scope of inclusion is broad and requires the clinician to be adaptive and skilled in rapid triage and diagnosis. In addition, with the reintroduction of 4-hour ED targets, a key aim of the service is to ensure the patient's journeys are tailored to the correct expert alongside supporting pressures on ED.

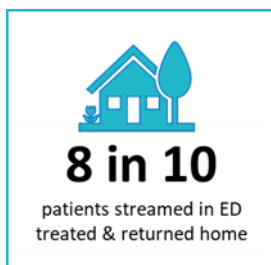
5,111

Patients seen



**Frimley ED
Streaming**

It was pleasing to see that throughout the year, the proportion of patients seen, treated and discharged home by the Service increased from 73% in Q2 to 83% in Q3. The proportion of patients returned to ED also reduced significantly (from 14% in Q2 to 6% in Q3) demonstrating improved streaming and joint working. The Service continued to refer to specialties directly as needed.



As part of NHUC's principles of robust governance, clinical notes are audited through our clinical audit system Clinical Guardian. We also regularly obtain patient feedback using a PSQ card issued to patients at the streaming service. We strive to maintain the best patient care standards, reflected in fantastic feedback from patients and other services we work alongside.

"The service was great, I felt I got seen and then taken to the relevant department (in this case surgery for appendix) much quicker than if I'd had to wait and be processed by Emergency. The nurse and paramedic that saw me were excellent, on the ball and I felt well cared for."

"Bedside manner with my 2 year old was great and we didn't feel rushed. I was assured that we had done the right thing to come in."

"The level of care received was outstanding. It was quick and efficient and I was made to feel so comfortable and listened to. Honestly first class treatment, a fantastic service."

6.2 SDC Acute Respiratory Infection (ARI) Hub

The North Hampshire ARI Hub was a collaborative service covering 15 Primary Care practices, 5 PCNs and 230,000 patients. This built on a strong collaborative base for this cohort, developed during the Pandemic where a central service delivered a COVID Assessment Centre, Winter Assessment Hub and a COVID Oximetry Service for this population. The ARI Hub was based in two clinical rooms in the Emergency Department of Basingstoke Hospital and was staffed with an Admin Lead and two clinicians. Those clinicians were a combination of GPs and ACPs.

The Hub was open from 1000 – 1800 seven days a week, using EMIS Hub as the single clinical platform. It was closely aligned with NHUC's ARI@Home Virtual Care service, which allowed ongoing monitoring of patients who might otherwise need admission to hospital. The clinical model was aligned with the National Guidelines for the management of Acute suspected respiratory infectious disease. This was clearly detailed in the ARI Hub SOP. Of note, on 1st March 2023 the inclusion criteria for the service were broadened to include other acute infectious conditions. We obtained patient feedback using a PSQ card issued to all patients at the Hub and obtained clinician and stakeholder feedback both during and at the conclusion of the service, looking for areas for improvement.



Source of Referrals into the Hub

- Primary Care - Direct Booking into EMIS Hub
- 111CAS - Direct Booking into EMIS Hub
- ED Streaming from Front Door – verbal conversation and Direct Booking
- 999 SCAS - Call before Convey into the CCC (Clinical Communication Centre) – Direct Booking
- Virtual Wards - CCC – Direct Booking
- UCR - CCC – Direct Booking

Once patients were referred to the service, they were asked to present to the front door of ED and to inform the Triage Nurse that they were due to be seen at the ARI Hub. Some basic observations were carried out and they were directed to the ARI Hub waiting area. Suitable patients who presented directly to ED were identified by the Triage Nurse and then a discussion was had with the ARI Clinician and patients were streamed to the ARI Hub waiting area.

Patients were assessed and treated by the ARI Clinicians including Point of Care testing if appropriate and an electronic prescription (EPS) prescription was generated on EMIS for a patient to collect from a local pharmacy. The patient did not enter the ED itself, and the ARI Hub clinicians did not have access to CXR, bloods or any ED investigations. This was important as this was a Primary Care service.

Onward referrals were made as necessary either for admission to hospital via SDEC or the Medical/Paediatric take, or to Virtual Wards or the patient was sent home with advice and safety netting. All clinical notes were made in EMIS Hub giving real time visibility to the patient's own GP.

Outcomes

Over the 87-day period that the Hub was open, 1836 patients were seen and during this period utilisation of the service grew as referring clinicians began to understand and trust the service. In keeping with the direction of travel for urgent care and in line with the Fuller Stocktake, most of the patients that were seen were young, with over 50% <35 years of age and fewer than 5% aged over 75. Primary Care was the main referral source, referring 78.5% of the patients seen at the Hub. Direct booking from the 111 CAS was enabled during February and accounted for 12% of all referrals in total. ED referred 172 patients into the service and is identified as an area for development for future similar models.

1836

Patients seen



ARI Hub
Basingstoke

Most patients were discharged home from the service with advice and safety netting for self-management. This was a significant and powerful admission avoidance tool. A total of 91 high-risk patients (5%) were admitted to Virtual Wards for ongoing monitoring instead of admitting them to a physical hospital bed. A total of 69 patients (3.8%) were admitted to hospital.

The ARI Hub also presented an opportunity to pilot the use of two different Point of Care tests (POCT) during the three-month service. In both cases, the principle was to evaluate how helpful the Point of Care testing was, and to ensure that patients were only tested if the clinician felt it would change their management. The aim of POCT was to reduce antibiotic prescribing, and to identify those patients who might benefit from specific therapies from their respiratory illness, such as antivirals for COVID and Influenza in the appropriate groups.

Same Day Care's online Patient Satisfaction Questionnaire was expanded to include the ARI Hub, with all patient feedback overwhelmingly positive. Narrative comments included:

"I was very happy with the nurse who saw me and the time she took to ensure that she got to the root of the problem."

"Excellent fast service. Very impressed."

"On time and a first-class service."

"The clinician who assessed me was amazingly helpful and informative. The service from reception was also above and beyond. It was lovely to be looked after by polite and friendly staff."

"Prompt & efficient."

6.3 VirtualCare@Home

The North and Mid Hampshire VirtualCare@Home service is well established and has cared for over 1,500 patients during 22/23. The service has expanded from the Covid Oximetry@Home service to one that monitors patients with not only Covid but also Acute Respiratory Infections and Asthma with other services being developed for COPD and Diabetes.

The provision of the service requires the cooperation and a robust working relationship with GP Primary Care Networks (PCNs), Hampshire & Isle of Wight Integrated Care Board

(HIOW ICB), Hampshire Hospitals Foundation Trust (HHFT), South Central Ambulance Service Foundation Trust (SCAS), NHS Digital and NHS England, with support from the Wessex Academic Health Science Network and the IT Innovation Centre, University of Southampton.



Patients can be referred to the pathways within the VirtualCare@Home service via their GP practice, SCAS, HHFT, Urgent Community Response Team and Home Visiting Teams within PCNs.

The service is staffed with one nurse and one administrator and is open for referrals Monday-Friday 08.30 – 19.00 and monitors patients remotely 7 days a week from their homes using their monitoring kit and the *InHealthcare* platform.

Those who are unable to use the platform are supported by the nursing team to collect their readings. All communications and readings are added to EMIS Hub so that there is a continual audit trail of care for the patient and the availability of patient consultation notes for the GP.

We ask patients to complete a survey once they are discharged from the service in order to improve, change and adapt to their needs. Our culture and values are such that we are committed to working together as a system and with our patients, providing a safe working environment for all concerned. Where we can learn together and share our learning, thus make improvements through rapid cycles of "plan do study act" and we are committed to improving outcomes for the people we serve.

"A really great service and excellent service. This should be the way forward."

"Amazing service. Felt really looked after at what was quite a scary time as I had never been so ill. Felt like my illness was taken seriously and felt reassured that I could reach out if I needed further help. Was also good that I could stay at home close to my 7 month old baby instead of being admitted to hospital.."

"I thought you were absolutely brilliant, you knew that I was on my own and made a point of talking and reassuring me every day. You helped me make the right decisions about when I needed to talk to the Doctors. Thank you."

"It was really useful; made me feel cared for rather than forgotten and unassured. I also had a place where I could ask questions without feeling I was wasting medical time. I would thoroughly recommend."

"Excellent service hope funding continues so the unit can remain open. Staff were very knowledgeable and kind."

6.4 TalkPlus FAST Pathway

The Service identified the need to develop a new pathway in order to meet the needs of the local population. The FAST Pathway was developed for:

- patients in psychological distress who meet the criteria for treatment but are not suffering from a mental health disorder (e.g. work stress, Covid dilemmas & situational problems)

- early intervention treatment before people develop a psychological disorder (e.g. panic attacks not yet panic disorder)
- people who typically drop out of therapy early (e.g. young people) or people who might not access IAPT otherwise (busy people such as NHS front-line workers and care workers, men)

The FAST Pathway is different from the standard Talking Therapies (formerly IAPT) pathway due to the following:

Focused – You will focus on one issue

Active – You will go away with an action plan to use after the session

Soon – You will be seen soon, often within a week

Treatment – You can go on for further doses of treatment if appropriate

In a FAST pathway session the therapist uses the techniques they have learnt in their Talking Therapies training (assessment, formulation, CBT tools) to focus on a particular issue and bring about change quickly. A full assessment takes place before the FAST session then (if appropriate) a FAST treatment session (often within a week) and then a review about a month later when further treatment, including the possibility of full dosage, is an option, where appropriate.

The pilot commenced in March 2020 with specialist training & ongoing supervision provided to therapists. There is currently a team of 15 therapists who offer FAST sessions amongst other treatments - including four High Intensity Cognitive Behavioural Therapists, four Psychological Well-being Practitioners, two Clinical Psychologists and five Counsellors. Results have demonstrated:

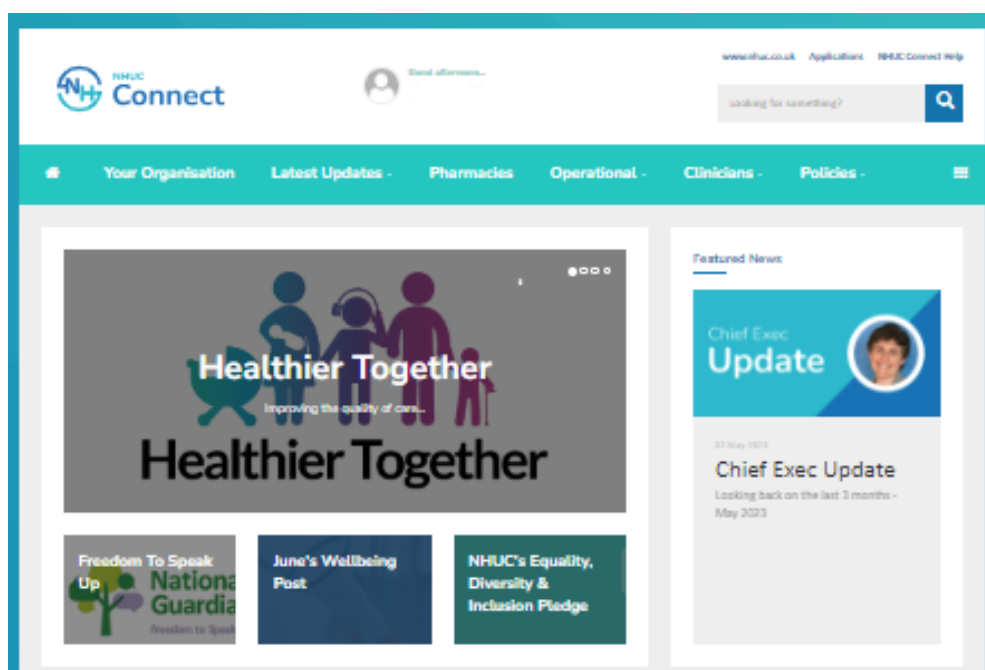
- 66% recovery for patients discharged after assessment, FAST and review only
- 77% reliable improvement for FAST patients discharged after assessment, FAST and review only
- Over 50% of patients require only an assessment, a FAST session and review.

Promising results for people who have gone on for full dose treatment after a FAST pathway session. The FAST session has been found to facilitate engagement and orientation towards treatment

This approach has also shown to be particularly beneficial in young people (aged 16-25) who show a recovery rate of 47% for standard IAPT (vs 55% for the service) with a FAST recovery rate of 67% following assessment, session and review.

6.5 NHUC Connect, our new digital home

NHUC has seen another transformative year with a continued growth in the number of services provided and the introduction of new innovative processes. Our desire for continuous improvement and to help the wider system has of course brought about many changes, whether in the form of policies or how we have adapted our processes and procedures to meet unprecedented demand on our services. It is with this in mind that we need to support our colleagues and teams and ensure access to important information is available in real time, from anywhere.



To meet this need, NHUC Connect is being developed as a central platform which, in its current iteration, contains repositories for useful Operational and Clinical information, NHUC policies and operating procedures, weekly and daily news, other useful resources and more recently some of NHUC's future strategies and plans. Feedback from a survey extended to all Same Day Care staff in January was positive and seen as a clear step in the right direction with regard communication, responding to incidents and raising visibility of NHUC's longer term strategies.

During early 2023/24, we hope to have an improved version of NHUC Connect ready to make available to all members of NHUC with a dedicated page for each branch of the NHUC Organisation. Working closely with both clinical and administrative staff, we are building a strong understanding of what 'meaningful' information looks like from both perspectives and we will be adapting both content and functionality to make NHUC Connect the digital workspace that our people deserve.

7.0 Social Value

Social Value describes the positive impact that an organisation can have on its local community, encompassing social, environmental and economic benefits. As a Community Benefit Society, NHUC has the opportunity and responsibility to tackle challenges and deliver benefits for local people. Our approach must reflect the roles we have:



An employer: We employ and contract with people from across our local communities and beyond.

As a provider of healthcare: We are responsible for hundreds of physical and mental health interactions with our local populations on a daily basis

As a system partner: We deliver and shape our services in collaboration with two Integrated Care Systems and have a role to play in influencing strategy.

Our Principles	Our Commitments
Inclusivity <ul style="list-style-type: none"> Ensure our approach is embedded in our culture and can benefit everyone 	Prioritise Equality, Diversity & Inclusion - We will strive to ensure that NHUC is a place where all staff and patients feel safe, listened to, and that they belong.
Community Benefit <ul style="list-style-type: none"> Understand our local communities and work with them in ways that benefit them 	Be a great employer - We will enable all our people to flourish & further their careers.
Collaboration <ul style="list-style-type: none"> Work with our local community and system partners to make lasting, positive change 	Involve our community - We will actively involve our local community through meaningful engagement and co-design.
Innovation <ul style="list-style-type: none"> Ready to work and think different, share learning and promote best practice 	Deliver our Green Plan - We will deliver improvements in our ways of working to support the Greener NHS Net-Zero objectives.
	We will work in partnership - We will maximise our systems working to deliver benefits for our communities.
	Monitor & Report - We will measure the impact of our work and communicate our outcomes and share our learning.

This year has seen NHUC commence delivery of its Green Plan and develop an Equality, Diversity & Inclusion Pledge. NHUC looks forward to progressing its further Social Value Commitments during 2023/24.

7.1 Green Plan

Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS (Greener NHS [england.nhs.uk](https://www.england.nhs.uk/greener-nhs/)).



This year NHUC introduced its inaugural Green Plan. This sets out how the organisation will address the net zero challenge for the National Health Service. The Greener NHS National Programme published its strategy, *Delivering a net zero National Health Service* in October 2020. The report set out trajectories and actions for the entire NHS to reach net zero carbon emissions by 2040 (80% reduction by 2028 to 2032) for the emissions it controls directly, and 2045 (80% reduction by 2036 to 2039) for those it can influence.

The plan is focussed on fulfilling four overarching goals;

1. To embed striving for net zero impact into our culture and integrate into our work
2. To deliver reductions in carbon emissions, environmental impact and climate adaptation in line with stated NHS target trajectories
3. To work collaboratively with partners to achieve our goals and align our approach and initiatives with those of our ICSs
4. To gain a reputation as a provider committed to the net zero ambition

The plan is focused across the following areas;

- Workforce & System Leadership
- Sustainable Models of Care
- Digital Transformation
- Travel & Transport
- Estates & Facilities
- Supply Chain & Procurement
- Medicines
- Adaptation

The plan will be delivered in two phases in order to build strong foundations that will enable sustained delivery. Phase 1 (2022/23) saw NHUC complete a full stock-take, deliver on short term objectives, build awareness across our workforce and engage with our Integrated Care Systems. NHUC has already made significant progress across a number of the Green Plan focus areas, particularly in Digital Transformation and Sustainable Models of Care.

Phase 2 (2023/24 onwards) will see NHUC deliver medium and long term goals (such as low or no emission Same Day Care vehicle fleet), support system approaches and review our plans based on progress and new initiatives/technologies.

The board lead for this plan is the Chief Executive. It is delivered by the Green Working Group in conjunction with the Same Day Care and TalkPlus Management Executives and reports directly to the Management Council.

NHUC Green Plan In Review 22/23

Phase 1 Priorities 22/23



Green Working Group established & complete initial Green Plan

- Green Working Group established, look to widen via workforce engagement
- Green Plan 22/23 agreed by Management Council
- CEO Board level lead. Updates via Management Execs
- Estates – Reduced heating use at the Meads by amending timings during out of hours and weekends



Build workforce awareness & engagement

- NHUC Green Plan page in place on NHUC Connect
- Carbon Literacy Training in progress for Green Plan Working Group Team
- Reduced single use items and promoted recycling at the Meads.
- Engagement activities planned for 23/24



Electronic solution for Same Day Care Patient Satisfaction Questionnaire

- SDC online survey revised and in place covering Clinical Assessment Service, FPH ED Streaming & HHFT ED ARI Service
- Clinical Assessment Service survey started in March 23. Reductions in paper survey use expected in Q1 23/24



Embed Environmental Sustainability Assessment for business cases

- Environmental Sustainability Impact Assessment developed and agreed to accompany all business cases reviewed by Change Approval Board



Integrated Care Systems Engagement

- Established links with HIOW ICS via HIOW Sustainability & Energy Group
- Established links with Frimley ICS via FHFT/ICS Sustainability Lead & Greener NHS England South East
- Working with UHUK members to understand & share approaches to net zero



Minimise supply chains and rationalise medicines to reduce waste

- SDC medicines rationalization – Controlled Drug stock reduced by over 50%. This will reduce wastage due to expiry whilst also supporting safety. Remaining stock reviewed and found to be suitable for needs.
- CD Stock Security – Switched to small tamper proof labels to maintain security vs use of plastic bags preventing use of approximately 500 plastic bags per year.
- Weekly CD checks now conducted by 'on-site' teams reducing vehicle mileage by 1,600 kilometers per year, equivalent to 0.5 tonnes of CO2 emissions.
- SDC/TalkPlus joint ordering & stock process in place covering office supplies

Phase 2 Priorities 23/24



Ultra-low emission/zero-emission Same Day Care vehicles

- Scoping commenced due to long lead times to implement
- Reviewing options ahead of potential fleet replacement in 2024

Our Values.....In your

Safe

Honest

Open

Effective

Supportive

7.2 Equality, Diversity & Inclusion

NHUC developed its first Equality, Diversity & Inclusion Pledge during 2022/23. The pledge introduces NHUC's EDI principles and commitments and organisational approach. The Pledge is fully supported by our Management Council and will be driven by a Strategy Group, an Engagement Group and most importantly by all those involved with our services. It is our intention that all patients, staff, contractors and partners are able to positively shape this work. We recognize that this work can be challenging on many levels and it is with this in mind that we ask you to join us in stepping forward together in a supportive and caring mindset. Specific actions will be developed during 2023/24 by Our EDI Strategy & Engagement Groups, with updates and assurance provided via our Management Executives and Management Council.

NHUC has responsibility as:

- **An employer:** To ensure all who work for us and with us are welcomed and feel valued as individuals and have equal access to opportunity
- **A provider of healthcare:** To ensure that all patients and their families/carers receive high quality care and are treated with dignity, respect and compassion
- **A system partner:** We deliver and shape our services in collaboration with two Integrated Care Systems and have a role to play in influencing strategy.

Our Principles

Inclusion – We will welcome and value everyone. We will provide opportunities for our people to learn, recognize unconscious biases and take positive action to address them.

Diversity – We will strive to provide a workplace that enables a culture of creativity and innovation through a wide range of backgrounds and mindsets. We will recognize, respect and celebrate each other's differences.

Equality – Fairness & Opportunity. We will ensure that individuals or groups of individuals are not treated less favourably because of their protected characteristics. We will also ensure that everyone has the same, fair access to opportunities.

Always – We are committed to making NHUC a place where all people are welcomed, valued and treated fairly with equal opportunity. Our IDEALS will be part of everything we do.

Our Commitments

Work with and listen to our patients, our staff & contractors - Establish easily accessible ways for all our people to be heard and influence our work

Build diverse teams with inclusive cultures - Review our recruitment approach & develop a clear understanding of the diversity of our people and their experiences

Educate and empower - Develop and promote a diverse and inclusive workforce and ensure our leaders enable organisational culture change

Take action and challenge our ways of working - Take decisive action to address exclusion and inequality & increase the visibility and outcomes for diversity & inclusion

8.0 Clinical Governance

NHUC Clinical Governance Committee (CGC) meets quarterly to review patient safety, patient experience and clinical effectiveness thus ensuring regulatory compliance and supporting ongoing learning and improvement. Clinical Governance Committee has a well-established approach to assurance activity. The Committee includes executive representation from across TalkPlus and Same Day Care and is chaired by a Clinical Non Executive Director.

Innovation and improvement are key to the clinical governance approach in NHUC and through the Committee assurance and oversight is gained through audit, reflection and learning.

NHUC Clinical Governance Committee has continued to focus on assuring delivery of safe and effective services through a period of sustained increase in Same Day Care demand significantly above predicted. Same Day Care has introduced innovative new care models which have been developed and assured through the committee.

TalkPlus has delivered innovative approaches to working with the local communities and undertaken focussed engagement activity.

Whilst this year performance has been challenging the committee has been able to assure Council of the high quality of services provided by NHUC.

Karen Thorburn, Clinical Governance Committee Chair, Non-Executive Director

9.0 TalkPlus

9.1 Headlines

ASW Assurance Review 'Significant Assurance'

In 2022/23 ASW Assurance were commissioned to undertake a review of staffing, safety, governance, performance & quality monitoring, meeting patient needs and the patient pathway. The overall conclusion was that the Service met the highest criteria of 'Significant Assurance'.

They found that TalkPlus has robust arrangements in place in the majority of areas considered as part of the review. A wide range of improvements have been made since the 2019 review, including in the completion of pre-employment and ongoing clinician professional registration checks, induction training, record-keeping of incidents, complaints and safeguarding cases and performance monitoring mechanisms. They found a good culture that promotes continual improvement and that TalkPlus aims to effectively support staff in the delivery of services.

Good mechanisms were in place for identifying and taking into account the needs of its patients, including the specific needs of minority groups, and works proactively to review and enhance access. The service is proactive in community and public engagement and works effectively with local stakeholders and healthcare providers. The patient pathway is consistently followed to minimise the risk of delays or issues arising throughout a patient's journey.

The main areas for improvement are in the completion and recording of clinical skills and case management supervision meetings, in line with national Talking Therapies requirements and the self-declaration process for obtaining assurance that self-employed clinicians remain up-to-date with core mandatory training. An improvement plan was commenced in Q4 and will be completed during early 2023/24.

Move to The Meads 4th Floor

April 2022 saw the introduction of the new Operations Manager role to bridge the gap between Operations Director and Administration Manager, which has proven instrumental in getting the team back to a 'new-normal' way of working, namely the move from 5th floor Meads to the 4th floor. This was a mammoth job and our first face to face appointments started in May 2022, with the rest of the year focused on increasing uptake of face to face space, and by the end of the year we were close to capacity with 1657 face-to-face appointments in Q3 & Q4 combined compared with 330 in Q1 & Q2 combined.



We also managed to secure a clinic space in Farnham at Hale Community Centre, which is proving to be a great space, with 1.5 days clinic and successful COPD course running in their main room.

9.2 Public & Patient Engagement



During the year we conducted 60 promotion and outreach activities, comprising of events, meetings, courses, and presentations. Twenty-one of these activities were long term conditions focused work, predominantly with other services, including Frimley cardiology team, Frimley cancer team, Integrated care team, Farnham neuro team, and Farnham PCN.

We attended 22 separate promotion and outreach events at locations including Farnborough College of Technology, University for The Creative Arts Farnham, Fleet Over 55's Forum, Aldershot Garrison, Rushmoor Healthy Living, and Surrey Pride.

Patient Voice

Patient Voice work was conducted between 1st December 2022 and 9th February 2023, with an online survey being sent to 565 patients upon discharge. We received 85 responses (response rate 15%), which was a 183% increase in the number of responses compared to the last commissioned service review. Respondents usually commented positively about their therapist, with therapists being described as good listeners, non-judgemental, professional, empathetic, and easy to talk to. When asked how their therapy could have been improved 22.4% reported that they could not find improvements to be made or responded with 'N/A'. The most common aspects respondents felt could be improved upon were having more sessions, having face-to-face sessions, and flexibility around appointment times. The responses led to the development of 10 recommendations and were written up into a report. Currently, work is being undertaken with both clinical and non-clinical staff to identify workable improvements which can be made to address aspects brought up by respondents. We have also started a piece of co-production work with a mental health group in Yateley, focusing on not suitable for service communications.

9.3 Project Highlights

Employment Advisers/Richmond Fellowship

TalkPlus has a team of employment advisers embedded within the Service who are employed by Richmond Fellowship. In 2022/23 the team received 737 referrals from across the Service, of which 77% of clients engaged were in work at the end of our intervention. At 6 months, 89% of these clients remained in employment.

Client Feedback

'The Employment Adviser (EA) has been extremely helpful in supplying job website links, booking workshops and generally being a hub for needed resources and support.'

'The EA has been a very positive part of my journey and her heartfelt input truly appreciated.'

Long Term Conditions – Working in Partnership

We are proud of our partnership with our local PCNs and Health Trust. We have co-facilitated courses including "Living Well with COPD" with Farnham PCN, "Managing Well

with Diabetes” with Oakley Health Group, Long Covid courses with Frimley Long Covid team and Integrated Pain course with Frimley Pain service.

We have fully participated in initiatives associated with the NHS Long-Term Plan such as the Aldershot Health Inequalities meetings, North East Hampshire & Farnham Place Hypertension Prevention, Detection and Management group, Frimley Cardiac team, North East Hampshire & Farnham Place Physical Activity group, Farnham Target for admin staff, Rushmoor Whole Systems Approach to Obesity, Healthier Communities Group. We have been able to bring our expert knowledge of both physical and psychological wellbeing to develop joint interventions and protocols.

Culturally Sensitive Supervision

In early 2023 we made a decision as a service to help all clinicians build a culturally sensitive practice as much as possible. It was agreed that the most effective way to do this was for a leading external expert in this area to provide training to all clinical supervisors and case managers, and for them to disseminate this learning to their supervisees and those they case manage. The training was very well attended and received excellent feedback from those attending.

We realised the importance of follow-through, and so further updated our clinical skills templates based on our learning from the training. Specifically, we were more explicit about enquiring about the ‘social graces’ of the patients (gender, geography, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexuality, sexual orientation and spirituality) and also revised the template to ensure these were considered in the supervision question and the action plan, if appropriate. A key learning from the training was that culturally sensitive practice extended beyond recognising differences, to being curious about the patient’s lived experience, and their identity more generally.

We followed up by asking clinicians for positive examples of how the training had helped them be more culturally sensitive clinicians:

‘During an initial assessment I asked a patient the question "is there anything from your background, culture or the way you live your life that you would like me to know?"

She replied "actually, I am from Ghanian descent and I'm a practicing Christian. I really appreciate you asking me, thank you, as a lot of people don't seem to care about things like that"

Psychological Well-being Practitioner

‘Working with a lady who stated on her referral her ethnicity as "black other". She mentioned that she moved from London a few years ago and so I asked her about her family who live in London and their background and culture. This opened up a conversation about how much she misses the culture there, the things she does to keep it a part of her identity (e.g. listening to podcasts about black women and culture) but also of some of the difficulties that she experienced when she was younger that are often perceived as quite "normal" within her culture.

She reported that despite quite extensive and various therapy she's had in the past, that she's never been asked about these things before but has found it really insightful to better understand the difficulties she experiences today.’

High Intensity CBT Therapist

Military Veterans Project

Promotion and liaison was a key focus for the year. The Service attended the Aldershot Garrison Health Fair, Veteran's Breakfast Club and presented to the Listening Project and also advertised in Listening Project e-newsletter. Social media campaigns were run for Armed Forces Day and Remembrance Day including the introduction of a social media therapist video clip. Audits were also completed for recovery, prioritisation and administrative processes.

Male Mental Health Project

The men's project has had an active year. We have worked in collaboration with the perinatal group to deliver new support for dads in the perinatal period which resulted in a workbook for practitioners to use with patients and a new group for dads. We ran a social media campaign around 'Movember' which included a team photo wearing moustaches, a team member partaking in growing a moustache and a team member completing walks in aid of Movember awareness. We have distributed posters in the locality raising awareness of men's health and the dads group.

Learning Disability & Neurodiversity Project

This year we have produced two comprehensive staff resource packs; one for Learning Disability and one for Neurodiversity. They were both presented to our teams as part of a Togetherness Day to ensure they are well utilised and make a difference for our patients. We also introduced a 'good practice in Learning Disability & Neurodiversity' as a standard part of our staff induction programme.

Young Person's Project

During 2022/23 we conducted an audit of non-recovery data, looking at how best we can support our younger patients with their engagement. Analysis indicates that the longer the waiting time, the increased likelihood of drop out. We are continuing to work closely with the FAST team to improve the retention and recovery of our younger patients.

We have also been out to many events in the local area, mainly at schools/sixth forms including University for The Creative Arts Farnham and Farnborough College, with further dates planned throughout 2023/24.

Social Media

Since recruiting our Social Media Partner, there has been much more of a focus on creating and using videos on our social media platforms to enhance engagement and give a more human approach to the way we connect with people. Around Christmas we worked with Farnborough Football Club and Aldershot Town Football Club to create two really engaging videos. Both videos aimed to normalise experiencing mental health problems, encouraged seeking support, and both received over 2,000 views, advertising the message 'We are stronger together.' We have also recently been working on our 'Work for us' section on the website with TalkPlus Therapists giving genuine insight into what it is like training to be a Therapist with TalkPlus.



Over the course of the year we've evolved the overall aesthetics of posts to a more modern and engaging style. Added to that, the language has become more conversational and

inclusive in a bid for it to cut through and truly talk to people. We've seen a great rise in reach and engagement levels across all platforms and also gained key unofficial partners who continue to champion our work who are active in the community.

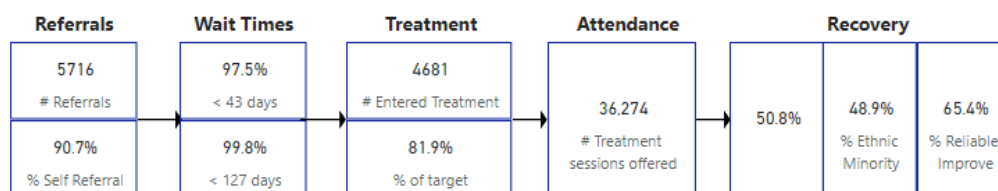
9.4 Performance & Quality

2022-23 saw TalkPlus move towards the tail end of recovery of the service from the covid period. By the end of the year, referral numbers had almost reached their pre-covid levels and we were looking to meet the access KPI regularly moving forward. Recovery for the year exceeded the 50% target and the quality measure of Reliable Improvement remained high as a testament to the effectiveness of the treatments we delivered. All this despite the level of complexity of presenting problems remaining high. In the circumstances, and when compared to surrounding services, these reflect a strong performance throughout the year.

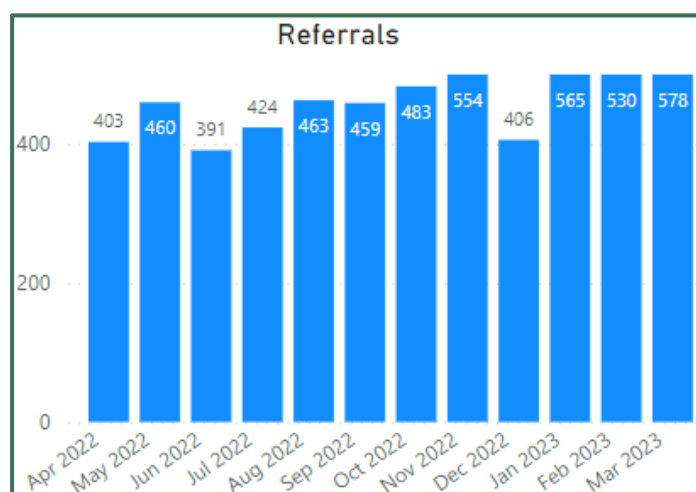
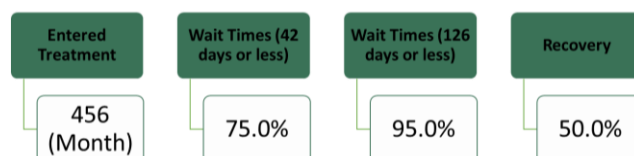
97.5%
waited 42
days or less

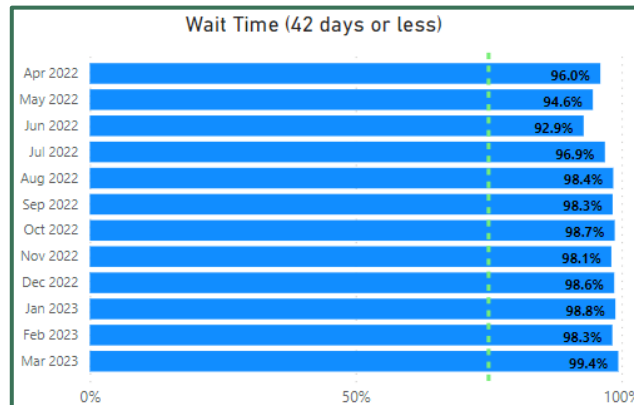


Performance Summary

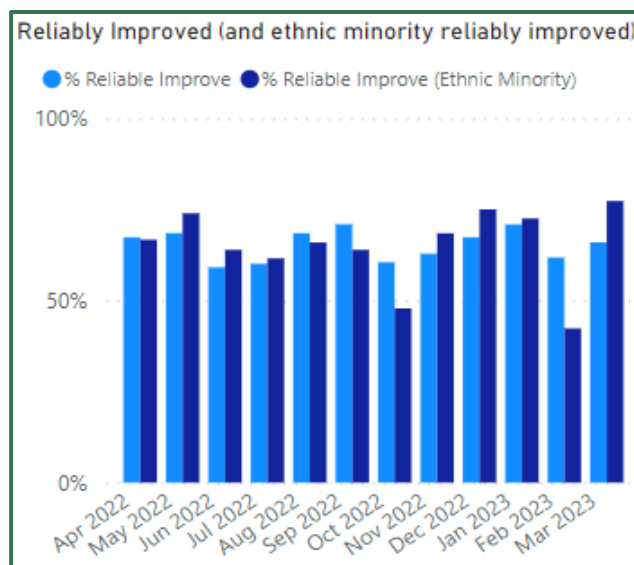


Performance Targets

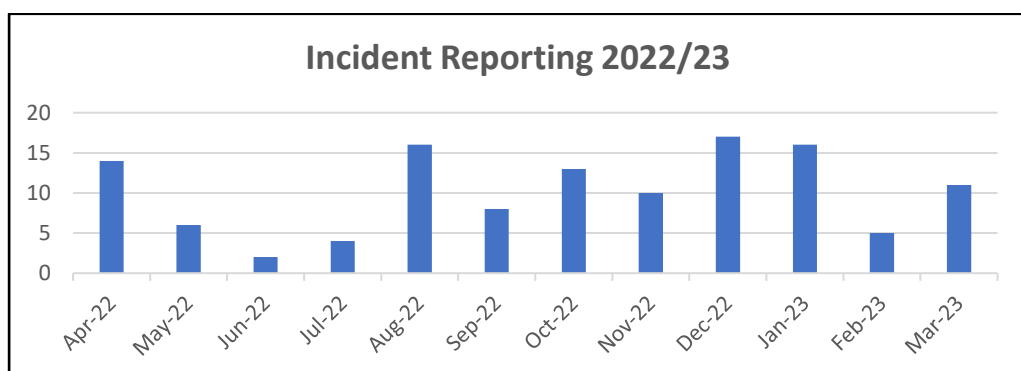




Outcomes



Safety



Incident Reporting

There has been a gradual increase in incidents reported from Q1, recording 20 incidents, Q2 reporting 28 and Q3 recording 40 incidents. It is recognised that higher levels of incident reporting is associated with improved safety culture. This dropped back slightly in Q4 to 32 incidents being reported. There was a change in how we report patient deaths from October 2022 on the advice of the Quality Lead of the ICB, these are now reported as Serious Incidents rather than patient incidents. The increase in incidents are due to the most common category of incidents being clinical incidents, which relate to clinical and

admin processes. These incidents were largely down to processes not being followed, such as letters being sent or information not recorded. As a result of this all new staff now attend an incident reporting session with the Business Process Manager as part of their induction and guidance was recirculated.

Q3 saw the largest number of incidents recorded (40). There was one Serious Incident in Q3 (patient death) which was later de-escalated. Incident reports increased in December, this was related to a number of incidents being raised following a care pathway audit. We did see a reduction in Information Governance (IG) incidents with Statutory and Mandatory training compliance sitting at 100% for IG training.

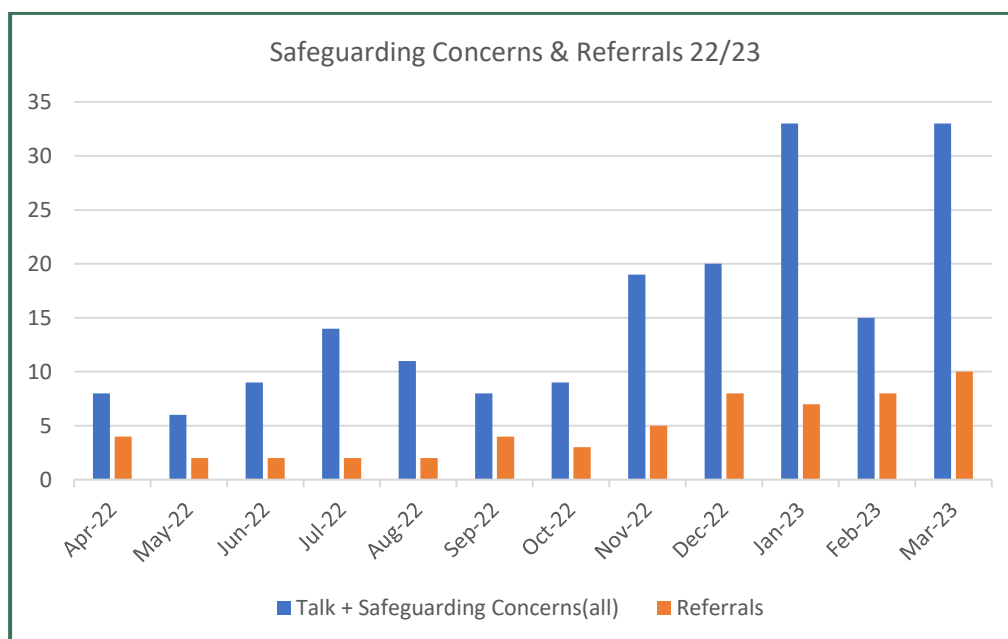
For the full year there was an increase in the number of incidents reported in all categories (total incidents reported 121) compared to 2021/22 (total incidents reported 104).

Safeguarding

Safeguarding concern forms and social services referrals have both increased significantly over the year with 11 being record in Q1, 33 in Q2, 48 in Q3 and 81 in Q4. Safeguarding activity was significantly increased - 217% for the full year (total SG concerns reported 185) compared to 2021/22 (total SG concerns reported 85).

Our Safeguarding Procedure was reviewed and updated in September 2022 with a review of the Safeguarding module on Sentinel planned. We carry out a quarterly Safeguarding audit of all cases with learning disseminated to the team.

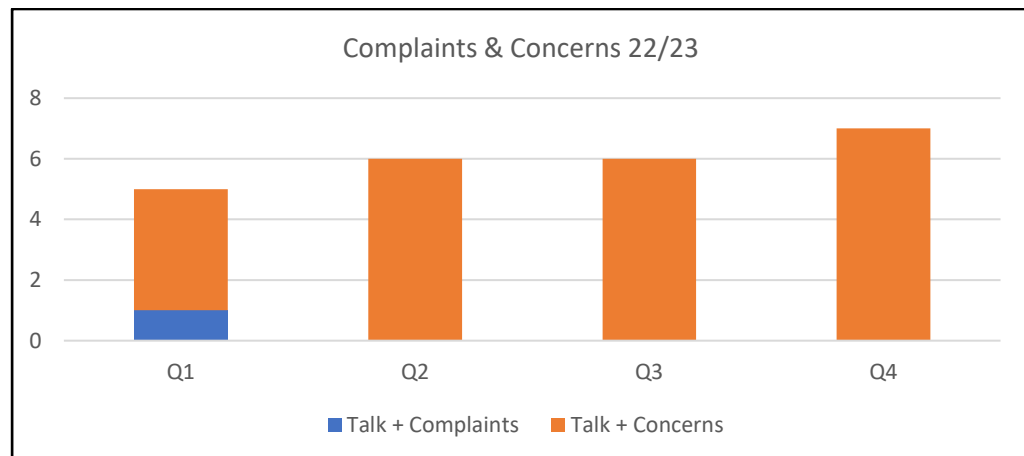
There has been two Safeguarding Training days delivered this year, highlighting the importance of making Early Help Hub Inter-Agency Referrals at first indication of families requiring support so we feel this has contributed to the significant increase in safeguarding activity across the year.



Patient Experience

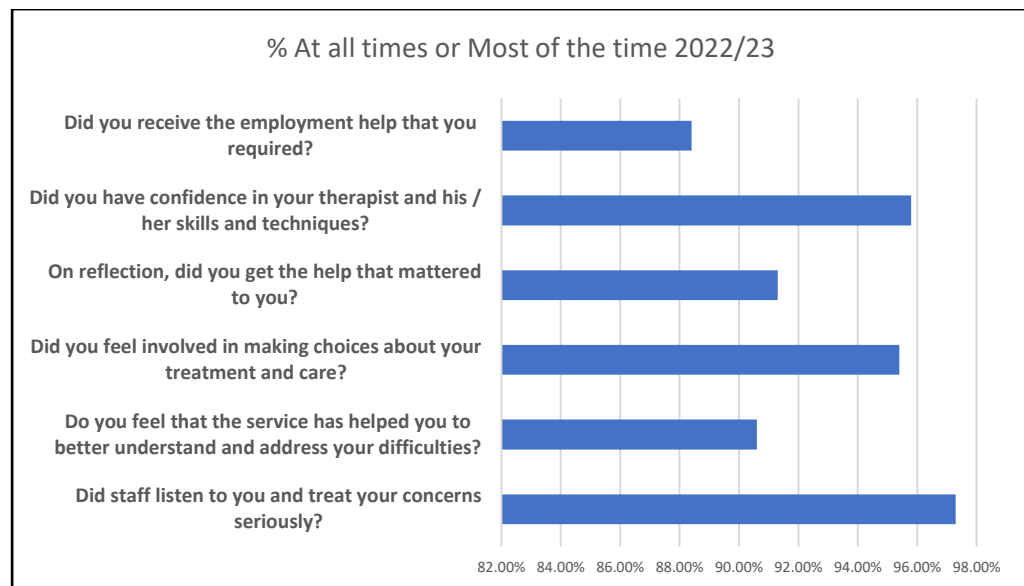
Complaints & Concerns

We record and investigate all concerns raised to us. Across the year we have received 23 concerns and one formal complaint in Q1. The main themes were patients complaining about therapist manner or relationship, and around suitability of the treatment provided to them. A review of the Sentinel complaints module was carried out via NHUC Sentinel Improvement Group. We have set up an annual audit of TalkPlus complaints and concerns in order to ensure all are dealt with appropriately and learning is disseminated.



Patient Experience Questionnaire

Patients are sent a questionnaire following completion of their treatment. The Service continued to receive high level of feedback throughout the year.



The questionnaire also provides space for patients to provide written feedback:

"I feel so much **more positive** and now I am being assertive, putting myself out there and **taking bigger chances** with my life both personal and professional."

"I have found that certain elements of the CBT have definitely helped me in every day life, possibly, without the sessions I would be worse off today."

"[My therapist] was very helpful, professional at all times, her advise was clear and easy to understand"

"[My therapist] really listened to me and I would not have made as much progress as I have without here. Cannot thank her enough, I feel like I've got my sparkle back."

"**Wonderful therapists who listened to my concerns and tailored sessions to what I needed.**"

"[My therapist] really helped me to gain insight into what was going on for me and together we worked through this, with [my therapist] supporting me to put some good strategies in place. Thank you"

10.0 Same Day Care

10.1 Headlines

UHUK Patient Safety Culture Survey 2022

NHUC has once again been rated joint top of the annual Urgent Health UK's (UHUK) Patient Safety Culture Survey. The survey is designed to assess organisational cultures in relation to patient safety. NHUC had 59 responses from our Same Day Care and TalkPlus services and scored above the UHUK average in 13 out of the 14 questions. The Patient Safety Culture Staff Survey is administered each year by ASW Assurance on UHUK's behalf and 2022 was the seventh year of running it in its current form. The survey was issued to all full UHUK members wishing to participate in early May 2022, for distribution to all salaried and self-employed staff. The survey was open from 13th May to 6th June. Staff from 15 UHUK members took part in the survey and in total, 1,245 individuals completed the survey. The survey has offered NHUC great insights for areas for improvement;

Staff Engagement – Despite being well ahead of the UHUK average in all but one area, our scores were generally lower this year in comparison with 2021. We know that the pressure on our Same Day Care (SDC) service has never been greater and this has a significant impact on our teams. However, SDC has made significant further progress in safety in a number of areas over the past year including incident and risk management. We also heard through our 2021 Staff Survey that our SDC teams would benefit from an increased presence from our executive and senior leadership teams during evenings and weekends. We also acknowledge that we can improve our communication with our frontline teams and are actively pursuing a range of options to achieve this. These actions will give us the opportunity to hear from our staff more effectively and ensure they understand the processes in place to maintain safety whilst also feeling more supported.

Training – Although significantly above the UHUK average (85% vs 66% positive score), our score has reduced in this area. In contrast to this, we heard that 91% strongly agreed/agreed that Trainees in my discipline are adequately supervised. This is an improvement on both our 2020 and 2021 scores. We have already commenced a review of our recruitment, HR and induction processes in order to ensure a smooth pathway to joining our service and provide an excellent induction process that highlights any on-going training requirement.

Workload & Performance – Despite an improvement in this area, just under half of our respondents told us that when their workload becomes excessive, their performance is impaired; this was below the UHUK average. We know that our SDC service continues to face extreme pressure along with our Integrated Urgent Care pathway partners. We have taken a number of steps in addressing this area including reviewing our SDC service escalation procedure, adding extra clinical resource to our overnight rota, expanding our remote triage capability and also upskilling our non-clinical support staff so they are able to take more proactive steps in managing periods of increased activity. We have also recruited a Clinician Relationship Manager who is responsible for growing and maximising our clinician resource. As part of this, we are also introducing an Advanced Clinical Practitioner (ACP) Framework that will ensure that we utilise the full skillsets of all our clinicians in order to improve safety and experience for our patients and frontline teams.

ASW Assurance Core B Review 'Excellent'

All members of UHUK have the option to take part in a quality audit and benchmarking programme, which includes participation in a core 'accreditation' review process. The core review is divided into two parts: Part A is completed first for all members, followed by Part B when the next core review is carried out. NHUC had Part A of the review completed in 2019 and opted to have Part B completed in July 2022. The overall aim of the core review

process is to aid members in improving their services through reviewing and assessing their internal systems and controls and, where appropriate, benchmarking performance. The review process provides assurance to the UHUK Executive and to individual member organisations that a range of appropriate systems and processes are in place, with agreed action plans established if any gaps in controls have been identified.

ASW Conclusion – *‘NHUC has well designed and operated controls in place in a wide range of areas considered as part of this review. We saw areas of good practice in relation to managing*

and developing the workforce to best meet patient needs, the handling and monitoring of safeguarding concerns and complaints, addressing and responding to concerns raised through patient and staff feedback mechanisms and the implementation of tools and processes that have enhanced access to services. NHUC demonstrates that it promotes and operates an open and honest culture and that protecting privacy and dignity is a key priority.

‘Excellent’

rating ASW Core Review



Appropriate controls are in place in relation to ongoing clinician checks, medicines management, performance monitoring and ensuring that confidential information remains secure. Good developments have been made in the past 12 months in a number of areas, including risk management and business continuity, with further work planned to enhance these areas. NHUC is also proactively looking to enhance the way that it engages with staff and the public, with a new intranet in development, plans to improve its public website and social media usage and joint work with commissioners to digitalise patient feedback mechanisms.

In some areas we identified improvements that could be made in order to enhance the robustness of the controls in place. This includes improving record-keeping in relation to risks, complaints and subject access requests, ensuring that there is robust monitoring of the information asset register and corporate level risks, and ensuring that all policies fully and clearly reflect current controls and processes.’

SDC implemented an action plan in order to deliver the recommendations outlined in the report. This was overseen on a monthly basis by the SDC Management Executive. Key actions/improvements now in place:

Staffing – Review of pre-employment check process & updates to Recruitment and GP Induction Policy

Safety – Updates to CD & Medicines Management Policy to reflect changes in practice to procurement, storage and disposal of medicines & improvement in availability of SDC business continuity plans via NHUC Connect & hard copies at all bases

Governance – Updates to the Complaints Policy, complaints letter templates and introduction of new Sentinel Complaints module & improvements in processes for managing Corporate Risk Register and changes to the format of all risks registers to better describe mitigations & updates

Meeting Patient Needs – Included a new question regarding privacy and dignity into Patient Satisfaction Questionnaire

Information Governance – Updates to Information Asset Register and Workforce Asset register introduced & Subject Access Request Policy reviewed and approved along with sentinel log for recording SARs.

Relocating to Farnborough Centre for Health

Following a patient engagement exercise the Frimley Primary Care Service (FPCS) relocated from the shared pandemic location of the Hook Surgery to the Farnborough Centre for Health; this took place in April 2022 and was an extremely smooth transition without incident.

Since the move we have positive assurance from both the practice staff and patients that it is great to have us back where our patients live



National Adastra Outage

In August 2022 the provider of Adastra was cyber compromised and whilst working with NHS Digital to resolve the issue had to withdraw the product. This led to a true test of our Business Continuity Plans and triggered some immediate actions to mitigate the outage, these included committing to message practices after each consultation to ensure continuity of care and reconciliation of cases received and closed.

Whilst this inevitably slowed our service delivery as 111 were simultaneously affected the incoming demand was slowed to a greater extent. This was declared as a national incident and we engaged on a local and regional basis in order to share and understand best practice in response to the outage; the models we implemented were taken up by many other providers.

As a consequence of the outage we reviewed our methods for remote workers to connect securely and this was followed by a transfer away from Adastra using our own secure Health and Social Care Network (HSCN) and Virtual Private Network (VPN) solution.

10.2 Expanding Our Multi-Disciplinary Team

In order to run SDC services safely, we have expanded the clinical team and currently have 21 Advanced Clinical Practitioners (ACPs), 3 trainee ACPs, 3 Triage Nurses and 9 Healthcare Assistants (HCAs) all working within SDC to enable the service to run safely. The team are currently supported by 6 long term agency ACPs.



The main role of the ACP remains as a triage and face to face clinician at base, but the ACP is also expected to undertake home visits if activity requires, and if the ACP is appropriately competent and experienced. The role requires completion of NHUC induction, in-house car orientation training and supervision to increase understanding of the role and skills required.

The past year has seen positive recruitment and retention of ACPs working across all sites in SDC and overnight shifts. The role has given stability to the rota and support to overnight clinicians. Having ACPs within SDC enabled the service to safely run the Hot Hub until it closed in June 2022, support ED Streaming in Frimley Park Hospital and support the Acute Respiratory Infection Hub at Basingstoke Hospital. The Covid Oximetry at Home (CO@H) was initially set up and run by Advanced Nurse Practitioners and Nurses and successfully managed over 5,000 patients. The team were dedicated and professional and won an NHUC award and in October 2022 won an UHUK award. This service laid down the foundations for the Virtual Care at Home service which is currently still led and run by Nurses.

ACPs are positive role models who support and mentor junior clinicians, deliver high-quality in-house training and undertake good clinical audits which gives a sound evidence base to change and shape future practice. Our new Health Care Assistants are also a valuable asset to the clinical team and currently comprise of 2 student nurses, a student Physicians Associate, student Paramedic Practitioner and a newly qualified Nursing Associate and work with the experienced HCAs to support our clinicians.

This has been a difficult and busy year and the team continue to embrace all challenges of increased activity, especially over the winter, and complexity of cases with a professional attitude in an ever-changing climate. The next year will undoubtedly bring new challenges to healthcare, but we are confident with a strong multi-disciplinary approach to delivering same day care effectively NHUC will manage to continue to deliver high quality care.

10.3 Education and Training

2022/23 saw a nearly full return to face-to-face training following the restoration of services post Covid 19. Basic Life Support courses returned as well as full study days and workshops. Post Covid 19 we have seen many changes in the workplace and although remote working and learning became the norm during the pandemic, it is now beneficial to have a choice of virtual or face to face training for our staff.



Deteriorating Patient Training - Over the past year NHUC delivered several training events to improve safety of patients and help to familiarize all staff working for NHUC in managing emergencies that may arise in the Out Of Hours environment. A team comprising of a GP, ACPs and a Registered Nurse delivered several sessions of interactive training across our sites in managing the deteriorating patient and emergency equipment familiarisation. These sessions were very well received, and staff feedback indicated that they now felt more confident to deal with an emergency situation.



Safeguarding Study Day - In November NHUC delivered a Level 3 Multi Agency Safeguarding day for TalkPlus and SDC clinicians and managers. The event was held in the Village Hotel, Farnborough, and was a very thought provoking, informative day. Feedback from all who attended was very positive and all learned from the input from expert guest speakers from MASH, HIOW Safeguarding leads and real case histories. NHUC plan to run a similar event in November 2023 with

the focus being on adult safeguarding Domestic Abuse and Mental Health.

Healthcare is changing and the way in which we need to deliver health care is also changing. NHUC is fortunate to attract highly professional ACPs who have a vast experience of working in all aspects of same day care and can work autonomously within a talented multi professional team to ensure all of our patients experience safe and effective care. We now have good IT to be able to manage remote consultations and we recognize having a team of Health Care Professionals to work together is vital to support this aim. Over the past year NHUC have supported Nurses in their non-medical prescribing and their courses to obtain an MSC in Advanced Practice. We have also been able to offer a Medical Student and Paramedic Practitioner a work-based placement which they both enjoyed and gave positive feedback from their experience gained in same day care. We are currently in conversations with a local university to be able to offer student nurses placements in same day care which will help futureproof our own workforce.

10.4 Performance & Quality

SDC reflects the experience borne by the wider NHS and for the year 2022-2023 this have never been more evident. Demand for our services has been driven to record levels as the NHS and the country recover from the Covid 19 pandemic with high levels of respiratory illnesses and reduced access to services leading to increased calls to the IUC.

Aligned with demand rising has been the state of the NHS's finances and where historically we could receive system support for increased costs this by large has not been available this year. We have responded with innovation and partnering with our systems to pilot and develop services such as the Basingstoke Acute Respiratory Hub and the Frimley Park ED Streaming. We have saved money without impacting quality by using our workforce differently and turning crisis such as the National Adastra Outage into opportunities to use our IT spend more effectively.

We end the year stronger if not financially poorer than we started with mature plans on how we can continue to develop as teams, services and ultimately the organisation.

SDC Services in 2022-2023:

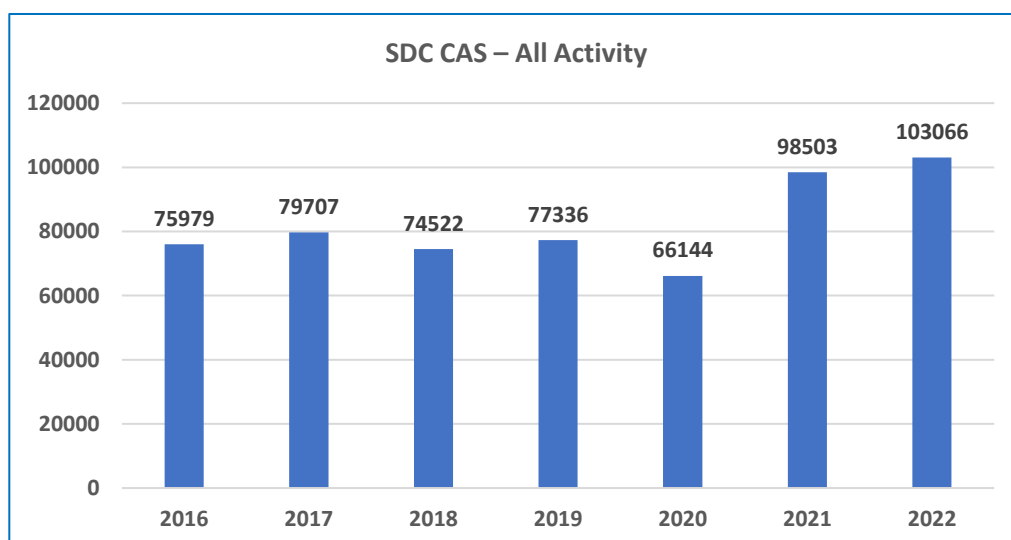
- SDC Clinical Assessment Service
 - IUC contract for Clinical Assessment Services
 - In Hours Primary Care Dispositions
 - Sandhurst APMS Contract
- Community Wards at Fleet, Farnham and Alton
- Prophylaxis for Care Home Flu Response
- Avian Flu Response
- Frimley Park Emergency Department Streaming
- Basingstoke Acute Infection Respiratory Hub

- Virtual Care At Home
- Enhanced Hours Same Day Care Service for Aldershot PCN
- Enhanced Hours Same Day Care Service for Fleet, Farnborough & Farnham PCNs



When comparing activity over the last three years it becomes clear how many more patients we are seeing. December and January, driven by a perfect storm of respiratory and Strep A infections and concerns were the busiest months the Service has ever experienced. If not for the August dip due to

the National Ad Astra Outage the activity for the year would have been even higher. Whilst the overall demand has increased the real pressure often relates to the complexity of presenting conditions leading to higher levels of face-to-face consultations. As an example, March 2022 saw 1211, whereas March 2023 saw 1952 face to face consultations. The additional 741 face to face consultations adding 370 clinical hours generating an extra £37,000 cost to the Service which is unfunded. This trend is continuing into 2023-2024.



The combination of increased demand and reduced availability of workforce led to poor rota fill and difficulty in reacting to activity surges and this is highlighted in our performance compliance for the early part of the year before recovering as the workforce picture improved.

Same Day Care has always reflected General Practice and its workforce, driven by the acute shortage of Doctors this has meant modern practice groups have diversified their skills mix more accurately to align the right level of clinician with the patients' needs.

85%

Full/partial



CAS KPI Compliance

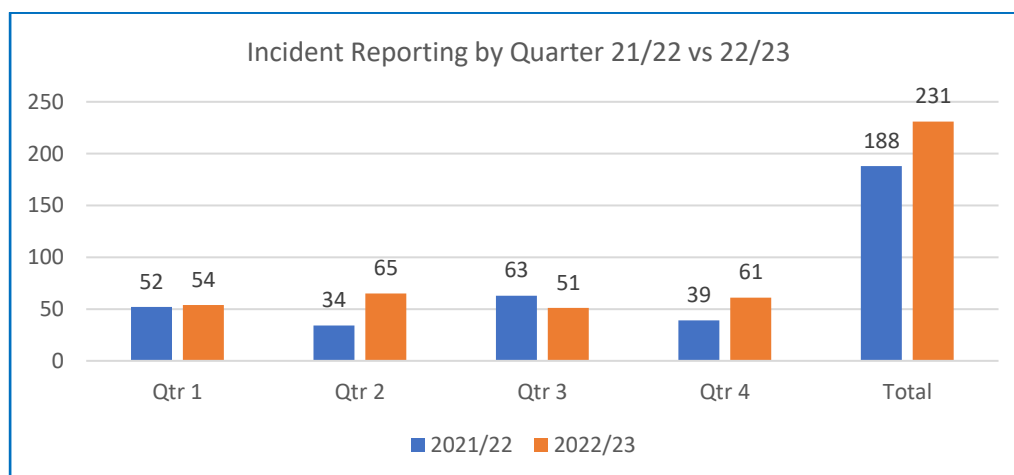
Following a business case to the board to enhance Advanced Clinical Practitioner rates to make NHUC a more viable option we have been able to significantly increase this element of our workforce. Whilst the increase in our clinical workforce skills mix was primarily directed towards matching the increased activity demands with additional resource a secondary consideration has been where the transition between clinicians has produced cost efficiencies at a time we most need them.

Safety

Incidents - SIs are managed as per other incidents via Sentinel but are subject to more formal investigation via Root Cause Analysis. An Initial Incident Review (IIR) is undertaken within 72 hours of the incident by NHUC's Senior Leadership Team and a summary report is composed detailing a brief timeline, incident summary and immediate actions taken. There were 2 Serious Incidents (SIs) reported during 2022/23. One involved an unexpected death of a patient following contact with the service and the other concerned a Safeguarding Near Miss. Both incidents were subject to a root cause analysis investigation and were closed following review by HIOW ICB pending completion of respective action plans.

Overall incident reporting was up by 23% (43 incidents) compared to 2021/22. There were a total of 36 incidents reported from new services to SDC for 22/23 (FPH ED Streaming, VirtualCare@Home and ARI Hub). When these are factored in, this gives an increase of 7 incidents in 22/23. There will always be some variation in reporting from year to year, although higher reporting is generally associated with a positive safety culture.

This year saw less variation in reporting from quarter to quarter – the highest reporting quarter was Q2 with 65 incidents and the lowest was Q3 with 51; a difference of 14. This contrasts with a difference of 29 in 2021/22 between the highest and lowest quarters (Q2 & Q3).



This year saw two unprecedented events take place that had a significant impact on SDC's CAS. The prolonged Adastra outage during August saw SDC CAS move into full business continuity measures for a number of weeks whereby access to Adastra was fully denied. Full functionality was only restored in late autumn with the restoration of remote access. The second key event was the exceptional level of demand on the service during December whereby activity broke record levels.

The Adastra outage created a month of markedly reduced activity as 111 were unable to manage their demand as effectively as normal. This in turn led to a significantly reduced level of activity for SDC CAS. Despite this reduced activity, incident reporting was healthy and enabled the Service to identify and improve processes during business continuity.

The activity in December created prolonged wait times across most dispositions and performance suffered dramatically against targets. Operational & clinical teams worked tirelessly to manage all patients in a safe and effective manner. It is likely that with this focus, incident reporting reduced while attention was diverted to direct patient care.

Clinical Incidents - The most frequently reported theme was Clinical Care with 44 incident reported across the year. This was followed by Administrative incidents (16) and Healthcare Professional Feedback External (12)/Healthcare Professional Feedback Internal (11). This year saw the addition of a new theme 'Excellent Care' in order for the services to capture these instances, learn from them and formally recognise the contribution made by those involved. There were also 10 reports regarding issues with Controlled Drugs.

The key clinical learning points were as follows:

- Updates to Adastra to support improved safety & governance for prescription generation
- Working with our teams to maintain clinical waste & sharps safety
- NHUC-wide policy updates to shared workspace and allergens
- Confirming Paediatric Guidance for the management of children under 3 months with temperatures over 38°C
- Processes for managing unwell patients at Farnborough Centre for Health
- Provision of Controlled Drugs for palliative 'just in case' purposes

Operational Incidents - The most frequently reported incidents were administrative, process and communication. There was a spike in reporting in August due to the Adastra outage with administrative, process and communication incident reporting numbers all peaking in this month. This demonstrates the correlation between increased operational challenges/issues and incident reporting and indicates a system functioning well to support learning and improvement for the service.

The key operational learning points were as follows:

- Review of 'comfort calling' triggers & introduction of 'comfort texts' during periods of significantly increased activity
- Management of rude/aggressive patient behaviour & follow up letters
- Working with local laboratories to improve safe & effective management of results
- Improving business continuity processes during the Adastra outage
- Management & security of prescription pads
- Working with system partners to understand & manage resource issues
- Supporting locally placed asylum seekers with our system partners

Safeguarding

Whilst 2022/23 saw the country enter the Recovery Stage of the Covid pandemic, patient contact in NHUC continued to rise post pandemic with a continual month on month increase in activity. We were very aware of the impact this could have on Safeguarding, particularly around the expected increase in mental health issues in young adults and an increase in self-harm cases. Working with local systems, we also became very aware of the increase in domestic violence and drug and alcohol abuse, which has raised the profile and need for safe and appropriate Safeguarding reporting within the organisation.

Overall patient contact figures for NHUC during the year 2022/23-year were 103,670 (previous year total contacts were 95,585) demonstrating a rise in overall activity. However, total Safeguarding concerns reported were 75, with breakdown in the table

below. There was a decrease in children's cases from last year's figure of 81, reflecting national trends.

	2019-20	2020-21	2021-22	2022-23
Total Contacts	77,336	62,617	95,585	103,670
Referrals to Social Services	51	108	109	75
Children	25	71	81	56
Adults	26	37	16	19

Clinical Guardian

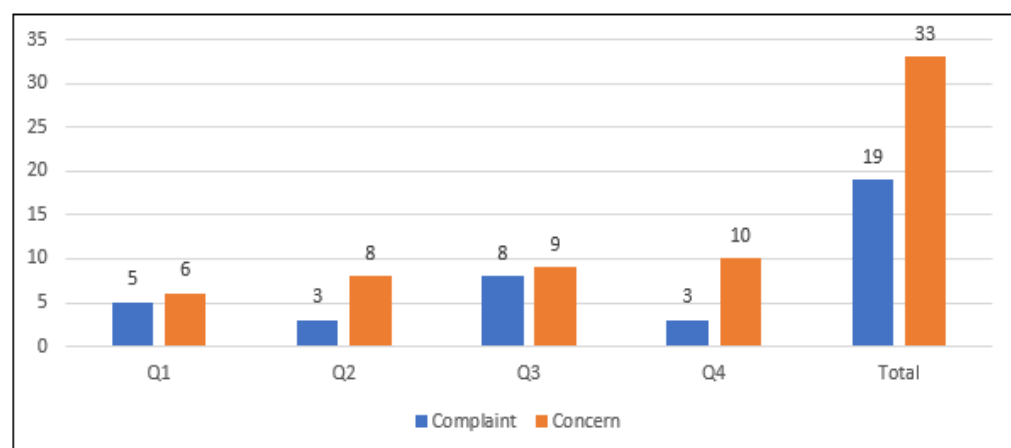
NHUC employs a digital system 'Clinical Guardian' which randomly audits between 3-10 % of all clinician's work. The programme is managed by two GP clinical auditors who use the RCGP audit guidance to grade the encounters from excellent to concern. A panel comprising the two clinical auditors, the Director of Nursing, Medical Director and either the CEO or Director of Ops in attendance reviews all cases that fail to meet the satisfactory level and review each case to decide if they are for concern or reflection. This virtual panel is now meeting monthly and provides feedback on all cases under the satisfactory level and where concerns are raised takes further appropriate action. Themes are generated from these meetings and learning is shared across the service via the clinical governance newsletter and a clinical governance panel review plan.



There were a total of 5084 cases audited by Clinical Guardian in 2022/23, representing 4.9% of all cases during the year; 99.2% (5044) of these were graded as 'satisfactory or better'. There were 40 cases graded as 'For Reflection' and no cases graded as a 'concern'.

Patient Experience

Complaints & Concerns - Complaints numbers (19) have remained in line with those seen in 21/22 (20). This represents 0.018% of all cases. A key theme was communication and expectation management particularly regarding complaints/concerns for paediatric cases.



Key Learning from complaints and concerns:

Paediatric Complaints & Concerns – There were a number of complaints and concerns raised throughout the year regarding the care provided to children. There were a number of differing reasons given for the feedback although the most common issue was

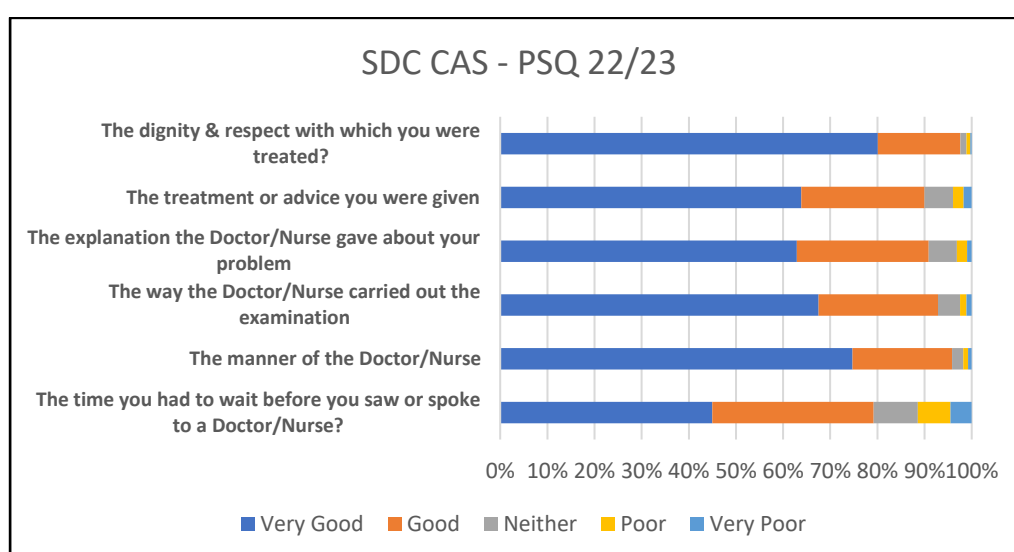
communication/explanation rather than the clinical treatment itself. Communication to clinicians regarding paediatric consultations was circulated through the year, highlighting the need for good engagement with both child and parent/carers.

Managing Patient Expectations – A number of complaints and concerns raised highlighted the expectation that patients have when accessing our service. This is particularly true with respect to the provision of antibiotics and controlled drugs. The majority of these cases demonstrated clinicians practicing appropriate antibiotic stewardship or safe prescribing of controlled drugs, which in many instances can be a frustration for our patients who expect these medicines to be supplied readily on request.

Safeguarding – One complaint involving a child safeguarding report was raised by the parents involved. Following review of the case, it was found that the actions of the clinician were appropriate. Complaint response complete. The family was been signposted to social services for more support in their enquiries

Waiting times – A clear theme identified via feedback on the Patient Satisfaction Questionnaire is waiting times both with NHS111 and for a call back from our service. This is not surprising given the periods of high activity that have aligned with clinical rota challenges. As a result of this, the service has escalated earlier in order to manage waiting times and reach out to patients earlier via comfort calling in order to manage both safety and expectation/experience. The monthly breach audit also provides triangulation of assurance around safety of those waiting for extended periods.

Patient Satisfaction Questionnaire & Friends and Family Test - Patient feedback via both FFT and the PSQ has remained overwhelmingly positive throughout the year despite the operational and demand impacts placed upon it during the Adastra outage in August and the unprecedented activity seen during December. Waiting times became a clear theme highlighted via the PSQ and a review of comfort calling and instigating comfort text messaging in order to best manage safety and patient experience.



The SDC PSQ also began to be offered via text message link following telephone triage during 22/23 in order to increase feedback and support our Green Plan.

11.0 HR

This has been an exciting year for NHUC, with the expansion of the services we offer including ED streaming at Frimley Park Hospital, Acute Respiratory Hub at Basingstoke Hospital and the Virtual Care @ Home service. This presented new opportunities for our staff with alternative routes to provide care to our patient population.

NHUC continued to launch the staff survey across all areas of the business in November 2022. Results show that over 90% of staff would continue to recommend NHUC as a place to work. The overall results led to constructive focus group sessions across the business resulting in suggestions for improvement over the forthcoming year. This is a true credit to the leadership teams but we acknowledge there is still room for improvement and will continue to work closely with staff on recommendations for the future.

In the forthcoming year, we are concentrating on our Equality, Diversity and Inclusion Pledge. Alongside this, 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 for NHUC through ever changing times, maintaining professionalism with a smile and continuing to provide quality care for our patients.

Sophie Avoth, HR Officer

12.0 Finance

The accounts for the period 01/04/2022 to 31/03/2023 are available in PDF form. If you would like a copy please email fph-tr.nhuc@nhs.net.

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 dormant.

NHUC has taken advantage of the 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	
	2023	2022
Turnover	13,536	12,532
Cost of Sales	(9,580)	(8,931)
Gross surplus	3,956	3,601
Administrative expenses	(3,864)	(3,155)
Other operating income	8	8
Operating profit	100	454
Interest receivable and similar income	5	1
Surplus before tax	105	455
Tax on profit	(10)	(89)
Surplus after tax	95	366

There was a decline in income in 22/23 due to handing back the Beggarwood practice of £1.33M. However this was totally offset and additional income generated to a total of £1M positive in 22/23 due to increased income of £1.6M from SDC through ED streaming and virtual care, and an additional £0.73M from TalkPlus driven mainly by trainee funding. Therefore overall income for NHUC grew by £1M year on year.

Cost of Sales grew by £7.3%, £0.65m, driven by pay costs for the above changes in services. Administrative Expenses increased by £0.71m to £3.86m, with the biggest changes in Pay, £0.47m, and IT costs £0.08m. The increase in pay was driven in part by the full year effect of staff taken on part way through 21/22. Despite these cost increases, NHUC's corporate overhead is only 5.6% of total cost.

Surplus before Tax fell from £0.46m in 2021/22 to £0.11m in 2022/23, largely as a result of increase in costs in Same Day Care and in Corporate.

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.

Sean Doyle, Finance Director

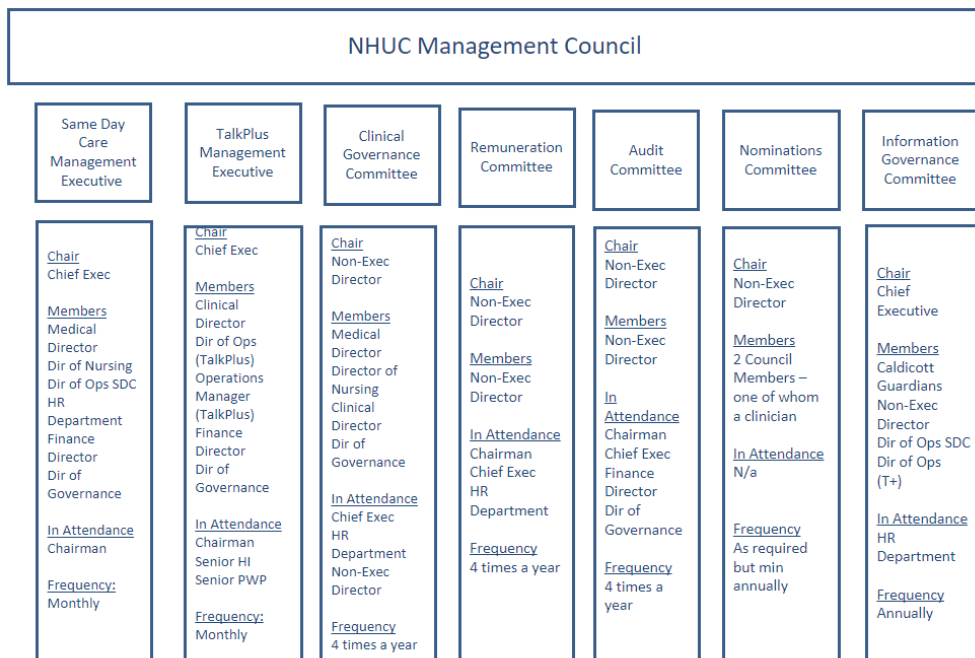
Appendix 1

NHUC Management Council

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

Appendix 2

NHUC Governance Structure



Appendix 3



Martin Howell, Chairman

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



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 four 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 an active club cricketer.



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.



Felicity Greene, Chief Executive

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.

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.

**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.

**Tracy Harris – TalkPlus 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.

**Chris Stark – Director of Nursing & Quality**

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.



Tim Cooper, Elected GP

Tim currently works as a GP Partner at Chineham Medical Practice and as Deputy Chief Medical Officer for Primary and Local Care, HIOW ICB with an focus on primary care strategy and transformation.



Rachel Probert, Elected Clinical Psychologist

Rachel is an experienced Clinical Psychologist with over 20 years of clinical practice across a variety of primary, secondary and tertiary NHS Mental Health Services. She currently holds a small clinical caseload for Talk Plus and offers supervision, training and mentoring. Aside from Primary Care work, Rachel has a background in forensic settings and specialist personality disorder services. She has extensive experience of working with individuals with complex needs, neurodiversity, trauma histories and risk. She believes in making services accessible to all and promotes contributions from individuals with lived experience of mental health difficulties in service development and delivery. Rachel holds a part time Consultant Clinical Psychologist role within a large London NHS Trust and has managed teams, been pivotal in securing and delivering prison healthcare contracts, delivered the roll out of therapy services across the Surrey prisons and managed contracts for specialist residential prison units. Rachel is commercially minded and passionate about growing and delivering exemplary clinical services that promote healthy work cultures that in turn nurture workforces and enable them to thrive.