HEALTH HERO

HealthHero Integrated Care Quality Accounts

2024-2025

Inspected and rated Outstanding

CareQuality Commission

Contents

Executive Statements

Chief Operating Officer Statement

Michelle Reader
Chief Operating Officer

With thanks to the hard work and unwavering dedication of all our teams, we continue to provide excellent services for the residents of Bath and North East Somerset, Swindon and Wiltshire.

Over the past year, we have continued to strengthen systems and processes to ensure that services remain responsive and resilient in the face of growing demand and changing population need. From refining our urgent care pathways to embedding new digital tools that support efficiency and effectiveness, our focus remains firmly on delivering safe and compassionate care.

It's a really positive indication of our safety-focused culture to see that incident reporting rates remain high. This means staff are comfortable raising concerns, and areas for improvement are spotted earlier.

While our people work tirelessly day-to-day to deliver the best possible individual care for patients, we also focus on continuously learning when things do go wrong, as well as when things go right, improving experience and outcomes as a result. The ways in which we do this are are described in detail in this report.

As an organisation, we are incredibly proud of our accomplishments over the past twelve months and find inspiration in the exceptional work carried out by our dedicated teams. The continuous improvement of our services is driven by innovation and action, with the adoption of best practices making a lasting, positive impact on our communities and our partners. Below are some key highlights from this year:

- Mobilising the High Intensity User (HIU) service in partnership with Wiltshire Centre for Independent Living
- Embedding the Patient Safety Incident Response Framework (PSIRF)
- Rolling out ICON training to all relevant teams
- Taking delivery of a new fleet of hybrid vehicles
- Achieving "Great Place to Work" accreditation
- Signing the Armed Forces Covenant

I look forward to the collective achievements and positive impact we will make in the year ahead. I hope you enjoy reading the HealthHero Integrated Care Quality Accounts as much as I have.

Medical Director Statement

Dr Sue Lavelle
Medical Director

I am pleased to introduce this report which demonstrates the high standard of urgent healthcare that we continually strive to achieve for the residents of BaNES, Swindon and Wiltshire.

Our clinical and non-clinical teams work together to ensure we provide a safe and effective service, going above and beyond to find the most appropriate care in the most appropriate place, according to individuals' needs. With the patient at the heart of what we do, we also aim to work collaboratively with our system partners to avoid unnecessary strain on the ambulance service, secondary care and ED.

Our multidisciplinary Clinical Leadership Team works tirelessly to ensure robust clinical governance and support continuing professional development across the workforce, always embedding any learning from incidents and complaints.

We are continually reviewing and adapting the functionality and accessibility of our systems and processes, to improve the patient experience and facilitate efficient and effective ways of working. We have made changes to our patient management platform, to reduce time lost to clinicians scanning a sometimes overwhelmingly busy queue of patients awaiting a call back, so they can focus instead on providing their clinical expertise. This has reduced delays for patients and cases breaching their callback time, whilst enhancing the working environment for our clinicians. We are continuing to investigate ways to improve this further, incorporating technology when helpful, ensuring accessibility and efficiency are maintained.

We are very pleased with the results of the patient satisfaction survey but will never be complacent in our drive for continued improvement. I look forward with enthusiasm and optimism to further opportunities for development in the coming year.

Company Overview

About HealthHero Integrated Care

HealthHero Integrated Care is a trusted and award-winning provider of integrated urgent, community and regionally-based care, proudly serving the communities of Bath and North East Somerset, Swindon, and Wiltshire (BSW). We are known not just for what we do, but how we do it—with compassion, professionalism, and a deep commitment to person-centred care. At the heart of our organisation is a belief that when good people come together with shared purpose, extraordinary things happen.

Since our beginnings in 2004 as Wiltshire Medical Services, we've grown from a local out-of-hours provider into a nationally recognised health and care organisation. Today, HealthHero Integrated Care employs over 400 dedicated professionals who work across a range of services, supporting patients with urgent needs, complex care coordination, and personalised support in the community.

Commissioned by the BSW Integrated Care Board (ICB), we deliver a portfolio of services that includes:

- NHS 111
- Clinical Assessment Service (CAS)
- Out of Hours (OOH)
- Access to Care (ATC)
- Care Coordination
- High Intensity User (HIU) Service

Our services are designed to be responsive, inclusive, and integrated—ensuring that people receive the right care, in the right place, at the right time. Whether it's supporting a paramedic on scene, helping someone avoid an unnecessary hospital admission, or guiding a patient through a complex care journey, HealthHero is there—24 hours a day, 365 days a year.

About HealthHero Integrated Care

More about Us…. Our People, Our Place, Our Purpose

HealthHero's headquarters are based at Fox Talbot House (FTH) in Chippenham, where our call centre and operational support teams are located. This central hub plays a vital role in coordinating our services and supporting our teams across the region. We embrace a hybrid working model that balances flexibility with a strong on-site presence—ensuring service continuity, team cohesion, and a responsive approach to patient care.

Collaboration is at the heart of everything we do. We work closely with system partners including acute hospitals, community health providers, the South Western Ambulance Service, and the voluntary and community sector. These partnerships enable us to co-design and deliver services that are responsive to the evolving needs of our population and aligned with the goals of the wider health and care system.

Our ability to rapidly mobilise new services—such as Care Coordination and BSW Connect—demonstrates our agility and commitment to integrated care. Whether responding to system pressures or piloting innovative models, we are proud to be a trusted partner in delivering solutions that make a real difference.

In 2019, HealthHero became one of the first urgent care providers in the UK to receive a second consecutive 'Outstanding' rating from the Care Quality Commission (CQC)—a recognition that reflects our unwavering focus on quality, safety, and compassionate care.

As we look to the future, we remain committed to delivering services that are not only clinically effective but also deeply human. We will continue to champion personalised care, reduce health inequalities, and support the wellbeing of the communities we serve—because at HealthHero, people always come first.

1

2004

- Wiltshire Medical Services (WMS) is formed to bid for GP OOH contract in North Wiltshire
- WMS win the contract

2

2007

Access to Care developed as Single Point of Access for Community Services in Wiltshire

3

2011

WMS win tender for integrated service across whole of Wiltshire

4

2012

WMS rebranded as Medvivo Group Ltd

5

2017

- Medvivo awarded an ‘Outstanding’ CQC Rating
- Medvivo awarded BaNES, Swindon & Wiltshire (BSW) Integrated Urgent Care (IUC) Contract

6

2018

BSWIUC contract goes live

7

2019

Second CQC inspection - Awarded ‘Outstanding’

8

2020

- COVID-19 led to many changes to the way we have delivered our services
- Medvivo acquired by HealthHero

9

2021

COVID oximetry at home (Co@h) service began began as a result of COVID-19

10

2022

In December, with BSW system partners commenced Care Coordination Pilot

11

2023

Expanded the successful BSW model with Devon partners to grow Care Coordination Service in the Southwest

12

2025

Medvivo rebranded to HealthHero to fully reflect our values and future direction

Helping you SOAR

Our values guide us. Every day we strive to Simplify, Own, Aspire and Respect (SOAR) – and we're rewarded when we do so.

Simplify

The world should work smarter, not harder – so we remove complexity for greater clarity and efficiency.

Own

We are positive and proactive, honouring the commitments we make and focusing on clear outcomes.

.

Aspire

We're here to blaze a trail. We aim high, take pride in our work, and always encourage each other.

Respect

We value different talents, experiences and views to our own, serving our diverse communities with empathy.

Our vision is to achieve excellence in the delivery of care.

This is achieved through the provision of person-centred health and care services which are:

- ✓ Of the highest quality
- ✓ Supported by innovative, evidence-based, cost-effective technology
- ✓ Accessible, consistent and responsive
- ✓ Delivered as close to home as is clinically appropriate
- ✓ Tailored to meet individual need
- ✓ Championed by well qualified, motivated and professional staff

Service Overview

Our Services

Integrated Urgent Care

A 24/7 service that brings together NHS 111, the Clinical Assessment Service (CAS), and Out-of-Hours (OOH) care to ensure patients receive timely, appropriate, and coordinated urgent medical support. The service enables access to clinical advice, remote consultations, face-to-face appointments, and home visits.

Access to Care

Single point of access 24/7 service that provides triage and signposting to a range of care facilities to prevent acute hospital admissions and expedite discharges.

High Intensity User Service

The BSW Connect High Intensity User Service Service in Bath and North East Somerset, Swindon and Wiltshire, was commissioned to HealthHero in 2024. The service works together with Wiltshire Centre for Independent Living (WCIL), which offers the service for Wiltshire, to support and guide people who may use healthcare services more often than usual.

Care Coordination

The Care Coordination service provides timely support for ambulance crews to access alternatives to the Emergency Department where clinically appropriate, ensuring patients are seen in the setting most suited to their needs.

Integrated Urgent Care

HealthHero's Integrated Urgent Care (IUC) Service continues to deliver timely, coordinated, and clinically effective care for individuals with urgent health needs across the Bath and North East Somerset, Swindon, and Wiltshire (BSW) Integrated Care System.

The IUC model is designed to ensure patients are directed to the most appropriate care pathway at the first point of contact. This is achieved through a fully integrated system that combines digital access, clinical triage, and face-to-face care, underpinned by a commitment to safety, efficiency, and patient-centred delivery.

Key components of the IUC service include:

- **NHS 111:** Accessible online or by phone, NHS 111 is the first point of contact for many patients. Trained health advisors use clinical decision support tools to assess needs and provide advice or onward referral. The service continues to experience high demand, reflecting its central role in urgent care navigation.
- **Clinical Assessment Service (CAS):** Available 24/7, the CAS is staffed by a multidisciplinary team including GPs, nurses, paramedics, and pharmacists. These clinicians provide remote consultations—by phone or video—offering advice, prescriptions, or referrals. The CAS also supports healthcare professionals seeking clinical input for complex cases.
- **Out-of-Hours (OOH) Urgent Care:** When GP surgeries are closed, HealthHero provides urgent clinical assessments through treatment centres across BSW or via home visits. The OOH service is supported by Clinical Responders who work alongside senior clinicians to ensure timely and appropriate care for patients requiring face-to-face intervention.

Together, these elements form a cohesive and adaptive urgent care system that prioritises patient safety, reduces unnecessary hospital attendances, and supports the wider health and care system in managing demand effectively.

Integrated Urgent Care

- NHS 111
- Clinical Assessment Service
- Out-of-Hours Urgent Care

NHS 111

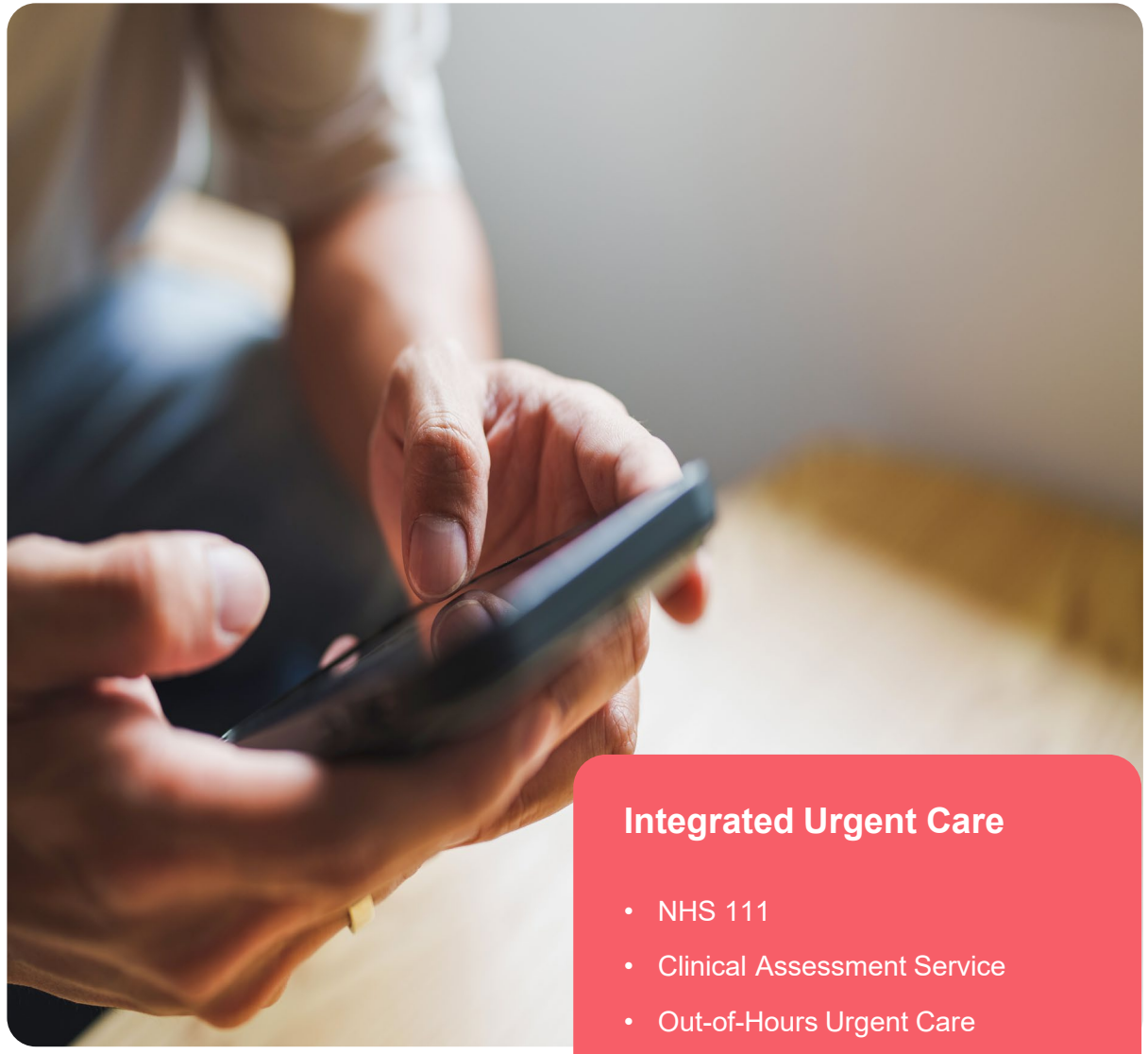
NHS 111 remains a vital entry point for patients seeking urgent, non-emergency medical advice. The service is free to access and continues to experience consistently high demand, with monthly activity volumes ranging between 24,000 and 33,000 calls.

Since April 2023, the NHS 111 service across Bath and North East Somerset, Swindon, and Wiltshire (BSW) has been operated by Practice Plus Group (PPG). PPG runs a large call centre in Bristol, which serves as the central hub for service delivery. The team works closely with HealthHero through regular collaboration and shared governance structures, supporting consistent communication, joint learning, and aligned service development across the urgent care system.

Beyond its operational performance, NHS 111 continues to serve as a vital safety net for individuals who may be unsure where to turn for help. Its accessibility—available 24/7, free of charge, and without the need for prior registration—ensures that people from all backgrounds can receive timely clinical advice and reassurance. Whether it's a parent seeking guidance for a sick child in the middle of the night or an older adult needing support with a new symptom, NHS 111 remains a trusted and essential part of the urgent care landscape.

Performance metrics throughout 2024 have remained strong. In December alone, over 32,000 calls were received, with a combined average speed to answer of 39 seconds—well below the national average of 70 seconds. Call abandonment rates also remained low with PPG achieving just 1.5%. These figures reflect the impact of strategic workforce planning and a focus on front-end performance, particularly during periods of peak demand such as the winter season.

Collaborative working between PPG and HealthHero continues to evolve, with regular contract meetings, shared oversight, and a focus on service development. Topics such as clinical productivity, language line processes, and safeguarding handovers are being actively reviewed to enhance patient experience and system efficiency.



Integrated Urgent Care

- NHS 111
- Clinical Assessment Service
- Out-of-Hours Urgent Care

Clinical Assessment Service

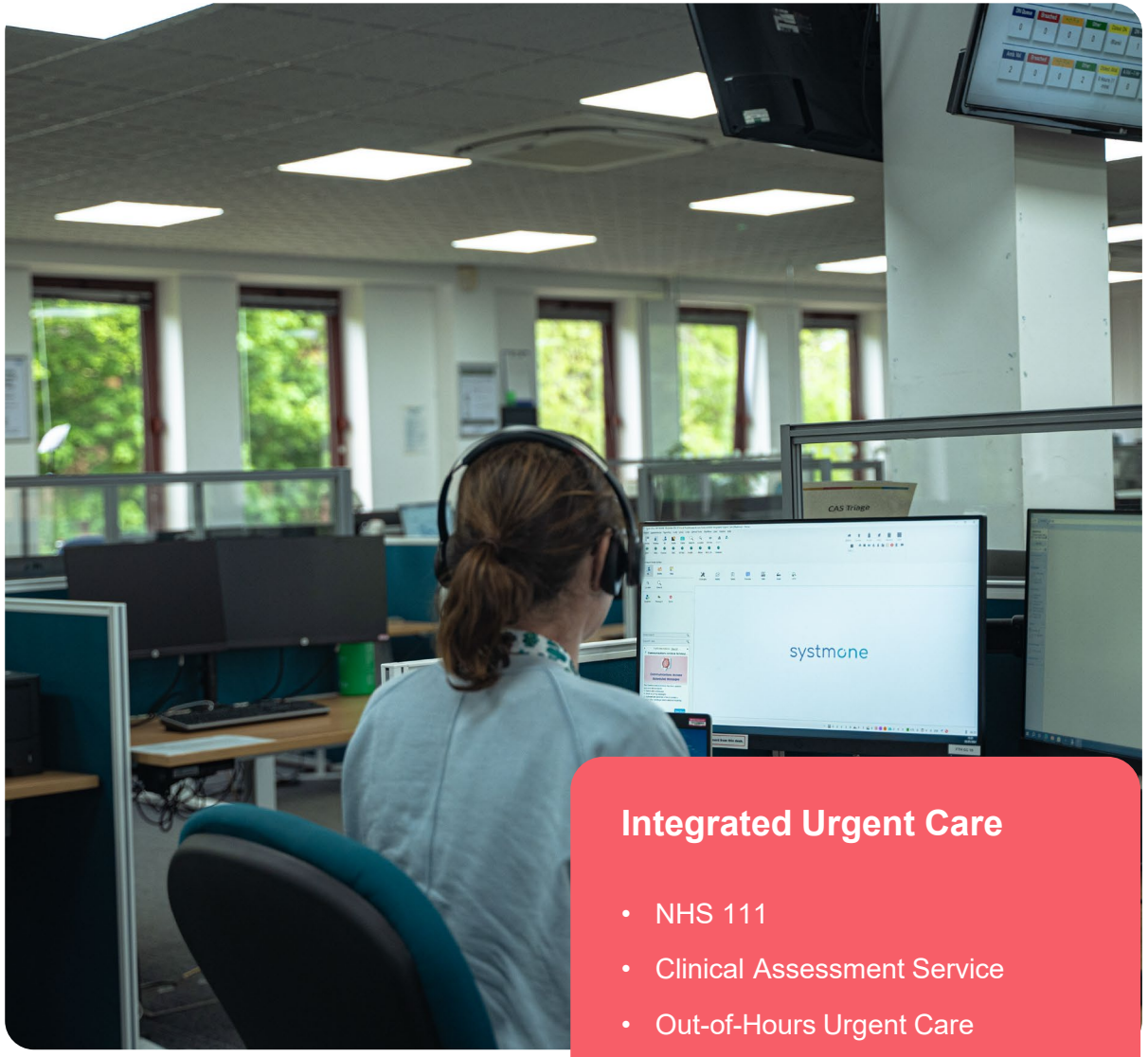
The Clinical Assessment Service (CAS) operates 24/7 and is led by a multidisciplinary clinical team, supported by expert non-clinical coordinators. CAS provides a crucial escalation point for cases passed from NHS 111 that require senior clinical input, ensuring patients are directed to the most appropriate care pathway.

Healthcare professionals across the system also access CAS directly for clinical advice and support with patient referrals. Outcomes from CAS interactions include clinical advice, prescriptions, appointment bookings, or referrals to other services for further assessment. While most consultations are conducted by telephone, clinicians also utilise video consultations where appropriate—enhancing patient safety and enabling earlier escalation when visual assessment is beneficial.

Over the full reporting year, the service completed more than 137,000 remote consultations, reflecting the scale and responsiveness of the team. CAS also supported a significant number of face-to-face appointments and home visits, demonstrating its role in coordinating a wide range of urgent care responses.

The CAS team includes a diverse mix of clinical professionals such as General Practitioners (GPs), Advanced Clinical Practitioners (ACPs), Paramedics, and Pharmacists. This breadth of expertise enables the service to manage a wide variety of clinical presentations and ensures patients receive timely, appropriate care from the most suitable clinician.

Recent innovations have focused on improving efficiency and patient experience. A new operating model trialled in 2024 introduced clinician-led “ledger” working, allowing for more focused case management and reducing delays in clinical decision-making. This model, alongside ongoing audit and quality assurance processes, supports continuous improvement and workforce development across the service.



Integrated Urgent Care

- NHS 111
- Clinical Assessment Service
- Out-of-Hours Urgent Care

Out-of-Hours Urgent Care

HealthHero's Out-of-Hours (OOH) service operates when in-hours GP surgeries are closed—between 18:00 and 08:00 on weekdays, and 24 hours a day on weekends and bank holidays. During these times, patients requiring urgent care are assessed through NHS 111 and, where appropriate, referred to the Clinical Assessment Service (CAS). If a face-to-face consultation is required, patients are offered an appointment at one of HealthHero's treatment centres or, where clinically indicated, a home visit may be arranged.

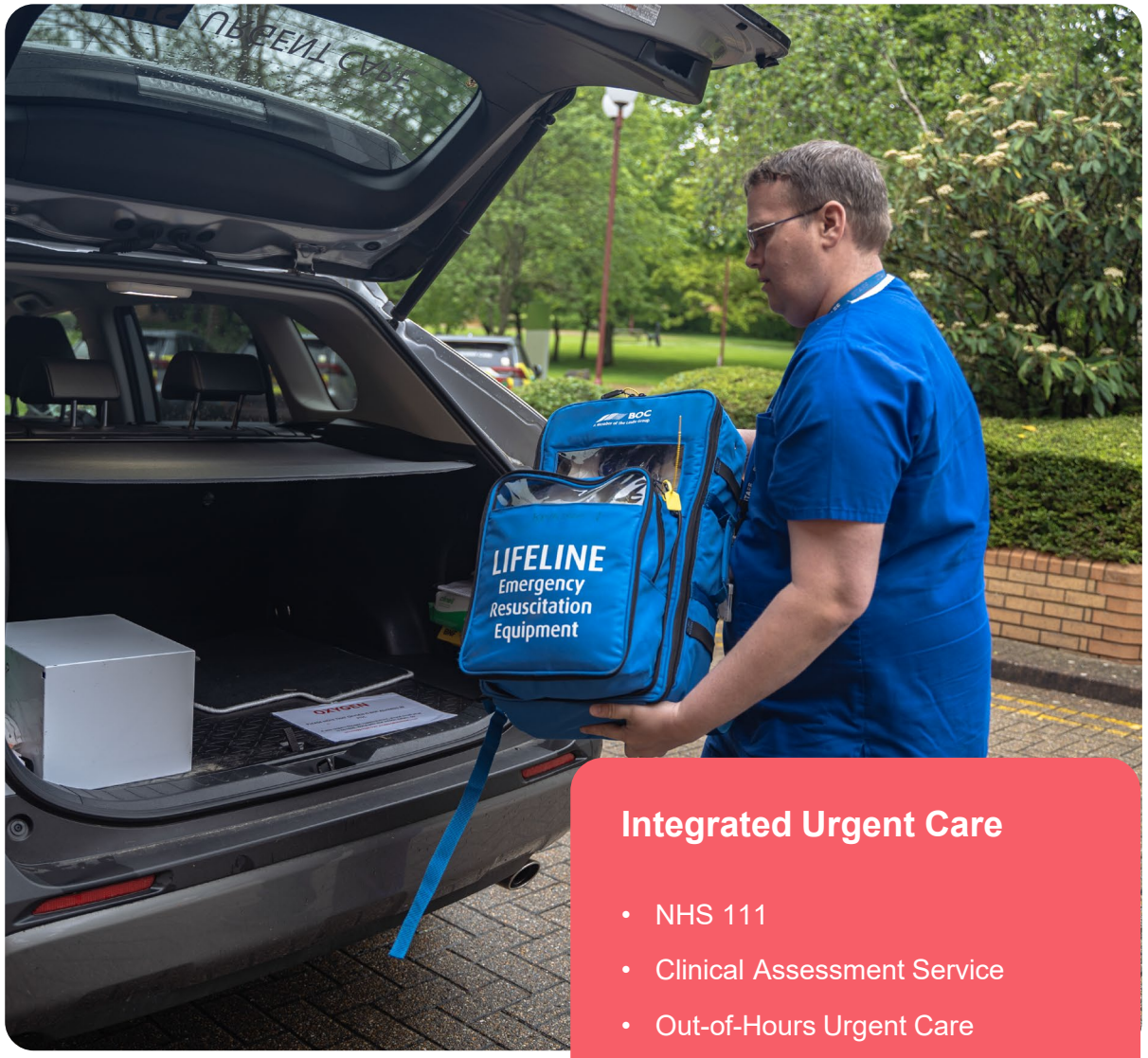
The OOH clinical team is composed of General Practitioners (GPs), Advanced Clinical Practitioners (ACPs), and Clinical Responders. Clinical Responders are highly skilled, non-prescribing professionals who work in partnership with senior clinicians in CAS to support the delivery of safe and effective home visits. This collaborative model ensures that patients receive timely care in the most appropriate setting.

HealthHero's OOH treatment centres are located across the BSW region at:

- Chippenham Community Hospital, SN15 2AJ
- Keynsham Health Centre, St Clements Rd, Keynsham, Bristol BS31 1AF
- Moredon Medical Centre, Moredon Rd, Swindon SN2 2JG
- Salisbury Medical Practice, Fountain Way, Wilton Rd, Salisbury SP2 7FD

Over the full reporting year, the OOH service delivered over 16,000 treatment centre consultations and over 10,000 home visits, highlighting the scale and reach of the service across the region. These figures reflect the team's ability to maintain high levels of responsiveness and accessibility, particularly during periods of peak demand such as winter pressures and bank holidays.

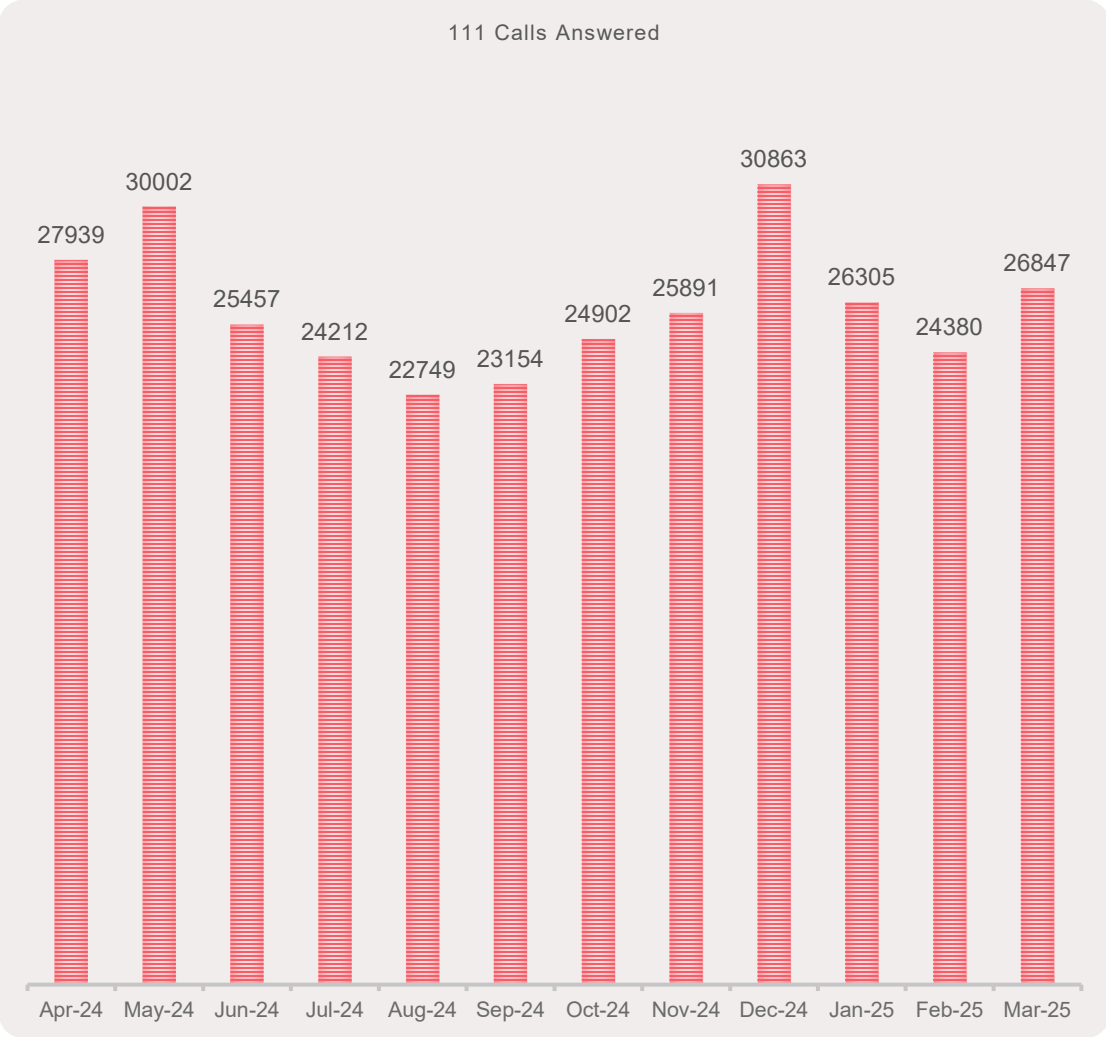
The OOH team continues to adapt to evolving system needs, with ongoing efforts to optimise rota coverage, streamline clinical handovers, and enhance the patient journey through integrated digital tools and real-time operational oversight.

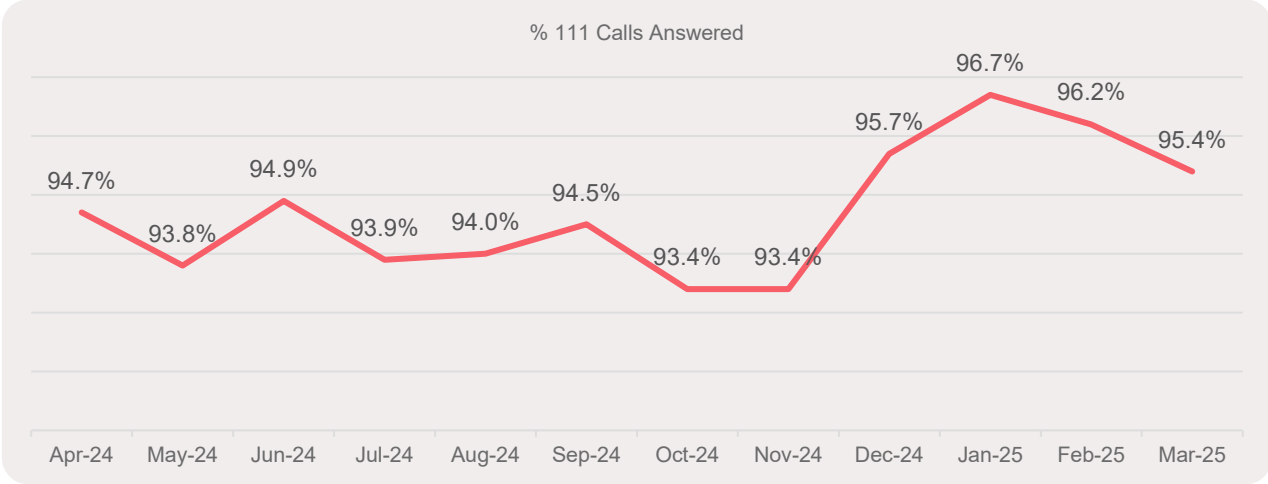


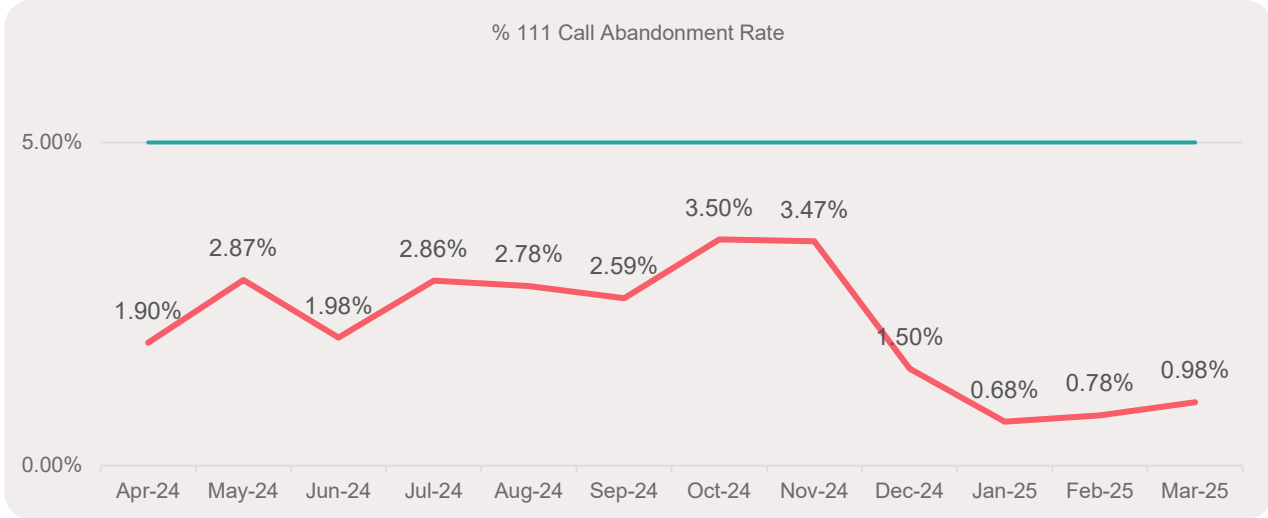
Integrated Urgent Care

- NHS 111
- Clinical Assessment Service
- Out-of-Hours Urgent Care

NHS 111 Telephony Activity



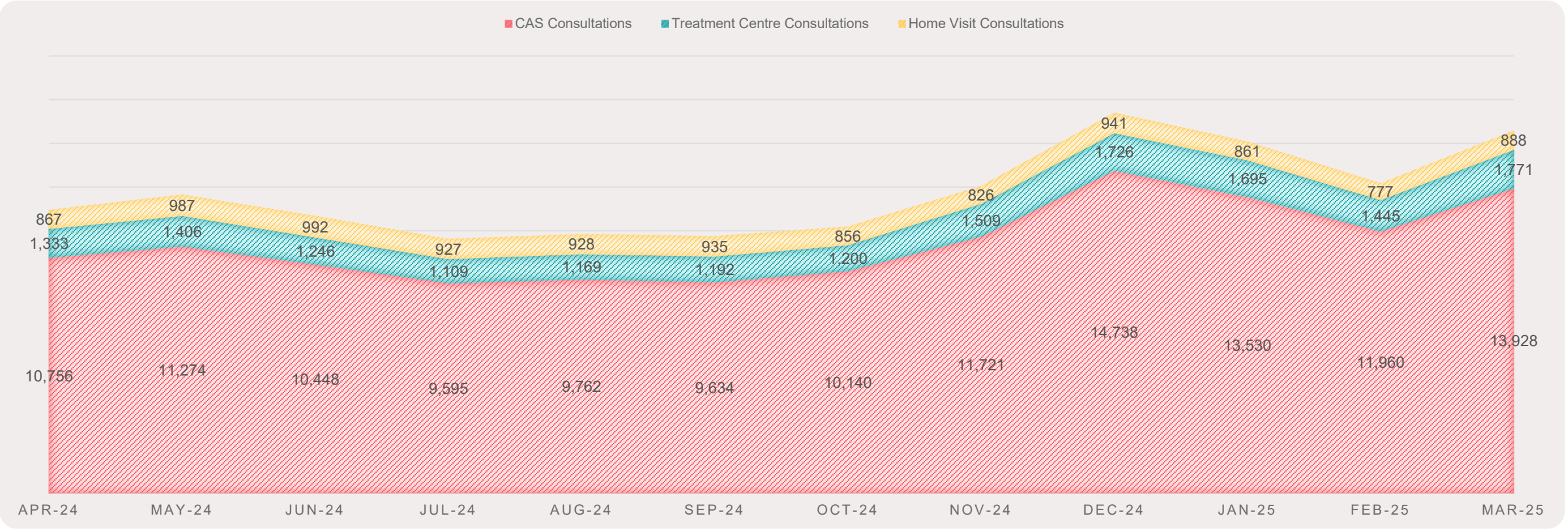




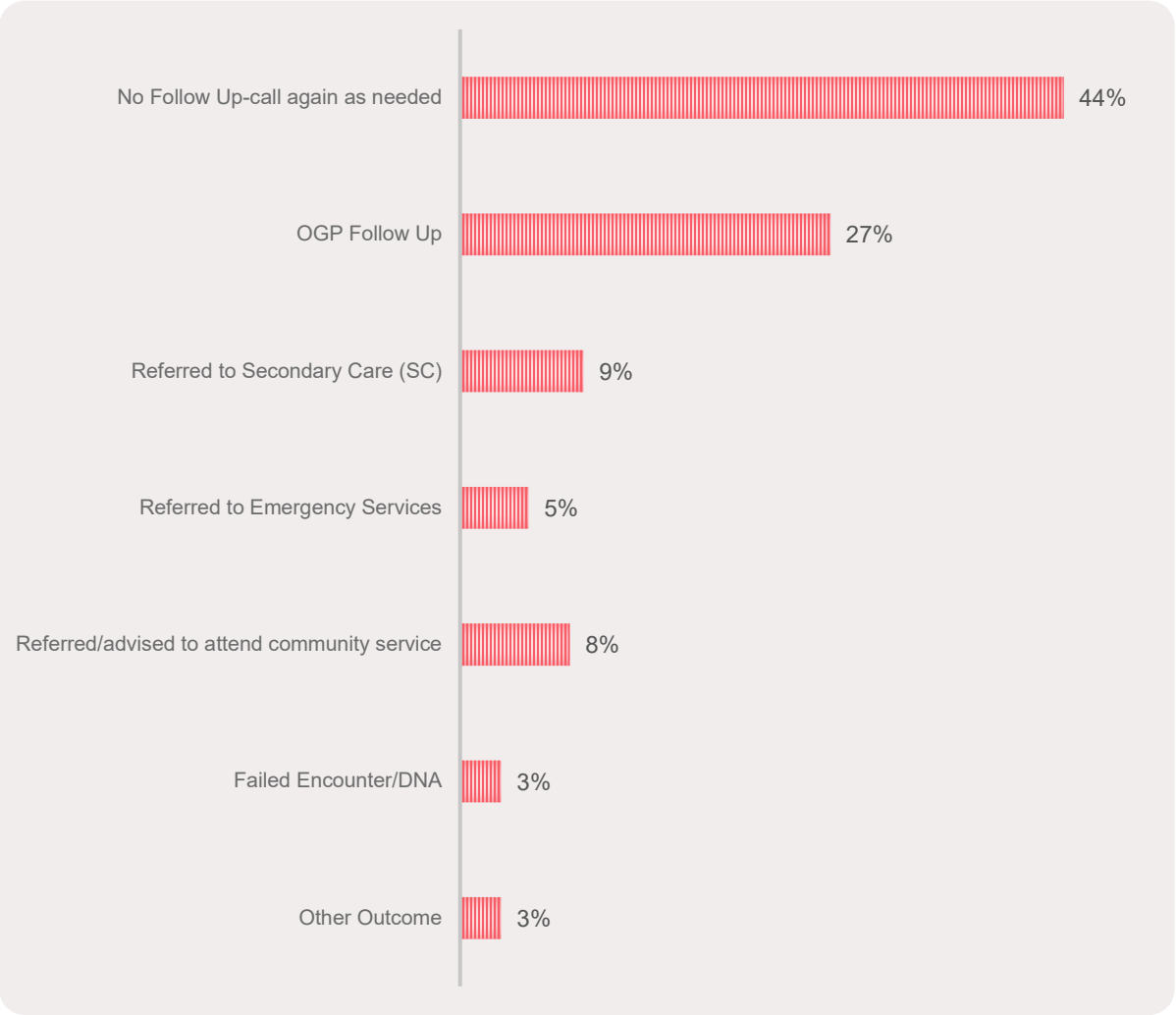
**NHS 111 national call abandonment target <5%*

CAS & OOH Activity

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	TOTAL
CAS Consultations	10,756	11,274	10,448	9,595	9,762	9,634	10,140	11,721	14,738	13,530	11,960	13,928	137486
Treatment Centre Consultations	1,333	1,406	1,246	1,109	1,169	1,192	1,200	1,509	1,726	1,695	1,445	1,771	16801
Home Visit Consultations	867	987	992	927	928	935	856	826	941	861	777	888	10785



CAS & OOH Case Outcomes

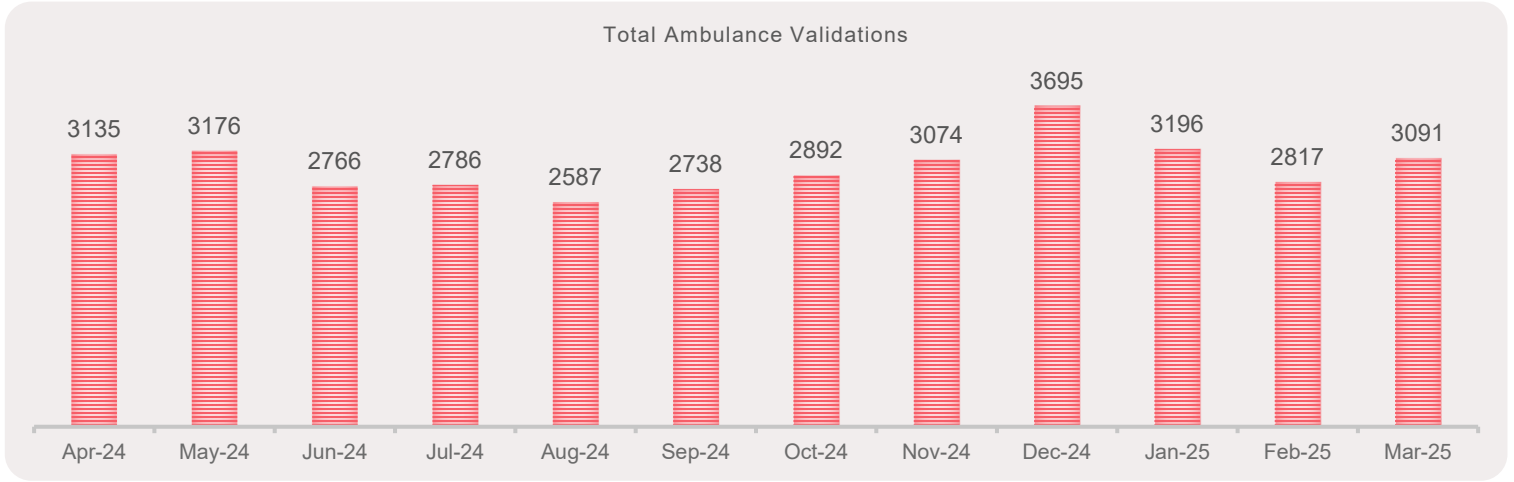


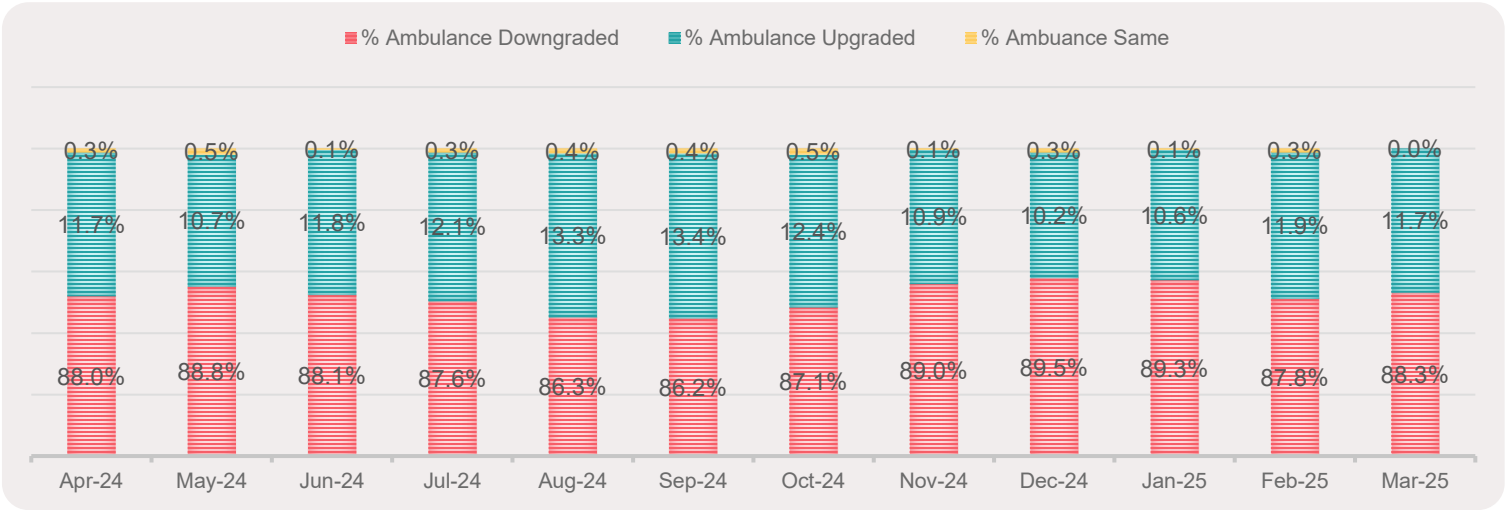
The table on this slide presents a breakdown of case outcomes managed by our Clinical Assessment Service (CAS) and Out-of-Hours (OOH) teams. These outcomes reflect the breadth of clinical decision-making and the range of patient needs addressed across our services.

- 44% of cases required no follow-up, with patients advised to call again if needed—demonstrating effective resolution at first contact.
- 27% were scheduled for own GP follow-up, ensuring continuity of care where further clinical input was appropriate.
- 9% were referred to secondary care, and 5% to emergency services, highlighting our role in identifying patients needing urgent escalation.
- 8% were directed to community services, supporting integrated care pathways and reducing pressure on acute settings.
- The remaining outcomes include 3% failed encounters or DNAs, and 3% other outcomes.

This distribution illustrates the value of CAS and OOH services in safely managing a wide range of clinical presentations, reducing unnecessary emergency attendances, and ensuring patients are directed to the most appropriate care setting.

Ambulance Validation Activity





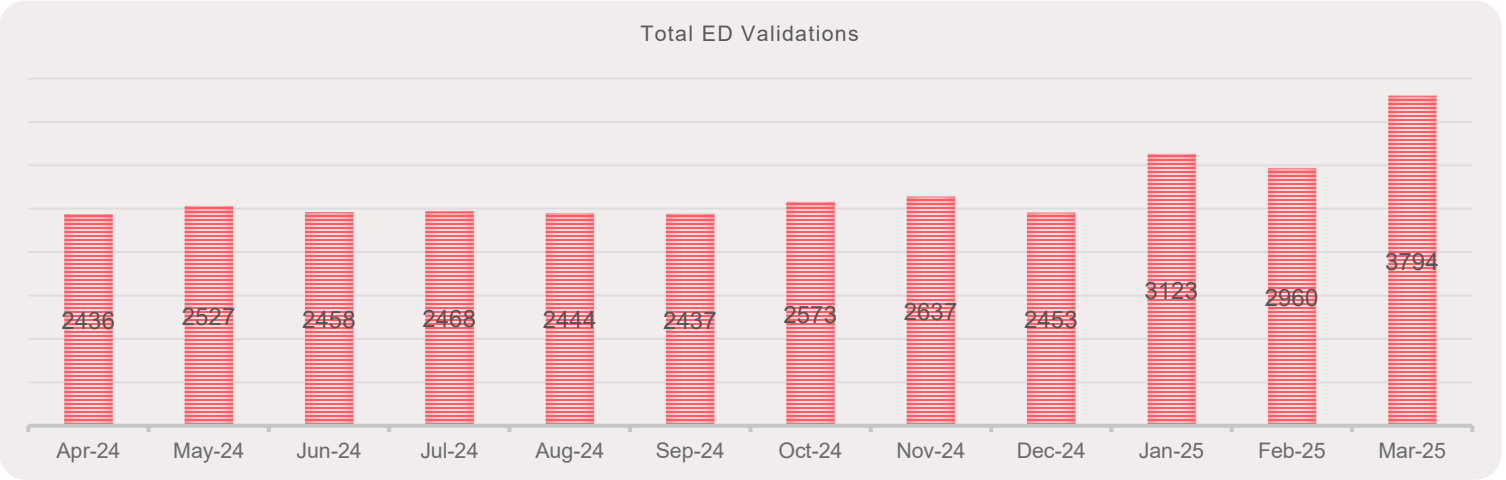
Ambulance validations are a critical component of our Clinical Assessment Service, ensuring that patients receive the most appropriate level of care while also supporting the sustainability of emergency services. Our clinical team reviews cases where an NHS 111 ambulance response disposition was reached—excluding Category 1 and 2 calls—and validates whether the outcome was clinically appropriate based on the information available at the time.

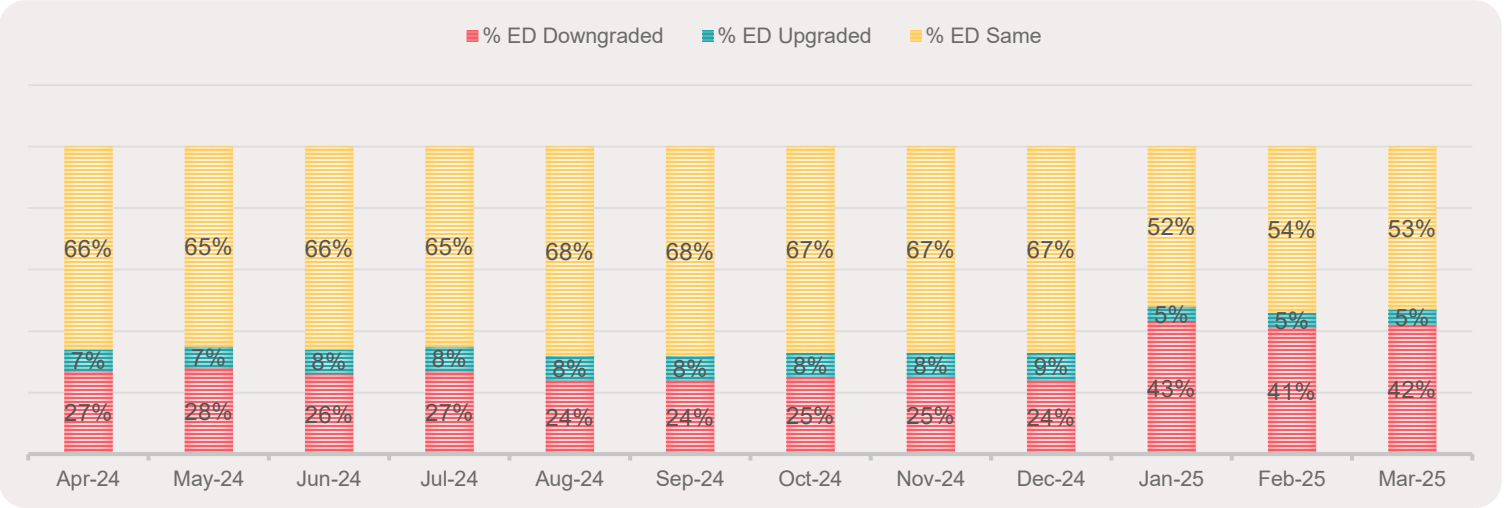
This process serves two key purposes:

- System Efficiency – By identifying cases where an ambulance was not clinically required and safely downgrading them, we help reduce unnecessary pressure on emergency services. On average, 88% of reviewed cases were downgraded, reflecting strong clinical decision-making and contributing positively to system flow and resource allocation.
- Patient Safety – Equally important are the cases we upgrade. These are instances where a higher level of response was warranted than initially assigned. Upgrades ensure that patients with potentially serious or deteriorating conditions receive timely and appropriate care, reinforcing our commitment to patient safety and clinical vigilance.

The balance between downgrades and upgrades demonstrates a mature and responsive validation process—one that not only supports the wider urgent and emergency care system but also prioritises the safety and wellbeing of our patients.

ED Validation Activity





ED validations are routinely conducted by NHS 111 Clinical Advisors to ensure that patients referred to Emergency Departments genuinely require that level of care. Similar to ambulance validations, this process supports both patient safety and system efficiency by confirming the appropriateness of ED dispositions.

As part of winter planning, an opportunity was identified to enhance this process by involving senior clinicians from the Clinical Assessment Service (CAS). A pilot was launched during the winter period, introducing enhanced clinical oversight. This initiative contributed to a reduction in unnecessary ED attendances while ensuring that patients requiring urgent escalation were appropriately identified and managed (see slide 42).

Between January and March 2025, a shift was observed in the percentage of ED downgrades. A higher proportion of cases were routed to the CAS for validation, reflecting the increased clinical scrutiny introduced during the pilot.

Care Coordination

The Care Coordination service continues to be a key system-wide initiative supporting ambulance crews and healthcare professionals in identifying alternatives to Emergency Department (ED) conveyance. Operating from 08:00 to 23:00 daily, the service is staffed by a multidisciplinary team, outside of these hours, cases are managed by HealthHero's CAS service.

The service receives referrals from multiple sources including the ambulance Computer Aided Dispatch (CAD) system, paramedics on scene, healthcare professionals, care homes, and patients on the End-of-Life Register. A Specialist Paramedic is also embedded within the team, with access to the ambulance service caseload, enabling proactive case identification to avoid unnecessary ambulance dispatch.

The Care Coordination model is designed to be organisationally agnostic and integrated across the Bath and North East Somerset, Swindon, and Wiltshire (BSW) system. It is closely linked to locality-based hubs, with staff either working from the central hub or supporting remotely. This flexible, multi-professional workforce enables timely clinical conversations, personalised care planning, and improved access to community-based services such as Urgent Community Response (UCR) and urgent treatment centres.

In July 2024, the service extended its operating hours and increased weekend and bank holiday staffing to meet rising demand. Over the course of the year, the team handled thousands of cases with 97% not conveyed to ED and instead were successfully directed to a preferred alternative care pathway. This performance is consistent with the service's long-term average and reflects its effectiveness in reducing avoidable hospital attendances.

The service has also been recognised nationally, winning a Gold Award at the HSJ Partnership Awards 2024 for Most Effective Contribution to Integrated Health Care. Ongoing collaboration with system partners includes shared learning sessions, clinical governance forums, and Emergency Operations Centre (EOC) roadshows to raise awareness and strengthen referral pathways.

Care Coordination

Care Coordination Model

- An organisationally agnostic, system wide service.
- Staffed by a mix of Advanced Clinical Practitioners (ACPs), General Practitioners (GPs) and Emergency Department (ED) consultants and overseen at all times by an onsite clinical lead.
- Linked to, and supported by, each of the place based hubs within each locality. Staff from the locality and community teams either work from the central hub or are accessed remotely.
- Receives referrals via ambulance Computer Aided Dispatch (CAD), Paramedics on scene, Health Care Professionals, Care Homes, and patients on the End of Life Register, either directly or from the community teams that it supports.
- No exclusion criteria, the team provide support for patients across the age, speciality and acuity spectrum
- Specialist Paramedic co-located with the team has access to the ambulance service case load and can pull appropriate cases to avoid ambulance dispatch.

Care Coordination Principles

- Provide care in the most appropriate setting: For example, at home utilising the Urgent Community Response (UCR); or at an Urgent Treatment Centre
- Facilitate early clinical conversations to optimise clinician and patient contact time
- Utilising a personalised approach – increasing patient satisfaction and reducing inequalities
- Develop a truly integrated workforce model to improve access and flow
- Connect the patient to the right care needs
- Provide timely access to the correct care pathway, reducing stops along the way
- Adaptable, multiprofessional workforce
- Working across traditional boundaries – true integrated working

Care Coordination Reporting

INPUTS

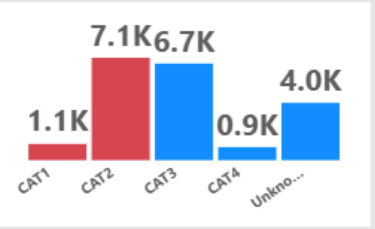
01/04, Mon 08:00

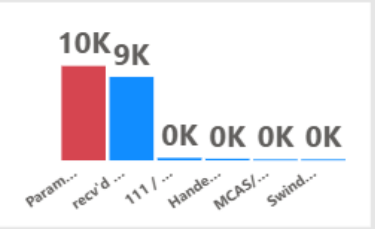
TO

31/03, Mon 23:00

19.7...

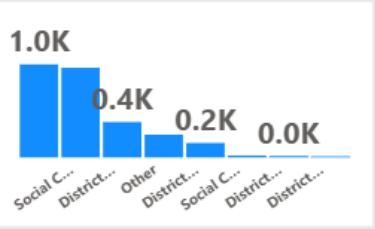
Referrals





2905

Already known to community services

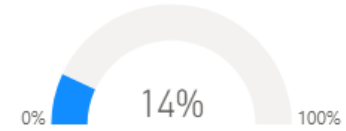


OUTCOMES

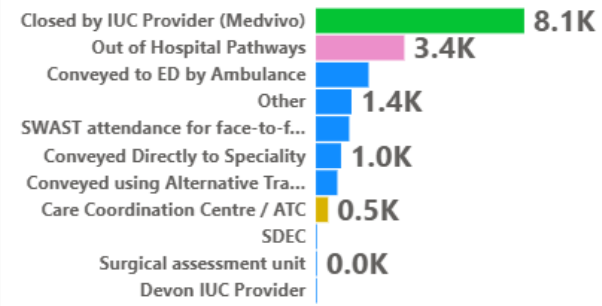
2720

Conveyed To ED

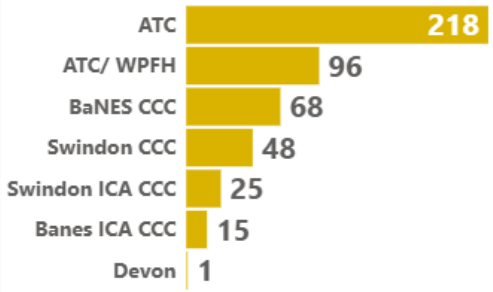
Referrals Conveyed



Non-Conveyance Outcomes

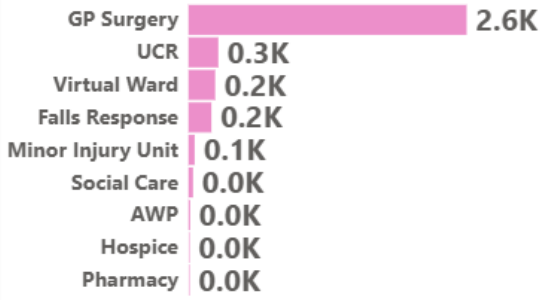


Care Coordination Centre/ATC

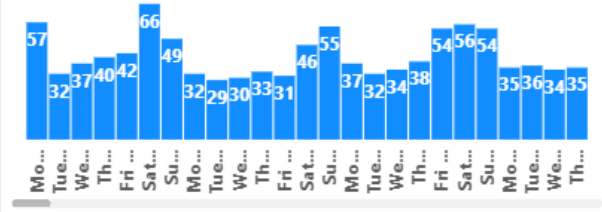


Non-Conveyance Preferred Pathway Availability

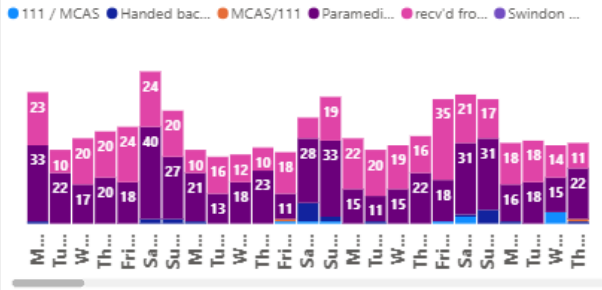
Out of Hospital Pathways



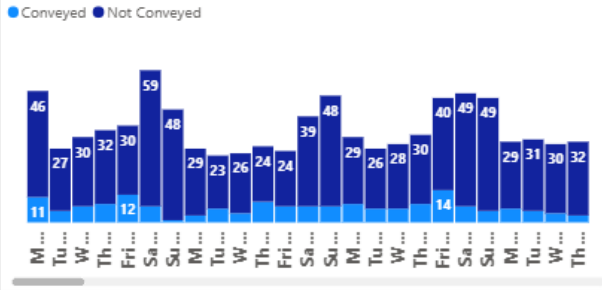
Daily Referrals



Daily Referrals - Sources



Daily Referrals - Outcomes



High Intensity User Service

The BSW Connect High Intensity User (HIU) Service is a unique and transformational partnership between HealthHero and Wiltshire Centre for Independent Living (WCIL). This service builds on a successful pilot that began in 2019 and since fully commissioned in July 2024 to support individuals across Bath and Northeast Somerset, Swindon, and Wiltshire for patients who frequently access urgent and emergency care services.

The HIU service is entirely non-clinical and person-led, focusing on building trust and understanding the underlying reasons for frequent service use. Community Connectors work alongside people to create physical and psychological safety, using a relational approach that empowers people to explore meaningful change, engage in shared decision-making, and connect with their communities. This model ensures that support is fully personalised, non-judgemental, and free from pre-defined interventions. Our Community Connectors play a crucial role in this service. The service only works due to the amazing way they walk alongside the people they support, involving them in shared decision-making and empowering them to connect with their communities and other services. The power of walking alongside people ensures that the Community Connectors are fully person-centred and come with no specific intervention in mind or preconceived plans of how they will work with the person, and there is no judgement. They use advocacy skills and knowledge of networks to facilitate early access to appropriate activities/services to meet people`s needs and they create a shift in relationships, so everyone works together.

BSW Connect is underpinned by a strong partnership ethos. Wiltshire CIL, an award-winning VCSE organisation, brings deep expertise in supporting people with disabilities to live independently. Together, HealthHero and Wiltshire CIL were recognised with the 2023 NHS Southwest Personalised Care Award for their collaborative work. The new contract sees HealthHero as the lead provider, with both organisations committed to delivering a service that reduces health inequalities and improves outcomes for some of the most vulnerable individuals in the system.

The service receives referrals from NHS services that identify individuals with high ED attendance. Through the personalised care model, the team supports people to take control of their health and wellbeing, reducing reliance on emergency care and improving their overall experience. The service has also benefited from improved data integration, enabling more timely and appropriate referrals and enhancing coordination across the system.

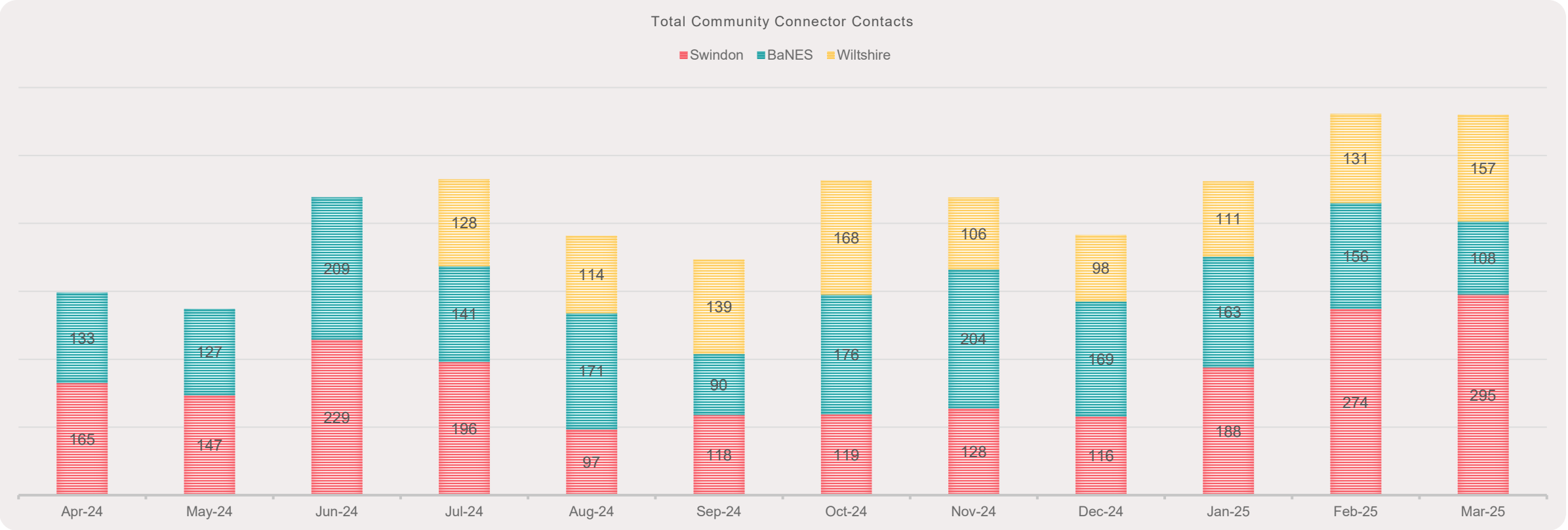
High Intensity User Service

HealthHero conducted a co-production workshop with individuals, supported by our High Intensity User Service and Community Connector Service. In collaboration with Wiltshire Centre for Independent Living (CIL), we have been dedicated to ensuring that these service users receive the comprehensive care and support they need. This workshop provided a valuable platform for our service users to voice their experiences and feedback. Many participants shared remarkable testimonials on how our services have positively impacted their lives, highlighting the transformative effect of our collaborative efforts.

Following the success of the workshop, all attendees agreed to join our co-production group. This commitment marks the beginning of an ongoing collaboration where we will meet several times a year. These regular meetings will provide us with invaluable opportunities to engage directly with our service users, continuously gather their feedback, and work together to enhance our services. By maintaining this open dialogue, we aim to ensure that our services remain responsive to the needs of our community and continue to improve based on the insights and experiences shared by those we support.

High Intensity User Service Activity

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	TOTAL
Swindon	165	147	229	196	97	118	119	128	116	188	274	295	2072
BaNES	133	127	209	141	171	90	176	204	169	163	156	108	1847
Wiltshire	*Wiltshire data not applicable for Apr–Jun 2024 due to separate service delivery by Wiltshire CIL prior to the BSW-wide recommissioning of the HIU service in July.*			128	114	139	168	106	98	111	131	157	1152



Access to Care

Access to Care (ATC) is HealthHero's Single Point of Access (SPA) service for Wiltshire, commissioned by the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board. The service plays a vital role in helping patients access the right care at the right time, supporting admission avoidance and facilitating timely discharge from acute settings.

Staffed by a multidisciplinary team of skilled clinicians—including Nurses, Paramedics, Occupational Therapists (OT), and other Allied Health Professionals—the ATC team provides clinical triage, coordination, and referral management. Their in-depth knowledge of the local health and care system enables them to identify the most appropriate care pathways, ensuring patients are supported in the most suitable setting, often avoiding unnecessary hospital admissions.

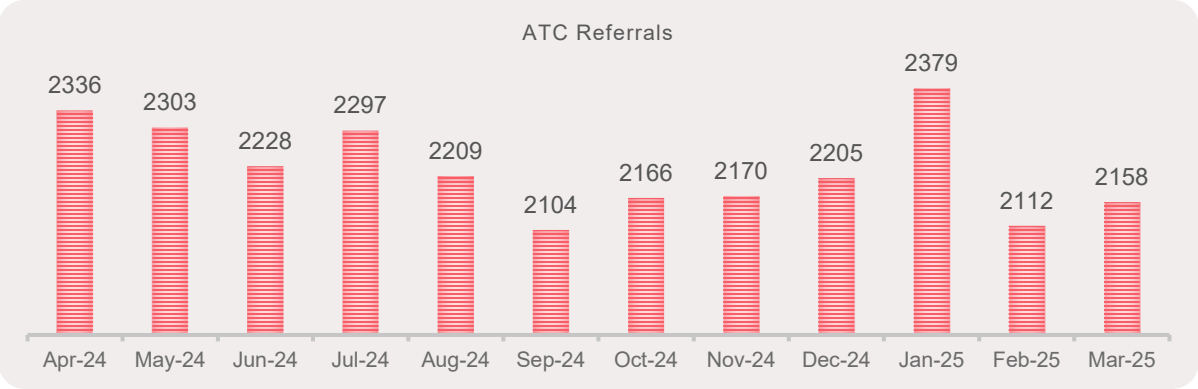
The service operates from 08:00 to 21:00 on weekdays and from 08:00 to 18:00 on weekends and bank holidays. Outside of these hours, HealthHero's Out-of-Hours team continues to provide support, ensuring continuity of care around the clock.

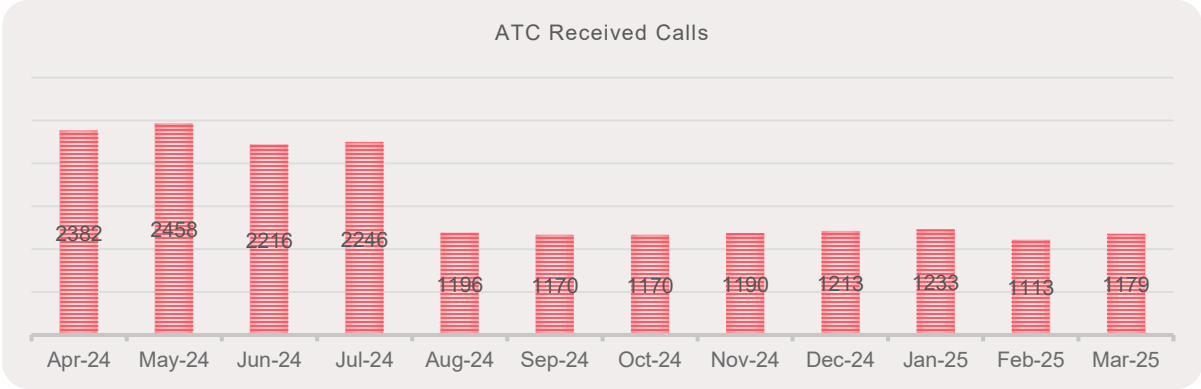
A key function of the ATC service is admission avoidance. The team works closely with community health services, community hospitals, voluntary organisations, and social care providers to ensure patients receive timely and appropriate care. This includes referrals to Urgent Community Response (UCR) teams, community nursing, and other local services that can support patients at home or close to home.

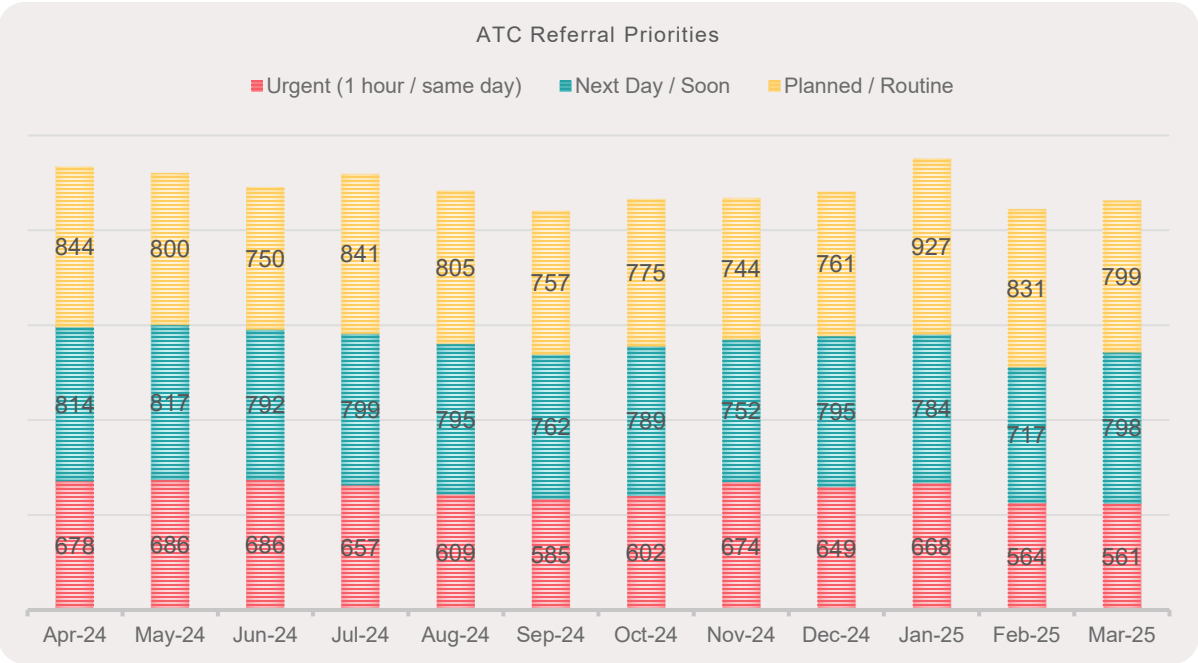
The ATC team also plays a central role in case management. Unlike a traditional signposting service, clinicians assess each referral in detail, develop a tailored care plan, and coordinate with the appropriate services to ensure smooth transitions and continuity of care. This integrated approach helps reduce delays, improves patient outcomes, and enhances the overall experience for patients and professionals alike.

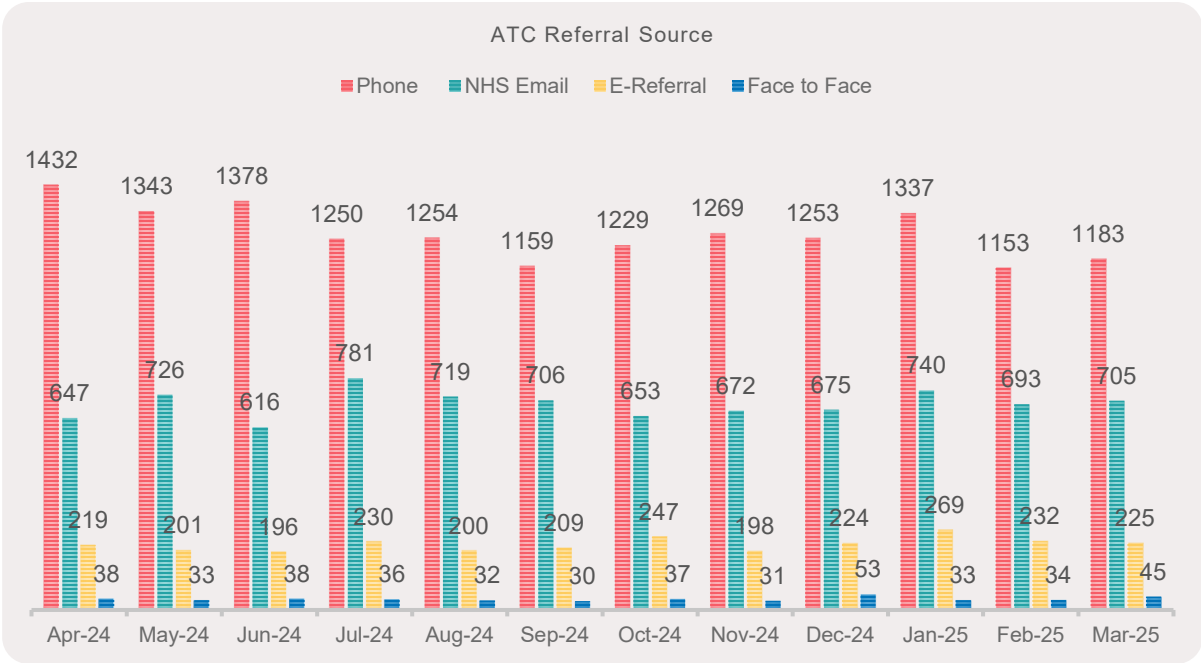
In 2024, the service continued to evolve in response to system pressures, including increased demand for community-based care and the need for more efficient discharge planning. The team's ability to flex and adapt has been instrumental in supporting system flow and reducing pressure on acute services.

Access to Care Activity









Quality Assurance

Quality & Governance Model

At HealthHero, quality is not a standalone function—it is a shared responsibility embedded in every layer of our organisation. Our governance model is designed to ensure that quality, safety, and continuous improvement are not only prioritised but actively lived by our teams every day.

We operate a proactive, system-wide approach to governance that combines robust oversight with real-time responsiveness. Our Executive Management Team (EMT) is accountable for governance across all services and is supported by three core committees: Quality, Clinical Effectiveness, and Risk. These multidisciplinary forums provide assurance, share learning, and drive innovation across clinical and operational domains.

The Quality Team plays a visible and collaborative role across the organisation, working side-by-side with frontline teams to embed best practice and support reflective learning. From induction onwards, all staff—including sessional clinicians—receive tailored training on quality and governance, with ongoing engagement through team meetings, workshops, and case-based learning forums such as Clinical Curiosity sessions.

We foster a culture of openness and psychological safety, underpinned by our ‘Freedom to Speak Up’ policy and Just Culture principles. Staff are encouraged to raise concerns, share insights, and contribute to service development without fear of blame. This culture is further supported by weekly Risk Committee meetings, where emerging issues are reviewed and mitigated in real time.

Our governance model is dynamic and inclusive, extending beyond internal teams to include system partners and service users. Whether through joint audits, shared learning events, or collaborative service reviews, we ensure that quality is co-produced and continuously refined.

Quality & Governance Model

Quality Committee

Assurances on all aspects of governance is via the Quality Committee, confirming appropriate processes are in place to identify risks and ensure they are managed accordingly. The committee is attended by a full multidisciplinary team to share learning, monitor progress and facilitate rich collaboration for continuous improvement.

- Safeguarding
- Health and safety
- Non-clinical audits
- Recruitment and retention
- Data protection and information security
- Incident management and business continuity
- Service development projects
- Patient engagement
- Staff management
- Risk management
- Training and staff documentation compliance

Clinical Effectiveness Committee

The Clinical Effectiveness Committee plays a vital role in enhancing the quality and efficacy of HealthHero's clinical services. By examining latest research, evidence-based guidelines, feedback from staff, the Committee identifies areas for improvement and implements strategies to optimise patient experience and outcomes.

- IP&C
- Antimicrobial resistance
- Medicines management
- Sepsis and deteriorating patients
- NICE guidance
- Practice development
- End of life (EoL) care
- Central Alerting System alerts
- Healthcare professional alert notices (HPAN)
- Learning difficulties
- Frequent callers and high intensity users
- Clinical pathways and clinical audits

Risk Committee

The Risk Committee provides a dynamic and responsive forum for identifying, reviewing, and mitigating risks across all areas of operations. Meeting weekly, the committee brings together senior leaders, quality representatives, and operational and clinical team members to ensure that emerging risks are addressed promptly and transparently.

- Incident and adverse event review
- Complaints and patient feedback
- Business continuity and service resilience
- Safeguarding risks
- Workforce pressures and operational risk
- Learning from audits
- Appreciative enquiry
- Emerging risk oversight and thematic analysis
- Shared learning and communication
- Service development

Datix, Learning & Quality Improvement

At the heart of HealthHero's commitment to patient safety and continuous improvement is the Risk Committee, which provides strategic oversight and assurance across the organisation. Chaired by the Associate Director of Quality, the Committee meets weekly and is attended by senior leaders including the Chief Operating Officer and Medical Director. Managers are encouraged to bring frontline staff to these meetings, recognising the value of their practical insight and fostering a culture of shared ownership and engagement.

HealthHero has implemented the Patient Safety Incident Response Framework (PSIRF), supported by a live PSIRF plan. All patient safety incidents are investigated using system-based approaches, including the SEIPS model, ensuring a comprehensive understanding of contributory factors. This transition has strengthened our ability to learn from incidents and embed improvements across services.

A cornerstone of our safety infrastructure is the Datix system, which enables consistent and transparent reporting of incidents, near misses, and learning events. In 2025, HealthHero introduced a new initiative—Datix Daily Triage—as a proactive, multidisciplinary process led by the Quality Team and supported by operational colleagues. Held every weekday morning, this triage ensures that all new reports are reviewed promptly, prioritised appropriately, and assigned to the right investigators. Urgent issues are escalated immediately, and all incidents are tracked through to closure.

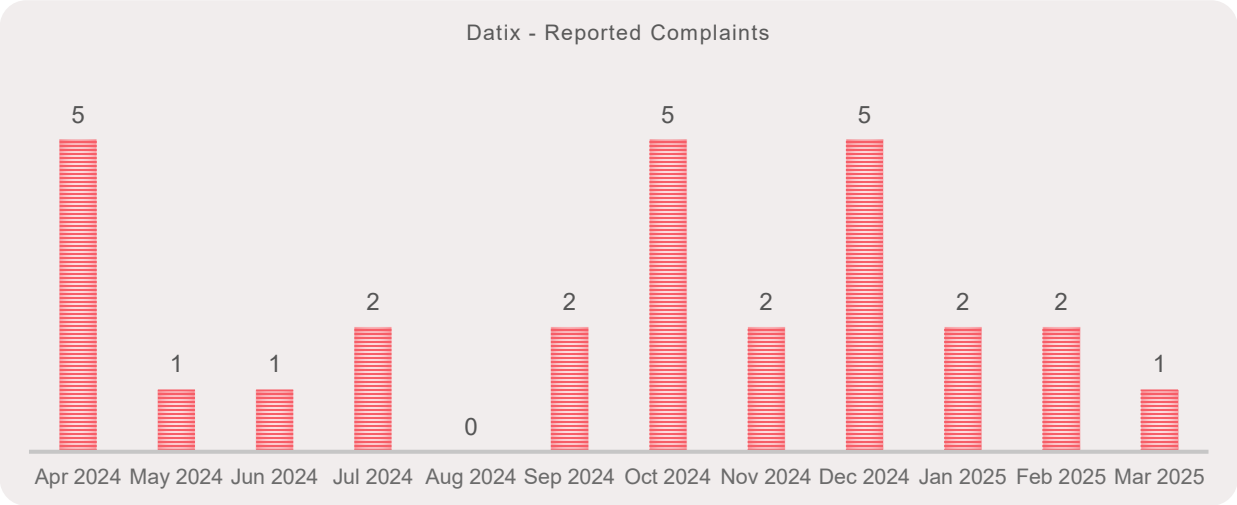
The impact of this new way of working has been transformative. Datix Daily Triage has significantly improved the timeliness and consistency of incident management, reduced delays in initiating investigations, and enhanced the visibility of emerging themes. By involving both clinical and non-clinical staff, the triage fosters a collaborative approach to safety and ensures that learning is shared across the organisation. This daily rhythm of review and response has become a vital mechanism for embedding a just and learning culture.

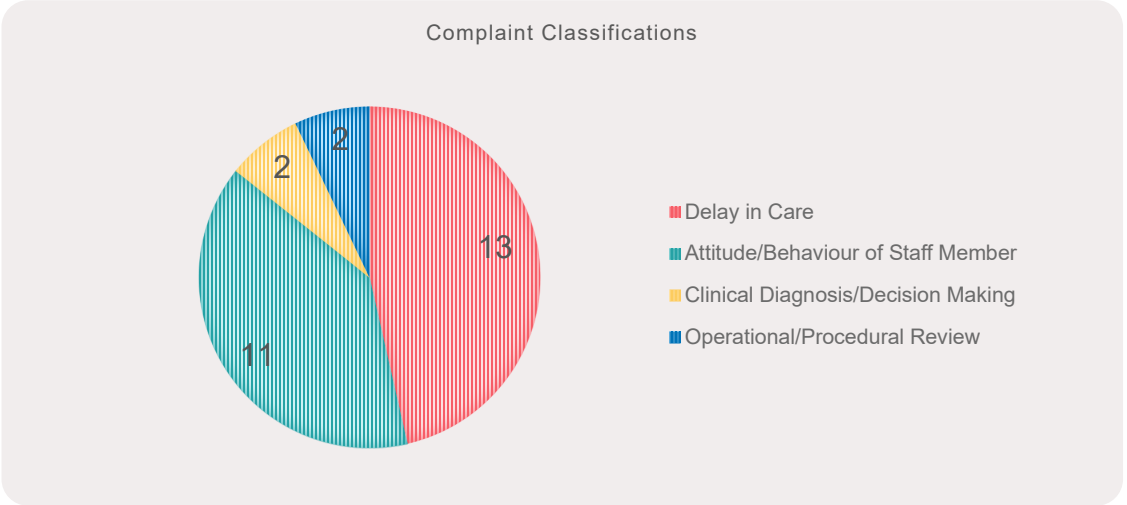
Importantly, insights and themes identified through Datix Daily Triage are fed directly into the Risk Committee. This ensures that the Committee has real-time visibility of current issues, enabling timely scrutiny, escalation, and organisational learning. The seamless connection between daily operational review and strategic oversight strengthens HealthHero's ability to respond dynamically to risks and continuously improve services.

Each incident is assigned a lead-handler, who is responsible for ensuring that investigation findings are shared with the original reporter. While Datix automatically sends a summary via email, personalised one-to-one feedback remains a critical part of the process. This not only acknowledges the reporter's contribution but also reinforces the link between staff input and service improvement.

The Risk Committee continues to apply appreciative inquiry principles, celebrating examples of good practice alongside areas for improvement. Patient compliments and testimonials are shared regularly, and teams demonstrating exceptional alignment with HealthHero's values are recognised through our recognition award programme.

Datix Reporting – Complaints





During the year, we received a total of 28 complaints. This represents a 30% decrease from the previous year, where we had 40 complaints. While this reduction is encouraging, we remain committed to addressing every complaint thoroughly and ensuring continuous improvement in our services.

Patient Safety and Comfort Calls: Our proactive approach in making non-clinical patient safety and comfort calls has played a crucial role in keeping patients informed and reassured, even during potential delays in telephone consultations and home visits. This initiative has helped to address concerns promptly and reduce the likelihood of complaints.

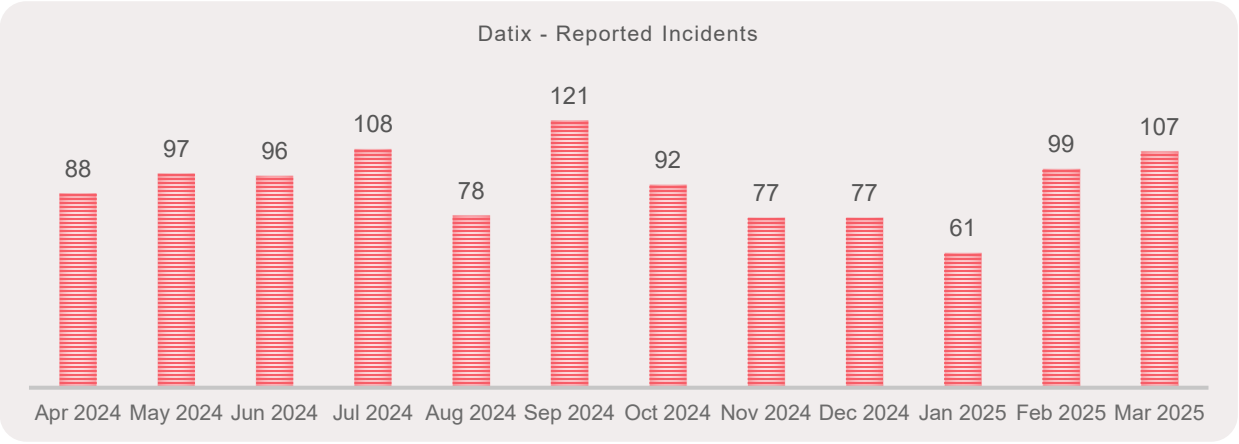
- Reduced Waiting Times: Efforts to streamline our processes and reduce waiting times during peak periods have been successful. By improving efficiency and minimising delays, we have enhanced the overall patient experience and satisfaction.
- Proactive Complaint Management: We have placed a strong emphasis on proactive management of complaints at the time they arise. Our staff has been encouraged to address and resolve issues promptly, in line with our complaints policy. This approach has helped to prevent minor concerns from escalating into formal complaints.
- Effective Communication: Clear and consistent communication with patients has been a key focus. By keeping patients well-informed and managing their expectations, we have been able to mitigate potential sources of dissatisfaction.

The overall reduction in complaints is a testament to our commitment to continuous improvement and patient-centred care. We will continue to build on these efforts to ensure that we provide the highest quality of service and address any concerns promptly and effectively.

Datix Reporting – Complaints

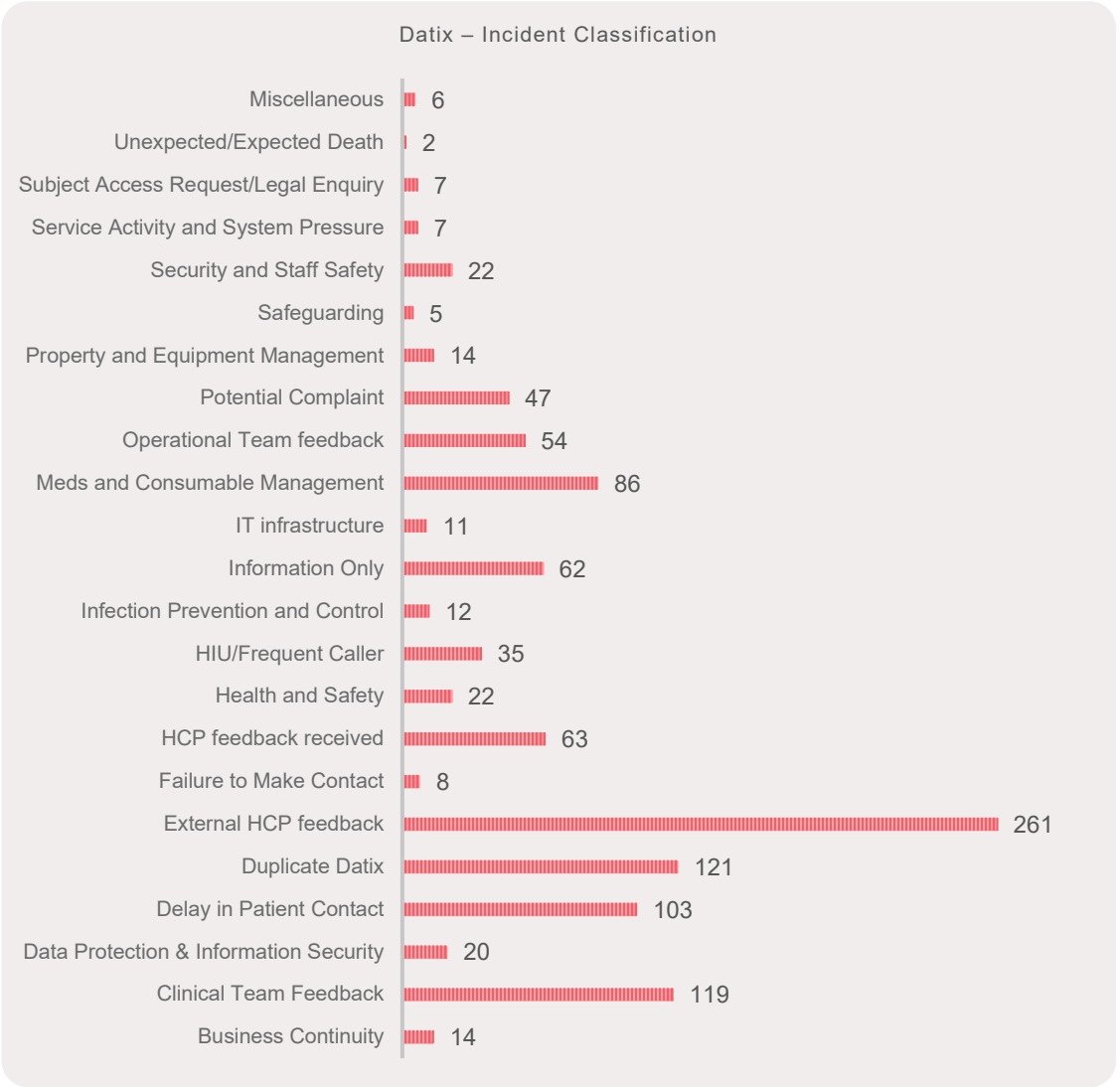
PALS Cases **0**	**Number of complaints with a response to be sent via the Patient Advice and Liaison Service:** Zero complaints needed a response directed to the Patient Advice and Liaison Service.
Ombudsman Cases **0**	**Number of complaints with a response to be sent via the Ombudsman:** Zero complaints needed a response directed to the local Ombudsman.
Acknowledgement Target **28/28**	**Number of complaints acknowledged within 3-working days:** All reported complaints received were acknowledged, in writing, within 3-working days.
Response Target **27/28**	**Number of complaint responses send within 25-working days:** 27 out of 28 complaints received a response within 25-working days. One response was provided after 25-working days to allow time for the relevant clinician to provide a thorough reflection. The complainant was contacted proactively, and an extended timeframe agreed ahead of the initial 25-day target elapsed.
Consultation Ratio **1:5,895**	**Complaints to consultation ratio:** This means that for every complaint, there were approximately 5,895 consultations. For every consultation, the likelihood of receiving a complaint is approximately 0.000170, or 0.0170%. This extremely low ratio highlights the high quality of service provided and the overall satisfaction of our patients. It's a testament to the dedication and hard work of the team in delivering excellent care.

Datix Reporting – Incidents



Between April 2023 and March 2024, we recorded 934 incidents, most of which were low risk and led to shared learning across teams and partner organisations. Top themes include:

- External HCP Feedback: While not always directly related to HealthHero's own service delivery, they offer important insights into system-wide challenges and opportunities. Learning from these incidents is routinely shared with relevant external organisations to support reflection, collaboration, and cross-organisational improvement.
- Duplicate Datix Entries: This theme highlights the strength of our reporting culture. Duplicate entries often occur when multiple staff members report the same event or when a safeguarding referral is submitted both via Adastra and Datix. Rather than viewing duplication as a flaw, we recognise that it is better for an incident to be logged twice than not at all.
- Clinical Team Feedback: These incidents often relate to documentation, communication, or adherence to clinical procedures. Such reports are also regularly reviewed through our Clinical Guardian audit process, ensuring robust clinical oversight and timely feedback.



Patient Safety Learning

HealthHero remains committed to a culture of openness, safety, and continuous improvement. In 2024/25, we continued to embed the Patient Safety Incident Response Framework (PSIRF), ensuring that all incidents are reviewed promptly, compassionately, and with a focus on system learning rather than individual blame. Our approach is grounded in transparency and reflection, with a strong emphasis on using every incident—regardless of outcome—as an opportunity to improve.

Over the year, we reviewed a number of incidents that, while rare, provided valuable insights into how we can strengthen our systems and safeguard patient care. These included:

- A referral from a District Nurse where an incorrect address was recorded, resulting in an ambulance being dispatched to the wrong location. The patient was ultimately seen and admitted safely. The incident prompted immediate feedback to the referring team, reinforcement of demographic verification protocols, and reminders to operational staff to ensure accuracy in triage and handover.
- A 10-month-old child's case that was delayed due to a technical issue in the case flow process. Although the child was later seen by their GP and received appropriate treatment, the delay led to a full review of queue monitoring processes, technical reconfiguration of the system, and the introduction of structured handover checklists to prevent recurrence. The case also prompted a wider review of how dual-system workflows are managed across services.
- A delay in clinical call-back during a period of exceptional winter demand, which caused distress for a patient and their family. This case highlighted the importance of timely communication and escalation. As a result, we strengthened our comfort call protocols, reinforced clinician documentation standards, and implemented a new "ledger" model to streamline clinical call allocation and reduce delays during peak periods.
- A prescribing error where a child was issued an adult dose of antibiotics. The error was identified by the pharmacist before the medication was dispensed, and the correct prescription was issued promptly. The clinician involved engaged in reflective learning, and the case was reviewed in audit and group learning forums to reinforce safe paediatric prescribing practices across the multi-disciplinary team.

All incidents were logged through Datix. Investigations were led by senior staff, with findings reviewed by the Risk Committee and shared through multidisciplinary forums. In each case, no or minimal harm occurred, and swift action was taken to address the issue and prevent recurrence.

These examples demonstrate our commitment to transparency, responsiveness, and patient-centred care. We continue to use every opportunity to learn, improve, and ensure the safety and wellbeing of those who use our services—recognising that even near misses can offer powerful learning when approached with openness and accountability. This learning is not only shared internally but also used to inform wider service development and cross-system improvement.

Looking ahead, we recognise that sustaining a high-performing safety culture requires more than reactive measures—it demands proactive leadership, psychological safety, and continuous engagement at every level of the organisation. To that end, we are also strengthening our feedback loops with patients and families, ensuring their voices are heard and integrated into our learning. By fostering an environment where staff feel empowered to speak up, reflect, and innovate without fear of blame, we are not only preventing harm but also building a resilient, learning organisation—one that is equipped to adapt, evolve, and deliver safe, compassionate care in an increasingly complex healthcare landscape.

End-to-End Reviews & Thematic Workshops

HealthHero continues to foster a culture of learning and improvement through structured case reviews, thematic workshops, and multi-agency collaboration. In 2024/25, we undertook a range of reflective activities to strengthen clinical safety, operational resilience, and cross-system working.

Multi-Agency Case Reviews

In 2024/25, HealthHero participated in several multi-agency reviews alongside NHS111 (PPG), South Western Ambulance Service (SWAST), and local acute trusts including the Royal United Hospital (RUH) and Great Western Hospital (GWH). These reviews focused on complex cases involving multiple service touchpoints and were designed to support shared learning across the urgent and emergency care system.

One review, culminating in July 2024, examined a 48-hour sequence of contacts culminating in a patient's unexpected death. This was a collaborative review involving all organisations that had contact with the patient including NHS 111, the Ambulance Service, GHW and HealthHero. While each HealthHero consultation was found to be appropriate in isolation, the review highlighted opportunities for improvement across the system, including the need for greater clinical curiosity, clearer documentation, and more consistent use of video consultations and safety netting advice.

Another review, conducted in May 2024, focused on the handling of urgent pathology results received out-of-hours—specifically in relation to a case referred from RUH. The patient was later admitted with a perforated appendix. This review prompted a wider examination of how pathology cases are managed across services. Key actions included:

- A new SOP for managing out-of-hours blood results.
- Visual tagging of pathology cases in Adastra to improve visibility.
- Re-communication of the importance of timely action on abnormal results.
- Escalation of this topic to multidisciplinary team meetings for both clinical and non-clinical staff.

These reviews reinforced the value of collaborative learning and the importance of system-wide visibility and accountability when managing complex or time-sensitive cases. By bringing together multiple organisations involved in a patient's care journey, we were able to examine not only individual actions but also how processes, communication, and handovers function across service boundaries. This approach enabled a more holistic understanding of where improvements could be made—not just within HealthHero, but across the wider urgent and emergency care system. These collaborative efforts continue to strengthen our ability to deliver safe, coordinated care in high-pressure and high-risk scenarios.

End-to-End Reviews and Thematic Workshops

Home Visit Management Workshops

In response to recurring themes identified through Datix reports and patient feedback—particularly around delays in home visits—HealthHero undertook a focused programme of improvement work to strengthen this aspect of our service. While delays are sometimes unavoidable due to clinical prioritisation, geography, and demand, we recognised that the home visit pathway presents unique challenges that require clear coordination and communication.

To address this, we held a series of five multidisciplinary workshops involving clinical responders, dispatch teams, operational leads, and quality colleagues. These sessions were designed to review the end-to-end home visit process and co-design a more robust, patient-centred model.

Key outcomes included:

- Clearer role definitions and responsibilities across clinical and operational teams, ensuring everyone understands their part in the home visit journey.
- Improved communication with patients, particularly during delays, with a focus on setting realistic expectations and providing timely updates.
- Enhanced coordination between dispatch, clinical responders, and treatment centres, reducing duplication and improving the flow of information.
- Refinements to escalation protocols, ensuring that deteriorating patients are identified and prioritised appropriately.

This work has already led to greater consistency in how home visits are managed and communicated, and has been well received by staff. It also forms part of our wider commitment to learning from feedback and strengthening the responsiveness of our urgent care services.

Business Continuity Reviews

In 2024/25, HealthHero conducted a series of post-event reviews and scenario-based workshops in response to business continuity challenges, including third-party telephony outages, system failures, and adverse weather conditions. These events, while infrequent, can have a significant impact on service delivery—particularly in urgent care settings where continuity and responsiveness are critical.

Each review focused on identifying what worked well, where gaps existed, and how our Emergency Preparedness, Resilience and Response (EPRR) framework could be strengthened. These sessions brought together operational, clinical, and digital teams to test assumptions, refine escalation protocols, and improve coordination during periods of disruption.

Key improvements included:

- Updated action cards and clearer escalation pathways for rapid decision-making.
- Enhanced rota flexibility and remote working contingencies to maintain service coverage.
- Improved internal communication channels to ensure timely updates across teams.
- Continued full compliance with the 2024 ICB EPRR audit, reinforcing our commitment to resilience and preparedness.

These reviews have helped ensure that HealthHero remains agile and responsive, even in the face of unexpected operational pressures.

End-to-End Reviews and Thematic Workshops

Post Winter Workshop

In January and February 2025, HealthHero held a two-part Winter Workshop to reflect on the challenges and learning from the peak winter period, spanning November to January. Colleagues from across the organisation—including clinical and non-clinical operations, IUC, Care Coordination, ATC, HIU, rota and workforce teams, analytics, HR, quality, and project teams—came together to examine pressures experienced during the Christmas and New Year period and identify what worked well and where improvements were needed.

Operational Measures and System Readiness: The workshops reaffirmed the value of HealthHero's winter pressure actions: standing down non-essential meetings, redeploying support staff to frontline tasks, making patient safety and comfort calls, and ensuring visible senior leadership. Annual leave was managed to maximise availability, helping maintain service continuity during peak demand.

Key Initiatives and Improvements: Initiatives reviewed included the Clinical Responder Twilight Extension, which ensured seamless home visit coverage between shifts, and the expansion of Overnight Clinical Navigators, which strengthened clinical leadership out-of-hours. These changes supported more consistent care and improved oversight during high-risk periods.

Learning and Development Opportunities: Enhancements to rota modelling and absence forecasting are underway to better align staffing with demand. Opportunities to expand the clinical responder role—such as wound care and non-injury falls—are being explored, alongside increased use of Patient Group Directions (PGDs). The Navigation role is being reviewed for overnight impact and potential integration with responder supervision.

Communication and Patient Experience: Improving communication during peak periods was a key theme. A formal process for comfort text messaging is in development, with considerations around eligibility, queue visibility, and escalation. This is supported by upcoming Adastra enhancements, including queue expression actions and a patient assistance portal.

System Coordination and Future Planning: HealthHero is working with ICB colleagues to align public messaging and confirm flu outbreak protocols. Plans are in place to introduce SNOMED coding and develop diagnostic trend reports. Support staff training is scheduled for November 2025 to build resilience, following the success of their operational contributions last winter.

Safeguarding and Complaints Handling: A dip in low-level safeguarding referrals during peak periods prompted plans for proactive reminders to clinicians in autumn. While delay-related complaints rose slightly, volumes remained low, and patient feedback was overwhelmingly positive. Training for shift leads and on-call managers will focus on real-time resolution and empathetic communication, reinforcing the value of sincere apologies and active listening.

These reflections and actions demonstrate HealthHero's commitment to continuous improvement, resilience, and patient-centred care—even in the most challenging environments.

Winters Pressures Initiative: Enhanced ETC Validation

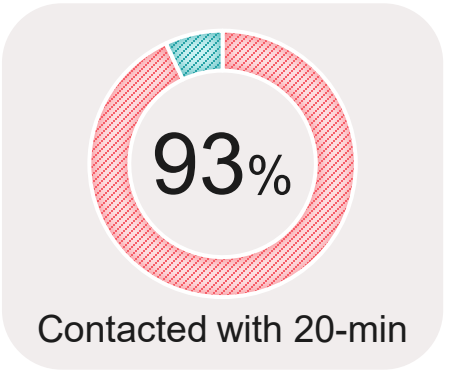
As part of our 2024/25 winter pressures response, we implemented Enhanced Emergency Treatment Centre (ETC) Validation—a clinically led initiative that significantly strengthened our ability to manage urgent care demand during one of the most challenging periods of the year.

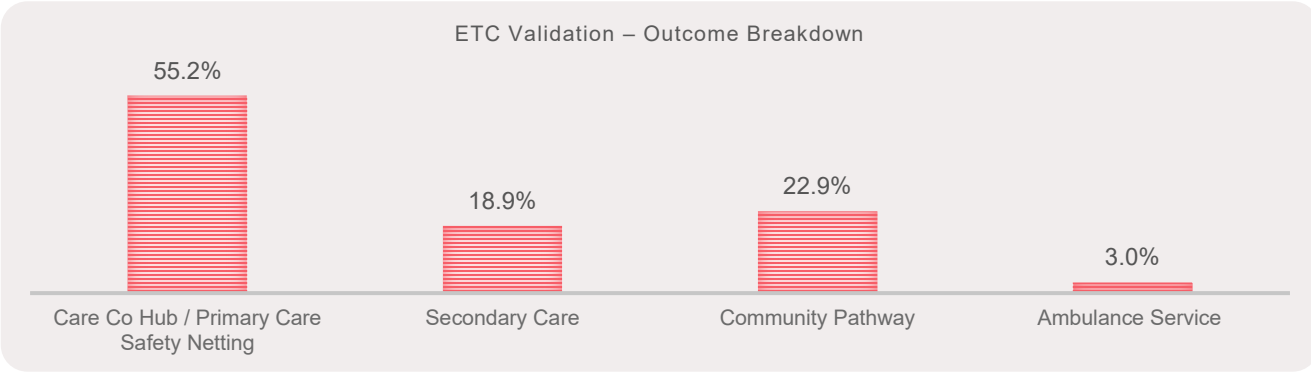
This initiative focused on validating emergency and urgent treatment dispositions, including referrals to Emergency Departments (EDs) and Urgent Treatment Centres (UTCs). Each case was reviewed by a senior clinical decision-maker (ACP or GP), ensuring that referrals were clinically appropriate and that patients were directed to the most suitable care setting.

Key outcomes and benefits:

- Improved clinical appropriateness: Senior clinicians applied their expertise to ensure referrals were justified, reducing unnecessary ED and UTC attendances and supporting safer, more effective care.
- Enhanced patient experience: Patients received timely, appropriate care in the right setting, helping to reduce delays and improve outcomes during peak demand.
- System-wide impact: By easing pressure on emergency departments, the initiative helped preserve capacity for genuine emergencies and supported more efficient patient flow.
- Strengthened collaboration: The process fostered closer working relationships between NHS 111, HealthHero clinicians, and local ED/UTC teams, enhancing communication and shared decision-making.

This initiative demonstrated the value of proactive, clinically led validation in improving patient safety, optimising system performance, and supporting staff during periods of high demand. It has set a strong precedent for future models of care that prioritise appropriateness, efficiency, and collaboration.





**Reporting period: 31/12/2024 - 31/03/2025*

Winters Pressures Initiative: CAS Ledger Model

Launched in November 2024 as part of HealthHero's winter preparedness, the Appointed Ledgers initiative was a direct outcome of learning from Datix case reviews and the learning from team workshops. These reflective processes highlighted risks associated with large, centralised clinical queues—particularly around delayed case handling, reduced visibility, and inconsistent clinical oversight.

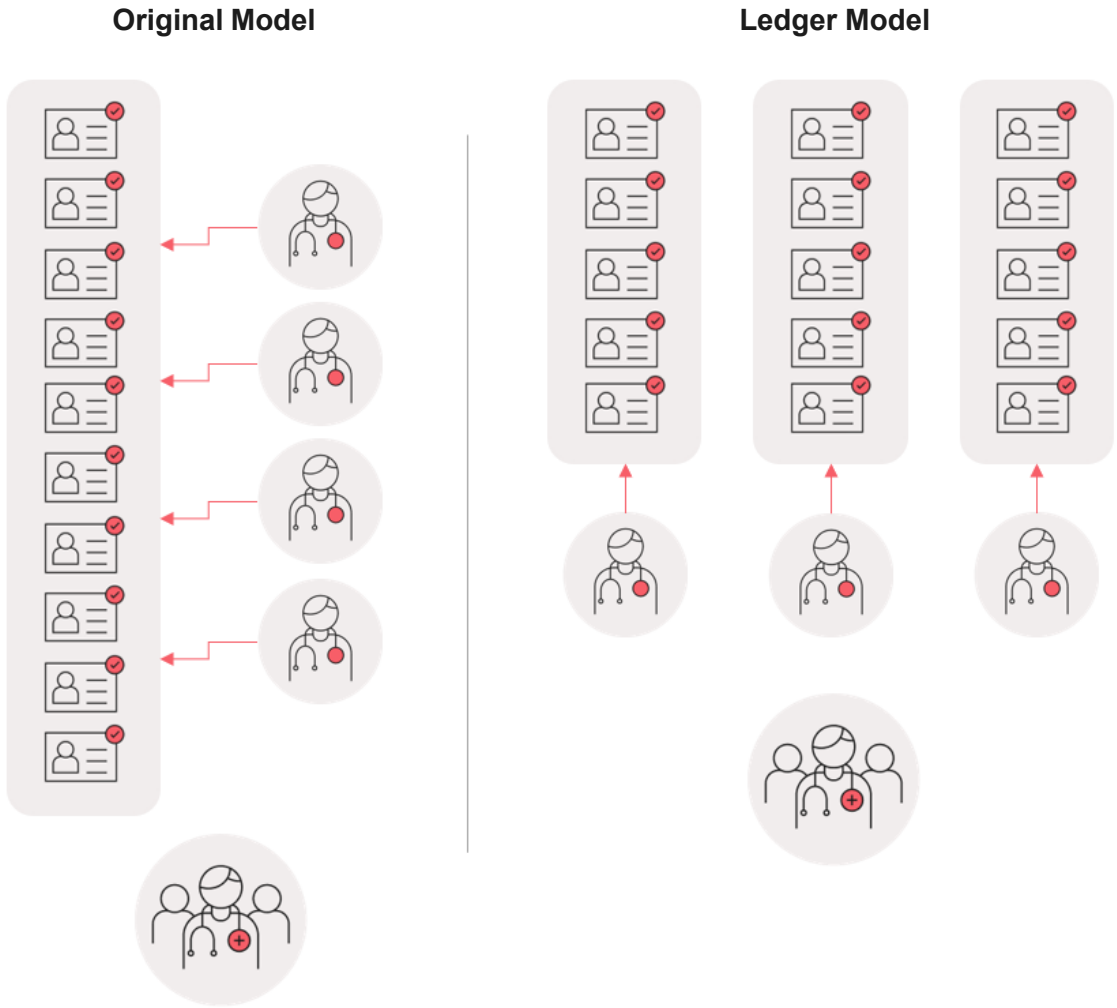
In response, HealthHero trialled a new model where selected clinicians were assigned individual appointment ledgers rather than selecting cases from a shared queue. This created smaller, more manageable caseloads, enabling clinicians to focus on a defined group of patients during their shift. The aim was to increase clinical accountability, reduce the risk of missed or delayed actions, and improve the quality and safety of telephone consultations.

The model was introduced during high-demand periods—weekends and bank holidays—when queue pressure is greatest. A 50/50 split between ledger-based and central queue working was adopted initially, supported by non-clinical coordinators who managed allocations and liaised with Clinical Navigators to ensure smooth handovers and timely interventions.

Early feedback from clinicians was positive. Staff reported reduced cognitive load, clearer prioritisation, and improved confidence in managing their caseload. A further trial of a 100% ledger model removed the need for timed appointments, simplifying coordination and reducing administrative burden.

However, the initiative also brought increased complexity for the non-clinical workforce. Coordinators, admin teams, and shift managers experienced a rise in workload due to the need for closer oversight of ledger allocations, real-time adjustments, and communication across teams. This learning has informed ongoing refinements to ensure the model remains sustainable and scalable.

The Appointed Ledgers initiative reflects HealthHero's commitment to turning learning into action—using real-world insights to drive innovation, strengthen clinical governance, and improve patient outcomes. Evaluation continues, with a view to embedding the model more widely where appropriate.



The Safeguarding Team

Debbie Parsons, Safeguarding Lead

Debbie marked her 10-year anniversary with HealthHero in November 2024. With a strong operational background, she began as an Urgent Care Coordinator and progressed to Urgent Care Team Lead. During this time, she developed a keen interest in safeguarding, regularly representing healthcare at Wiltshire MARAC meetings and supporting next-day referral follow-ups. She went on to serve as Safeguarding Support Officer for two years, working closely with the Safeguarding Lead. In August 2023, Debbie was appointed to the lead safeguarding role and has since remained committed to strengthening HealthHero's safeguarding culture.

Over the past year, we've taken meaningful steps to strengthen safeguarding across HealthHero. By auditing the quality of referrals, removing barriers for non-clinical staff to contribute, and refining how we communicate key messages, we've worked to make safeguarding accessible, inclusive, and clearly understood at every level. Our role as system partners remains central to this work, ensuring we support and protect individuals who have contact with our services and can align and develop our processes as part of a wider community of safeguarding.

Jess Pain, Safeguarding Support Officer

Jess began her journey with HealthHero in April 2022, during a time when the world was still navigating the challenges of the COVID-19 pandemic. She joined the COVID @Home Team as an Administrator. In January 2023, she became part of the launch team for the Care Coordination Service, working alongside clinicians and paramedics in an administrative capacity. This role offered valuable insight into the high standard of care HealthHero provides and sparked a deeper awareness of the importance of safeguarding. In August 2023, the opportunity arose to apply for the role of Safeguarding Support Officer.

It is my honour to be able to give safeguarding a voice; to know my work makes a difference in people's lives. I aim daily to help achieve the best possible outcome for a better future for every person that needs our protection and support.

Safeguarding

Safeguarding remains a cornerstone of our commitment to delivering safe, compassionate, and person-centred care. Over the past year, we have continued to embed safeguarding into every layer of our organisation—ensuring that it is not only a statutory responsibility but a shared value upheld by all colleagues, regardless of role.

This year has seen a deepening of our safeguarding culture through strengthened training, clearer processes, and greater visibility of safeguarding in everyday practice. From the rollout of national programmes like ICON to the refinement of our referral systems and audit processes, we have taken meaningful steps to ensure that safeguarding is accessible, inclusive, and responsive to the needs of those we serve, preventative, and person-centred.

SVPP Walkabout: In March 2025, HealthHero welcomed the Swindon and Wiltshire Safeguarding Partnership (SVPP) and partner agencies for a Safeguarding Walkabout. The event provided a valuable opportunity for colleagues to engage with external professionals, share insights, and reflect on safeguarding practice in a collaborative environment. We look forward to receiving the SVPP's feedback and continuing to strengthen our partnership working.

Safeguarding Audits: To ensure the quality and consistency of safeguarding referrals, HealthHero introduced a structured audit process using a standardised template developed for healthcare services across the ICB. These audits provide assurance that referrals are clear, complete, and aligned with best practice. They also offer a valuable opportunity for learning and improvement, with findings shared across teams to support reflective practice (see slide 78).

One-to-One Form Enhancements: Recognising the importance of embedding safeguarding into routine supervision, we introduced a new safeguarding section within our one-to-one forms. This prompts line managers and colleagues to reflect on:

- Completion of mandatory and CPD safeguarding training
- Additional training needs
- A recent safeguarding case discussion

These conversations support annual sign-off of safeguarding competence and ensure that safeguarding remains a live and visible part of professional development. They provide a structured opportunity for colleagues and line managers to reflect on real-world safeguarding practice, identify learning needs, and celebrate good practice. By embedding these discussions into routine one-to-ones, we are reinforcing the message that safeguarding is not a one-off training requirement, but a continuous, evolving responsibility that sits at the heart of safe, person-centred care.

Safeguarding

Automated Safeguarding Process Update

The automated safeguarding process, introduced in August 2023, has significantly reduced barriers to raising concerns. In 2024–2025, this process was extended to include non-clinical colleagues, empowering them to make referrals independently. Following feedback from local authorities, audit sessions, and senior leaders, we also reviewed and refined the referral templates to improve clarity, completeness, and guidance—ensuring that every referral contains the information needed to support effective safeguarding action.

ICON – Preventing Abusive Head Trauma (AHT)

Persistent infant crying is a common and often challenging experience for parents and carers. While crying typically peaks between 6–8 weeks of age, research shows that this period can be particularly difficult, and in rare but serious cases, may lead to a loss of control resulting in Abusive Head Trauma (AHT). AHT can cause catastrophic brain injuries, long-term disability, or even death.

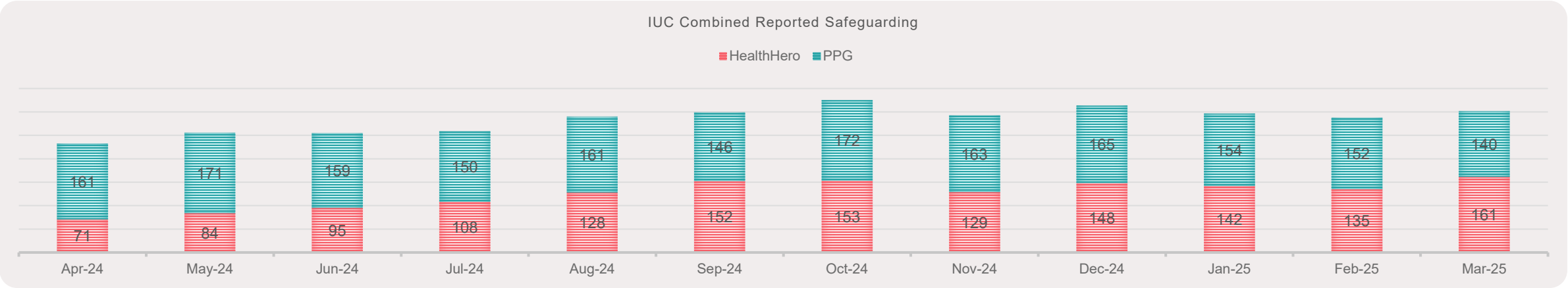
To address this risk, HealthHero Integrated Care has embraced the ICON programme—a UK-wide initiative to raise awareness and provide practical strategies for coping with infant crying. The programme is built around a simple, evidence-based acronym:

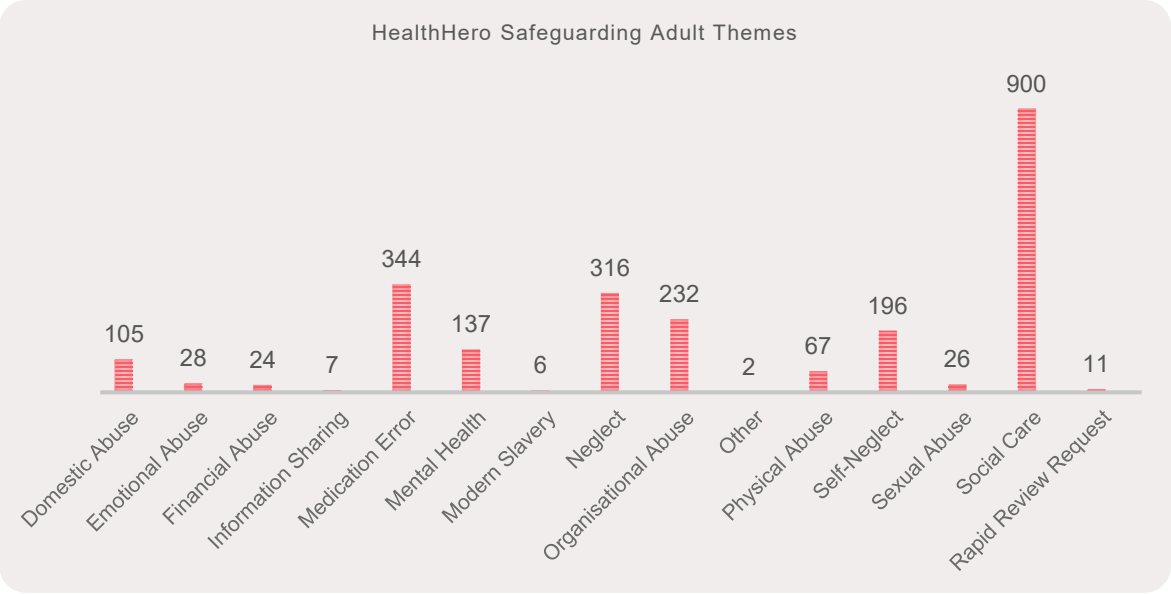
- I – Infant crying is normal
- C – Comforting methods can help
- O – It's OK to walk away
- N – Never, ever shake a baby

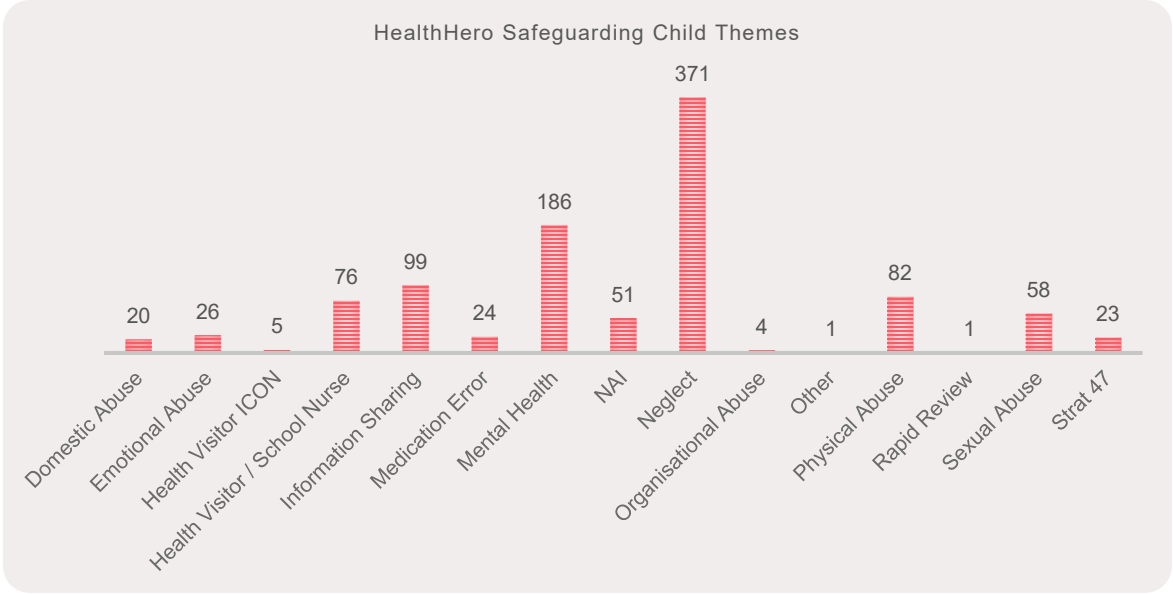
In 2024/25, ICON was formally commissioned across the BSW region. HealthHero delivered training to all Level 3 safeguarding-trained colleagues, ensuring that the programme's messages reached those most likely to encounter families in need of support. Training was delivered via live sessions on Microsoft Teams, with recordings made also available In addition, a mandatory e-learning module was introduced to embed ICON principles into routine safeguarding education.

To further strengthen the impact of the programme, a referral pathway was developed to enable colleagues to escalate concerns to Health Visitors when infant crying is identified or discussed. This ensures that families receive timely follow-up and support, and that safeguarding remains proactive, preventative, and person-centred.

Safeguarding Activity







Audit Data

Clinical Audits

Clinical audit is a cornerstone of our commitment to continuous quality improvement and patient safety. It provides a structured mechanism for evaluating clinical practice against agreed standards, identifying areas for enhancement, and ensuring that care delivery remains safe, effective, and patient-centred.

Our audit program is primarily facilitated through the Clinical Guardian platform—a robust, intelligent audit tool that enables systematic review of clinical consultations. Clinical Guardian automatically selects cases based on predefined criteria and stratifies clinicians by audit status, ensuring that both new and experienced team members receive appropriate levels of oversight. New clinicians begin with a 100% audit rate (Purple status), progressing through Blue (10%), and ultimately to Green (2%), where a standardised sample of consultations is reviewed monthly.

Audits are conducted anonymously by a dedicated team of clinicians, with outcomes categorised as Proficient, or for Group Review. Cases requiring further scrutiny are escalated to Group Review, where they are assessed by multiple auditors before feedback is shared alongside either of the following outcomes: ‘Proficient’, ‘Feedback’, or ‘Concern’. Where a case is marked as ‘Concern’, a member of the Clinical Leadership Team follows up directly with the clinician to provide support, clarification, and guidance. This process ensures fairness, consistency, and a supportive learning environment.

The audit team itself comprises a diverse group of clinicians and governance professionals, supported administratively by the Quality & Patient Safety Team. Regular training, peer review through the ‘Audit the Auditor’ initiative, and collaborative discussions at Clinical Effectiveness Committee meetings help maintain high standards and foster a culture of reflective practice.

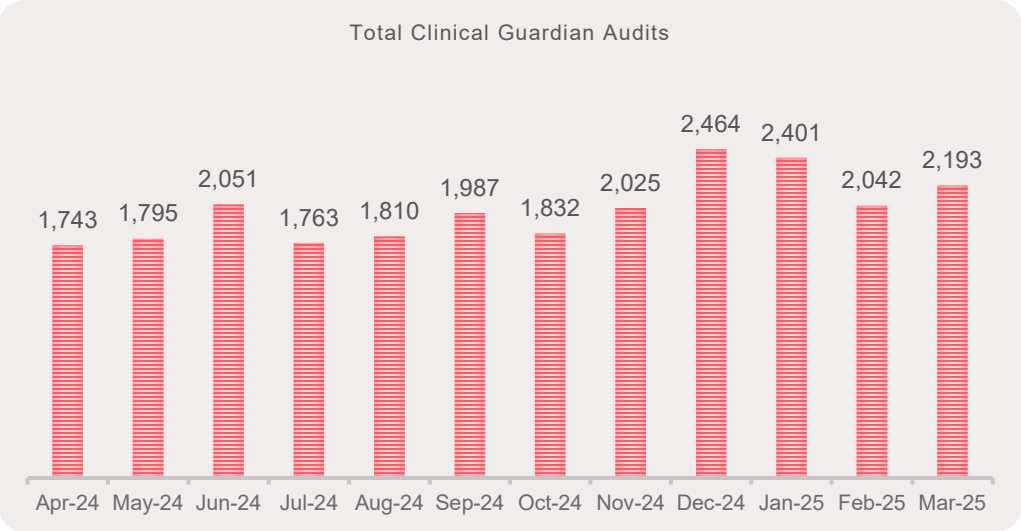
Clinical Audit Outcomes

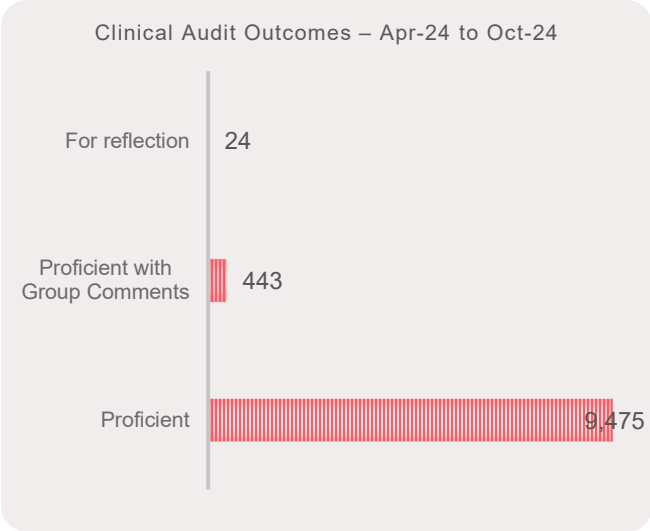
This year's audit data reflects both the scale of our clinical quality assurance work and the evolution of our audit framework. The tables below present a full-year breakdown of audit outcomes.

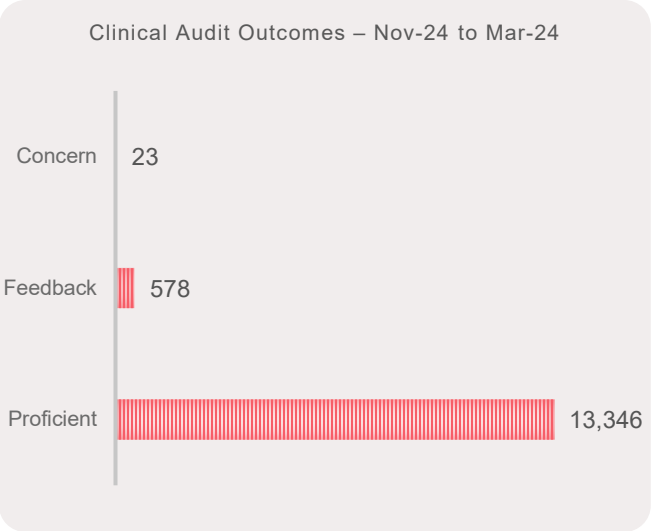
In November 2024, we introduced a revised outcome framework to better reflect the nature and intent of audit feedback. The previous categories—Proficient, Proficient with Group Comments, and For Reflection—were replaced with Proficient, Feedback, and Concern. This change was designed to simplify terminology, improve clarity for clinicians, and better align with the tone of supportive learning that underpins our audit process.

- Proficient continues to indicate that the consultation met expected standards.
- Feedback replaces 'Proficient with Group Comments' and is used when a case is broadly sound but would benefit from shared learning or minor improvements.
- Concern replaces 'For Reflection' and is used when a case raises clinical or documentation issues that require more focused review or discussion.

The dual presentation of data—before and after the change—ensures transparency and allows for year-on-year comparison. It also highlights the consistency of audit outcomes across both frameworks, with the vast majority of consultations rated as Proficient, and only a small proportion requiring escalation.

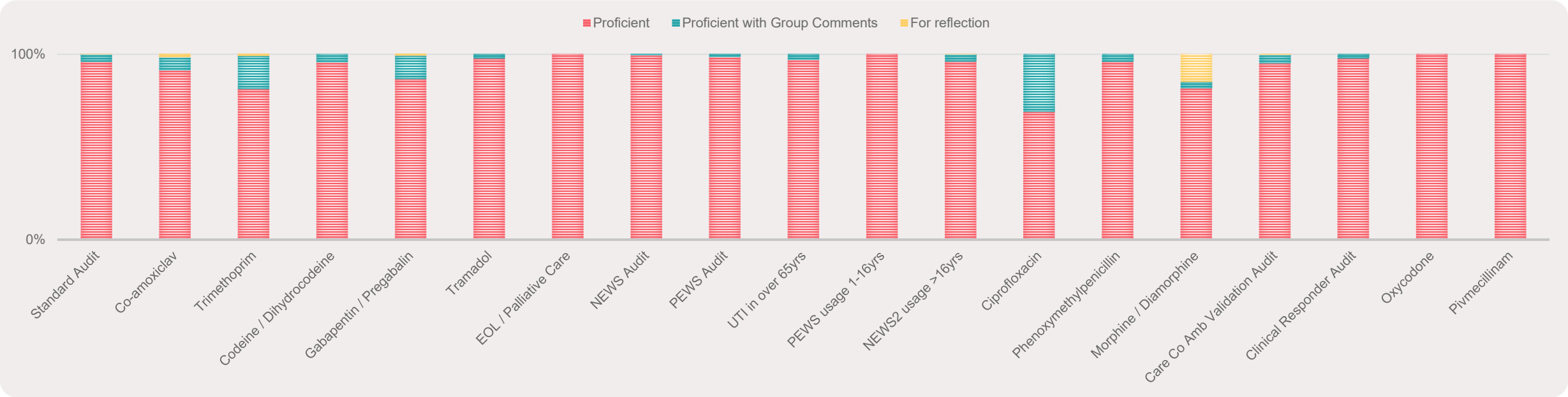






Clinical Audits (Apr-24 to Oct-24)

	Standard Audit	Co-amoxiclav	Trimethoprim	Codeine / Dihydrocodeine	Gabapentin / Pregabalin	Tramadol	EOL / Palliative Care	NEWS Audit	PEWS Audit	UTI in over 65yrs	PEWS usage 1-16yrs	NEWS2 usage >16yrs	Ciprofloxacin	Phenoxymethylpenicillin	Morphine / Diamorphine	Care Co Amb Validation Audit	Clinical Responder Audit	Oxycodone	Pivmecillinam
Proficient	7,286	52	181	211	213	129	53	156	61	91	37	442	20	47	22	229	207	31	7
Proficient with Group Comments	305	4	40	10	31	3	0	1	1	3	0	17	9	2	1	11	5	0	0
For reflection	13	1	2	0	2	0	0	0	0	0	0	1	0	0	4	1	0	0	0



Clinical Audits (Nov-24 to Mar-25)

	Standard Audit	Co-amoxiclav	Trimethoprim	Codeine / Dihydrocodeine	Gabapentin / Pregabalin	Tramadol	EOL / Palliative Care	Methadone	Buprenorphine	NEWS	PEWS	Referred to ED	UTI in over 65yrs	Cefalexin	Ciprofloxacin	Care Co Amb Validation	Clinical Responder	Manual Audit
Proficient	8,957	264	237	192	163	167	123	9	19	1,767	361	401	216	101	45	84	186	54
Feedback	379	28	18	8	4	10	7	1	7	64	15	10	10	6	6	2	2	1
Concern	16	0	0	0	1	1	0	0	0	2	1	1	0	1	0	0	0	0

Clinical Audit Themes

As part of our commitment to continuous improvement and clinical quality, we use Clinical Guardian snippets to support reflective learning, consistency, and professional development across our clinical workforce.

Snippets are prewritten segments of text that auditors can incorporate into their feedback when reviewing clinical consultations. While auditors can also provide free-text comments, snippets offer a structured way to highlight common themes, reinforce best practice, and ensure consistency in the language and focus of feedback.

Why we use them:

- Promote consistency: Snippets help standardise the way feedback is delivered, ensuring that key messages are communicated clearly and consistently across the clinical team.
- Enable meaningful reporting: Because snippet usage is tracked, we can analyse trends in feedback—identifying recurring strengths and areas for improvement across the service.
- Support reflective learning: Snippets provide clinicians with concise, relevant insights that encourage reflection and reinforce learning in a constructive and supportive way.
- Drive quality improvement: By analysing snippet data, we can identify themes that inform training, policy updates, and wider quality initiatives.

Snippets are selected by trained clinical auditors during the review process and are visible to clinicians through the Clinical Guardian platform. They are used alongside personalised comments to provide a balanced, evidence-based view of clinical performance.

This year's chart of Clinical Guardian snippet usage offers a valuable snapshot of the themes emerging from our audit programme—and reflects our ongoing commitment to learning, safety, and excellence in care.

Non-Clinical Audits - Coordinator & Call-Handler

In addition to our clinical audit programme, we maintain a structured and robust audit process for our non-clinical teams—specifically our Urgent Care Coordinators and Call-Handlers. These roles are critical to the safe and effective delivery of our services, and their performance is reviewed regularly to ensure high standards of communication, documentation, and patient support.

Every two months, each team member undergoes an audit of their call recordings and system documentation. These reviews assess the quality of interactions, the accuracy of information captured, and adherence to established protocols. Audit findings are shared directly with staff and form part of their monthly one-to-one development discussions.

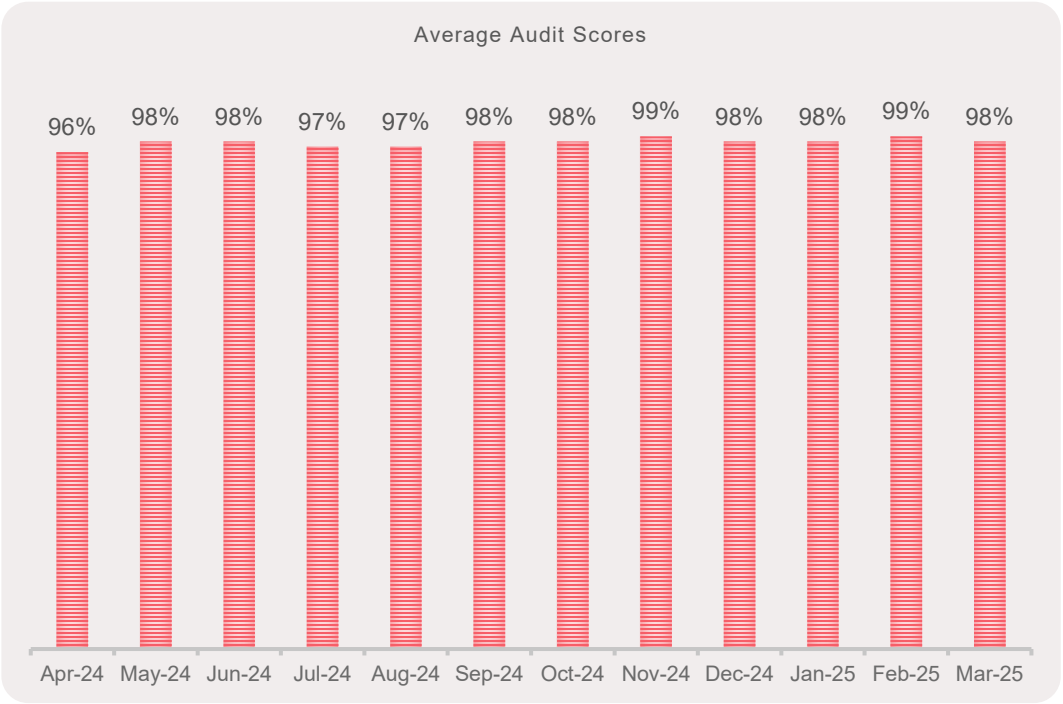
Key learning themes identified this year include:

- Demographics check being completed by new starters: Team Leads have placed greater emphasis on this during classroom training to ensure accurate and complete patient records from the outset.
- Providing worsening advice at the end of calls: Ongoing feedback is provided to individuals to reinforce the importance of giving clear, actionable advice on what to do if symptoms worsen.
- Not confirming with HCP calls the priority of a call back by new starters: This has been highlighted as a training focus, with Team Leads addressing it during classroom sessions to ensure appropriate triage and timely responses.

Audits also review the effective use of clinical systems such as Adastra and SystmOne, ensuring that record documentation is accurate, timely, and aligned with best practice.

While audit scores have remained consistently high, minor variations are expected—particularly during the onboarding of new staff. These audits play a vital role in early training and ongoing development, offering constructive feedback and reinforcing best practice.

Audits are conducted by Team Leads within the Urgent Care Operational Team, who also meet regularly to review emerging trends and share learning across the wider service. This ensures that insights from individual audits are translated into team-wide improvements—supporting a culture of accountability, learning, and service excellence.



Treatment Centre Audits

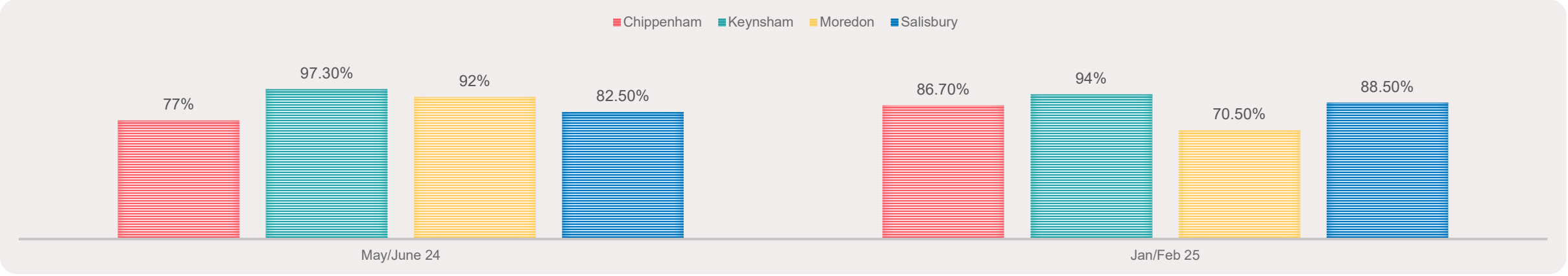
HealthHero conducts biannual audits of its Treatment Centres to ensure that the highest standards of care, safety, and operational excellence are consistently upheld. These audits provide a structured opportunity to assess compliance while also identifying areas for improvement and celebrating good practice.

In 2024–2025, two audit rounds were completed across our four primary bases: Chippenham, Keynsham, Moredon, and Salisbury. The first cycle took place in May–June 2024, followed by a second round in January–February 2025. Notably, this period included the relocation of our Chippenham base from Hathaway Medical Centre to Chippenham Community Hospital—a move that reflects our ongoing commitment to improving accessibility and the environments in which we deliver care.

Audit results across the year demonstrated both strong performance and valuable learning:

- Chippenham improved from 77% in the first round to 86.7% in the second, reflecting the positive impact of the relocation and local quality improvement efforts.
- Keynsham maintained consistently high standards, scoring 97.3% in May–June and 94% in January–February.
- Salisbury also showed steady improvement, rising from 82.5% to 88.5% across the two cycles.
- Moredon experienced a dip in performance in early 2025, scoring 70.5%. Key learning points included consumables date management, overstocking of medicines and consumables, and general untidiness. A re-audit in June confirmed that 95% of these issues had been addressed, with the site achieving a significantly improved score of 87.5%.

These audits provide assurance to patients, staff, and commissioners that our facilities are safe, well-managed, and continuously improving. Where issues are identified, they are addressed promptly through local action plans, leadership support, and follow-up reviews—ensuring that learning is embedded and standards are raised across all sites.



Developments, Improvements & Achievements

New Out-of-Hours Fleet

In March 2024, we introduced a new fleet of Kia Sportage Hybrid self-charging vehicles—an investment that reflects our commitment to operational excellence, environmental responsibility, and staff wellbeing.

The Kia Sportage Hybrid was selected following a detailed review of our service needs. It offers the ideal balance of performance, reliability, and sustainability—making it exceptionally well-suited to the demands of our Out-of-Hours and mobile clinical services. The hybrid engine supports our goal of reducing emissions while maintaining the flexibility and range required for rural and urban coverage.

Key benefits of the new fleet include:

- Environmental impact: The hybrid technology significantly reduces fuel consumption and emissions, supporting our sustainability goals.
- Operational fit: The vehicles are spacious, comfortable, and equipped to handle the demands of clinical work, including transporting equipment and navigating varied terrain.
- Staff experience: Feedback from staff has been positive, with improved comfort, safety features, and reliability contributing to a better working environment.

The rollout of the new fleet is another step forward in our mission to deliver high-quality care in a way that is efficient, responsive, and environmentally conscious.

New Chippenham Out-of-Hours Treatment Centre

In August 2024, our Chippenham Out-of-Hours Treatment Centre successfully relocated to the newly refurbished Wessex Suite at Chippenham Community Hospital (CCH). This move was part of our ongoing commitment to provide appropriate environment in which we deliver care—ensuring our facilities are fit for purpose, accessible, and supportive of both patients and staff.

The new Wessex Suite, situated between the former suite and the Minor Injuries Unit (MIU), offers a more modern, functional space that better supports the operational needs of our urgent care service. The relocation was carefully planned and executed, with contingency arrangements in place to ensure continuity of service throughout the transition.

- Improved clinical environment: The new suite provides a more comfortable and efficient space for consultations, enhancing the patient experience.
- Operational efficiency: The layout and location support smoother patient flow and better integration with other hospital services.
- Staff support: The move was backed by on-site support from operational leads, updated base information packs, and IT readiness to ensure a seamless transition.

Patients now access the service via the MIU entrance, with clear instructions and support from Urgent Care Assistants to guide them to and from appointments. This approach helps reduce confusion, maintain security, and minimise disruption to other services.

The relocation reflects our proactive approach to service improvement—ensuring that our facilities evolve alongside the needs of our patients and workforce.

Information Security Accreditation

We achieved two major milestones that reaffirm our commitment to robust information security and data protection: reaccreditation for ISO 27001 and certification for Cyber Essentials Plus. Together, these achievements reflect our proactive approach to managing risk, safeguarding data, and maintaining the trust of our patients, partners, and staff.

ISO 27001 is the internationally recognised standard for information security management systems (ISMS). This reaccreditation confirms that we:

- Systematically assess and manage information security risks, including threats, vulnerabilities, and potential impacts
- Maintain a comprehensive suite of controls and risk treatments to protect sensitive data
- Operate a dynamic, organisation-wide process to ensure our security measures remain effective and responsive to evolving threats

This achievement demonstrates our ongoing commitment to maintaining the highest standards of data security and reflects our values of trust, reliability, and continuous improvement.

Cyber Essentials Plus builds on the foundational Cyber Essentials framework by introducing rigorous, independent testing of our cybersecurity controls. This certification confirms that we:

- Protect against a wide range of common cyber threats
- Maintain secure configurations across our systems and devices
- Apply timely patching and vulnerability management
- Safeguard our internet-facing infrastructure and email/browser settings against malicious activity

The assessment included a hands-on technical audit, vulnerability scans, and configuration reviews—providing external assurance that our systems are secure and resilient.

Great Place to Work Accreditation

We are proud to be officially recognised as a Great Place To Work—a prestigious certification based entirely on feedback from our employees across the organisation. This recognition reflects the strength of our workplace culture and the shared values that underpin everything we do.

The certification process highlighted that our people feel welcomed, respected, and treated fairly—regardless of background, gender, or identity. It's a powerful endorsement of the inclusive, supportive environment we've built together.

Great Place To Work is a globally recognised benchmark for workplace culture, employee experience, and leadership behaviours. Certified organisations are proven to deliver stronger performance, higher retention, and greater innovation.

For a company dedicated to healthcare and wellbeing, this recognition reinforces our commitment to creating a healthy, happy, and high-performing workplace.

We're also using the insights from the survey to grow further. While we're proud of what we've achieved, we're equally committed to listening, learning, and improving—together.

Some of our standout results from the survey which contributed to our listing as one of the Best Workplace in Healthcare included:

- 80% of our employees said HealthHero was a place where people cared about each other,
- 79% feel they can make a difference at HealthHero
- more than 90% of employees said that they were treated fairly, regardless of their sexual orientation, gender, race or age

Patient Experience Survey

The Patient Experience Survey is a key tool used to gather feedback from patients about their interactions with our services. It is designed to be anonymous, quick, and user-friendly, ensuring that patients can share their views without barriers. The survey helps us understand patient preferences, and expectations, and highlights areas where we can improve the quality of services we provide.

We use the Patient Experience Survey to:

- Gain insights into patient satisfaction and identify opportunities for service improvement.
- Ensure we are meeting the expectations of our patients and delivering high-quality, compassionate care.
- Continuously enhance our services by acting on the feedback we receive.

Patients are invited to complete the survey through several channels:

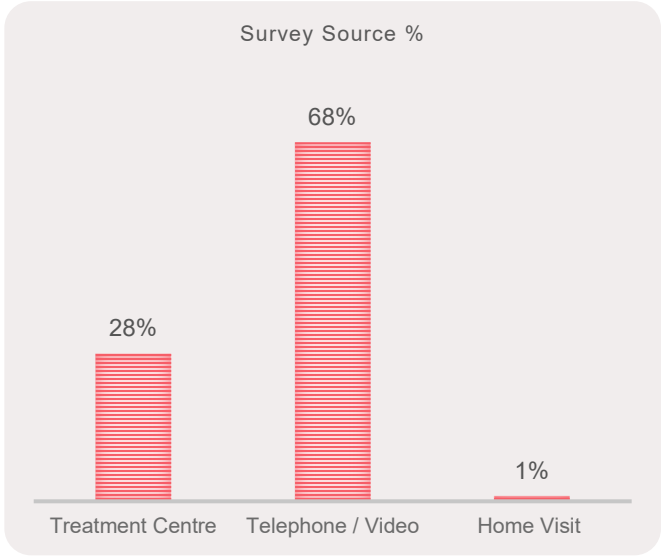
- SMS Invitations: When a case is completed on Adastra, clinicians can ask patients if they would like to receive a text message with a link to the survey. This approach ensures clinicians ask for consent before sending the link.
- Printed Materials: Feedback cards and posters with QR codes are available at treatment centres and during home visits. These direct patients to the online survey form.
- Website Access: A link to the survey is also available on our website, ensuring accessibility for all patients.

The survey includes eight questions covering various aspects of the patient journey, such as timeliness of care, clarity of communication, and overall satisfaction. Survey results are routinely reviewed and presented at the Quality Committee.

In addition to the Patient Experience Survey, we welcome feedback through a variety of other channels. If individuals would like to provide further information or discuss their experience in more detail, people can contact us using:

- Address: Fox Talbot House, Greenways Business Park, Chippenham, Wiltshire, SN15 1BN
- Telephone: 0800 6444 200
- Website: http://www.healthhero.com/governments
- Email: uc-info@healthhero.com

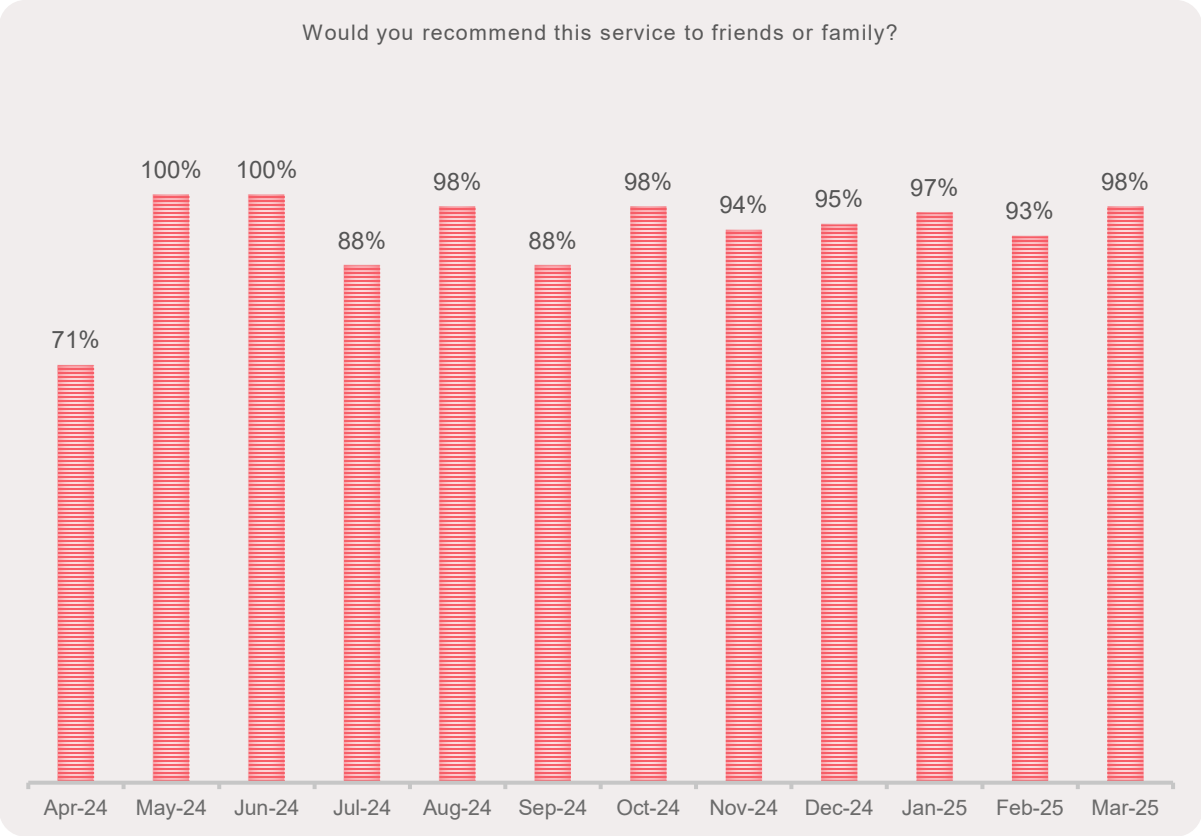
We are committed to listening to our patients and using their feedback to shape and improve the care we provide.



Patient Experience Survey Annual Results

How was your greeting upon arrival at reception?	★ ★ ★ ★ ★ 4.9
How accessible and easy to find was the location?	★ ★ ★ ★ ★ 4.9
How would you rate the waiting area and facilities?	★ ★ ★ ★ ★ 4.8
I felt involved in the decisions surrounding my care?	★ ★ ★ ★ ★ 4.7
I received the care and support I required:	★ ★ ★ ★ ★ 4.7
I had confidence and trust in the Health Professionals that supported me during the contact with the service:	★ ★ ★ ★ ★ 4.7
I was treated with dignity and respect at all times:	★ ★ ★ ★ ★ 4.8
Would you recommend this service to friends and family?	95%

Friends & Family Results



Recommendation to friends and family: The percentage of patients who would recommend our service has shown a positive trend throughout the year.

Despite some fluctuations, the overall trend indicates a high level of patient satisfaction and a strong likelihood of recommending our service. Notably, the percentage of patients who would recommend our service reached 100% in both May and June 2024, and remained consistently high throughout the winter months, even during periods of increased pressure.

This positive trend is a testament to the dedication and hard work of our team in providing exceptional care and support to our patients. Our non-clinical patient safety and comfort calls have played a significant role in maintaining high patient satisfaction, keeping patients informed and reassured despite potential delays in contact.

We will continue to monitor and analyse patient feedback to ensure we are meeting the expectations of our patients and delivering high-quality, compassionate care.

Patient Testimonials

I just wanted to email to say a really big thank you for everything you have done to help and support me. You have been brilliant at problem solving, following things up and speaking to the right people and getting my voice heard. I could always trust you to do what you said you would do. Having you attend appointments with me helped so very much. It helped me to better understand the next steps forward in my care and you would ask the questions I wouldn't have thought of until I left the room. It was very reassuring having your support to talk to consultants.

Thank you for listening and having time for me, even though I know you are mega busy, I never felt rushed. At times, especially in the beginning I was often stroppy and unreasonable, you are always kind and very empathetic. You have made such a difference, and my family are more confident in managing my seizures and knowing when is the correct time to reach out to the appropriate NHS service. I am calmer and panic less than I did before and understand better when I need help and when I can manage, I am becoming more independent now.

I know I still have a long way to go but I'm not sure where I would be without all your invaluable help and support; with my physical health, medical conditions and mental health. You have been the first professional to see me as a whole person. I'm fitter and healthier and since the start of the year I have lost 21kg. I'm now walking quicker and moving so much better and feeling positive more often. You have made such a significant difference to my life, thank you for being an amazing person and for everything you have done. Wishing you all the very very best."

High Intensity User Service

I received a call from patient wanting to thank the clinician who saw him. Patient had called 999 but been told it was not urgent. The Clinician recognised the seriousness, and patient went to hospital where he was diagnosed with a perforated bowel. He is still in Daisy Ward at GWH now and wanted to thank the doctor, who he said was brilliant and "his hero".

Integrated Urgent Care Service

I just wanted to pop you an email to say a massive thank you for helping my Mum and getting her to the Hospital. We are so glad that you made that call as my Mum had a heart attack - not sure if it was on going for a few days or if it just happened suddenly. She has been admitted, and we are now waiting for stent! Honestly you were absolutely brilliant with my Mum, first class care, and we can't express how grateful we are you came over and got my Mum to the hospital, she would have refused if you were not there. Keep doing what you are doing, you are brilliant 🙂

Integrated Urgent Care Service

Patient Testimonials

I was recently suffering with an ear/face infection which worsened dramatically over the weekend. I phoned 111 and after an initial consultation, I was given an appointment and managed to see one of your doctors who immediately diagnosed me with a very bad case of Cellulitis of the face and sent me straight to the ED @ GWH. I then spent the next week in hospital on numerous different antibiotic IV drips as the doctors tried everything to stop the infection from reaching my eyes. Luckily, they succeeded, and I was discharged a week later with some medication. If I hadn't been able to visit your medical centre, then it could have been a whole lot worse with possible sight loss etc. So, thank you so much again for being available when I needed to see someone urgently.

Integrated Urgent Care Service

Every minute feels like an hour when waiting for a call back for your children, but I felt heard and supported' 'The clinician involved me, asked me questions, I am autistic and having the questions broken down i.e. what is my biggest concern, helped me make my decisions' 'Having the right doctor really, really helps' 'The clinician made me feel confident in my own choices, I felt like it was own choice and that is so important to me' 'The clinician reassured me and told me the person who is going to know your baby best is me, he knew I was genuinely concerned and took me seriously' 'Feel very let down by the medical community due to previous experiences but am trying to be more trusting of people. I felt heard by this clinician, who doesn't know me, even after only 5 minutes which was amazing.

Integrated Urgent Care Service

I just wanted to write to you to thank you properly for looking after me and confirming I had positional vertigo at the beginning of January. Your whole approach was not only highly professional and thorough, but you treated me with heartfelt kindness and empathy. I was quite anxious when I entered the door but left the room feeling confident and reassured and that was all down to you. I have a few friends who are doctors and I know from talking to them, they and many of their colleagues get to hear from disgruntled patients but from only a few who are, as I am, delighted with the care they receive. In the Education world in which I spent some 40 years, I experienced the same kind of bias so I completely understand and strive to alter that balance! So many thanks for your time and attention and I can tell you, after a couple more 'manoeuvres', I am completely recovered from the horrid ailment but know how to help myself next time thanks to your instruction! May I wish you all the very best in your chosen career and say I only wish you were my regular GP!

Integrated Urgent Care Service

Patient Testimonials

My 12-year-old daughter, who has a background of asthma, became quite breathless. While her condition is usually well-managed, she has had previous hospital admissions during exacerbations, so I was understandably concerned. I contacted 111 and spoke with a health advisor. She was absolutely brilliant—calm, kind, and incredibly professional. Her compassionate manner made a real difference, especially to my daughter, and I'd be grateful if you could pass on my thanks to the PPG team. We were then referred to the Out of Hours Service on a 30-minute Cat 3 disposition and received a call from a clinician. The clinican was fantastic—he conducted a GoodSAM consultation and directed his communication to my daughter rather than to me, which was wonderful to witness. He was empathetic, reassuring, and really helped put her at ease. Later, we were seen by a face-to-face clincian, who carried out a thorough assessment and prescribed a course of steroids. Her approach was professional, compassionate, and clearly focused on my daughters best interests. I wanted to take a moment to highlight just how exceptional all three individuals were. I know they may have felt a bit apprehensive due to my role, but each of them displayed genuine care, professionalism, and empathy throughout. Thank you all again.

Integrated Urgent Care Service

Took mum to the out of hours clinic at Chippenham hospital yesterday. The Receptionist was welcoming and explained how everything would work. Nurse practitioner was excellent; she got to the heart of the problem kindly and efficiently before sending us home with clear instructions on what to do, and good advice to prevent future problems.

Integrated Urgent Care Service

Just some feedback from the matrons and primary care team looking after a client in BaNES. The client frequently attends the ED and has recently had a MARM, MDTs and High Intensity User support in the community to try to address the core issues. The BSW Care Coordination Hub team who took the calls regarding him clearly read the notes, acted on the care plan and liaised effectively with the care team avoiding more than one admission. Some of the other pathways for this chap have not been as effective and he ends up in the acute for 3 or 4 days for tests, treatment and observation, then having another incident/ event quickly following discharge (often the same day). Thank you for the attention to detail and cross-organisational support it has been noted and is much appreciated.

Care Coordination Service

Patient Testimonials

I went to verify the death of a little lady in the wee small hours yesterday morning and the family wanted me to pass on their compliments to you. They said that they couldn't have had a more thorough and caring clinician, you explained everything clearly and they felt very supported and knew what to expect. They just wanted to say a huge THANKYOU for what you did for their mum. She did pass peacefully and looked lovely when I went to verify her death. It's not too often we get personal compliments for our work, so I wanted to make sure that you know what a difference you made for that patient and her family. Kind regards.

Integrated Urgent Care Service

Dear Team, I wanted to take a moment to express my sincere gratitude for the outstanding care I received during my recent visit to Salisbury Medical Practice.

I truly appreciate the time and attention given to diagnosing and treating my chest/viral infection, especially considering it was out of hours. From my first call to 111 to my visit at Salisbury Medical Practice, each clinician, call taker, doctor, showed a remarkable level of professionalism and compassion, and it made a real difference to how I have felt.

Thank you for providing such a valuable service, and for ensuring that patients like me feel well cared for during difficult times. Please pass on my thanks to everyone involved. Kind regards.

Integrated Urgent Care Service

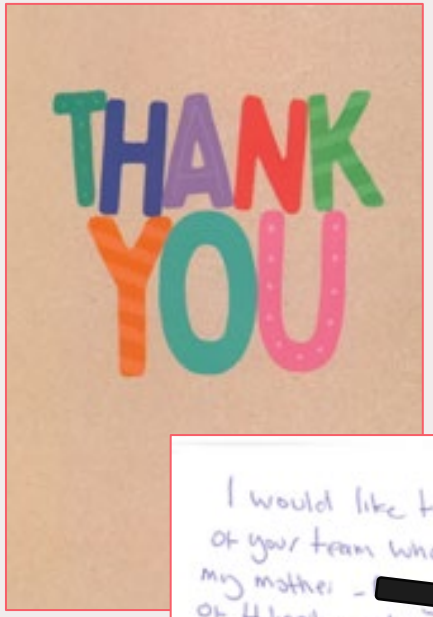
Hi - can I kindly give you recognition for a most wonderful customer care today. The greeting from the Urgent Care Assistant was polite, respectful & friendly. From the call in the car park to walking us in and out. The wonderful doctor took time to listen and take care of my needs with empathy and kindness. Kudos to you and your wonderful staff. They are an asset to your company. Warm wishes.

Integrated Urgent Care Service

I work for Dorothy house hospice @ home. I was with a patient in pain & rang out hours. Within 10 minutes I had a phone call from you, saying you will be with me soon as possible. They came and gave my patient a stat dose, she is very comfortable now and pain free. They helped me to get my patient repositioned and comfortable. Thank you, guys.

Integrated Urgent Care Service

Patient Testimonials



I would like to thank all of your team who cared for my mother - [redacted] at Hilpoltstein during her last illness. Each and everyone of you were so kind and considerate. It was very much appreciated and I am very grateful to you all

[redacted]

Patient Engagement & Community Events

At HealthHero, we are deeply committed to engaging with our diverse communities and ensuring that every member of our local population is aware of the comprehensive services we offer to support their urgent healthcare needs. We actively seek out and create opportunities to collaborate with a variety of local services, including community health organisations, social care providers, and educational institutions. By working together with these partners, we aim to enhance our outreach efforts, provide holistic care, and address the unique needs of different demographic groups within our community. Our goal is to build strong, lasting relationships that foster trust and ensure that everyone has access to the healthcare support they need.

Our Patient Engagement Officer recently attended a Refugee Cultural Workshop in collaboration with Wiltshire Council, aimed at supporting families who have recently been repatriated to the UK. Translators were present throughout the workshop to facilitate communication, underscoring our commitment to creating inclusive environments where all voices can be heard, regardless of language barriers. During the workshop, our Clinical Lead provided an in-depth overview of the various healthcare services available in the UK and locally. They explained where to seek help in different situations, such as only calling 999 for life-threatening emergencies, visiting the Minor Injuries Unit (MIU) for less severe injuries and how pharmacies are now able to support with a wide range of ailments. This workshop served as an educational platform to inform individuals and families about the healthcare system, address their concerns, and ensure they know where to go for the appropriate support and assistance.

Armed Forces Covenant

In March 2025, Chief Operating Officer Michelle Reader and Clinical Lead Andy Ormston proudly represented HealthHero at RAF Brize Norton to sign the Armed Forces Covenant on behalf of the organisation. This significant milestone marks a formal and heartfelt commitment to supporting the Armed Forces community—recognising the immense value, diverse skills, and lived experiences that veterans, reservists, and military families bring to both our workforce and the wider healthcare landscape.

By signing the Covenant, we have pledged to ensure that those who serve or have served in the Armed Forces, and their families, are treated with fairness, dignity, and respect. This commitment extends across all aspects of our organisation—from recruitment and employment practices to the way we deliver care and support to our patients and colleagues.

Our pledge is more than symbolic. It reflects a deep-rooted belief in inclusivity, equity, and the importance of creating a workplace culture that actively supports those who have given so much in service to their country. We are proud to be part of a growing network of organisations that recognise the unique contributions of the Armed Forces community and are taking tangible steps to support them.

We are now actively working toward accreditation with the Veterans Healthcare Alliance—an exciting and meaningful next step. This process will help us further embed Armed Forces awareness into our policies, training, and service delivery, ensuring that our support is not only visible but impactful. It also reinforces our ambition to be a healthcare provider and employer of choice for those with military backgrounds.

This journey reflects HealthHero's broader values of compassion, respect, and continuous improvement. We are honoured to stand alongside the Armed Forces community and look forward to building on this foundation in the years ahead.

Education Faculty

HealthHero's Education Faculty continues to play a pivotal role in supporting clinical excellence, professional development, and system-wide collaboration. Through a blend of internal training, external partnerships, and community engagement, the faculty ensures that our workforce is equipped with the skills, confidence, and support needed to deliver safe, effective, and person-centred care.

Internal Education and Clinical Skills Development: Our internal education programme includes monthly clinical skills training sessions covering a wide range of topics such as Basic Life Support for adults and children, catheterisation, cannulation, verification of death, P2, anaphylaxis, pathology, and case study workshops. These sessions are open to all staff and support both recruitment and ongoing development.

Clinical supervision is embedded into practice through both formal and informal mechanisms, ensuring that staff feel supported in their roles and are able to reflect on their practice in a safe and constructive environment.

Multidisciplinary Forums and Advanced Practice: We host a quarterly multidisciplinary study forum, which brings together colleagues from across the organisation and wider system to explore current themes, share learning, and strengthen integrated working. We continue to support trainee Advanced Clinical Practitioners (ACPs) and have developed our own pharmacist workforce, contributing to the development of urgent care pharmacists with extended scopes of practice. These initiatives have supported both recruitment and retention, while enhancing the clinical capability of our services.

External Education Partnerships: We are proud to support the wider system through a number of external education contracts:

- PACR (Physical Assessment and Clinical Reasoning): Delivered in partnership with the University of the West of England (UWE), we run three cohorts annually, each with 25 students. This programme supports workforce development across the BSW system.
- Teach and Treat / Clinical Supervision: We have delivered four cohorts supporting community pharmacists to gain independent prescribing qualifications, providing Designated Prescribing Practitioners and Supervisors. This work has strengthened relationships across the system and contributed to the national Pharmacy First agenda.
- Pathfinder Supervision Programme: Launched in 2025, this pilot supports pharmacists through Action Learning Sets, case study reviews, and participation in our study forums. Sessions have been adapted to meet the specific needs of participants, with positive feedback received.
- Advanced Assessment and Diagnostics: In collaboration with the University of Gloucestershire, we delivered our first cohort and are now working to refine the module to reflect the complexity of patient demographics in urgent and community care.

Community and Patient Engagement: We continue to work with Wiltshire Council to deliver workshops on accessing healthcare across Wiltshire, BANES, and Swindon. These include women-only groups and targeted support for the Afghan community, with early feedback indicating improved access to services such as interpretation and contraception.

We have also partnered with NHS England to showcase our work on the pharmacy agenda, including the Pharmacy First and Pathfinder projects. Our team was invited to contribute to a national workshop on reasonable adjustments, sharing how we supported one of our students through tailored supervision and inclusive practice.

Health & Safety

Emma Ludlow
Health & Safety Manager

Our new Health and Safety Manager, Emma Ludlow, joined HealthHero in June 2024 following a distinguished 22-year career in the Royal Air Force as a Pharmacy Technician. With extensive experience in healthcare governance, audit, and medical logistics at a high-tempo operational level—as well as health and safety at a management level—her transition into this role was a natural progression.

Emma began her health and safety journey over a decade ago, holding several IOSH qualifications. She is certified in Risk Management through NEBOSH and IIRSM, and in Managing Stress at Work through NEBOSH and the HSE. Most recently, she completed her NEBOSH General Certificate in Occupational Health and Safety exams and plans to pursue the NEBOSH Level 6 National Diploma in the near future.

Upon joining, Emma's first priority was to re-audit the organisation against the 2022 baseline to assess progress on previously raised recommendations. The findings were presented to the Quality Committee, and work commenced on implementing new actions.

A key development has been the launch of the HealthHero Health and Safety SharePoint site—a centralised hub where staff can access audit schedules, policies, procedures, risk assessments, safety data sheets, and 'how to' guides. The site also includes forms for reporting accidents, concerns, and good practices, as well as a Microsoft Form titled 'Ask the Health and Safety Manager', which allows staff to submit questions or raise issues anonymously.

The annual audit process has been redesigned to run throughout the year, with each location now receiving a compliance score based on whether each audit serial is fully, partially, or non-compliant. This enables year-on-year comparisons and the identification of areas requiring targeted audits.

We are committed to ensuring that all staff—regardless of location—have easy access to accurate and relevant health, safety, and welfare information. For more nuanced queries, clear channels are available for staff to seek guidance.

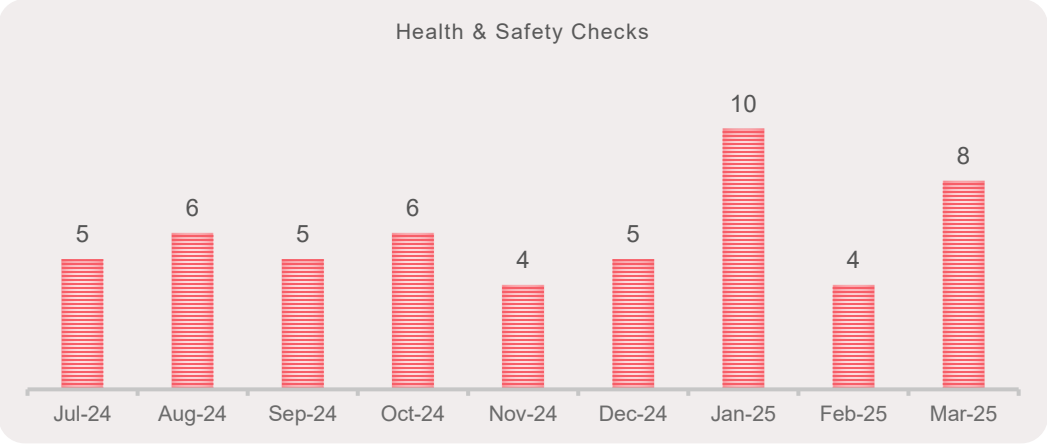
Emma is available to provide advice, support, and assurance across all levels of the organisation. She brings a fair and critical eye to our processes and infrastructure, helping to identify improvements that benefit our staff, our organisation, and ultimately, our patients.

Health & Safety

	Latest 2024/25 Audit Score
Fox Talbot House	84%
Chippenham	73%
Keynsham	63%
Moredon	Audit to be completed Aug-25
Salisbury	71%

As part of our ongoing commitment to maintaining safe and compliant working environments, HealthHero is conducting annual audits across all Treatment Centre bases. These audits assess a range of health and safety criteria, including documentation, equipment checks, environmental standards, and staff awareness. Chippenham showed an improvement, rising from 69% in 2024 to 73% in the latest 2025 audit, reflecting the impact of targeted follow-up actions and increased staff engagement with routine checks. Moredon is scheduled for audit in the August 2025, and findings will be incorporated into the next reporting cycle.

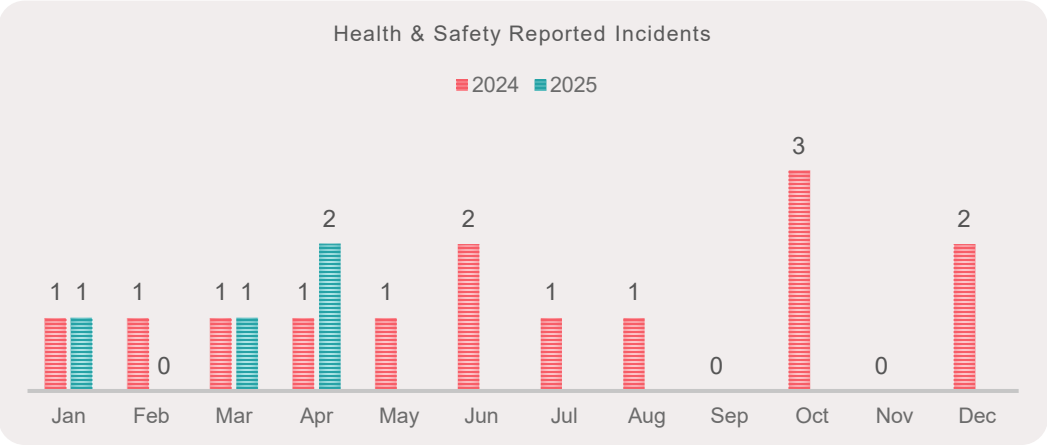
These audits are a key component of our quality assurance framework, helping to identify areas for improvement and ensuring that all sites meet the standards expected for safe and effective care delivery. Where gaps are identified, local action plans are implemented and monitored to support continuous improvement.



In July 2024, HealthHero introduced a structured programme of weekly and monthly health and safety checks across all sites. These checks are designed to ensure that essential safety measures—such as fire extinguisher condition, first aid stock levels, fire alarm functionality, and emergency equipment readiness—are consistently monitored and recorded.

This process provides the Health & Safety Manager with clear oversight of compliance and enables early identification of any gaps or risks. While initial compliance has varied across locations, targeted support and reminders have been implemented to improve consistency. Going forward, the aim is to achieve a minimum of eight completed combined checks per month, reinforcing a proactive and embedded approach to workplace safety.

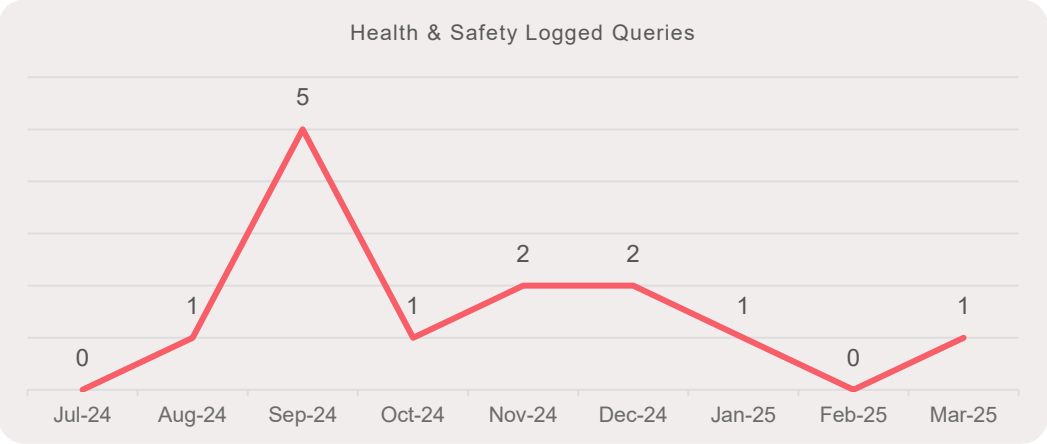
Health & Safety



In 2024–2025, HealthHero transitioned from using Datix to Radar for the reporting and management of health and safety incidents. This change supports a more streamlined and accessible approach to capturing and responding to workplace safety concerns.

There were no RIDDOR-reportable incidents during the reporting period, reflecting a continued focus on proactive risk management. However, a trend was identified in December 2024 involving staff slipping on muddy pathways while entering the office. This concern was escalated promptly to the building's landlords. Within a week, remedial action was taken—new stones were laid to improve grip and reduce the risk of further incidents. In addition, plans were explored for a more permanent solution, including the installation of a brick pathway.

This example illustrates the value of timely incident reporting and collaborative problem-solving in maintaining a safe working environment for all staff.



In July 2024, HealthHero launched the "Ask the Health & Safety Manager" tool—an anonymous digital channel designed to encourage staff to raise questions, share concerns, and seek guidance on any aspect of workplace safety. Since its introduction, uptake has been steady, with queries ranging from practical topics such as correct laptop setup to more complex issues involving facilities and policy clarification.

The tool has proven to be a valuable mechanism for two-way communication, enabling the Health & Safety Manager to respond directly to staff needs while identifying emerging themes and areas for improvement. Work is ongoing to raise awareness of the tool across all teams, with the aim of increasing engagement and embedding it as a routine part of our safety culture.

Charity & Fundraising Highlights

2024-25 was a year of exceptional generosity and community spirit across HealthHero. Thanks to the incredible support of our staff, we were able to raise funds for a range of important causes—making a meaningful difference in the lives of others and strengthening our connection to the communities we serve.

Throughout the year, teams across the organisation came together to organise creative and impactful fundraising events. These included raffles, bake sales, sponsored walks, and seasonal collections, each reflecting the compassion and commitment of our workforce.

Fundraising Achievements included:

- Easter Raffle raised £347 in support of the Royal Osteoporosis Society
- Walk for Wallace and Gromit's Grand Appeal
- Baking with Pride Bake Sale raised £70 for LGBT HERO
- Clinical Leadership Team Cake Sale raised £543.25 for the British Heart Foundation
- Finance & Payroll Team Fundraiser raised £110 for Wiltshire Mind
- Facilities Team Rock and Roll Bingo raised £343.48 for Alzheimer's Society and Dementia UK
- Quality Team Fundraiser raised over £500 for Julia's House
- Christmas Food Collection supported the Chippenham Foodbank run by The Salvation Army

These events not only raised vital funds but also brought colleagues together in celebration of shared values—kindness, inclusion, and community. We are proud of the creativity and enthusiasm shown by our teams and look forward to building on this success in the year ahead.

Service Improvement Priorities

2024/25 Priorities

Last year, we set out with a clear purpose: to strengthen our commitment to delivering safe, effective, caring, responsive, and well-led services. We identified three key priorities that would guide our efforts and act as benchmarks for improvement. These priorities were chosen not only for their relevance to our strategic goals but also for their potential to drive meaningful change across our services. This section reflects on the progress we've made against those priorities—what we set out to do, what we've achieved, and how we're using what we've learned to shape the future.

Empower Non-Prescribing Clinician

Aim: Empower the non-prescribing clinical workforce to conduct face-to-face treatment centre consultations as well as telephone consultations, which will support demand management, diversify our clinical skill mix, and enhance patient experience by maximising our workforce efficiency.

Key Actions:

- Conduct a trial using the Calderdale Framework to assess the impact.
- Establish Patient Group Directions (PGDs) and clinical guidance to support the team.
- Develop training programs to equip the team with the necessary skills for their new roles.
- Implement a feedback system to monitor the effectiveness of the expanded roles and make necessary adjustments based on real-time data.

Safeguarding Audits

Aim: Establish a formalised process for monthly audits of safeguarding referrals. This initiative aims to build upon our robust safeguarding framework, to provide clear and consistent feedback to support continual learning.

Key Actions:

- Develop a standardised audit template that captures all necessary information for a comprehensive review of safeguarding referrals.
- Schedule monthly reviews where the safeguarding team can discuss audit findings, identify trends, and recommend actions for improvement.
- Communicate audit results to all relevant stakeholders, including management and frontline staff, to promote transparency and collective responsibility.
- Incorporate feedback mechanisms to refine the process continually and address any challenges promptly.

Enhanced Meds Management

Aim: Improve medicines management through the introduction of an app-based stock management tool. This innovative approach aims to streamline the process, reduce reliance on paper records, and minimise errors associated with medication stock management. Simplify the process, making it more user-friendly and efficient, thereby reducing the number of Datix incidents related to medication management.

Key Actions:

- Develop and deploy an app-based stock management tool that is easy to use for all staff members.
- Provide comprehensive training for staff on the new system to ensure a smooth transition and adoption.
- Monitor and evaluate the impact of the app on medication management processes, aiming to reduce Datix incidents.

Safeguarding Audits

Supported by the ICB's Safeguarding Referral Audit tool (currently focused on children's referrals), we established monthly Group Audit sessions to review safeguarding referrals in a structured and supportive environment. These sessions have quickly become a valuable forum for open discussion, shared insight, and professional growth. Auditors have consistently reported that the group format has encouraged deeper reflection on their own safeguarding practices, helping to embed a culture of accountability and shared responsibility.

We are incredibly grateful to the auditors who have embraced this process with such commitment. Their engagement has been instrumental in making safeguarding audits a meaningful and routine part of our quality assurance work.

The audits have surfaced several key areas for improvement, and we've taken clear steps to address them:

- Ethnicity of the child is often missing from referrals. To address this, we are introducing a mandatory dropdown field in our Adastra referral templates to ensure this information is consistently captured.
- Parent details, including full names and contact information, are sometimes incomplete. This information is vital for the MASH team to ensure effective follow-up and support.
- Referral completeness remains a challenge. It's essential that all concerns noted in clinical records are also included in the safeguarding referral, as social care teams do not receive the full clinical case.
- Voice of the child is a powerful indicator of quality. Referrals that clearly convey the child's lived experience consistently stand out as exemplary, and we've already seen strong examples of this in practice.

These insights are not just being observed—they are actively shaping our practice. We've refined our audit tools and prompts, updated training materials, and shared targeted feedback with teams to close the gaps identified. This ensures that learning is translated into meaningful action, and that our safeguarding approach continues to evolve in real time.

We're preparing to expand the scope of our audits. In the first quarter of the 2025–2026 reporting year, we will extend the process to include adult safeguarding referrals, further strengthening our oversight and impact across all areas of care.

Empower Non-Prescribing Clinicians

This year, we made significant progress in expanding the scope and confidence of our non-prescribing clinical workforce. Our aim was to enable these clinicians to safely and effectively conduct both face-to-face and telephone consultations—supporting demand management, enhancing patient experience, and making the most of our diverse clinical skill mix.

A cornerstone of this initiative has been the development and implementation of a robust suite of Patient Group Directions (PGDs). These PGDs provide the legal and clinical framework that allows non-prescribing clinicians to supply and administer specific medications safely and consistently, without the need for a prescriber on site.

To ensure the PGDs were clinically sound, operationally practical, and aligned with national guidance, we established a bespoke PGD Development Group. This group met regularly throughout the year to review, draft, and refine PGDs in collaboration with clinical leads, pharmacists, and operational stakeholders. The process was designed to be inclusive and iterative, ensuring that each PGD reflected real-world scenarios and supported safe, confident decision-making.

All PGDs were formally reviewed and approved by the Clinical Effectiveness Committee, providing an additional layer of governance and assurance. This rigorous process ensured that each PGD met the highest standards of clinical safety and effectiveness.

The PGDs implemented this year were aligned with the NHS England-commissioned Pharmacy First service, ensuring consistency with nationally accepted protocols. These included:

- Supply of phenoxymethylpenicillin (penicillin V) for the treatment of acute sore throat due to suspected streptococcal infection
- Supply of erythromycin for the treatment of acute sore throat in pregnant individuals (aged 16+)
- Supply of nitrofurantoin for the treatment of urinary tract infections (UTIs)
- Supply of clarithromycin for the treatment of acute sore throat due to suspected streptococcal infection

To support implementation, we developed clear guidance documents and delivered targeted training to ensure clinicians understood the scope and limitations of each PGD. This training was designed not only to build confidence but also to reinforce clinical accountability and safe practice.

Our robust Clinical Guardian audit process ensures ongoing safety and quality. All non-prescribing clinicians operating under PGDs are subject to regular audits, providing assurance that medications are supplied appropriately and in line with clinical guidance. This has helped maintain high standards of care while supporting professional development.

Together, these efforts have laid a strong foundation for a more agile, empowered, and responsive clinical workforce—one that is better equipped to meet the evolving needs of our patients and services.

Enhanced Meds Management

This year, we set out to transform how we manage medication stock—making the process safer, smarter, and more efficient. Our goal was to reduce reliance on paper records, minimise errors, and simplify workflows for staff, all while improving patient safety.

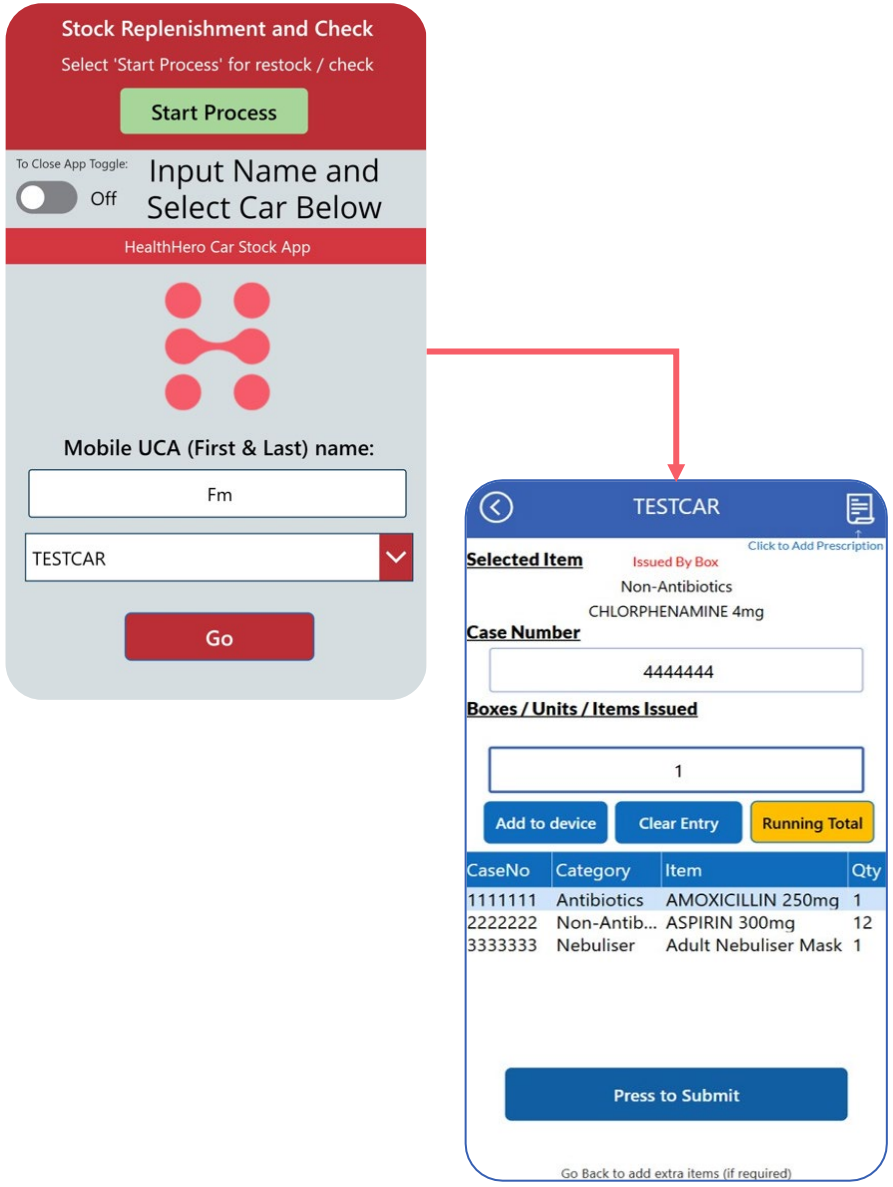
To support this, we developed and introduced a new app-based stock management tool, built using Microsoft Power Apps and integrated with SharePoint and Power Automate. The app allows Urgent Care Assistants (UCAs) to record dispensed or used items in real time, automatically adjusting base stock levels and triggering replenishment as needed. In effect, it functions as an electronic counter—eliminating manual tallying and significantly reducing the risk of administrative errors.

The app was initially deployed at our Morden Out-of-Hours Treatment Centre. This pilot phase allowed us to thoroughly test the system in a live environment and address early-stage issues before wider rollout. One of the key challenges identified during this phase was the loss of app functionality in areas with poor connectivity—a common issue across some of our bases. In response, an offline mode was developed and implemented, ensuring the app remains functional even when signal is lost. This enhancement has been crucial in building confidence in the tool's reliability.

While our original aim was to roll the app out across all bases within the reporting year, we made a deliberate decision to prioritise stability and user experience. By keeping the pilot focused on one site, we ensured that all teething issues—particularly around connectivity—were resolved before scaling up. Full rollout to all remaining bases is now scheduled for the first quarter of 2025/26.

Feedback from staff at the pilot site has been overwhelmingly positive. The app's intuitive design, seamless integration, and real-time functionality have not only improved accuracy in stock records but also reduced the administrative burden on clinical teams.

This initiative reflects our commitment to using technology to enhance operational efficiency and patient safety. By taking the time to get it right, we're laying the groundwork for a robust, scalable solution that will benefit all treatment centres in the year ahead.



2025/26 Priorities

As we continue to evolve and improve the services we deliver, our focus for the year ahead is on strengthening resilience, reducing operational burden, and embracing innovation. These priorities reflect our commitment to delivering high-quality care in a fast-paced and ever-changing environment. By investing in smarter systems, supporting our workforce, and exploring new technologies, we aim to enhance both the patient and staff experience—while always keeping safety, compassion, and effectiveness at the heart of everything we do.

Mitigate the Impact of Unavoidable Delays

We work hard to contact patients within disposition times - in the vast majority of cases, we do. However, due to the unpredictable nature of urgent and unscheduled care, there are occasions where delays are simply unavoidable.

We will focus on strengthening how we manage these moments to ensure patients continue to feel informed, safe, and supported. Our priorities include:

- Enhancing the structure and consistency of patient safety calls
- Embedding a more proactive and standardised approach to patient communication during delays
- Supporting our teams with clearer processes to manage and escalate delays effectively

We aim to protect patient safety, maintain trust, and deliver a more consistent experience - even in the most pressured moments.

Reduce Operational Workload on Non-Clinical Teams

We want to streamline how our services run behind the scenes - making them more efficient, less reliant on manual coordination, and easier for our non-clinical teams to manage. This includes:

- Reviewing and simplifying operational workflows
- Reducing duplication and manual processes
- Exploring automation opportunities to support coordination and reduce pressure on staff

By lightening the operational load, we can free up time and energy to focus on what matters most - delivering excellent care.

Explore the Role of AI in Enhancing Service Quality

We're excited to explore how artificial intelligence can support our services - improving both efficiency and effectiveness without compromising the human touch. This year, we will:

- Identify areas where AI can streamline processes or support clinical decision-making
- Pilot AI-driven tools that enhance service delivery and patient outcomes
- Ensure all innovations are introduced safely, ethically, and with a focus on maintaining or enhancing quality

This is about using technology thoughtfully - to empower our teams, improve consistency, and deliver even better care.

Annexes & Appendices

BaNES Swindon & Wiltshire ICB Statement

Statement from NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) on HealthHero Quality Account for 2024/2025

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on HealthHero's Quality Account for 2024/2025. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and aligns to NHSE Quality Account requirements.

BSW ICB notes the comprehensive overview of HealthHero's achievements, challenges, and future priorities for 2025/26. We would like to send congratulations on winning a Gold Award at the HSJ Partnership Awards 2024 for Most Effective Contribution to Integrated Health Care.

It is the view of the ICB that the Quality Account reflects on HealthHero's ongoing commitment to continuous improvement in patient care and safety, and recognises the key achievements in the following areas:

- Empowering Non-Prescribing Clinicians: HealthHero has successfully developed and implemented a comprehensive suite of Patient Group Directions (PGDs) through a robust governance and assurance framework. This initiative has enabled non-prescribing clinicians to safely and consistently supply and administer medications without the need for an on-site prescriber, thereby supporting service demand and enhancing the overall patient experience.
- Safeguarding Audits: The introduction of monthly group audit sessions to review safeguarding referrals, alongside the refinement of audit tools and prompts, has strengthened safeguarding practices. HealthHero has fostered a culture of accountability and shared responsibility, with a focus on improving the completeness and quality of referrals.
- Enhanced Medicines Management: The piloting of a new app-based stock management tool has enabled real-time recording of used and dispensed items. This innovation reduces the risk of administrative errors and reflects HealthHero's commitment to leveraging technology to improve operational efficiency and patient safety. We look forward to seeing the continuation and expansion of the benefits as it is rolled out to all remaining bases in the first quarter of 2025/26.

BSW ICB also recognises the areas identified for further development for 2025/26 which are aligned with HealthHero's Improving Together programme and its breakthrough objectives, and supports the plans to address these priorities, including:

- Mitigating the Impact of Unavoidable Delays: By enhancing the structure and consistency of patient safety calls, embedding a proactive and standardised approach to patient communication during delays, and supporting teams with clearer escalation processes.
- Reducing Operational Workload on Non-Clinical Teams: Through the review and streamlining of operational workstreams, reducing duplication, and exploring opportunities for automation to improve efficiency.
- Exploring the Role of Artificial Intelligence (AI) in Service Quality: By identifying and piloting AI applications that support service delivery, improve efficiency, and enhance patient outcomes, with a continued focus on maintaining high standards of care.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with HealthHero and together with our wider stakeholders will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2025/26

Yours sincerely,

Gill May

Chief Nurse Officer

BSW ICB

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Abbreviations

- ACP: Advanced Clinical Practitioner
- AHT: Abusive Head Trauma
- AI: Artificial Intelligence
- ATC: Access to Care
- BaNES: Bath and North East Somerset
- BSW: BaNES, Swindon and Wiltshire
- CAD: Computer Aided Dispatch
- CAS: Clinical Assessment Service
- CCH: Chippenham Community Hospital
- CPD: Continuing Professional Development
- CQC: Care Quality Commission
- DNA: Did Not Attend
- ED: Emergency Department
- EMT: Executive Management Team
- EOC: Emergency Operations Centre
- EOL: End-of-Life
- EPRR: Emergency Preparedness, Resilience, and Response
- ETC: Emergency Treatment Centre
- FTH: Fox Talbot House
- GP: General Practitioner
- GWH: Great Western Hospital
- HCP: Healthcare Professional
- HIU: High Intensity User
- HPAN: Healthcare Professional Alert Notice
- HSE: Health and Safety Executive
- HSJ: Health Service Journal
- ICB: Integrated Care Board
- IIRSM: International Institute of Risk & Safety Management
- IOSH: Institution of Occupational Safety & Health
- IP&C: Infection Prevention & Control
- ISMS: Information Security Management Systems
- IUC: Integrated Urgent Care
- MARAC: Multi-Agency Risk Assessment Conference
- MASH: Multi-Agency Safeguarding Hub
- MIU: Minor Injuries Units
- NAI: Non-accidental injury
- NEBOSH: National Examination Board in Occupational Safety & Health
- NICE: National Institute for Health and Care Excellence
- OOH: Out-of-Hours
- OT: Occupational Therapist
- PACR: Physical Assessment and Clinical Reasoning
- PGD: Patient Group Directions
- PPG: Practice Plus Group
- PSI: Patient Safety Incident
- PSII: Patient Safety Incident Investigation
- PSIRF: Patient Safety Incident Response Framework
- RUH: Royal United Hospital
- SC: Secondary Care
- SDEC: Same Day Emergency Care
- SEIPS: Systems Engineering Initiative for Patient Safety
- SPA: Single Point of Access
- SVPP: Safeguarding Vulnerable People Partnership
- SWAST: South Western Ambulance Service NHS Foundation Trust
- UCA: Urgent Care Assistant
- UCR: Urgent Community Response
- UTC: Urgent Treatment Centre
- UWE: University of the West of England
- VCSE: Voluntary, Community and Social Enterprise
- WCIL: Wiltshire Centre for Independent Living
- WMS: Wiltshire Medical Services

HEALTH HERO

Thank you

healthhero.com