



QUALITY ACCOUNTS 2025/26

HealthHero Integrated Care

Contents



Executive Overview *(Slides 3–6)*

- Executive Statements

Company Overview *(Slides 7–13)*

- About HealthHero Integrated Care
- Our People, Place and Purpose
- Vision, Mission and Values

Service Overview *(Slides 14–15)*

- Our Services

BaNES, Swindon and Wiltshire Services *(Slides 16–32)*

- IUC Service Overview
- Care Coordination Service Overview
- HIU Service Overview

Shropshire, Telford and Wrekin Services *(Slides 33–37)*

- OOH Service Overview

Quality Assurance *(Slides 38–42)*

- Quality & Governance Model

Datix, Learning and Patient Safety *(Slides 43–52)*

- Datix, Learning and Quality Improvement
- Complaints and Feedback
- Patient Safety Learning
- End-to-End Reviews and Thematic Learning

Safeguarding *(Slides 53–56)*

- Safeguarding Overview
- Safeguarding Activity

Health & Safety *(Slides 57–61)*

- Health & Safety Overview

Clinical Audit *(Slides 62–67)*

- Clinical Audit Programme
- Audit Outcomes and Themes

Developments and Achievements *(Slides 68–86)*

- CQC Inspection – Outstanding Rating
- STW Service Mobilisation
- A Great Place to Work

- Patient Experience and Feedback
- Supporting our Communities
- Information Security

Improvement Priorities *(Slides 87–95)*

- Adastra Web Access
- Exploring AI
- Case Flow Model

Annexes and Appendices *(Slides 96–98)*

- Abbreviations



Executive Statements



Michelle Reader
Chief Operating Officer



I am incredibly proud to introduce this year's Quality Account, which looks back on a year of real achievement, growth and a strong commitment to caring for people well.

The highlight of the year was earning our third 'Outstanding' rating in a row from the Care Quality Commission, the body that inspects and rates health services. Very few services in the country reach this standard and keep it year after year. For us it is far more than a good inspection result. It shows the kind of organisation we are: one where safe, kind and ever-improving care is part of everyday life for our teams.

Earning an 'Outstanding' rating once is a big achievement. Keeping it, year after year and across all our services, shows the strength of our leadership, the care we take in how we run things, and above all the skill and dedication of our people. I could not be prouder of what our teams have achieved.

This year we also expanded into Shropshire, Telford and Wrekin, setting up a large and complex new service safely and smoothly. Launching a service of this size, while keeping our existing services running just as well, shows how capable, resilient and committed our organisation is.

Through everything we do, one thing never changes: our focus on the patient. Whether we are meeting rising demand, improving the way we work, or teaming up with others across the health service, our priority has always been to give safe, responsive and caring support.

I would like to thank all of our colleagues and partners. Their dedication, energy and commitment are what make achievements like this possible.

Looking ahead, we will keep building on these strong foundations, holding on to the highest standards while continuing to grow, improve and meet the changing needs of the communities we serve.



Sue Lavelle
Medical Director

I am pleased to present this year's Quality Account, which reflects continued progress in the safety, effectiveness and quality of the care we provide.

Achieving a third consecutive 'Outstanding' CQC rating is a significant milestone and a strong independent endorsement of our clinical standards. It provides clear assurance that our approach to patient safety, governance and continuous improvement is both embedded and sustainable. Just as importantly, it reflects a culture where clinicians and non-clinical colleagues work together seamlessly to deliver safe, person-centred care.

Over the past year, we have continued to strengthen how we learn from the care we provide. While serious incidents remain rare, each case is used as an opportunity to understand underlying factors, share insight and drive meaningful improvement across the service. This has supported stronger recognition of deterioration, more consistent safeguarding practice, and clearer management of risk during periods of pressure.

Looking ahead, we are also embracing innovation in a thoughtful and responsible way. We are actively exploring how digital tools and emerging technologies, including artificial intelligence, can support clinical practice, enhance decision-making and reduce administrative burden. However, our approach is deliberate and cautious. Technology must add real value, improve safety and support our clinicians, while always preserving the human connection that sits at the heart of high-quality care.

I am proud of the openness, professionalism and clinical curiosity demonstrated across our teams. This culture ensures we not only maintain high standards, but continue to evolve, adapt and deliver safe, compassionate care in an increasingly complex healthcare environment.



Dave Tomlin

Director of Operations

This year has been defined by delivery at scale, resilience under pressure, and a clear focus on maintaining safe, effective services for our patients.

A key highlight has been the successful mobilisation of our services across Shropshire, Telford and Wrekin (STW). Delivering a new service of this complexity requires the rapid establishment of workforce, clinical pathways, digital systems and operational processes, all while maintaining service continuity. I am incredibly proud of how this was achieved, safely, effectively, and with quality at the forefront from day one.

Throughout the year, we have continued to respond to sustained and often unpredictable demand across urgent care. This has required constant adaptability, strong operational oversight, and close working with our system partners. Despite these pressures, our teams have remained focused on delivering timely care and maintaining patient safety.

We have made important progress in how we manage patient flow and prioritisation, including improvements to our case handling and assessment processes, and a continued focus on reducing delays wherever possible. Where delays do occur, we have strengthened our approach to patient safety calls and communication, ensuring patients remain informed and supported.

Learning from both incidents and operational experience has driven further improvements in:

- Demand forecasting and workforce planning
- Escalation processes for periods of high demand
- Real-time operational visibility and coordination

The mobilisation of STW, combined with ongoing delivery across our established services, demonstrates the capability and resilience of our teams. I would like to thank all colleagues and partners for their hard work and commitment throughout the year.

As we look ahead, we will continue to refine our operational models, strengthen system working, and ensure we are well positioned to respond to the evolving needs of the communities we serve.



Company Overview

About HealthHero Integrated Care



HealthHero Integrated Care is an established and award-winning provider of integrated urgent and community-based care, delivering services across Bath and North East Somerset, Swindon, and Wiltshire (BSW), as well as Shropshire, Telford and Wrekin (STW). We are recognised not only for the range of services we provide, but for the way we deliver them, with a consistent focus on compassionate, safe and person-centred care.

Founded in 2004 as Wiltshire Medical Services, the organisation has evolved from a local GP Out of Hours provider into a nationally recognised healthcare partner. Today, more than 400 skilled and dedicated colleagues support our services, working across clinical and non-clinical roles to meet the needs of patients with urgent, complex and ongoing care requirements.

Commissioned by Integrated Care Boards (ICBs), we deliver a broad portfolio of services that includes:

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

Our model is built around integration, enabling patients to access timely care through a single, coordinated system. We work closely with ambulance services, primary care, community providers and acute trusts to ensure patients are supported in the most appropriate setting.

Whether responding to urgent calls, coordinating alternatives to hospital attendance, or supporting individuals with complex needs in the community, our teams are committed to delivering responsive, inclusive and high-quality care. Our services operate 24 hours a day, 365 days a year, ensuring patients receive the right care, in the right place, at the right time.

More About Us... Our People, Our Place, Our Purpose



HealthHero Integrated Care is grounded in our people, our place, and our purpose. Our headquarters at Fox Talbot House (FTH) in Chippenham continues to act as the operational hub for our services, bringing together our contact centre and support functions to coordinate care across the regions we serve. Over the past year, we have further strengthened our local presence through the development of our Shropshire, Telford and Wrekin (STW) hub, supporting the delivery of GP Out of Hours services and expanding our footprint across multiple systems.

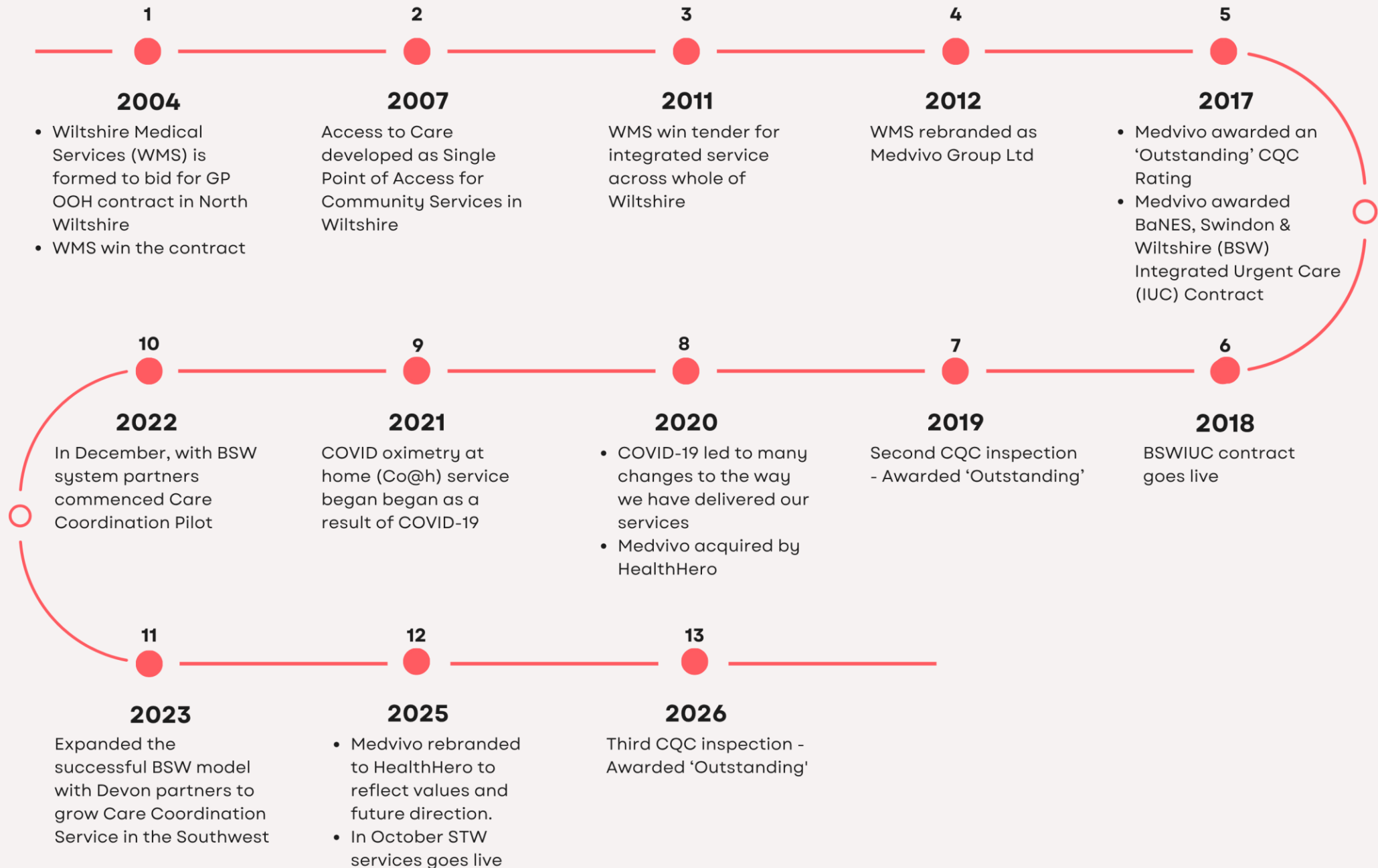
We continue to adopt a flexible, hybrid approach to working, balancing remote delivery with a strong on-site presence. This enables us to support our workforce while maintaining safe, consistent and responsive services for patients.

Partnership working remains central to how we deliver care. We collaborate closely with acute trusts, community providers, the South Western Ambulance Service, and voluntary and community sector organisations. Through these partnerships, we support integrated pathways that respond to local need and contribute to wider system priorities.

This year, we have continued to demonstrate our ability to adapt and respond at pace. We have embedded and further developed services such as Care Coordination and BSW Connect, while also mobilising and delivering services in new geographies, including STW. In parallel, we have strengthened our approach to patient safety and quality improvement through the continued embedding of the Patient Safety Incident Response Framework (PSIRF) and wider initiatives to support learning and improvement across our services.

Our commitment to quality is reflected in our Care Quality Commission (CQC) ratings. During this reporting period, we achieved a third consecutive 'Outstanding' rating, reinforcing our position as a trusted provider of safe, effective and compassionate care.

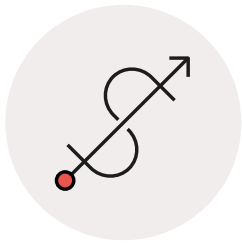
As we look ahead, we remain focused on delivering high-quality, person-centred services that improve outcomes and reduce health inequalities. We will continue to invest in our people, strengthen our partnerships, and evolve our services to meet the changing needs of the communities we serve.





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.



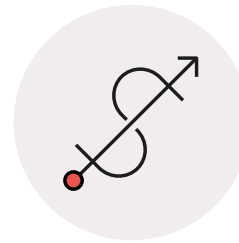
Simplify

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



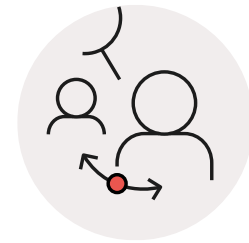
Own

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



Mission, Culture, Values

S.O.A.R

We're proud to be Great Place To Work. Certified™



Simplify

to focus on what is critical and adds value.

S

Own

to impact patients, clients and colleagues.

O

Aspire

to deliver the best in what we do

A

Respect

value diverse talent, experience and perspective.

R

We are committed to making positive impact and strive to be socially responsible and a great place to work. Initiatives that we are proud to share include:



CO₂ Carbon measurement & reduction

Equality and Diversity policies

Environmental initiatives

Employee volunteer programme, e.g. Spitalfields City Farm in 2025

Annual Employee Feedback Survey

Diversity & Inclusion events, celebrating different cultures

Charitable donations, e.g. bake sales, monetary, food donations

Community Support, e.g. internships and apprenticeships

Employee Benefits Package





Service Overview

Our Services



Clinical Assessment Service (CAS)

A 24/7 multidisciplinary triage and consultation service, providing rapid access to expert clinical decision-making at the heart of integrated urgent care. CAS supports NHS 111 and system partners, ensuring patients are safely assessed, clinically validated and directed to the most appropriate care first time.

- Led by a skilled multidisciplinary team of GPs, ACPs, ECPs, and pharmacists, supported by experienced urgent care coordinator team
- Manages over 167,000 consultations annually across telephone and video pathways
- Provides timely clinical assessment, prescribing, referral and direct booking into onward services
- Supports clinical validation and reduces unnecessary escalation to ambulance dispatch and Emergency Departments
- A key escalation point for patients requiring senior clinical input and complex decision-making

Out of Hours (OOH)

Our GP Out of Hours services provide urgent primary care when GP surgeries are closed, ensuring patients continue to have timely access to high-quality clinical support. Working closely with NHS 111 and CAS, the service delivers care in the most appropriate setting based on patient need.

- Covers evenings, overnight, weekends and bank holidays, providing a 24/7 urgent care response outside core hours
- Delivers over 16,000 treatment centre appointments and 8,000+ home visits annually
- Multidisciplinary team including GPs, ACPs, ECPs, and Clinical Responders supporting safe, effective care
- Offers face-to-face consultations, home visiting and remote support tailored to clinical need

Care Coordination

A system-wide service supporting patients to access the right care, first time, while reducing pressure on Emergency Departments. Working at the interface between urgent care and ambulance services, the team plays a key role in improving patient flow, safety and outcomes.

- Operates daily with multidisciplinary clinical oversight, supporting ambulance crews and system partners
- Receives referrals from ambulance services, including paramedics on-scene, as well as other healthcare professionals and care settings
- Identifies safe and appropriate alternatives to hospital conveyance, including community and urgent care pathways
- Delivers measurable impact, with 97% of patients managed without Emergency Department attendance
- Nationally recognised, including an HSJ Award for contribution to integrated care

High Intensity User (HIU) Service

A personalised, non-clinical service supporting people who frequently access urgent and emergency care, helping them take greater control of their health and wellbeing. Delivered in partnership with Wiltshire Centre for Independent Living, the service focuses on building trust and addressing the wider determinants of health.

- Person-led approach, with Community Connectors working alongside individuals to create meaningful, sustainable change
- Fully personalised support, with no pre-defined interventions, enabling shared decision-making
- Strong partnership model across HealthHero, VCSE and system partners, supporting reduction in health inequalities
- Supports access to community services, improving independence and overall wellbeing
- Focus on addressing root causes of demand, reducing reliance on urgent and emergency care services

BaNES, Swindon & Wiltshire



BSW Integrated Urgent Care (IUC) Service Overview



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

Our 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 approach that brings together digital access, clinical triage, remote consultation and face-to-face care, underpinned by a strong focus on safety, quality and patient-centred delivery.

Key components of the IUC service include:

- **NHS 111:** Accessible online and by phone, NHS 111 remains the primary entry point for many patients. Trained health advisors use clinical decision support systems to assess need, provide advice, and direct patients to the most appropriate service. Demand remains consistently high, reflecting its central role in urgent care access and navigation.
- **Clinical Assessment Service (CAS):** Operating 24/7, CAS is delivered by a multidisciplinary team of GPs, nurses, paramedics and pharmacists. The service provides remote clinical consultations via telephone and video, offering assessment, prescribing, referral and direct booking. CAS also supports healthcare professionals requiring timely clinical input and validation of care pathways.
- **Out-of-Hours (OOH) Urgent Care:** When GP practices are closed, the OOH service provides urgent clinical assessment through treatment centres across BSW, as well as home visiting where clinically appropriate. The service is supported by Clinical Responders working alongside senior clinicians to ensure timely, safe and effective face-to-face care.

Together, these components form a cohesive and responsive urgent care system, supporting safe clinical decision-making, reducing avoidable hospital attendance, and enabling the wider health and care system to manage demand effectively.

NHS 111 Service



NHS 111 continues to be a vital entry point for patients seeking urgent, non-emergency advice. The service is free to access and available 24/7, supporting high and consistent demand, with monthly activity volumes typically ranging between 24,000 and 33,000 calls.

Since April 2023, NHS 111 services across Bath and North East Somerset, Swindon and Wiltshire (BSW) have been delivered by Practice Plus Group (PPG). The service operates from a large call centre in Bristol, with PPG and HealthHero working in close partnership through established governance structures, shared oversight and collaborative service development.

Beyond its operational performance, NHS 111 plays a critical role as a system safety net, providing accessible advice and reassurance for patients who are unsure where to seek help. Its 24/7 availability, ease of access and inclusive design ensure that people from all backgrounds can receive timely support, whether seeking advice for a child overnight or managing new or worsening symptoms.

Performance throughout the reporting period has remained strong, with consistent achievement against key national standards including call answering times and low call abandonment rates. This reflects effective workforce planning, demand management and a continued focus on delivering timely access to care, particularly during periods of peak seasonal demand.

Collaborative working between PPG and HealthHero continues to evolve, with regular contract and quality meetings supporting joint learning and service improvement. Areas of focus during the year have included clinical productivity, safeguarding processes, and improvements to patient pathways, further strengthening system integration and patient experience.

About NHS 111



NHS 111 can help if you need urgent medical help but you are not sure where to go.



We can direct you to the best place to get help if you cannot contact your GP during the day, or when your GP is closed (out-of-hours).



You can get help from NHS 111 when you are hurt or ill and it is not an emergency:



- by calling **111**
- by visiting 111.nhs.uk
- by using the **NHS App**



You can contact NHS 111 any day, at any time.

Clinical Assessment Service (CAS)



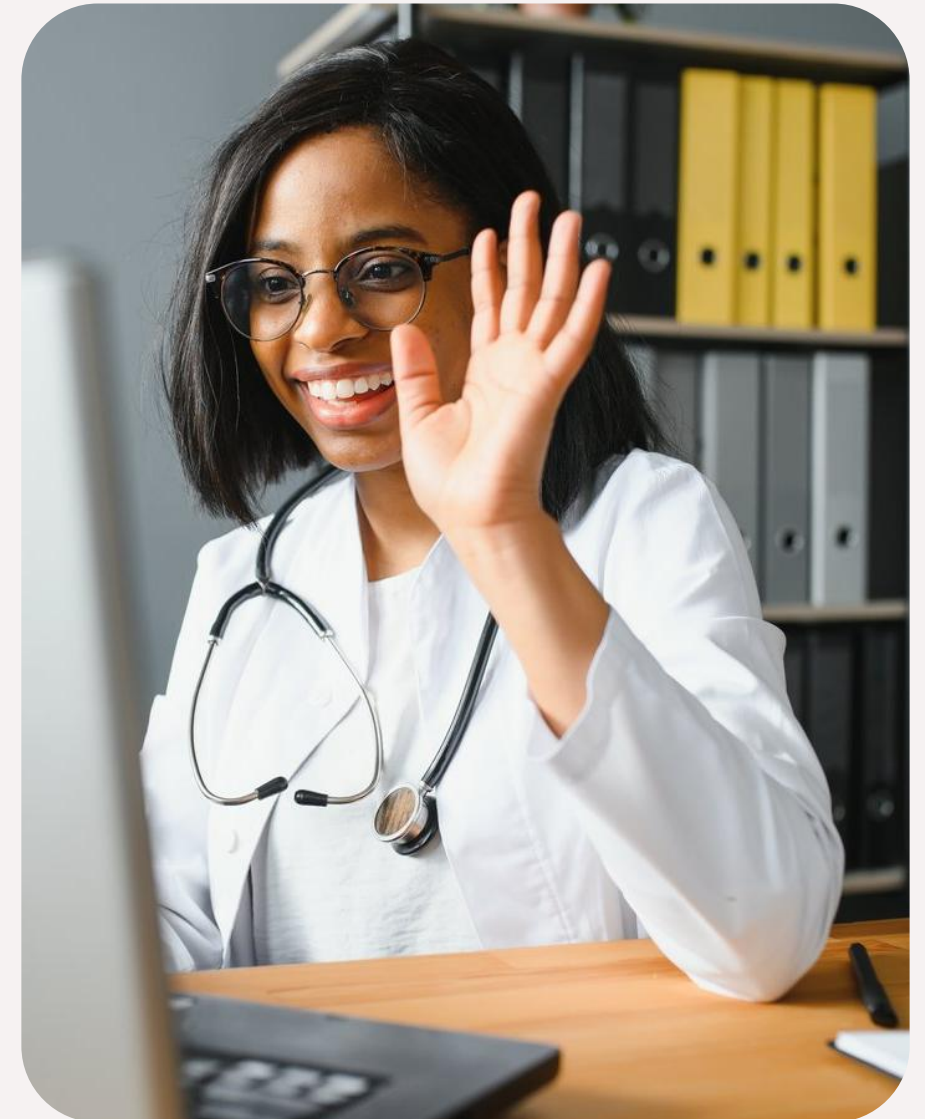
The Clinical Assessment Service (CAS) operates 24/7 and is delivered by a multidisciplinary clinical team, supported by experienced non-clinical coordinators. CAS provides a key escalation point for patients referred from NHS 111 who require senior clinical input, ensuring safe assessment and direction to the most appropriate care pathway.

CAS also supports healthcare professionals across the system, offering timely clinical advice and input into patient management and referral decisions. Outcomes include clinical advice, prescribing, referral, and direct booking into onward services. While most consultations are delivered by telephone, video consultations are used where appropriate to support enhanced assessment and earlier escalation where needed.

During the reporting period, the service delivered over 137,000 remote consultations, reflecting both the scale of demand and the responsiveness of the team. CAS also plays a key role in coordinating face-to-face appointments and home visits across urgent care pathways.

The service is delivered by a diverse workforce including General Practitioners (GPs), Advanced Clinical Practitioners (ACPs) and Emergency Care Practitioners (ECPs), supporting the management of a wide range of clinical presentations and timely, patient-centred decision-making.

This year, the service has continued to evolve with a focus on improving efficiency, patient flow and clinical decision-making. Developments within the Next Case model, where clinicians move through prioritised patient cases rather than fixed lists, have supported more timely clinical input and reduced delays. These improvements, alongside ongoing audit and quality assurance processes, support continuous learning and workforce development across CAS.



Out-of-Hours (OOH) Service



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

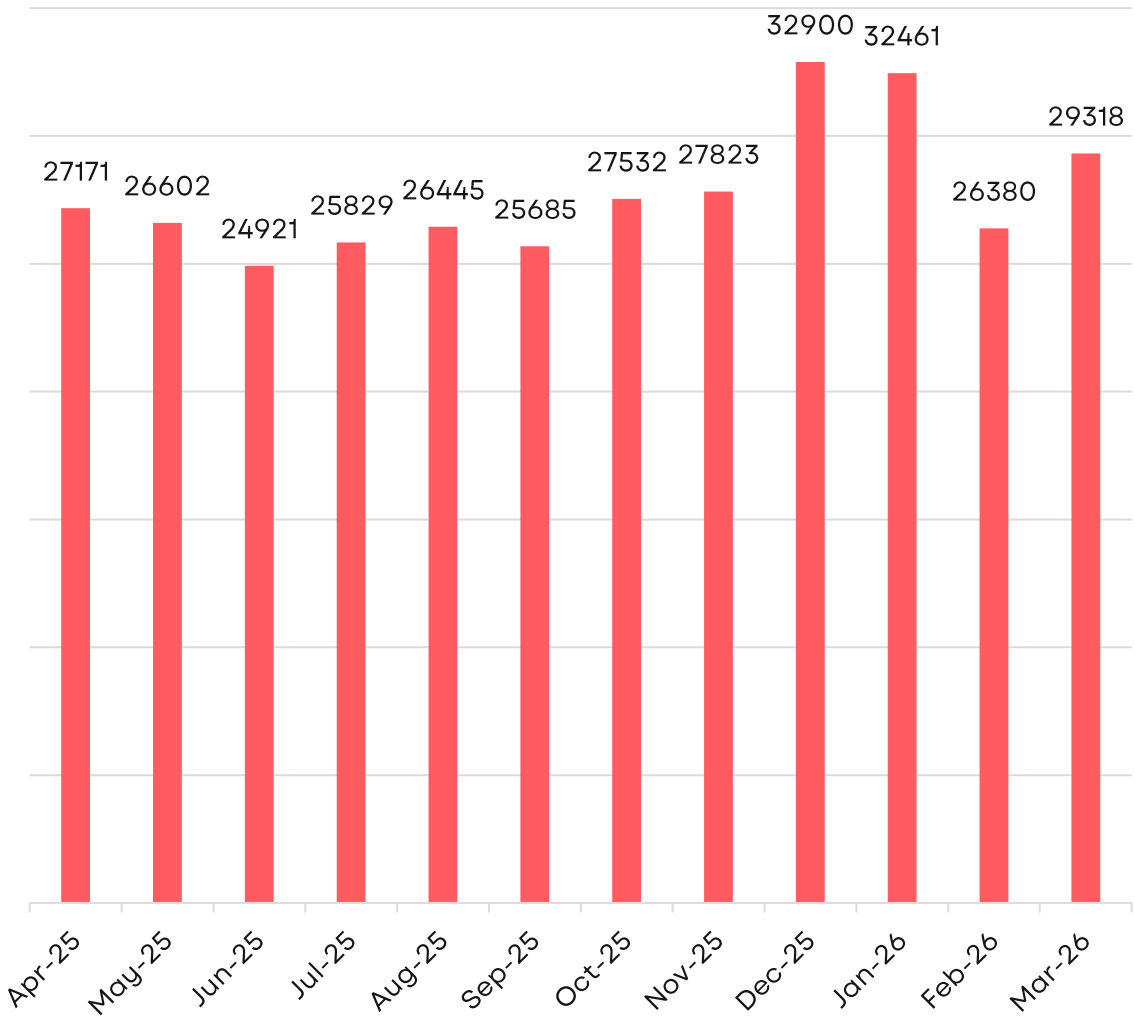
Over the full reporting year, the OOH service delivered over 16,000 treatment centre consultations and over 8,000 home visits, highlighting the scale and reach of the service across the region. These figures reflect the team's ability to maintain high levels of responsiveness and accessibility, particularly 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.



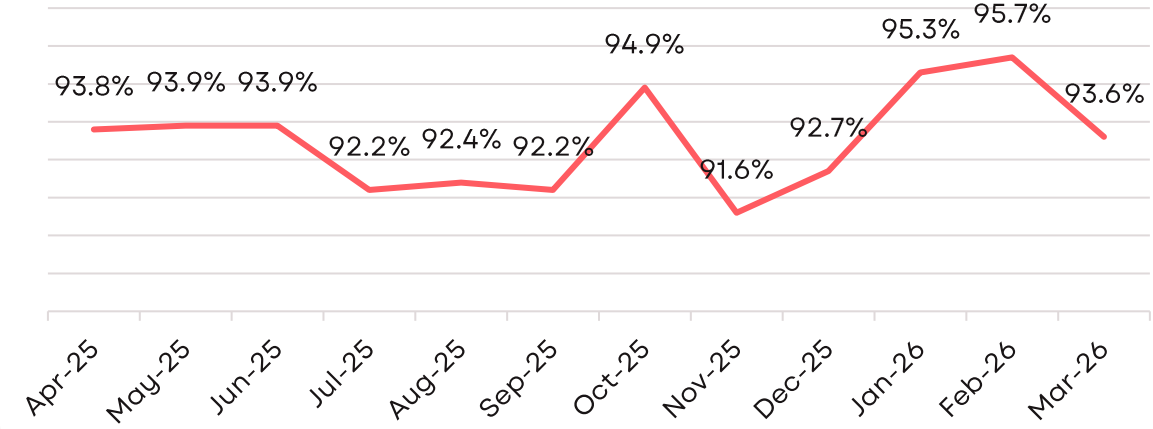
NHS 111 Telephony Activity



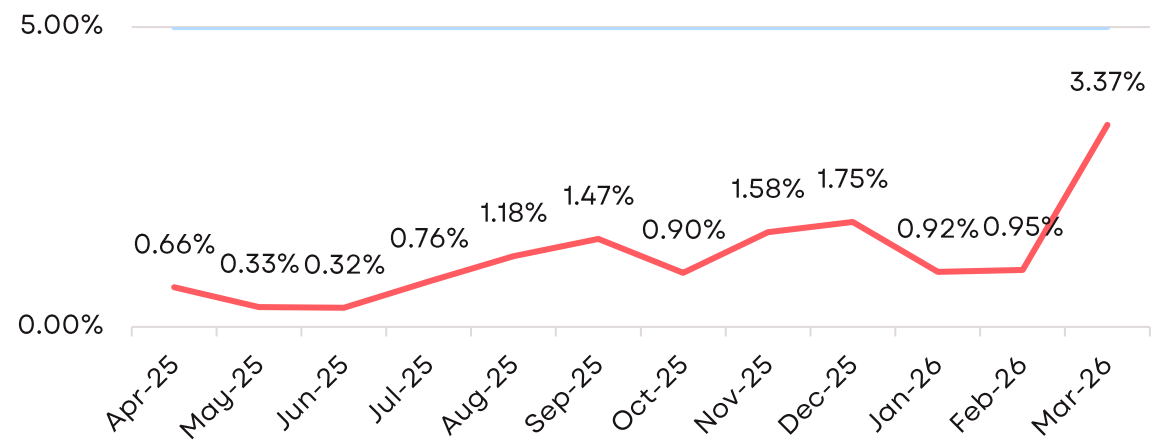
111 Calls Answered



% 111 Calls Answered



% 111 Call Abandonment Rate

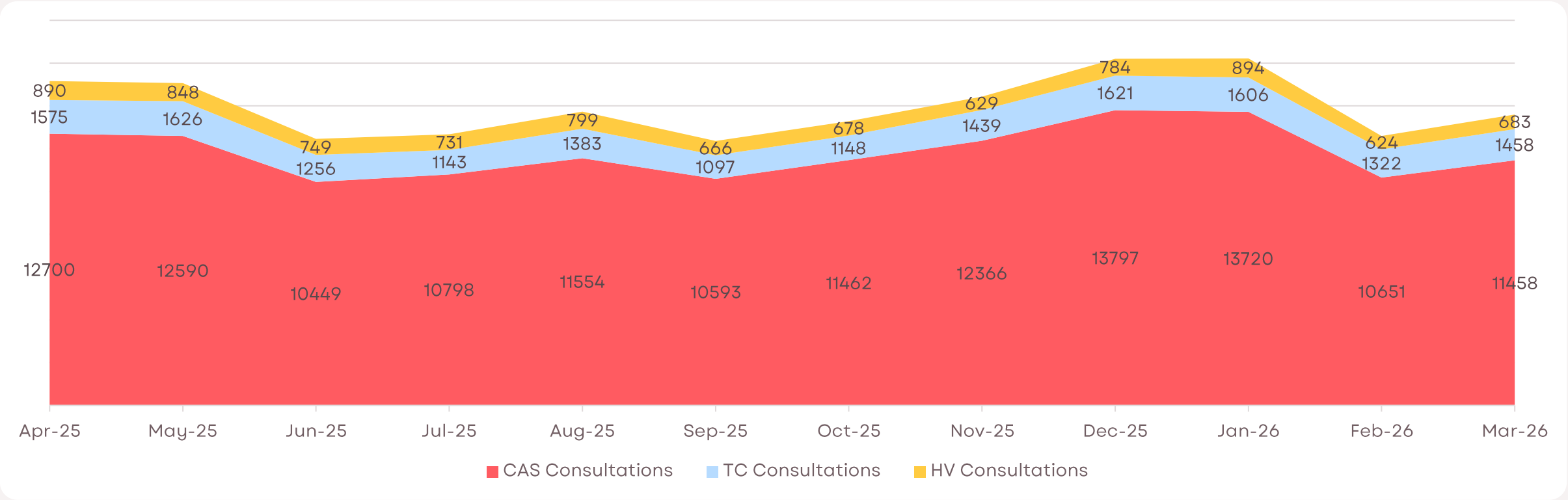


*NHS 111 national call abandonment target <5%

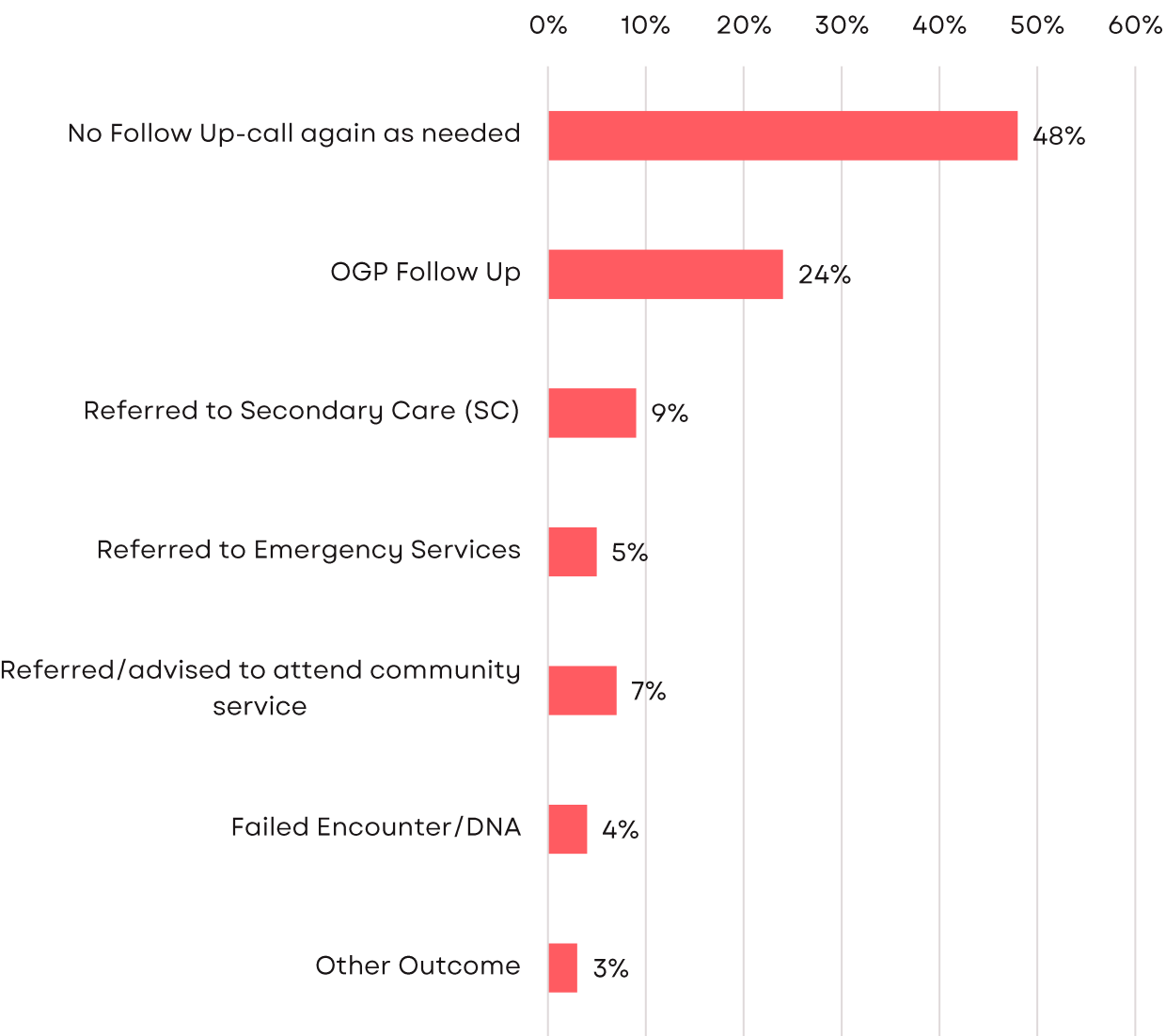
CAS & OOH Consultation Activity



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	TOTAL
CAS Consultations	12700	12590	10449	10798	11554	10593	11462	12366	13797	13720	10651	11458	142138
Treatment Centre Consultations	1575	1626	1256	1143	1383	1097	1148	1439	1621	1606	1322	1458	16674
Home Visit Consultations	890	848	749	731	799	666	678	629	784	894	624	683	8975



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 managed across our services.

48% of cases required no follow-up, with patients advised to call again if needed, demonstrating effective resolution at first contact.

24% were directed to follow up with their own GP, supporting continuity of care where ongoing clinical input was appropriate.

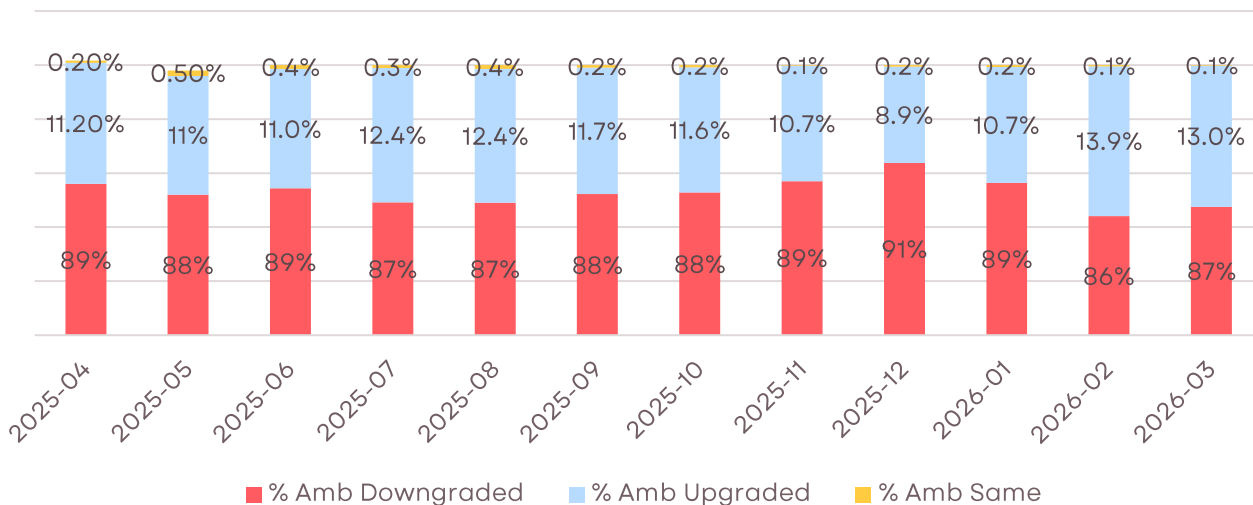
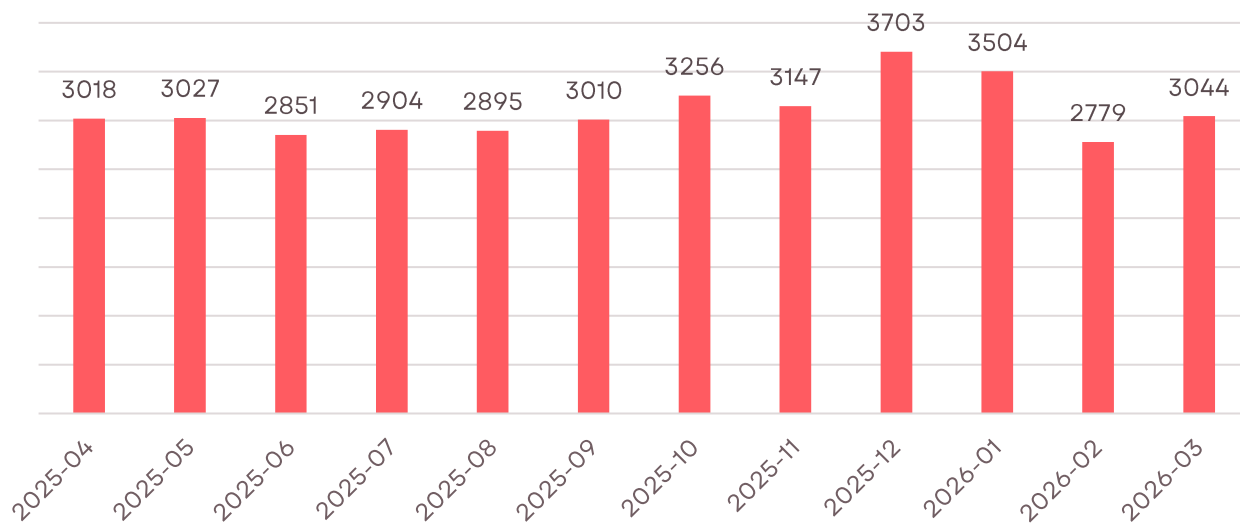
9% were referred to secondary care and 5% to emergency services, reflecting safe identification and escalation of patients requiring urgent or specialist intervention.

7% were directed to community services, supporting integrated care pathways and helping to reduce pressure on acute settings.

The remaining outcomes included 4% failed encounters or DNAs and 3% other outcomes.

This distribution continues to demonstrate the value of CAS and OOH services in safely managing a wide range of clinical presentations, supporting appropriate escalation where required, and ensuring patients are directed to the most suitable care setting first time.

Ambulance Validation Activity



Ambulance validation remains a critical component of our Clinical Assessment Service, ensuring patients receive the most appropriate level of care while supporting the sustainability of emergency services. Our clinical team reviews cases where an NHS 111 ambulance response disposition has been made—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:

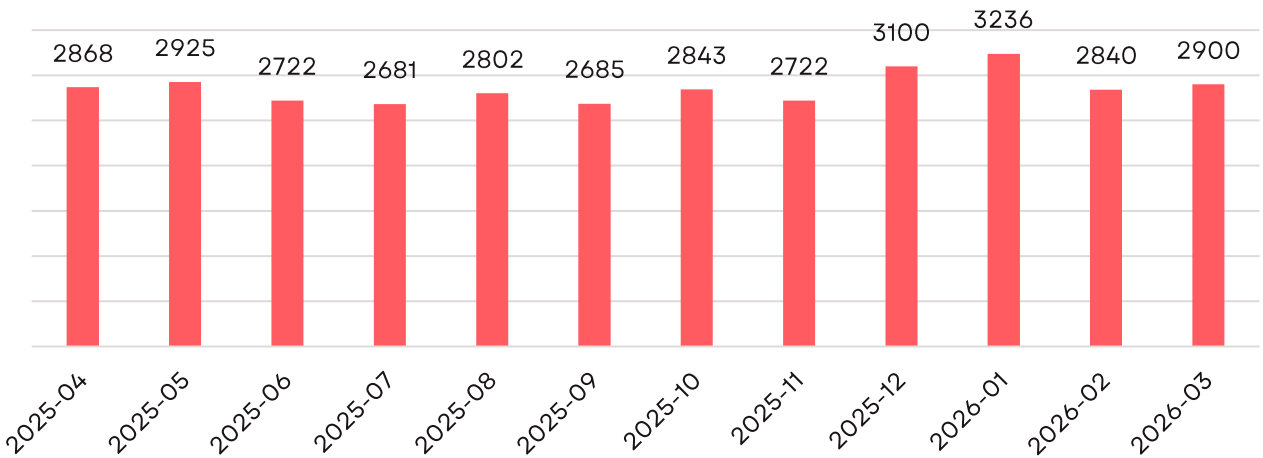
- **System Efficiency** – By identifying cases where an ambulance response is not clinically required and safely downgrading them, the service helps reduce unnecessary pressure on emergency services. During this reporting period, 88% of reviewed cases were safely downgraded, reflecting strong clinical decision-making and supporting effective system flow and resource utilisation.
- **Patient Safety** – Equally important are the cases that are upgraded. These are instances where a higher level of response was clinically required 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, supporting both system efficiency and the safe management of patient risk.

ED Validation Activity



Total ED Validations

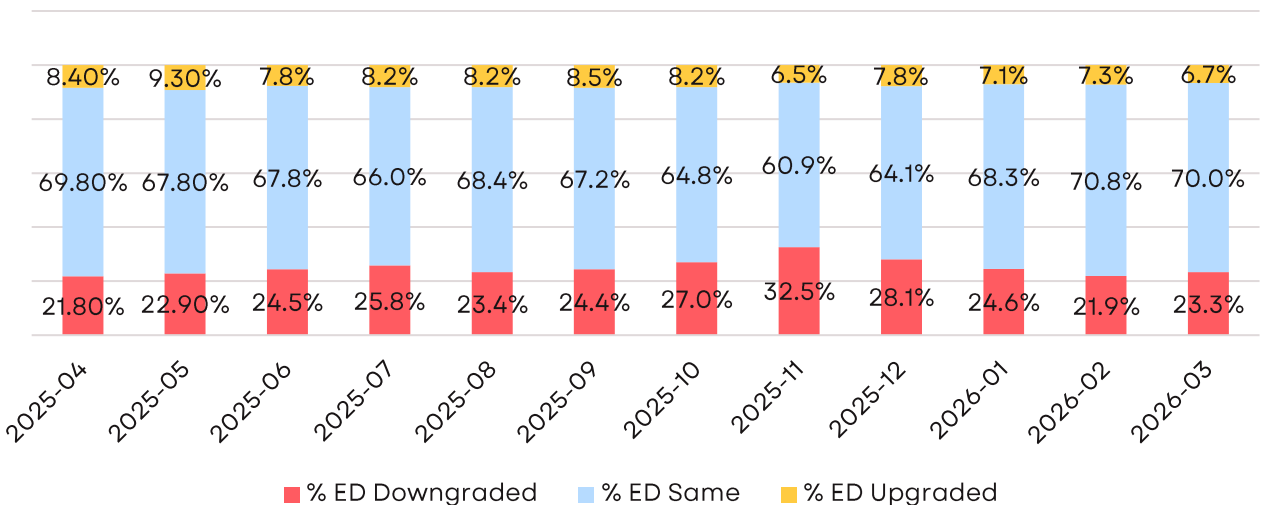


Emergency Department (ED) validations are routinely undertaken by the local NHS 111 provider (PPG) to ensure that patients referred via NHS 111 to ED genuinely require that level of care. Similar to ambulance validation, this process supports both patient safety and system efficiency by confirming the appropriateness of ED dispositions.

During the reporting period, ED validation has continued as an embedded part of service delivery, with clinical oversight supporting consistent and robust review of cases. The majority of dispositions are confirmed as clinically appropriate, providing assurance in the use of NHS 111 pathways.

Where appropriate, cases are safely downgraded to alternative care pathways, helping to reduce unnecessary ED attendances and support system flow. A smaller proportion of cases are upgraded, ensuring that patients with more serious or deteriorating conditions are identified and receive timely escalation to emergency care.

Trends across the year demonstrate a stable and balanced validation process, with most cases remaining appropriate, alongside a consistent proportion of both downgrades and upgrades. This reflects a mature model that supports safe clinical decision-making while contributing to the effective use of urgent and emergency care resources.



Care Coordination



The Care Coordination service plays a central role in supporting system-wide decision-making, helping ambulance crews and healthcare professionals identify safe alternatives to Emergency Department (ED) conveyance. Operating daily from 08:00 to 23:00, the service is delivered by a multidisciplinary team, with overnight support provided through HealthHero's Clinical Assessment Service (CAS).

Referrals are received from a wide range of sources, including the ambulance Computer Aided Dispatch (CAD) system, paramedics on scene, healthcare professionals, care homes, and patients on the End-of-Life Register. The team also benefits from an embedded Specialist Paramedic with direct access to ambulance caseloads, enabling proactive identification of patients who may be better managed without ambulance dispatch or hospital attendance.

The service is designed as a fully integrated, system-facing model, working across organisational boundaries within the BSW system. Close links with locality hubs and community services enable timely clinical discussions, personalised care planning and improved access to alternatives such as Urgent Community Response (UCR) and urgent treatment centres.

During the reporting period, the service continued to expand in response to system demand, including extended operating hours and increased weekend and bank holiday cover. The team managed a high volume of cases, with 86% of patients supported without ED ambulance conveyance, demonstrating the effectiveness of the service in reducing avoidable hospital attendances while maintaining safe patient outcomes.

The impact of the service has been recognised nationally, with Care Coordination receiving a Gold Award at the HSJ Partnership Awards 2024 for its contribution to integrated care. Ongoing collaboration with system partners continues to strengthen referral pathways, supported by shared learning, clinical governance forums and Emergency Operations Centre (EOC) engagement.

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 Care Practitioner (ECP) and overseen at all times by a 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

- ✓ Delivering 86% of patients without ED ambulance conveyance, reducing pressure on urgent and emergency car
- ✓ Real-time clinical decision-making supporting ambulance crews and system partners on scene
- ✓ Strong integration with community services, enabling safe alternatives to hospital admission
- ✓ Multidisciplinary team model, combining clinical expertise and system knowledge
- ✓ Proactive identification of patients through embedded ambulance system access
- ✓ Consistent focus on patient-centred care and personalised outcomes
- ✓ Nationally recognised model, including HSJ Gold Award for integrated care

Care Coordination Reporting



INPUTS

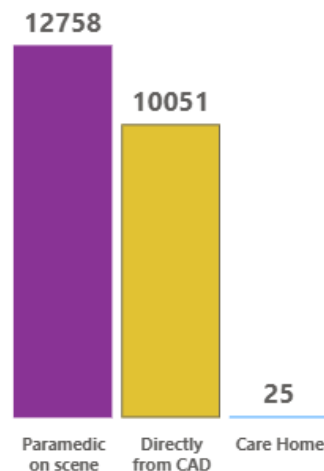
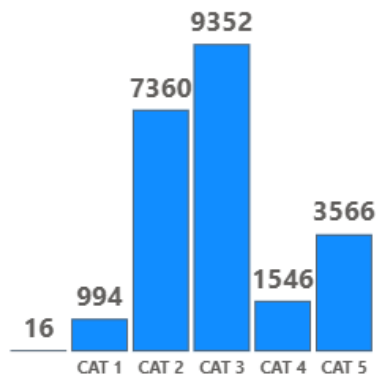
01/04/2025

TO

31/03/2026

22834

Referrals

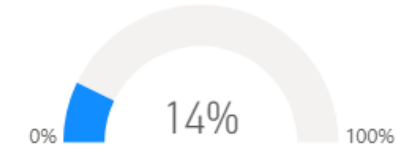


OUTCOMES

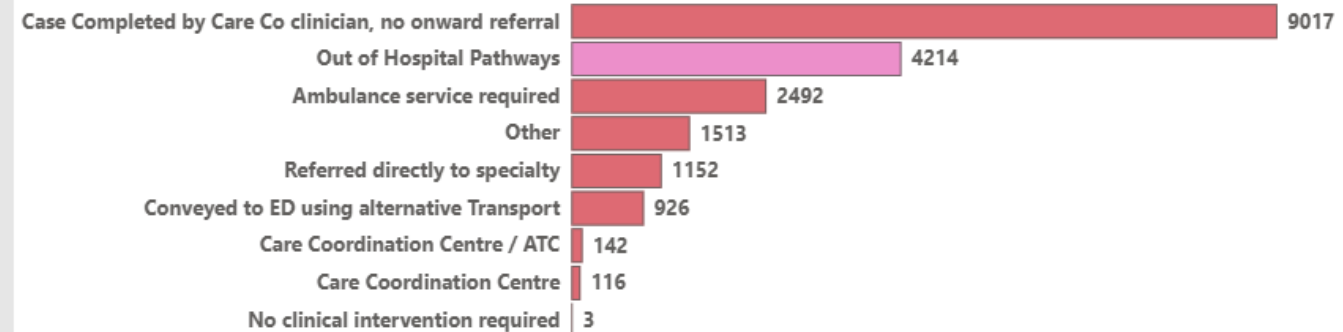
3259

Conveyed to ED

% Conveyed to ED



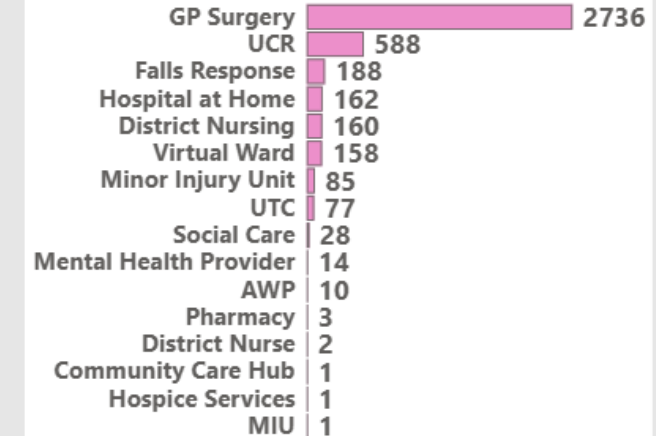
Non-Conveyance Outcomes



Non-Conveyance Preferred Pathway Availability



Out of Hospital Pathways



High Intensity User (HIU) Service



The BSW Connect High Intensity User (HIU) service is a well-established partnership between HealthHero and Wiltshire Centre for Independent Living (WCIL), supporting individuals who frequently access urgent and emergency care services across Bath and North East Somerset, Swindon and Wiltshire.

The service is deliberately person-led and non-clinical to ensure freedom and creativity in delivery, focusing on building trust and understanding the underlying factors behind repeated service use. Community Connectors work alongside individuals to create a safe and supportive relationship, enabling them to explore what matters most to them and take greater control of their health and wellbeing. Support is fully personalised, with no pre-defined interventions, ensuring a flexible and non-judgemental approach. Community Connectors play a central role in delivering this model. Through advocacy, relationship-building and strong knowledge of local networks, they support individuals to access appropriate services and community-based support. This helps to address wider determinants of health, reduce reliance on urgent care services, and improve overall wellbeing.

The service is underpinned by a strong partnership ethos. As a Voluntary, Community and Social Enterprise (VCSE) organisation, Wiltshire Centre for Independent Living (WCIL) brings expertise in independent living and community-based support, complementing HealthHero's integrated urgent care model. Together, the partnership continues to deliver a service focused on reducing health inequalities and improving outcomes for some of the most vulnerable people within the system.

Referrals are received from across the health and care system, identifying individuals with high levels of ED attendance. Through a coordinated and personalised approach, the service supports individuals to navigate services more effectively, build resilience, and achieve sustainable change over time.

HIU Case Study 1 – “Nancy’s Story”



Background: Nancy was referred to the BSW Connect HIU service following repeated hospital attendance linked to complex physical and mental health needs. She was struggling with poorly managed diabetes, limited mobility, and social isolation, alongside significant challenges in managing her home environment. At the time of referral, Nancy felt overwhelmed and unable to see a way forward.

What we did: A Community Connector began working with Nancy while she was still in hospital, continuing support following discharge. Through building trust and understanding what mattered most to her, the Connector supported Nancy to break down her goals into manageable steps. Working in partnership with multiple services, support included:

- Coordinating input from social care, therapy services and housing teams
- Supporting access to mental health support and primary care
- Facilitating practical interventions such as home decluttering and improved living conditions
- Advocating for housing prioritisation based on her health needs

Outcome: Nancy reported a significant turnaround in her wellbeing and outlook:

“The support I have received has been lifesaving... I feel my life is coming together and I can look forward to my future.”

Through coordinated, personalised support, Nancy has been better able to manage her health, engage with services appropriately, and work towards more stable housing and improved independence.

HIU Case Study 2 – Supporting Safer Living & Independence



Background: An individual was living in unsuitable accommodation conditions, with unresolved housing issues despite involvement from multiple services. The situation contributed to increased vulnerability and ongoing reliance on urgent care services.

What we did: A Community Connector adopted a proactive and coordinated approach, acting as a central point of contact across partners. This included:

- Bringing together health, social care and housing professionals
- Maintaining consistent communication across agencies
- Escalating barriers to ensure progress was made
- Advocating for the individual's needs and preferences at every stage

This approach reflects the core HIU model, focusing on relational working, co-production, and addressing wider determinants of health.

Through this coordinated effort, the individual's housing situation was successfully progressed – a key milestone that had not previously been achieved. This provided increased stability, reduced risk, and supported improved health and wellbeing.

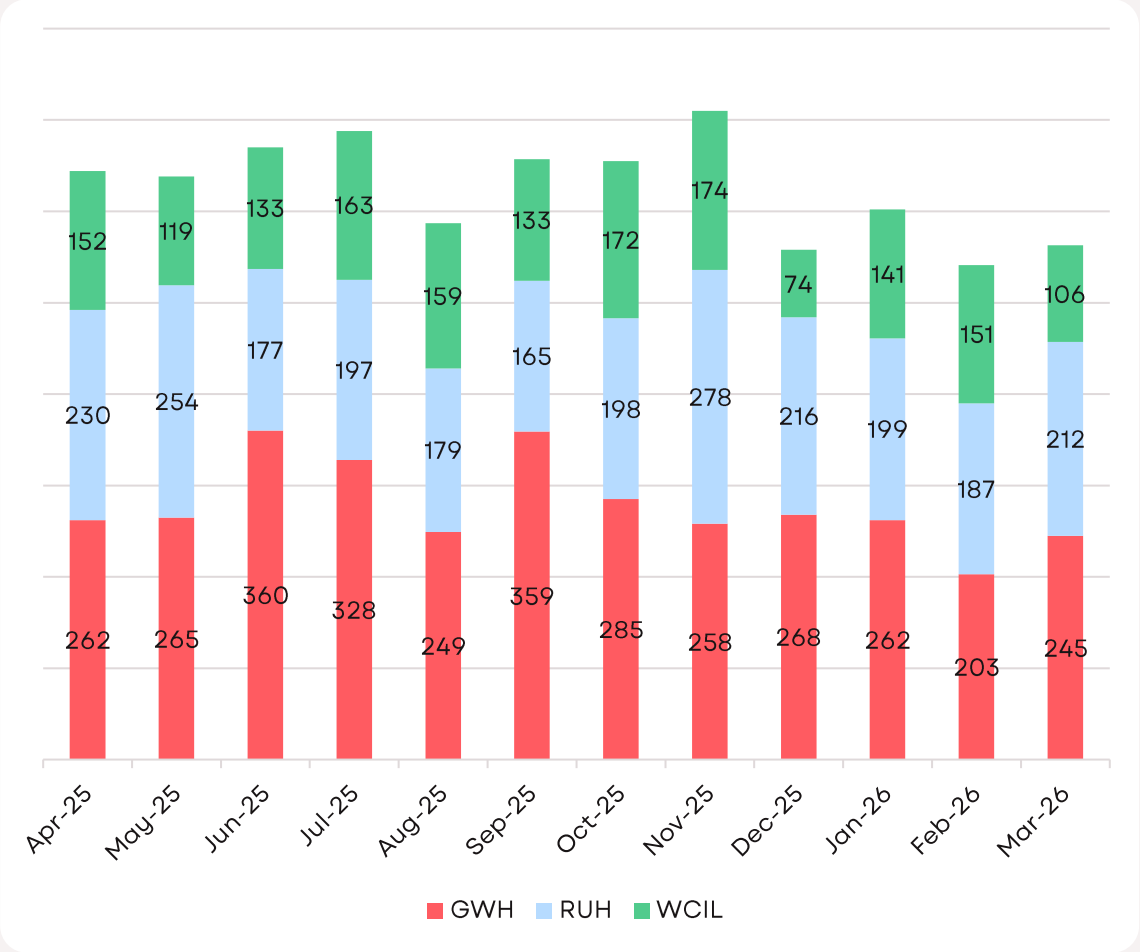
Impact

- ✓ Reduced vulnerability and improved living conditions
- ✓ Increased independence and stability
- ✓ Demonstrates how multi-agency collaboration can deliver life-changing outcomes
- ✓ Supports more appropriate use of urgent care services by addressing root causes

High Intensity User Service Activity



GWH		RUH		WCIL	
Apr-25	262	Apr-25	262	Apr-25	152
May-25	265	May-25	265	May-25	119
Jun-25	360	Jun-25	360	Jun-25	133
Jul-25	328	Jul-25	328	Jul-25	163
Aug-25	249	Aug-25	249	Aug-25	159
Sep-25	359	Sep-25	359	Sep-25	133
Oct-25	285	Oct-25	285	Oct-25	172
Nov-25	258	Nov-25	258	Nov-25	174
Dec-25	268	Dec-25	268	Dec-25	74
Jan-26	262	Jan-26	262	Jan-26	141
Feb-26	203	Feb-26	203	Feb-26	151
Mar-26	245	Mar-26	245	Mar-26	106



Shropshire, Telford & Wrekin



STW Out-of-Hours (OOH) Service Overview



During this reporting period, HealthHero commenced delivery of GP Out-of-Hours (OOH) services across Shropshire, Telford and Wrekin (STW), marking a significant expansion of our services into a new system.

The service provides urgent primary care when GP practices are closed, ensuring patients can access timely clinical assessment and treatment outside of core hours. Patients are typically referred via NHS 111, with clinical triage ensuring they are directed to the most appropriate care setting.

The STW OOH model combines remote clinical assessment with face-to-face care, delivered through treatment centres and home visiting where clinically indicated. This is supported by a multidisciplinary clinical workforce, including General Practitioners (GPs), Advanced Clinical Practitioners (ACPs), Emergency Care Practitioners (ECPs) and Urgent Care Practitioners (UCPs), ensuring patients receive safe, effective and timely care.

As a newly mobilised service, a key focus during the year has been on establishing safe, resilient and high-quality service delivery. This has included embedding clinical governance processes, strengthening workforce models, and building strong operational links with system partners including NHS 111, ambulance services and local providers.

The service plays an important role in supporting system flow, providing appropriate alternatives to Emergency Department attendance and ensuring patients are managed in the most suitable setting. Early delivery has demonstrated a responsive and adaptable service, contributing to the wider urgent and emergency care pathway across STW.

Out-of-Hours (OOH) Service



HealthHero's Out-of-Hours (OOH) service in Shropshire, Telford and Wrekin (STW) was mobilised during this reporting period and provides urgent primary care when GP practices are closed—between 18:00 and 08:00 on weekdays, and 24 hours a day on weekends and bank holidays. During these periods, patients requiring urgent care are assessed via NHS 111 and, where appropriate, referred for further clinical input. Where face-to-face care is required, patients are offered an appointment at a local treatment centre or, where clinically indicated, a home visit may be arranged.

The STW OOH clinical team is composed of General Practitioners (GPs), Advanced Clinical Practitioners (ACPs) and Urgent Care Practitioners (UCPs). UCPs are experienced clinicians who support both treatment centre and home visiting activity, working alongside senior clinicians to ensure safe and timely patient assessment. This multidisciplinary model ensures patients receive care in the most appropriate setting. HealthHero's OOH treatment centres are located across the STW region at:

- Princess Royal Hospital, Telford
- Royal Shrewsbury Hospital, Shrewsbury
- Ludlow Community Hospital
- Whitchurch Hospital
- Bridgnorth Community Hospital

The service is supported by a central operational hub at Grosvenor House, which coordinates clinical activity, workforce deployment and patient flow across the system.

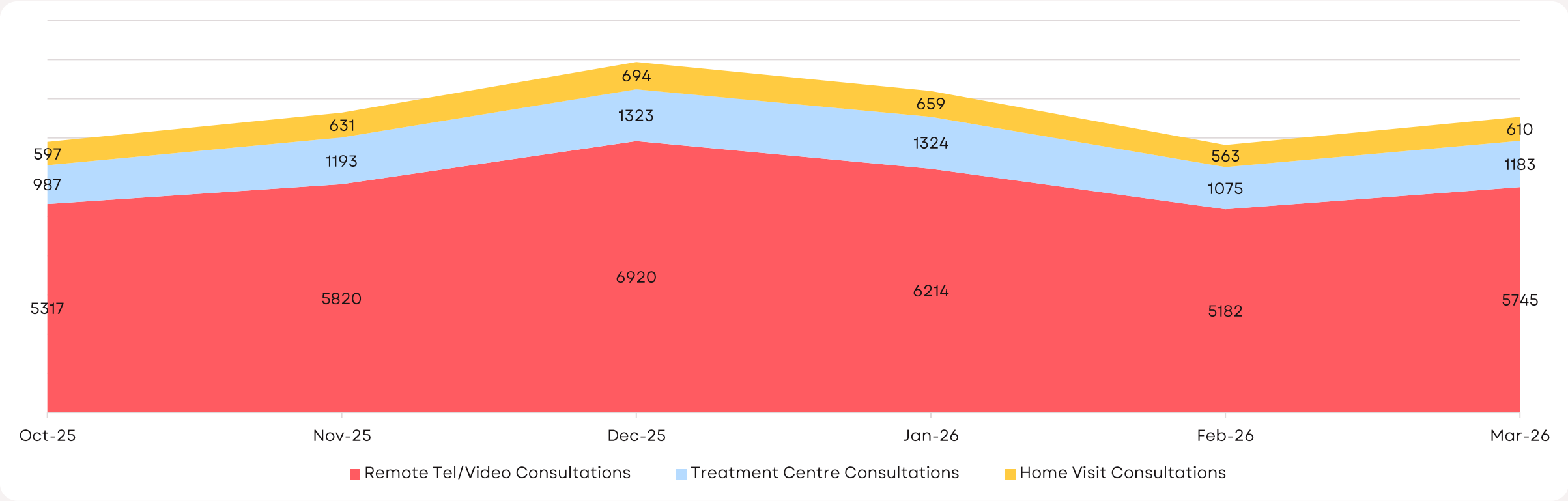
As a newly established service, the focus during this reporting period has been on safe mobilisation, embedding clinical governance processes, and stabilising workforce and operational delivery. Early implementation has demonstrated a responsive and adaptable service, supporting timely access to urgent care and helping to reduce reliance on Emergency Departments across the STW system.



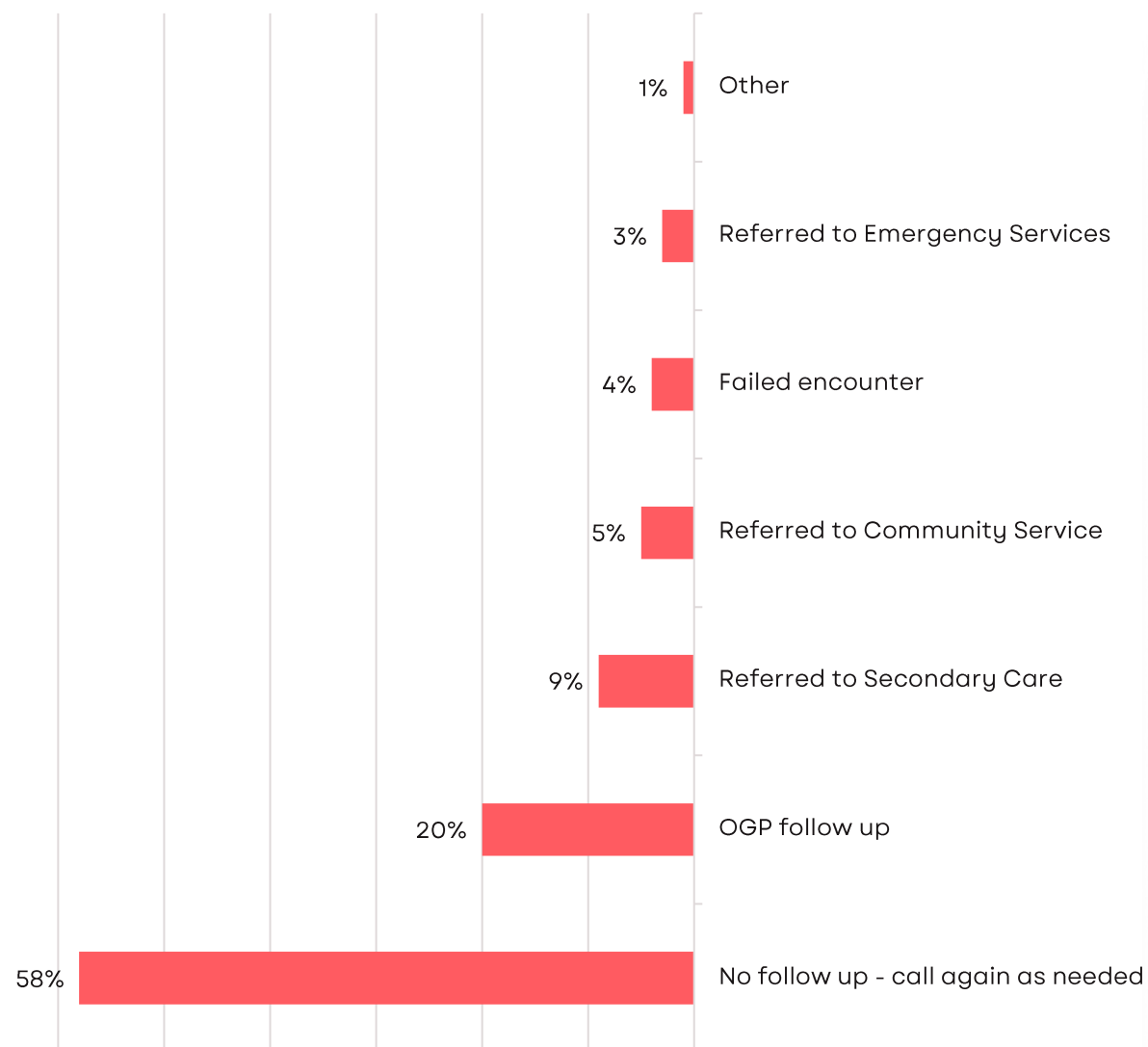
OOH Consultation Activity



	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	TOTAL
Tel / Video Consultations	5317	5820	6920	6214	5182	5745	35198
Treatment Centre Consultations	987	1193	1323	1324	1075	1183	7085
Home Visit Consultations	597	631	694	659	563	610	3754



Case Outcomes



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

58% of cases required no follow-up, with patients advised to call again if needed, demonstrating strong resolution at first contact and effective clinical assessment.

20% were directed to follow up with their own GP, supporting continuity of care where ongoing clinical input was appropriate.

9% were referred to secondary care and 3% to emergency services, reflecting appropriate identification and escalation of patients requiring urgent or specialist intervention.

5% were directed to community services, supporting integrated care pathways and helping to reduce demand on acute settings.

The remaining outcomes included 4% failed encounters or DNAs and 1% recorded as other outcomes.

Overall, this distribution demonstrates the value of CAS and OOH services in safely managing a wide range of clinical presentations, resolving the majority of cases without onward referral, and ensuring patients are directed to the most appropriate care setting first time.



Quality Assurance

Quality & Governance Model



At HealthHero, quality is embedded across the organisation and is a shared responsibility at every level. Our approach to governance ensures that patient safety, experience and continuous improvement are integral to how services are designed, delivered and reviewed.

We operate a proactive and responsive governance model, combining strong oversight with real-time learning. The Senior Management Team (SMT) holds overall accountability for quality and is supported by structured governance forums, including Quality and Clinical Effectiveness committees, which provide multidisciplinary assurance, oversight and system-wide learning.

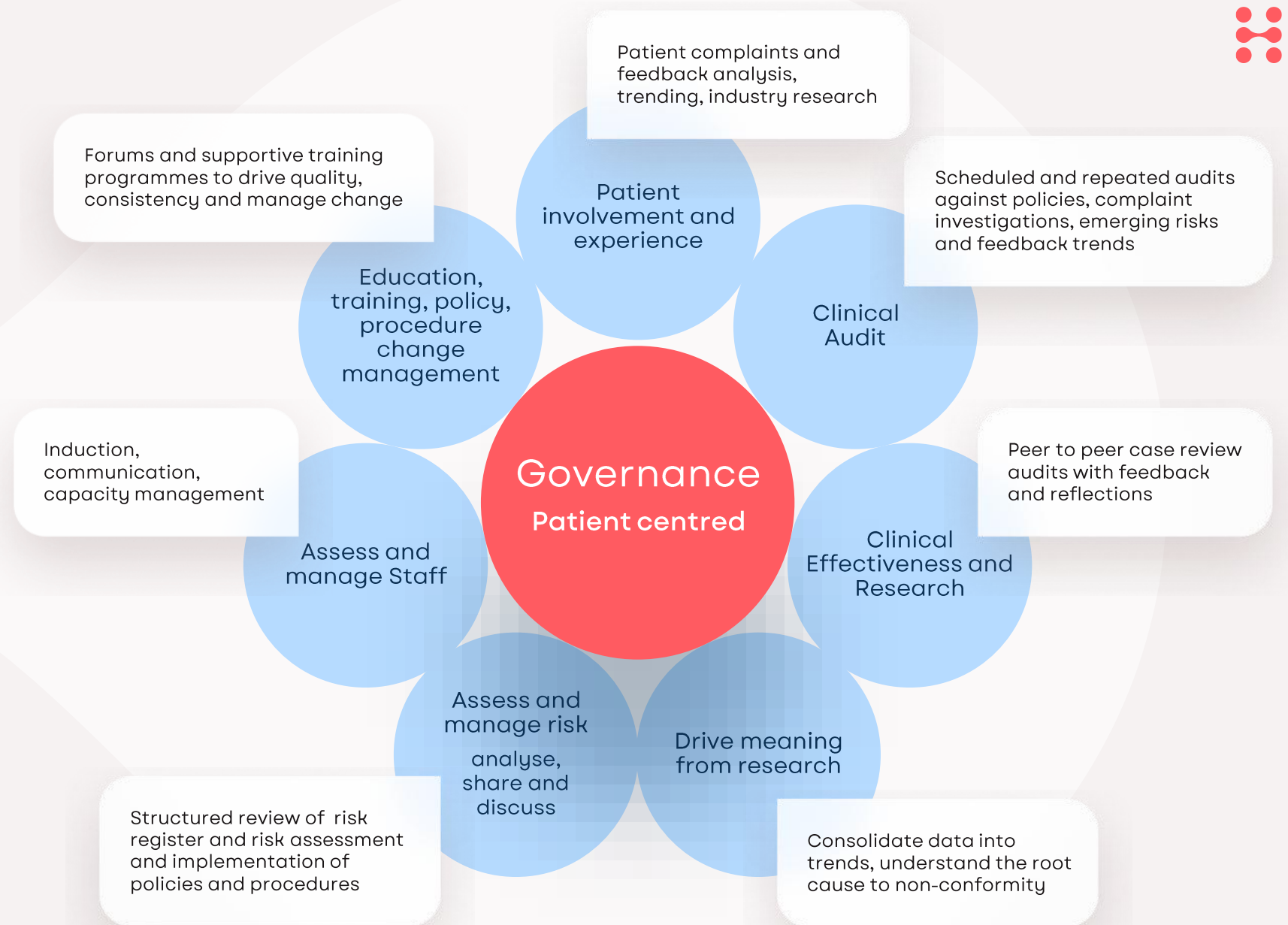
A key development this year has been the introduction of daily Datix triage. This enables more immediate review and management of incidents, supporting timely decision-making, rapid escalation where required, and a strengthened focus on learning and improvement at pace.

The Quality Team plays a visible and collaborative role across services, working closely with operational and clinical colleagues to embed best practice and support reflective learning. Staff receive governance and quality training from induction onwards, with ongoing opportunities to engage through team meetings, themed workshops and case-based discussions such as Clinical Curiosity sessions.

We continue to promote a culture of openness and psychological safety, supported by our Freedom to Speak Up processes and Just Culture principles. Staff are encouraged to raise concerns, share learning and contribute to service improvement, with a clear emphasis on learning rather than blame.

Our governance approach extends beyond organisational boundaries, working in partnership with system partners and incorporating patient feedback to inform service development. Through joint working, shared learning and continuous review, we ensure that quality remains dynamic, inclusive and focused on improving outcomes for the populations we serve.

Quality and Risk Management



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

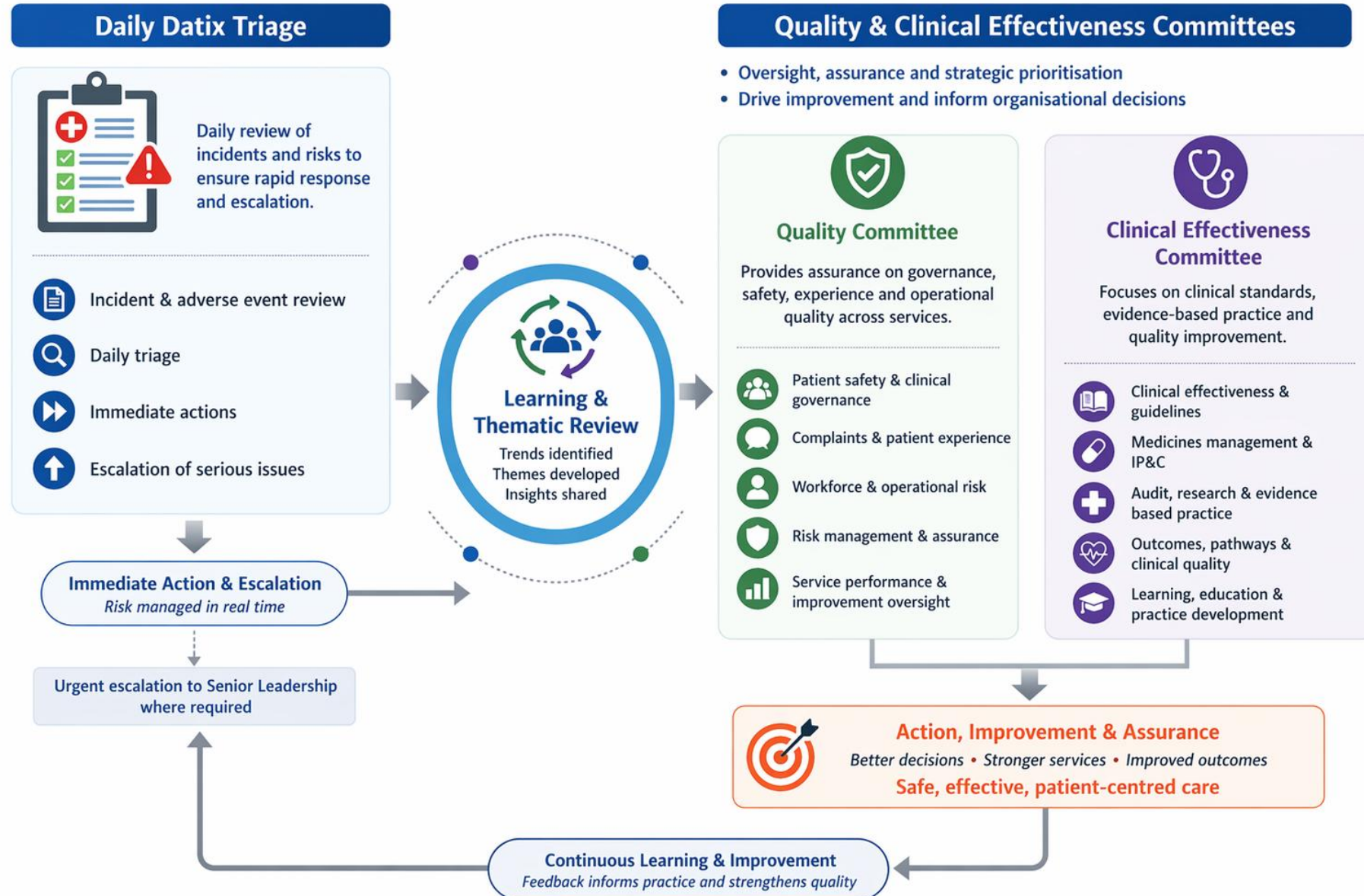


Daily Datix Triage

Daily Datix triage provides a responsive and systematic approach to identifying, reviewing and managing incidents, risks and patient safety concerns across all areas of the service. Taking place each day, this forum brings together quality, operational and clinical colleagues to ensure that issues are reviewed promptly, escalated where required, and used to drive learning and improvement.

- Incident and adverse event review
- Complaints and patient feedback
- Safeguarding concerns
- Workforce pressures and operational risk
- Service resilience and business continuity
- Emerging risks and thematic trends
- Shared learning and communication

Quality & Governance Model



Datix, Learning & Quality Improvement



A strong culture of safety, openness and continuous improvement remains central to HealthHero's approach to quality. Oversight is provided through the Quality Committee, chaired by the Associate Director of Quality and attended by senior clinical and operational leaders, including the Chief Operating Officer and Medical Director. The Committee continues to meet regularly, providing a consistent forum for reviewing risk, sharing learning and strengthening organisational assurance.

A key feature of our approach is the active involvement of frontline teams. Managers are encouraged to bring colleagues into discussions, ensuring that insight from day-to-day practice informs both decision-making and improvement activity. This supports a culture where safety is seen as a shared responsibility across all roles and disciplines.

Over the past year, we have continued to embed the Patient Safety Incident Response Framework (PSIRF) into routine practice. Incidents are now consistently reviewed using system-based approaches, enabling a deeper understanding of contributory factors and supporting more meaningful, sustainable learning. This has strengthened our ability to move beyond individual events and identify wider themes, risks and opportunities for improvement across services.

Our Datix incident management system remains the foundation for reporting, reviewing and learning from safety events. During this reporting period, our focus has been on strengthening the consistency, timeliness and quality of incident management.

The Datix Daily Triage process, introduced previously, is now fully embedded as a core part of operational practice. This daily, multidisciplinary review ensures that new incidents are assessed promptly, appropriately prioritised and allocated to the right investigators. Urgent concerns are escalated without delay, and all incidents are actively tracked through to closure.

This approach has improved the pace and consistency of our response to incidents, while also enhancing visibility of emerging risks and themes. The routine involvement of both clinical and non-clinical colleagues continues to support shared learning and encourages a more holistic understanding of safety across the organisation.

Importantly, insights from daily triage are systematically escalated through governance structures, including the Risk Committee. This ensures that areas of concern are identified early and that learning is translated into timely action. The strengthened link between operational review and strategic oversight enables a more responsive and dynamic approach to risk management.

Each incident is assigned a named lead, who is responsible for progressing the investigation and ensuring that outcomes and learning are shared with the original reporter. While automated notifications provide an overview of findings, there remains a strong emphasis on personalised feedback, reinforcing the value of reporting and demonstrating how staff contributions lead to tangible improvements.

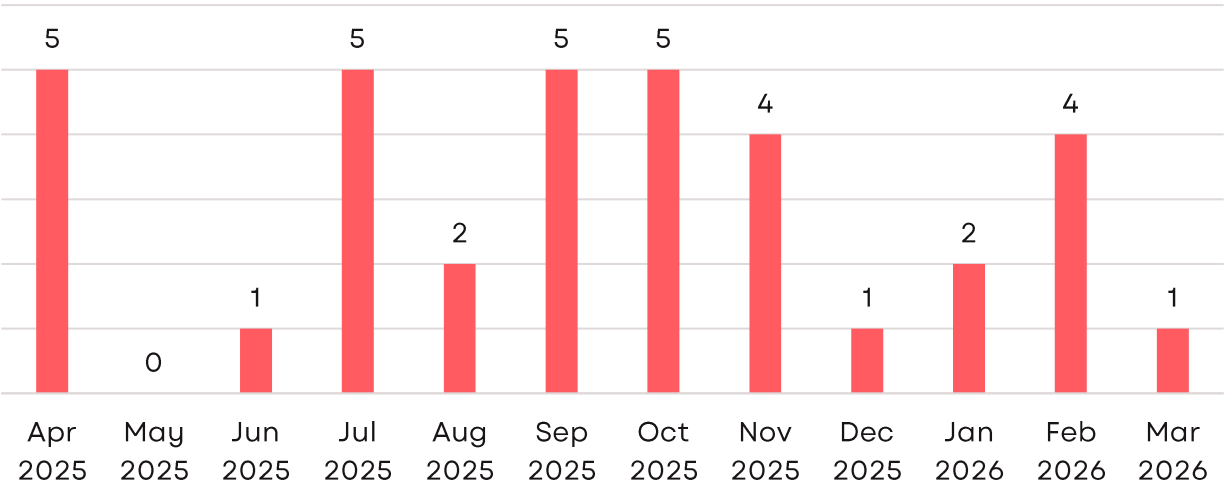
Alongside responding to incidents, there has been a continued focus on recognising good practice. The Risk Committee and wider governance forums regularly highlight examples of high-quality care, alongside areas for improvement. Patient feedback, compliments and team achievements are shared across the organisation, supporting a balanced and appreciative learning culture.



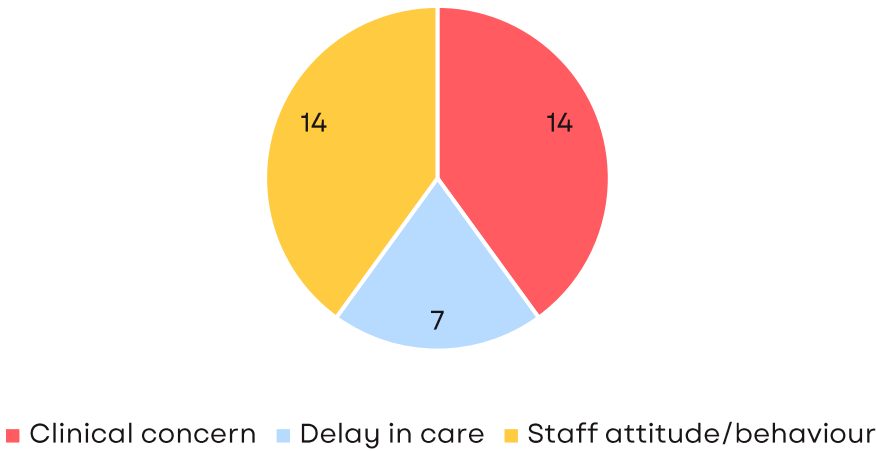
Datix Reporting – Complaints BSW



Reported Complaints BSW



Complaint Classifications



Between 1 April 2025 and 31 March 2026, we received 35 formal complaints. While this represents a small increase on the previous year (28), complaints continue to be viewed as a valuable source of insight, enabling us to understand patient experience and drive service improvement. The most prominent themes identified were clinical judgement and staff attitude/behaviour, often reflecting how care is communicated and experienced by patients. Targeted learning and reflective practice have therefore focused on strengthening decision-making transparency and ensuring interactions are consistently empathetic and patient-centred.

Encouragingly, delays in care have reduced significantly and are now the lowest reported theme, reflecting improvements in service flow, demand management, and patient communication during periods of pressure. As the service has grown, we have strengthened collaboration between Quality, operational, and clinical leadership teams, enabling a more joined-up approach to complaint management. Learning is identified promptly, discussed within governance forums, and shared across teams to support continuous improvement and ensure consistency in practice.

We have also enhanced the support provided to staff involved in complaints, promoting open reflection and learning while ensuring responses to patients are clear, balanced, and transparent. Alongside this, a continued focus on early resolution and effective communication has helped address concerns promptly and reduce escalation. Overall, the themes identified and improvements achieved provide assurance that feedback is actively informing service development, supporting our commitment to delivering safe, responsive, and patient-centred care.

Datix Reporting – Complaints BSW



PALS Cases
3

Number of complaints with a response to be sent via the Patient Advice and Liaison Service:
Three 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
35/35

Number of complaints acknowledged within 3-working days:
All reported complaints received were acknowledged, in writing, within 3-working days.

Response Target
28/35

Number of complaint responses send within 25-working days:
28 out of 35 complaints received a response within 25-working days.
Responses provided after 25-working days were to allow time for the relevant clinician to provide a thorough reflection.
Complainants contacted proactively, and an extended timeframe agreed ahead of the initial 25-day target elapsed.

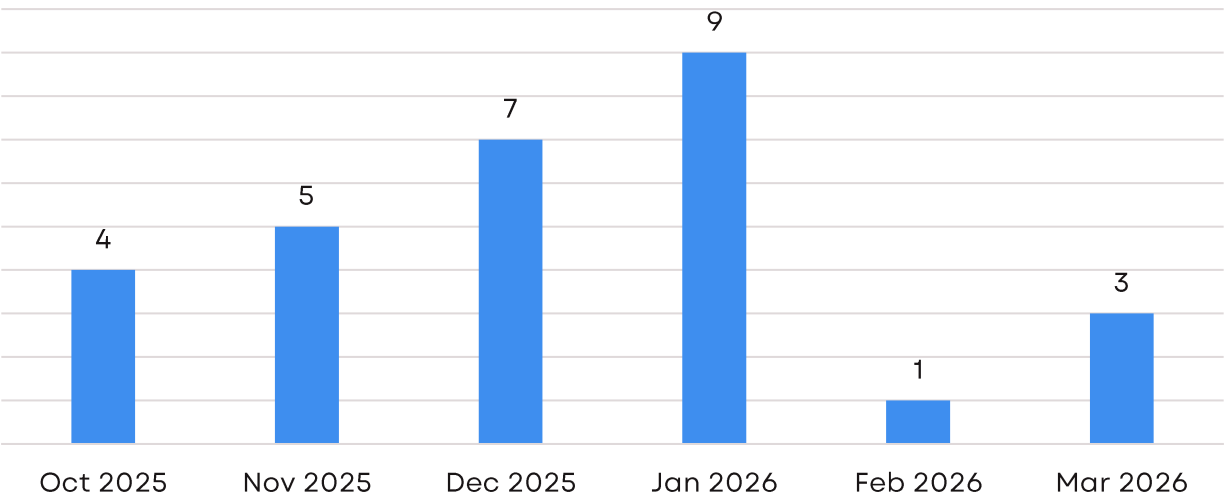
Consultation Ratio
1:4794

Complaints to consultation ratio:
This means that for every complaint, there were approximately 4,794 consultations. For every consultation, the likelihood of receiving a complaint is approximately 0.00021, or 0.021%.
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.

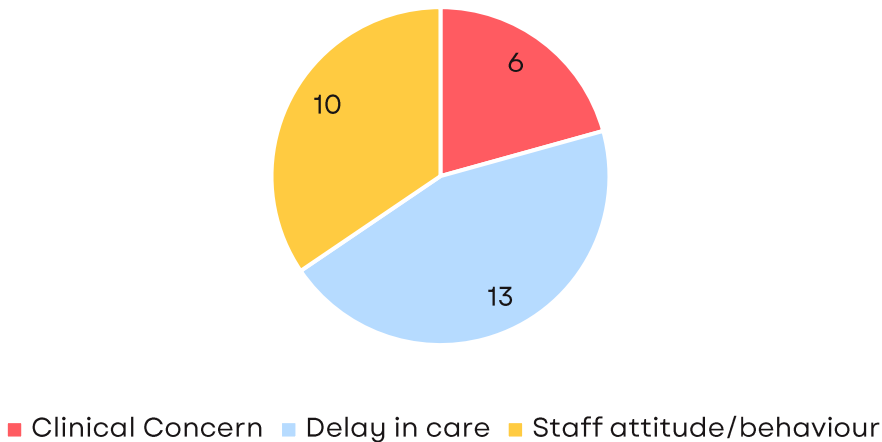
Datix Reporting – Complaints STW



Reported Complaints STW



Complaint Classifications



During the reporting period, delay in care was identified as the most prominent complaint theme within the STW contract. As a newer service area, this reflects the challenges associated with embedding new processes, understanding local systems, and aligning with patient expectations during a period of transition. From the outset, we have maintained consistent complaints handling processes in line with our established approach, ensuring continuity, transparency, and timely responses for patients.

These processes continue to operate effectively, providing a reliable framework for managing concerns and identifying learning. To support local insight and responsiveness, we have worked closely with an experienced Principal Investigator with extensive knowledge of the STW region, including local pathways, patient demographics, and healthcare system interfaces. This has strengthened the quality of investigations and ensured that learning is appropriately contextualised and meaningful.

Alongside this, we have continued to develop and support the local team, providing guidance and training on feedback handling and complaint management. This has enabled staff to feel more confident in responding to concerns and engaging in reflective practice, while ensuring that learning is consistently identified and shared. We recognise that establishing a new contract brings inherent challenges; however, the work undertaken this year demonstrates a proactive and structured approach to embedding learning, improving communication, and strengthening service delivery. We will continue to build on this progress as the service matures, ensuring patient feedback remains central to ongoing improvement and the delivery of safe, responsive, and patient-centred care.

Datix Reporting – Complaints STW



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

29/29

Number of complaints acknowledged within 3-working days:

All reported complaints received were acknowledged, in writing, within 3-working days.

Response Target

25/29

Number of complaint responses send within 25-working days:

25 out of 29 complaints received a response within 25-working days.

Responses provided after 25-working days were to allow time for the relevant clinician to provide a thorough reflection. Complainants contacted proactively, and an extended timeframe agreed ahead of the initial 25-day target elapsed.

Consultation Ratio

1:1588

Complaints to consultation ratio:

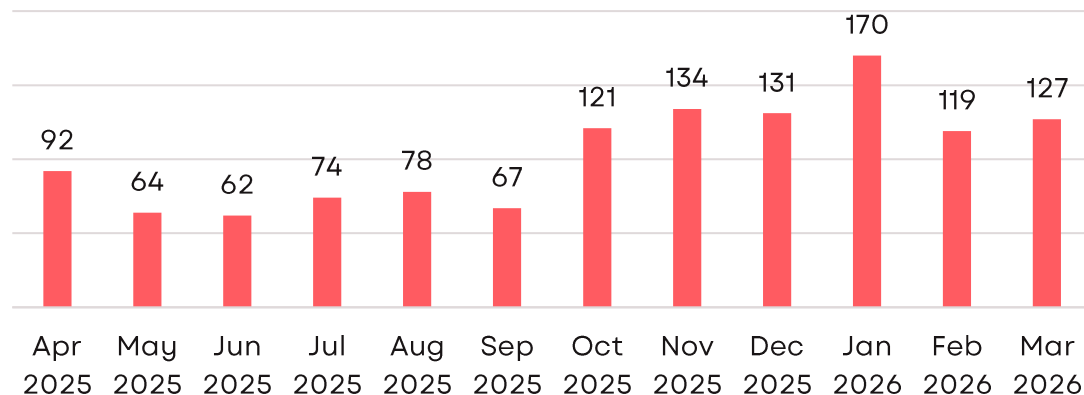
This means that for every complaint, there were approximately 1,588 consultations. For every consultation, the likelihood of receiving a complaint is approximately 0.00063, or 0.063%.

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 – Adverse Events



Reported Incidents (April 25 – March 26)

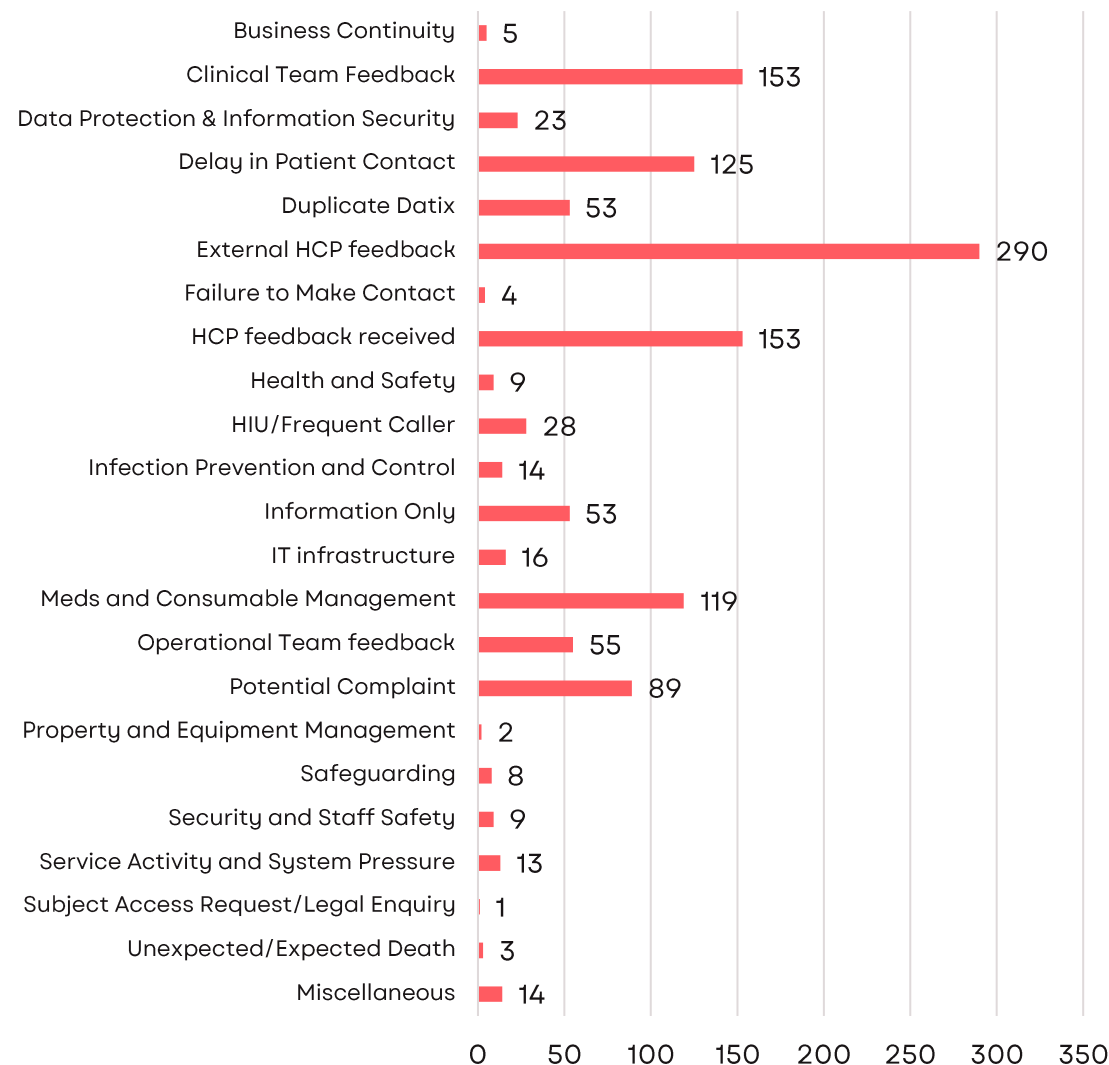


Between April 2025 and March 2026, 1239 Datix were raised. As you can see from the graphs above, the numbers increased following HealthHero starting a new GP-Led Out of Hours Service, and Care Coordination Service in the Shropshire, Telford and Wrekin (STW) area.

External HCP feedback continues to be our highest theme across the year, which involves incidents that are logged in order to provide feedback to another external provider – such as the ambulance service, primary care, the community teams, or the acute hospitals. This allows learning to be shared more widely, and opens up communication pathways between providers, leading to a better end result for patients navigating the healthcare system.

Following that, both HCP feedback received, and Clinical Team feedback round out the top 3 themes. HCP feedback involves those cases highlighted to us by an external provider, for us to review our own pathway for learning and improvement. Clinical Team Feedback covers a wide range of areas, such as prescription errors, documentation errors, clinical decision making and behaviour and attitude of the clinicians.

Incident Classifications (April 25 – March 26)



Patient Safety Learning



HealthHero remains committed to a culture of openness, learning and continuous improvement. During 2025/26, we continued to embed the Patient Safety Incident Response Framework (PSIRF), strengthening our focus on understanding systems, identifying contributory factors and ensuring learning translates into meaningful change.

Between April 2025 and March 2026, we recorded four Patient Safety Incidents. While these incidents were infrequent, each provided important insight into how we can strengthen our processes and improve patient safety.

Key themes from this year's incidents included:

- Recognition and escalation of deteriorating patients: A case involving a young infant later diagnosed with meningitis reinforced the importance of early escalation where red flags are present. Learning has focused on use of video consultation where appropriate, and wider reinforcement of paediatric sepsis guidance.
- Managing delays and maintaining patient safety during high demand: Two incidents related to delays in clinical call backs highlighted the risks associated with system pressure. This has driven further focus on:
 - Non-clinical patient safety calls
 - Improved demand modelling and forecasting
 - Clearer escalation processes for worsening symptoms
- Strengthening safeguarding practice and professional curiosity: A case linked to a Safeguarding Adult Review identified a missed opportunity to escalate concerns. Learning has reinforced that safeguarding responsibility sits with HealthHero, regardless of partner involvement, alongside improvements to documentation and development of a Mental Capacity Assessment tool within AdastrA.

Across all incidents:

- Investigations were completed using structured PSIRF and Duty of Candour approaches
- Learning was shared through governance forums and team engagement
- Action plans focused on practical, system-level improvements

These cases demonstrate our continued commitment to learning, transparency and improving the safety of the care we provide.

End-to-End Reviews & System Learning



During 2025/26, HealthHero continued to strengthen its approach to cross-system learning through multi-agency review, operational reflection and structured improvement activity.

Multi-agency and system learning: We worked collaboratively with system partners, including NHS 111 providers and wider urgent care services, to review complex cases and pathways. This included:

- Joint review of cases involving delayed call backs and escalation pathways
- Clarification of processes with NHS 111 providers around additional call-back management
- Shared learning through post-winter system review activity

These reviews have strengthened alignment across organisations and improved clarity around responsibilities within the urgent care pathway.

Service-level learning and mobilisation insight: A significant feature of this year was the mobilisation of the STW service. A series of Day 1 and early mobilisation workshops (July–August 2025) were undertaken to:

- Test operational processes and escalation pathways
- Identify risks early in delivery
- Capture real-time learning from frontline teams

This was followed by structured post-mobilisation learning, ensuring early issues were translated into sustainable improvements.

Operational and resilience learning: Further learning was captured through:

- Business continuity tabletop exercise (May 2025), testing response to service disruption
- A Winter Wash-Up (January 2026), reflecting on system pressures, delays and patient flow

Together, these activities demonstrate a shift from isolated review to continuous, system-based learning, aligned with PSIRF principles.

Thematic Workshops & Operational Improvement



Throughout 2025/26, we continued to use targeted workshops and structured improvement activity to respond to emerging themes and strengthen service delivery.

A key focus this year has been managing demand, reducing delays and improving patient flow, particularly in response to learning from incidents and winter pressures.

Demand and patient flow: Work has centred on improving how we manage patients during periods of high demand, including:

- Reinforcing the non-clinical patient safety call model to ensure patients remain safe and informed while awaiting clinical review
- Reviewing escalation triggers for worsening symptoms to support timely intervention
- Strengthening forecasting and capacity planning to better align workforce to demand

Workforce and operational clarity: Learning highlighted the importance of clear roles and escalation processes, particularly for non-clinical teams. As a result:

- Escalation pathways were clarified and reinforced
- Staff were supported to recognise and act on clinical risk indicators
- Greater emphasis was placed on real-time oversight and coordination

Embedding continuous improvement: Thematic learning has been embedded through:

- Governance forums and Clinical Effectiveness discussions
- Targeted communication and learning dissemination to frontline teams
- Alignment with wider improvement programmes, including patient flow and digital optimization

This approach ensures that learning is not isolated to individual events but contributes to broader, sustained improvements across the service.

Winter Learning & System Readiness



During 2025/26, we undertook a structured Winter Wash-Up (January 2026) to review performance across the peak demand period and identify opportunities for further improvement.

This built on insights from earlier incidents and operational experience, particularly relating to delays and system pressure.

Key areas of learning:

- Demand and capacity management: Increased demand during winter reinforced the importance of robust forecasting and flexible workforce models.
- Maintaining patient safety during delays: Delays in clinical call backs, while sometimes unavoidable, highlighted the need for:
 - Consistent patient safety and reassurance calls
 - Clear communication with patients regarding expected timeframes
 - Early escalation where clinical risk changes
- System coordination: Close working with NHS 111 providers and system partners supported:
 - Better understanding of shared demand pressures
 - Alignment on escalation processes
 - Improved management of additional call-back activity
- Actions and improvements:
- Strengthened focus on non-clinical safety-netting processes
- Further development of demand modelling and forecasting approaches
- Increased emphasis on real-time oversight and escalation

This work ensures that learning from winter pressures is translated into practical improvements, supporting both patient safety and system resilience ahead of future peak periods.

The Safeguarding Team



Debbie Parsons, Safeguarding Lead for Adults

Debbie marked her 11-year anniversary with HealthHero in November 2025. 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.

The Safeguarding Team – New Team Member



Netty Snelling

Safeguarding Lead for
Children and Children
Looked After (CLA)

Netty joined HealthHero in February 2026 as Safeguarding Lead for Children and Children Looked After (CLA). A highly experienced registered nurse, Netty brings extensive expertise in safeguarding practice, project leadership, education, and community children's nursing. Netty has held a range of senior roles across NHS and educational settings between 1994 and 2025 and holds advanced qualifications, including a Master of Science in Specialist Practice and a Postgraduate Certificate in Education (PGCE). Netty also serves as the elected Wiltshire representative on the Royal College of Nursing (RCN) Board.

Since joining the organisation, Netty has made a significant and immediate contribution to strengthening safeguarding arrangements for children and young people. A strong advocate for the value of safeguarding supervision, Netty has enhanced access to both ad hoc and structured supervision, supporting clinicians to reflect on practice and improve decision-making. This work has been integral to the delivery of the organisation's safeguarding improvement plan, ensuring that staff are supported to meet professional and statutory expectations.

Netty has also worked collaboratively to review and further develop the safeguarding training programme, ensuring alignment with current intercollegiate guidance and strengthening the organisation's approach to workforce competency. This has supported the delivery of a consistent, high-quality training offer across clinical teams.

Netty provides expert advice, support, and professional assurance across all levels of the organisation. Netty is highly approachable, demonstrates strong professional leadership, and applies evidence-based practice and statutory safeguarding guidance to improve outcomes for children and families.

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.

MCA Assessment Tool:

In July 2025, HealthHero completed an audit which considered the strength of MCA assessments completed within the organisation. The results of the audit were clear in evidencing that clinicians are considering aspects of capacity and are assessing a patient's capacity, however, there was variance and a need for further work in formalising how this is assessed and documented. Consistency is key. This was also an area of concern in serious case reviews with a common area of focus being how robust MCA assessments are. Our recommendation was that we build an MCA assessment tool into our clinical system to prompt consideration of every stage of a capacity assessment and will standardise how we document this process. This was developed and embedded into the system into our clinical system, Adastra in March 2026 with positive feedback around the increased structure this provides.

Automated Safeguarding Process Update:

Work in this accounting year built on the previous improvements to the Safeguarding referral process. Following feedback from local authorities, audit sessions, and senior leaders, we 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. This is going live in Adastra in May 2026, and key changes include increased clarity around referral streams, rebranding updates, increased automation of the forms, bundling of questions and increased guidance around important information to include in the referral. It will also include the option to improve collaborative working with partner agencies by creating a “Request for Support” referral. This is designed to allow a referral pathway to support services for vulnerable patients who will not meet the threshold for statutory safeguarding interventions, but who would like support from Domestic Abuse Support Services, Substance Misuse Services, Mental Health Support Services or Veteran Support Services.

Safeguarding



Safeguarding Supervision: Safeguarding Supervision in health is a formal, structured process that provides healthcare staff with protected time and expert support to reflect on safeguarding concerns, seek guidance, and strengthen decision-making where people may be at risk of abuse or neglect. It is distinct from (but complementary to) clinical or line-management supervision.

In a health context, safeguarding work can be complex, emotionally demanding, and risk-laden. Safeguarding supervision aims to:

- Support safe, defensible practice
- Improve the quality of safeguarding decisions
- Ensure statutory duties are met (e.g. Care Act 2014, Children Act 1989/2004)
- Embed Making Safeguarding Personal principles
- Promote staff wellbeing and resilience and
- Reduce organisational risk

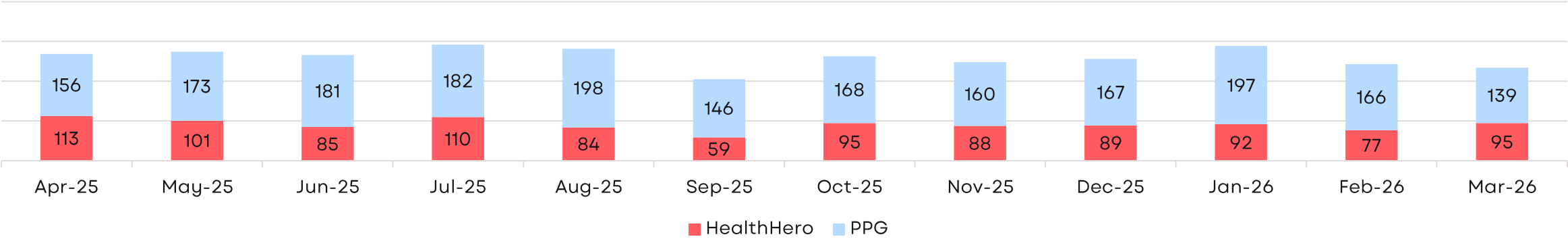
In February 2026, HealthHero invested in training 14 additional Safeguarding Supervisors and is reviewing its Safeguarding Supervision offering. A PIP (Project Improvement Plan) has been developed to help structure roll out of regular safeguarding supervision sessions for HealthHero colleagues on top of the ad hoc sessions currently available. This will continue to be a key area of focus throughout 2026-2027.



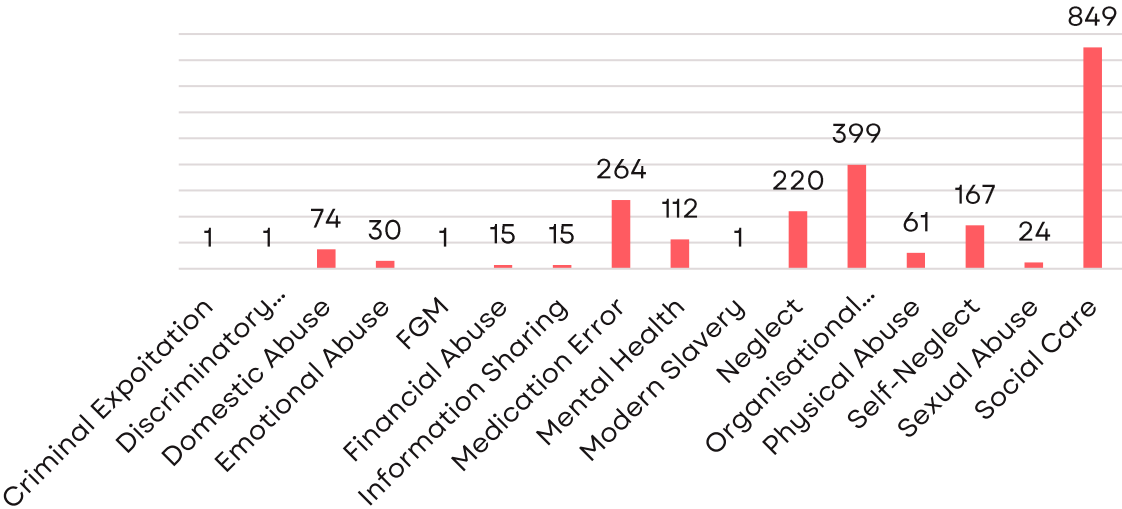
Safeguarding Activity - BSW



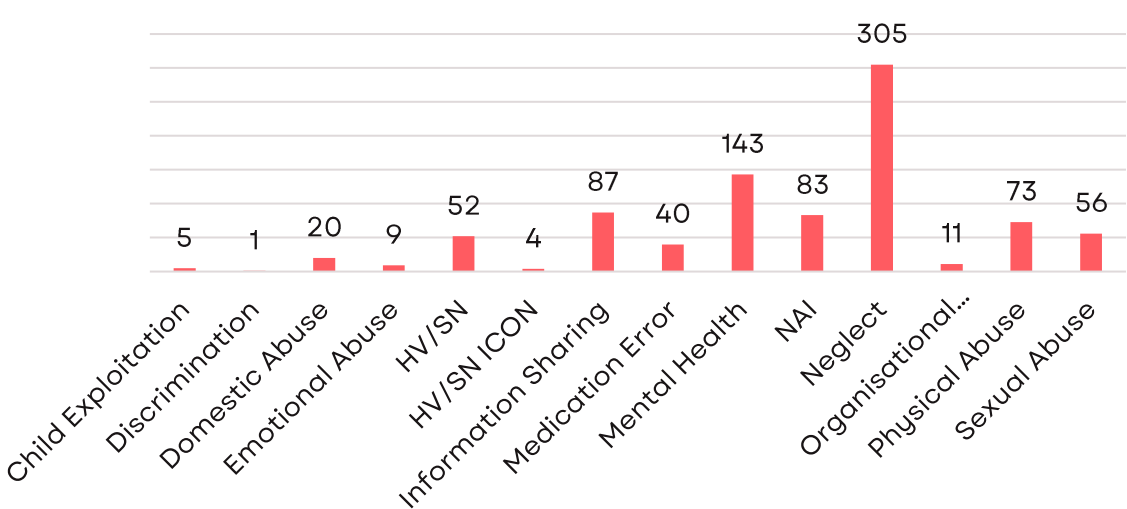
IUC Combined Reported Safeguarding



Safeguarding Adult Themes



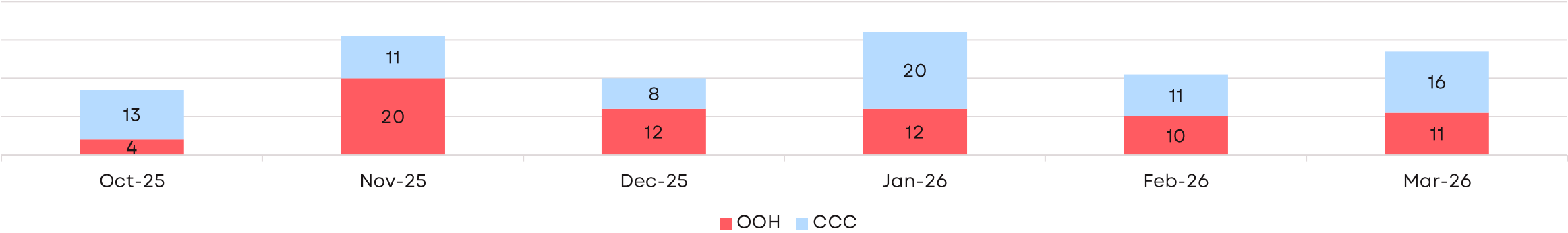
Safeguarding Children Themes



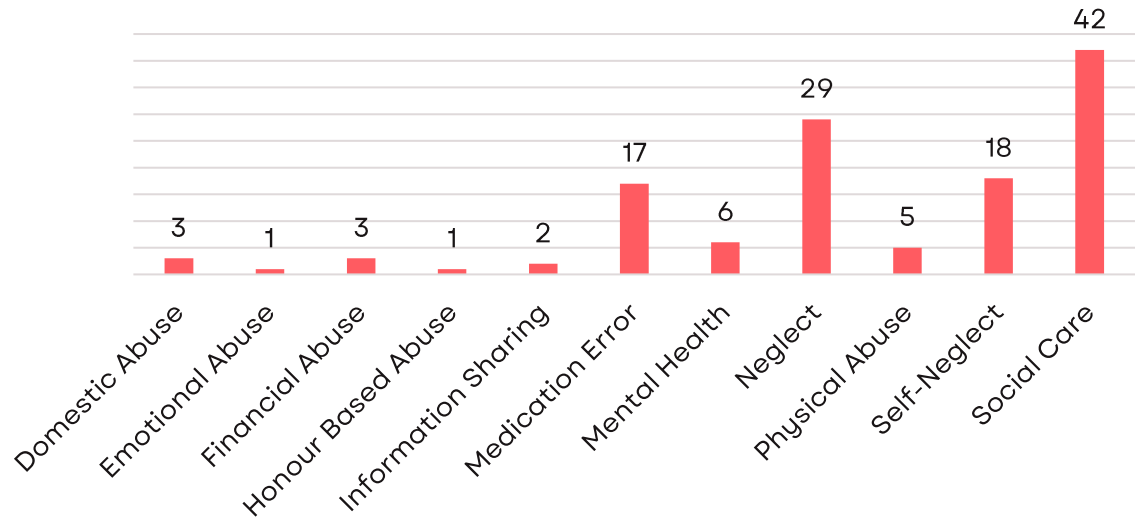
Safeguarding Activity - STW



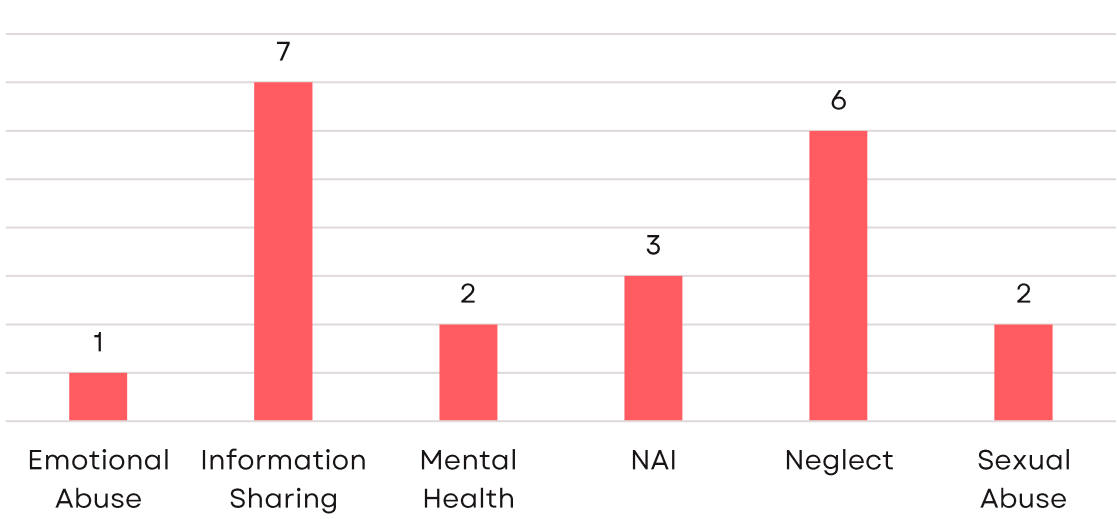
Reported Safeguarding



Adult Safeguarding Themes



Child Safeguarding Themes



Health & Safety



HealthHero remains committed to maintaining safe, compliant and supportive working environments across all sites and services. Over the past year, significant progress has been made in strengthening our health and safety systems, with a clear focus on consistency, accessibility and effective oversight.

A key development during this reporting period has been the introduction of Radar as the central platform for health and safety governance and administration. Radar is a digital system used to capture, manage and monitor safety incidents, risks and actions across the organisation. It provides a single place where staff can report accidents, hazards, near misses and examples of good practice, ensuring that all safety concerns are recorded consistently and responded to in a timely way.

Once an incident is reported, Radar enables structured investigation and follow-up, including risk scoring, root cause analysis, action planning and tracking, as well as documentation of evidence and learning. This ensures that issues are not only addressed, but also used to inform wider organisational learning and improvement.

The system has improved accessibility for staff, with multiple routes for reporting, including mobile access, helping to strengthen our reporting culture and increase visibility of risks across services. Submissions support timely investigation, shared learning and continuous improvement, reinforcing a proactive approach to safety.

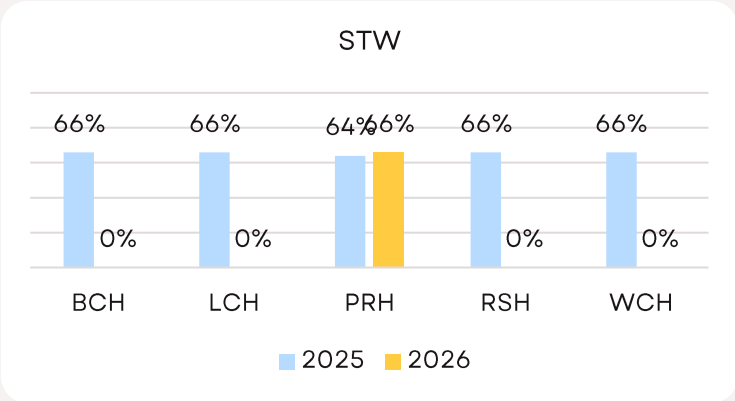
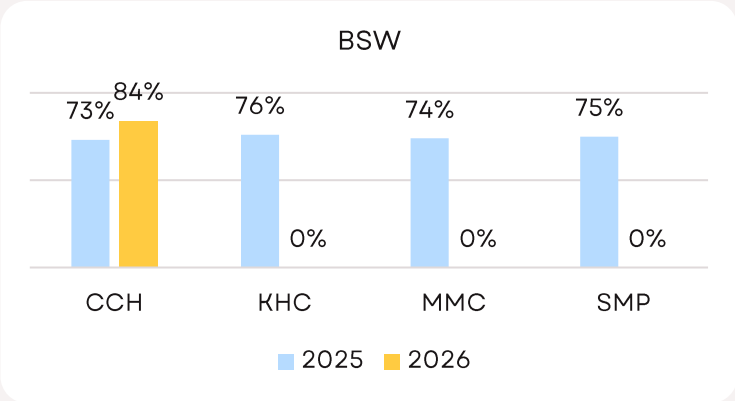
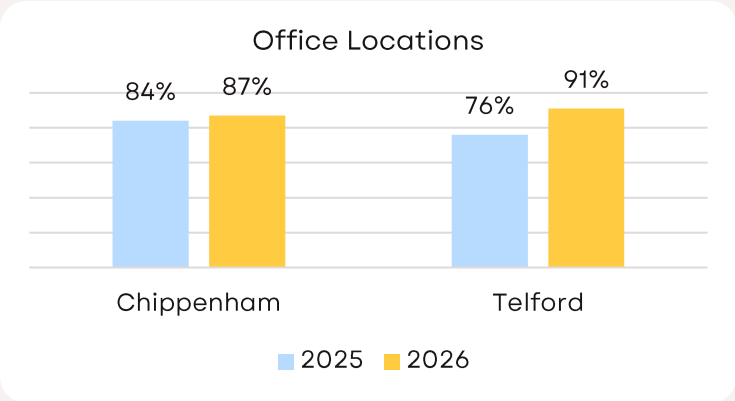
The use of Radar has also enhanced audit and compliance processes. Annual internal audits have been incorporated into the system, providing clearer oversight of findings, improved tracking of actions, and more effective monitoring of compliance against legislative and organisational standards. In addition, key documentation such as risk assessments, policies and certifications is being migrated to Radar to support better version control and review management.

Alongside this, the annual audit programme has been streamlined to provide a more continuous approach to assurance. Sites are now reviewed over a defined period rather than through one-off assessments, enabling a more dynamic understanding of risk, compliance and local processes. Automated engagement with landlords ahead of audits has further strengthened accountability and enabled earlier identification of any gaps in compliance.

The HealthHero Health and Safety SharePoint site continues to act as a central resource for staff, providing access to policies, procedures, guidance and topic-specific information. This ensures that all colleagues, regardless of role or location, have access to up-to-date health, safety and welfare information.

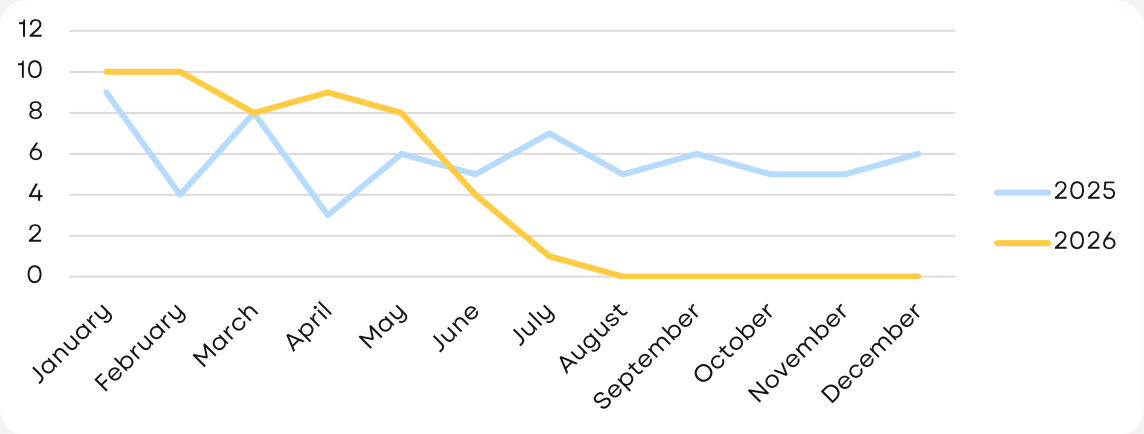
HealthHero continues to promote a proactive approach to health and safety, with clear routes for staff to report concerns, seek advice and contribute to improvement. This supports a culture of awareness, accountability and continuous learning, helping to protect our workforce and support the safe delivery of care to patients.

Health & Safety



As part of our ongoing commitment to maintaining safe and compliant working environments, HealthHero is conducting annual audits across all sites to assess a range of health and safety criteria, including documentation, staff awareness and working environments. All sites have shown an improvement since beginning the audit schedule in 2024, with Ludlow Community Hospital due to be finalised this week also demonstrating the upwards trend. Although with the transfer to Radar, the question sets have evolved over the past 6 months and the scoring is not exactly comparable, however, there are more areas covered in the newest iteration, meaning the sites are scoring higher with additional and more specific criteria to meet.

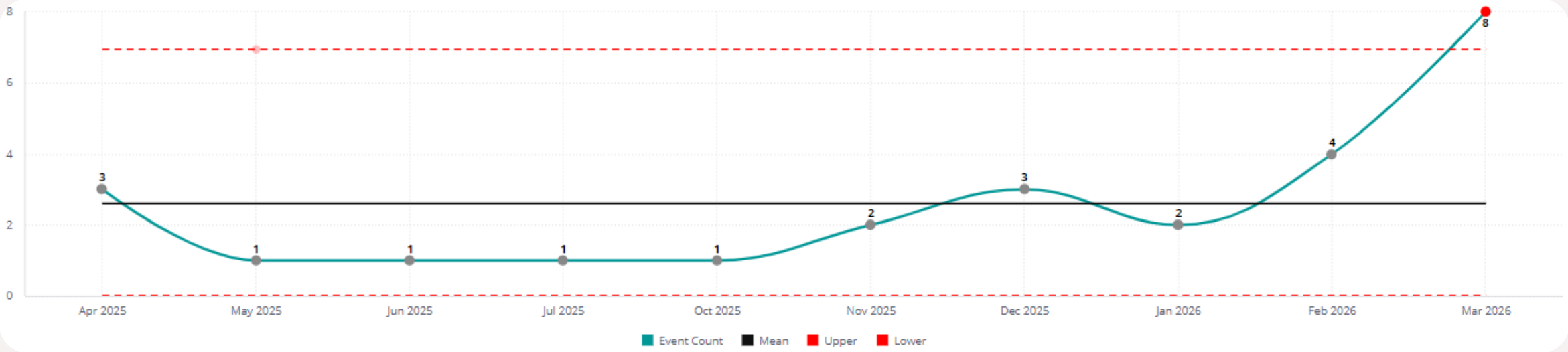
These audits are a key component of our quality assurance framework, helping to identify areas for improvement and ensuring that all sites meet the standards expected for safe and effective care delivery. Where gaps are identified, local action plans are implemented and monitored to support continuous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



HealthHero conducts 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 compliance has varied across locations, and STW bases are yet to start carrying these checks out, targeted support and reminders have been implemented to improve consistency. Last year’s target of eight per month has been reached, our next goal is for 18 per month.

Health & Safety



In 2025-2026 HealthHero finalised the transition 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 and is easier to access for most employees.

For 11 sites across BSW and STW including the 2 HQs, there have been a total of 26 incidents raised, of which 12 were accidents – none were RIDDOR-reportable. The trend has been slips, trips and falls across numerous sites. In each instance, the landlords were contacted and the hazards removed. In one instance, the issue was a metal barrier outside a care home which had its paint scratched away from wear and tear. When the care home managers were contacted regarding this hazard, they had it repainted within days of the fall.

Looking at the data, the increase of reports in Feb-Mar 2026 indicated that employees are now using Radar more to highlight hazards or concerns to the health and safety manager, demonstrating a positive reporting culture across Integrated Care domains. The main theme of hazards raised are risks to staff of violence and aggression, slips and fire safety. Each submission was investigated and measures implemented or reiterated to staff. Any areas that risks could not be eliminated were captured on risk assessments and documented on Radar.

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



Clinical Audit Data

Clinical Audits



Clinical audit remains a key component of HealthHero's approach to ensuring safe, effective and high-quality care. It provides a structured and consistent method for reviewing clinical practice, identifying opportunities for improvement, and supporting continuous professional development across the organisation.

Over the past year, our audit programme has continued to evolve, with a focus on strengthening both the quality of feedback and the consistency of review processes. The programme is supported through the Clinical Guardian platform, which enables a systematic and data-driven approach to selecting and reviewing consultations. This ensures that audit activity is proportionate, targeted and aligned to clinician experience and risk profile. New clinicians continue to receive enhanced oversight, with a higher proportion of their consultations reviewed in the early stages of their practice. As clinicians gain experience, the audit rate is adjusted accordingly, ensuring that assurance is maintained while supporting autonomy and confidence in decision-making. This graduated approach provides a balance between patient safety, professional development and operational efficiency.

Audits are carried out by a multidisciplinary team of clinicians and governance colleagues, ensuring a broad and balanced perspective. Reviews are undertaken independently, with outcomes focused on identifying both strengths and areas for development. Where cases require further consideration, they are escalated for group review, supporting consistency in decision-making and ensuring that more complex cases benefit from collective clinical oversight.

A continued emphasis has been placed on the quality and usability of feedback. Clinicians receive clear, constructive input designed to support reflection and improvement, rather than simply highlight variance from standards. Where concerns are identified, follow-up is undertaken by the Clinical Leadership Team to provide additional support, clarification and guidance in a timely and supportive manner.

Alongside individual case review, audit findings are increasingly used to identify wider themes and learning opportunities. These insights are shared through governance structures, including Clinical Effectiveness Committee discussions, helping to inform service development and targeted improvement activity.

The audit function itself is supported through regular training, peer review and calibration exercises, including the ongoing "Audit the Auditor" process. This ensures that standards remain consistent and that the audit programme continues to deliver fair, reliable and meaningful outcomes.

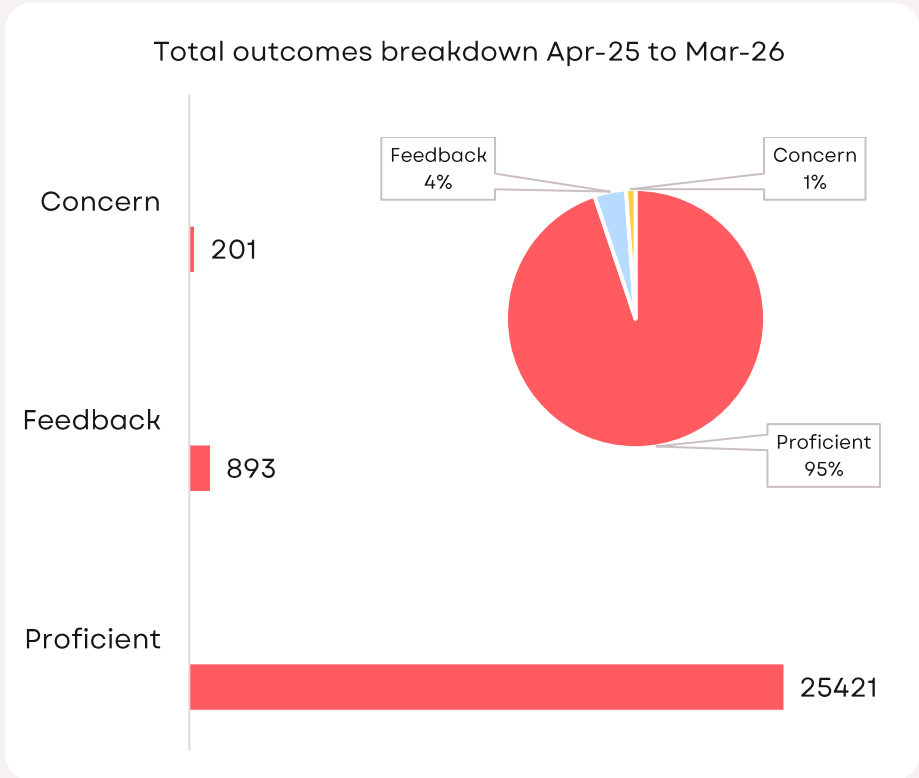
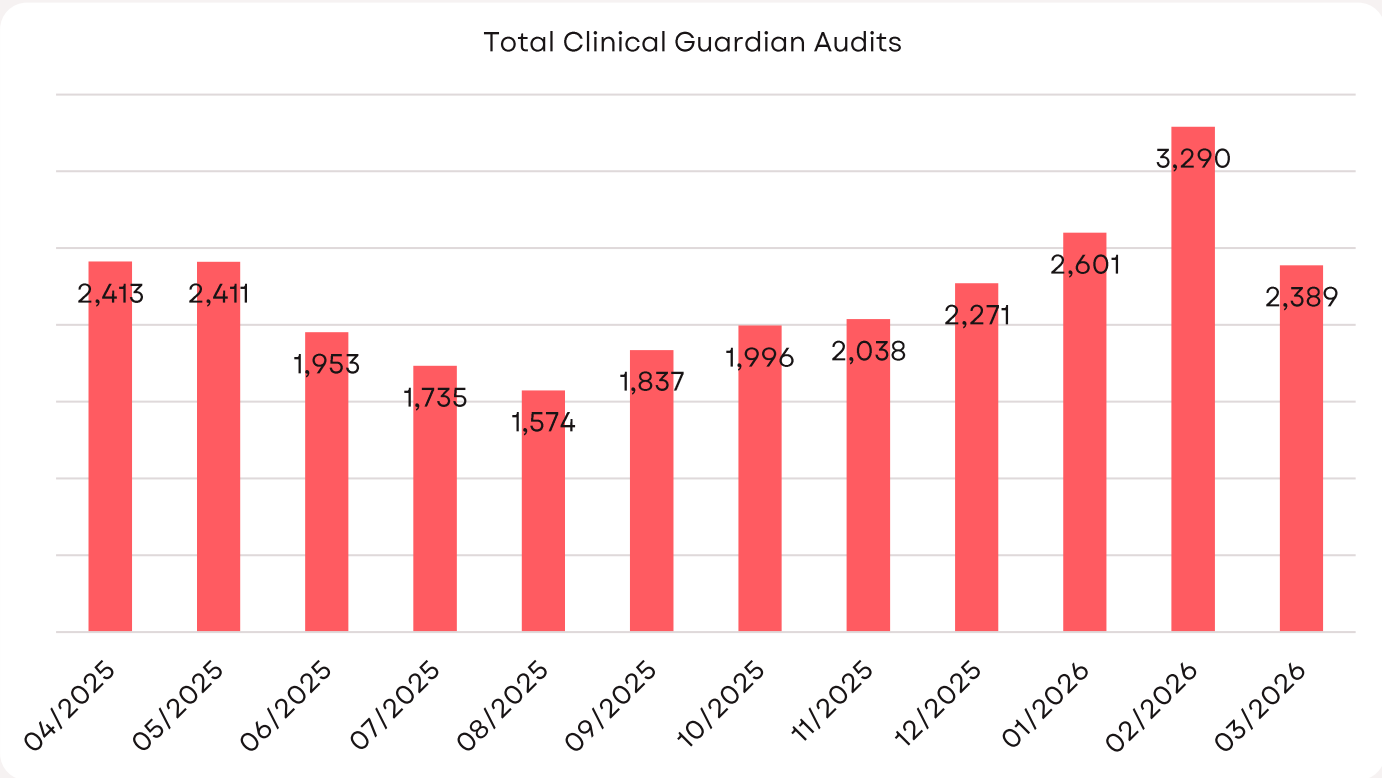
Clinical Audit Outcomes



This year’s audit data reflects both the scale and consistency of our clinical quality assurance activity. The tables below present a full-year breakdown of audit outcomes across all audit streams, including the introduction of Shropshire, Telford and Wrekin (STW) auditing from February 2026.

The established outcome categories of Proficient, Feedback, and Concern continue to provide a clear and structured framework for assessing clinical practice. As in previous years, the majority of consultations were assessed as Proficient, demonstrating strong adherence to expected clinical standards.

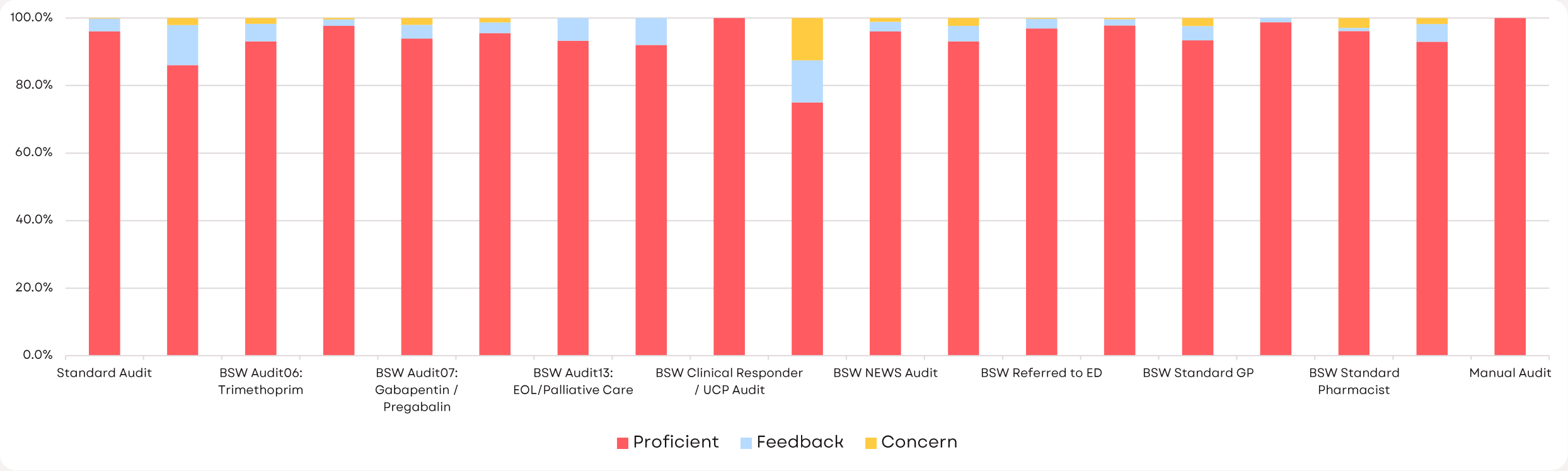
A smaller proportion of cases were identified as Feedback, supporting reflective learning and continuous improvement, while only a very limited number were escalated as Concern. Overall, these outcomes highlight both the strength of clinical practice and the effectiveness of the audit process in supporting learning and maintaining high standards of care.



Clinical Audits (Apr-25 to Sep-25)



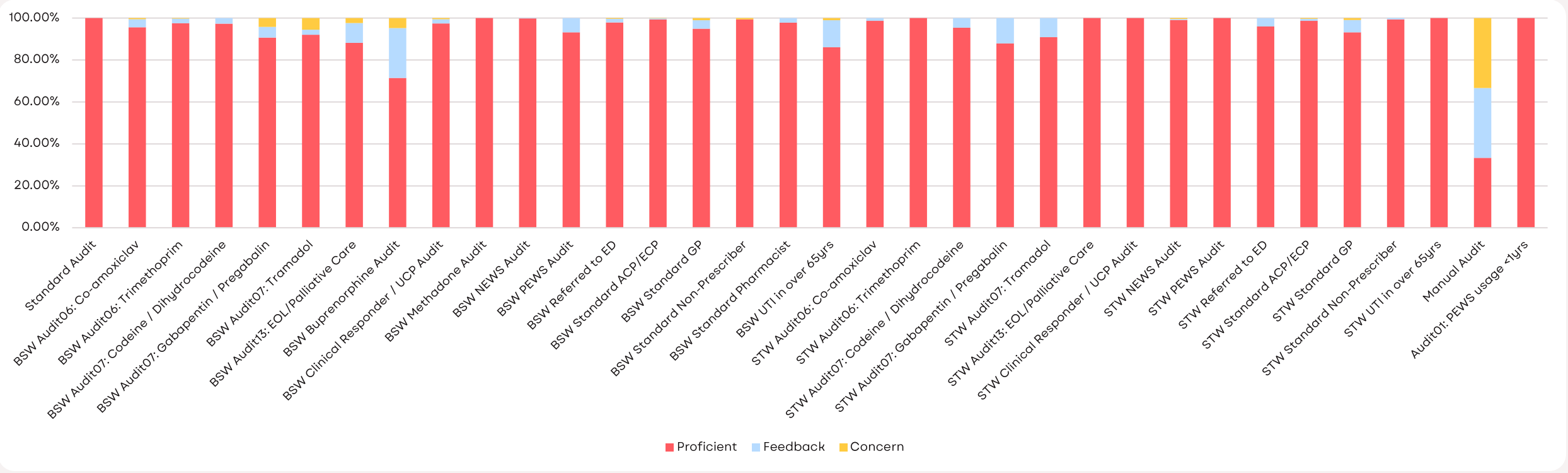
	Standard Audit	BSW Audit06: Co-amoxiclav	BSW Audit06: Trimethoprim	BSW Audit07: Codeine / Dihydrocodeine	BSW Audit07: Gabapentin / Pregabalin	BSW Audit07: Tramadol	BSW Audit13: EOL/Palliative Care	BSW Buprenorphine Audit	BSW Clinical Responder / UCP Audit	BSW Methadone Audit	BSW NEWS Audit	BSW PEWS Audit	BSW Referred to ED	BSW Standard ACP/ECP	BSW Standard GP	BSW Standard Non-Prescriber	BSW Standard Pharmacist	BSW UTI in over 65yrs	Manual Audit
Proficient	4,757	462	323	256	233	151	111	23	44	6	1,221	243	440	1,562	1,199	81	99	159	10
Feedback	185	64	18	5	10	5	8	2	0	1	37	12	13	29	55	1	1	9	0
Concern	9	11	6	1	5	2	0	0	0	1	14	6	1	6	30	0	3	3	0



Clinical Audits (Oct-25 to Mar-26)



	Standard Audit	BSW Audit06: Co-amoxiclav	BSW Audit06: Trimethoprim	BSW Audit07: Codeine / Dihydrocodeine	BSW Audit07: Gabapentin / Pregabalin	BSW Audit07: Tramadol	BSW Audit13: EOL/Palliative Care	BSW Buprenorphine Audit	BSW Clinical Responder / UCP Audit	BSW Methadone Audit	BSW NEWS Audit	BSW PEWS Audit	BSW Referred to ED	BSW Standard ACP/ECP	BSW Standard GP	BSW Standard Non-Prescriber	BSW Standard Pharmacist	BSW UTI in over 65yrs	STW Audit06: Co-amoxiclav	STW Audit06: Trimethoprim	STW Audit07: Codeine / Dihydrocodeine	STW Audit07: Gabapentin / Pregabalin	STW Audit07: Tramadol	STW Audit13: EOL/Palliative Care	STW Clinical Responder / UCP Audit	STW NEWS Audit	STW PEWS Audit	STW Referred to ED	STW Standard ACP/ECP	STW Standard GP	STW Standard Non-Prescriber	STW UTI in over 65yrs	Manual Audit	Audit01: PEWS usage <1yrs
Proficient	3	483	231	223	194	115	112	15	343	1	622	136	512	2505	4207	147	136	173	76	103	21	29	10	23	10	210	9	48	1449	1592	144	38	1	30
Feedback	0	19	7	6	11	3	12	5	7	0	1	10	9	11	180	0	3	26	1	0	1	4	1	0	0	1	0	2	15	101	1	0	1	0
Concern	0	3	1	0	9	7	3	1	2	0	0	0	2	5	44	1	0	2	0	0	0	0	0	0	0	1	0	0	5	16	0	0	1	0



Clinical Audit Themes



As part of our ongoing commitment to clinical quality and continuous improvement, Clinical Guardian snippets continue to play a key role in supporting structured, consistent feedback across the clinical workforce.

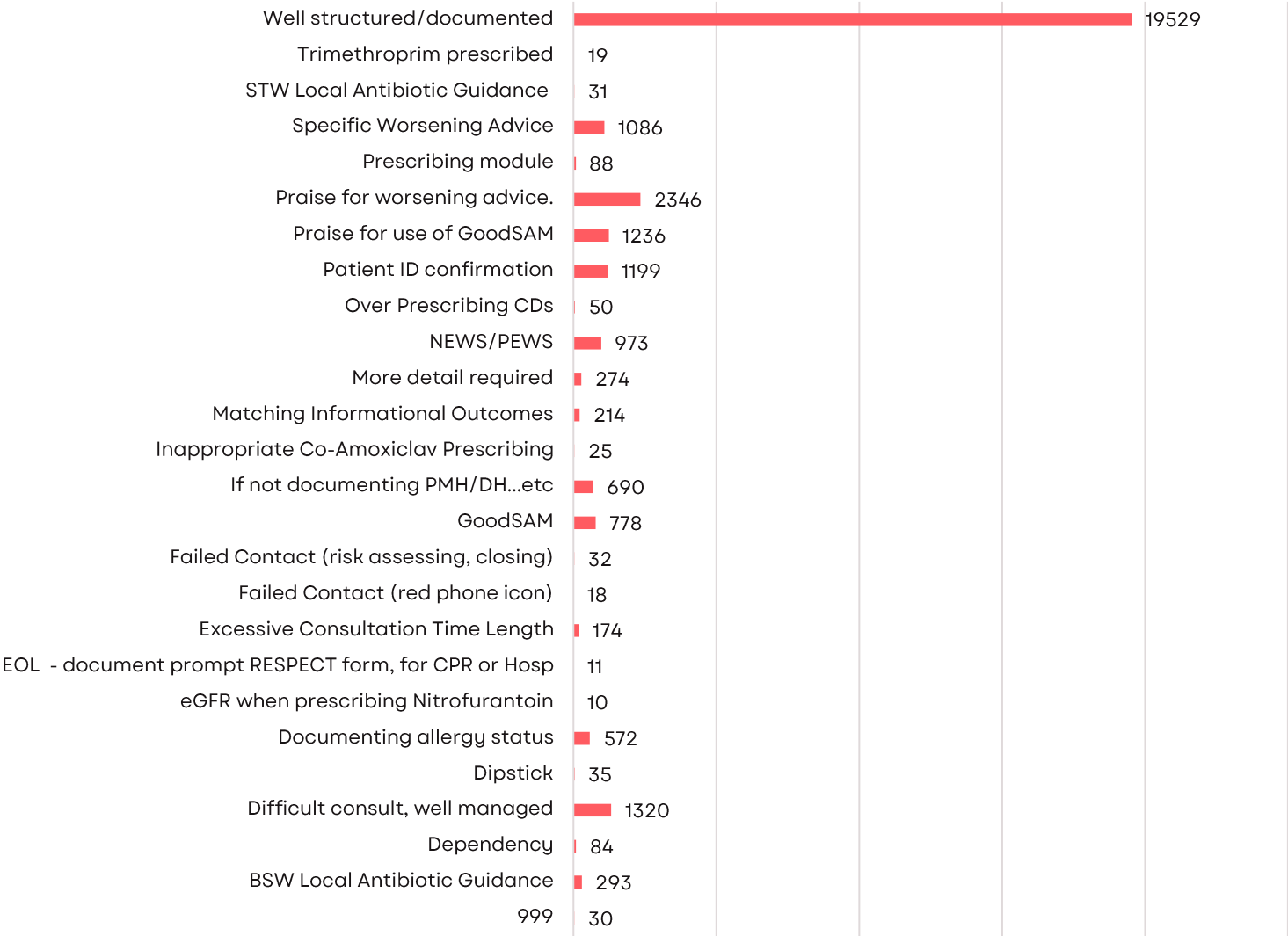
Snippets are pre-defined text elements used by auditors when reviewing consultations, designed to highlight key themes, reinforce best practice, and ensure consistency in how feedback is communicated. They are used alongside personalised comments to provide a balanced and evidence-based view of clinical performance.

The use of snippets enables standardised feedback, supports meaningful analysis of audit trends, and promotes reflective learning. By tracking snippet usage, we are able to identify recurring themes across the service—informing targeted training, supporting policy development, and driving wider quality improvement initiatives.

This year’s snippet data provides a clear overview of the most common areas of strength and learning identified through the audit programme, offering valuable insight into patterns of clinical practice and supporting ongoing improvements in care delivery.

Snippet usage is heavily concentrated around positive documentation practices, with “Well structured/documented” by far the most frequently used snippet. This is supported by strong use of praise-related snippets, while lower-frequency themes highlight targeted areas for improvement, particularly in prescribing, documentation completeness, and clinical risk assessment.

Times snippets have been used in audit comments:





Developments & Achievements

Care Quality Commission (CQC) Inspection



Third Consecutive Outstanding Rating

One of the most significant achievements for HealthHero during 2025–26 was the outcome of our latest Care Quality Commission (CQC) inspection. Following a routine assessment, the service was once again rated Outstanding overall – marking our third consecutive Outstanding rating. This places HealthHero – Fox Talbot House among a very small number of services nationally able to sustain this level of excellence over time.

This is more than a regulatory result. It is a strong external endorsement of the culture, values and day-to-day commitment demonstrated by our teams across the organisation.

Inspectors described a service that continues to “**excel in the way it supports people who rely on urgent care**”, recognising both the consistency and maturity of our approach.

Key strengths highlighted included:

- **Exceptional patient-centred care:** Patients consistently reported feeling listened to, respected and actively involved in decisions about their care. Staff go beyond expectations to understand what matters most to people, supporting them to receive care in the most appropriate and familiar setting.
- **A deeply embedded culture of learning and improvement:** Leaders have created an open and supportive environment where staff feel confident to raise concerns, share insights and drive improvement. This culture underpins both patient safety and service innovation.
- **Innovative and responsive service delivery:** The service demonstrated agility in responding to fluctuating demand, using real-time data and digital tools to anticipate pressures and ensure timely clinical assessment.
- **Seamless, joined-up care across the system:** Strong partnership working and effective information sharing enable smooth transitions between services, ensuring continuity and reducing the need for patients to repeat their story.
- **Improved safety and strengthened assurance:** The inspection recognised further progress in safety, with the service achieving an Outstanding rating for Safe, alongside Outstanding for Caring and Responsive.

Importantly, this inspection did not identify isolated examples of good practice, but a consistently high-performing service where excellence is embedded throughout the organisation.

Achieving an Outstanding rating once is a considerable accomplishment. Maintaining it across successive inspections is a reflection of sustained leadership, strong governance, and the dedication of our colleagues who deliver high-quality care every day, often under significant system pressure.

This third consecutive Outstanding rating provides clear assurance to patients, commissioners and partners that HealthHero continues to deliver safe, compassionate and responsive care, while remaining committed to learning, innovation and continuous improvement.



Shropshire, Telford and Wrekin (STW) Mobilisation



STW OOHs Service

During 2025–26, HealthHero successfully mobilised Integrated Urgent Care services across Shropshire, Telford and Wrekin (STW). This represented one of the most significant operational and strategic achievements of the year.

Mobilisation of a new IUC system at scale is inherently complex. It requires the safe transfer and establishment of clinical services, workforce, digital systems, governance frameworks and system relationships, all while maintaining continuity of care for the local population. This was delivered successfully within demanding timescales and against a backdrop of sustained system pressure across urgent care services.

The mobilisation demonstrated the organisation's ability to plan, coordinate and deliver large-scale system change safely and effectively, with quality and patient safety at the forefront throughout.

Key achievements included:

- **Safe and stable “go-live”:** Services were mobilised safely, with robust clinical governance, risk management and escalation processes in place from day one.
- **Rapid establishment of a fully functioning service model:** Clinical Assessment Service, Out-of-Hours provision and supporting functions were embedded quickly, ensuring patients had timely access to appropriate care.
- **Strong workforce mobilisation and engagement:** Recruitment, onboarding and training were delivered at pace, with a clear focus on supporting staff to feel confident, valued and ready to deliver high-quality care.
- **Integration of digital systems and pathways:** Core systems and workflows were implemented to support clinical decision-making, communication and continuity of care across services.
- **Effective partnership working across the system:** Close collaboration with commissioners, NHS partners and local stakeholders ensured alignment of pathways and a shared approach to service delivery.
- **Maintaining quality during transition:** Throughout mobilisation, there was a clear focus on maintaining patient safety, experience and service performance, with early oversight and assurance processes in place.

This mobilisation was not only about establishing a new service, but about doing so in a way that reflects our core ambition: delivering safe, responsive and patient-centred urgent care from day one.

The successful delivery of STW provides strong reassurance to commissioners and partners that HealthHero can lead and deliver complex service mobilisation at scale, while maintaining quality, safety and a positive experience for both patients and staff.



**Integrated
Care System**
Shropshire, Telford and Wrekin

A Great Place to Work

We are proud to have been certified as a Great Place to Work® for the second consecutive year in the UK, based entirely on feedback from our people. This continued accreditation reflects the strength and consistency of our workplace culture across our NHS services.

Great Place to Work is a globally recognised authority on workplace culture and employee experience. Certification is awarded following an independent assessment of employee feedback through a confidential survey, alongside an evaluation of organisational practices against leading standards seen in high-performing organisations worldwide.

Achieving certification for a second year demonstrates that our colleagues consistently experience HealthHero as a place where they feel supported, respected and able to contribute meaningfully to their work. It is a direct reflection of the everyday behaviours, leadership, and teamwork across our services.

Organisations recognised by Great Place to Work are associated with stronger engagement, higher retention and increased innovation. For HealthHero, this is particularly important given our focus on delivering safe, effective and compassionate care within NHS services. A positive staff experience underpins our ability to provide high-quality care for patients.

This recognition also reflects our commitment to our core values—simplify, own, aspire and respect—and the role these play in shaping how we work together and support one another.

We continue to use insights from the staff survey to identify areas for improvement and to shape our people priorities. Our focus remains on listening to colleagues, learning from feedback and continuously improving the workplace experience.

Our commitment has also earned us external recognition: HealthHero was named in the Sunday Times 100 Tech Companies to Work For (2025) and featured in Deloitte's EMEA Technology Fast 500. These achievements reflect not only our innovation, but the vibrant, people-first culture that powers it.



Patient Experience & Feedback



The Patient Experience Survey remains a key mechanism for understanding how patients experience our services and where improvements can be made. Designed to be simple, accessible and anonymous, the survey enables patients to share feedback quickly and easily, helping us to capture honest and meaningful insight into the care we provide.

Feedback collected through the survey supports a better understanding of patient expectations, highlights areas of good practice, and identifies opportunities to enhance quality, safety and experience across our services.

We use patient feedback to:

- Understand patient satisfaction and identify areas for improvement
- Ensure services are meeting patient needs and expectations
- Inform service development and continuous quality improvement

Patients are invited to complete the survey through a range of accessible routes:

- SMS invitations: Patients may receive a text message with a link to the survey following their care episode, subject to consent
- On-site materials: QR codes are available via posters and feedback cards at treatment centres and during home visits
- Online access: The survey is available via our website, ensuring it can be accessed at any time

The survey includes a focused set of questions covering key aspects of the patient journey, including access to care, communication, and overall experience.

Survey results are reviewed regularly through our governance processes, with findings used to inform local and organisational improvement actions. This ensures that patient feedback is not only collected, but actively used to shape service development and enhance the care we provide.

In addition to the survey, we welcome feedback through a variety of other channels. Patients, carers and members of the public can contact us directly if they wish to share their experience in more detail:

- Address: Fox Talbot House, Greenways Business Park, Chippenham, Wiltshire, SN15 1BN
- Telephone: 0800 6444 200
- Website: HealthHero Government Services
- Email: uc-info@healthhero.com

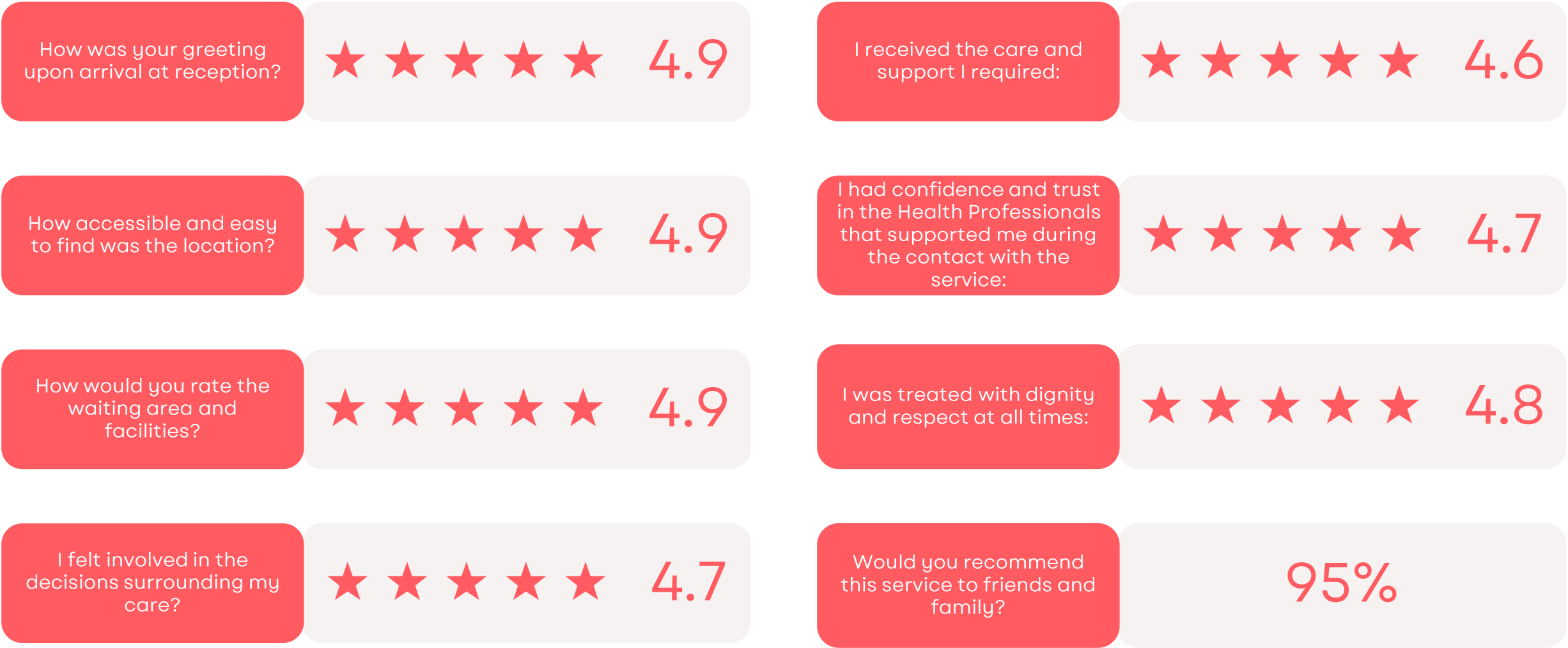
We are committed to listening to our patients and ensuring that their feedback plays a central role in shaping safe, effective and person-centred care.





Patient Experience Survey Annual Results

BSW Services





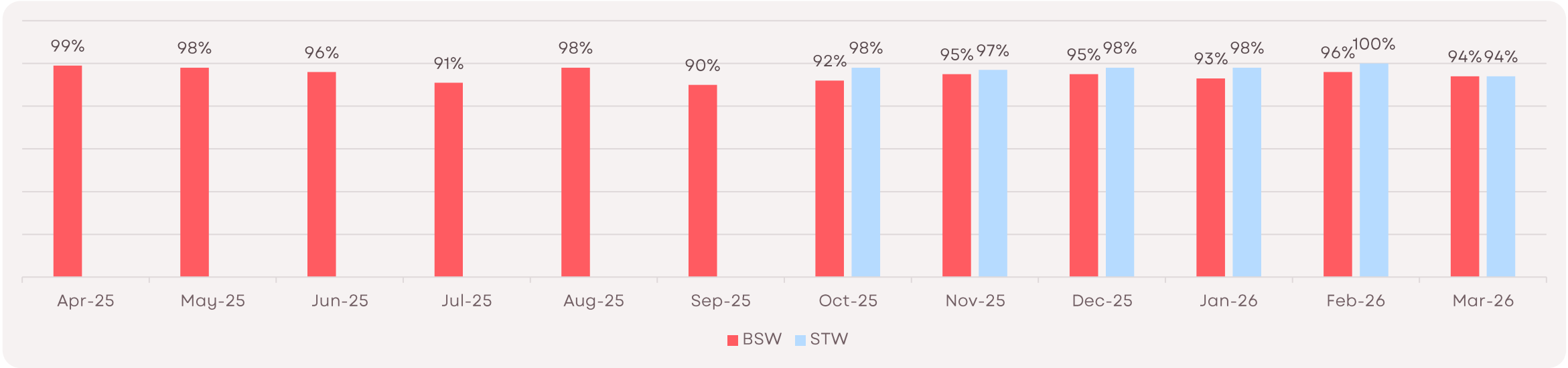
Patient Experience Survey Annual Results

STW Services





Recommendation to Friends and Family



The proportion of patients who said they would recommend our service has remained consistently high throughout the reporting period, reflecting a strong overall level of patient satisfaction.

Across both BSW and STW services, recommendation rates have generally remained in the mid to high 90% range, with only small variations month to month. This stability has been maintained despite seasonal pressures and periods of increased demand, demonstrating the resilience of our services and the continued focus on patient experience.

Following mobilisation, the STW service has shown particularly strong performance, with recommendation rates consistently at or above BSW levels and reaching 100% in February 2026. This provides early assurance that high-quality, patient-centred care has been successfully embedded within the new service.

While there are natural fluctuations across the year, the overall trend indicates that the majority of patients report a positive experience and would recommend the service to others. This reflects the commitment of our teams to delivering compassionate, responsive care, even during periods of operational pressure.

Non-clinical initiatives, including patient safety and comfort calls, continue to support positive experiences by keeping patients informed and reassured, particularly where there may be delays in contact or treatment.

We will continue to monitor and review patient feedback closely, using insight to identify opportunities for improvement and ensure that we consistently meet the expectations of the communities we serve.

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 ***** is 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.

BSW HIU Service

”

I hope it's okay for me to share some feedback regarding two of our ECPs, as well as a 111 call handler who recently supported my daughter and me. 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 named Lynne. She was absolutely brilliant—calm, kind, and incredibly professional. Her compassionate manner made a real difference and I'd be grateful if you could pass on my thanks to the PPG team.

We were then referred to Medvivo on a 30-minute Cat 3 disposition and received a call from Steve Faulkner. Steve 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 Amie Corcoran, 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. If possible, I'd really appreciate it if this feedback could be shared with Lynne via the PPG team, and with Steve and Amie. Thank you all again.

Out of Hours Service

Patient Testimonials



”

Hi Andy, I hope you are well - 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 😊 Thanks again Andy.

Out-of-Hours Service

”

I received a call from patient wanting to thank the clinician who saw him (Mario Wildenauer). 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".

BSW Urgent Care Out-of-Hours Service

”

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.

Out-of-Hours Service

Patient Testimonials



”

Dear Jo, I hope you are well. I spoke to a family yesterday who have asked me to convey their sincere gratitude for making their mother's final hours peaceful and comfortable.

They mentioned that your understanding of their family dynamics and the care you provided to the entire family was outstanding. She even requested that I give you a hug on her behalf, which I will do when I see you.

Well done, Jo. I shared with the family that this aspect of your practice is your specialty and that you take pride in ensuring a dignified passing for patients and their families. I am very proud of you. I owe you a hug.

Out of Hours Service

”

I want to pass on my thanks to Dr Rosie, who was the out of hours doctor who came out to my dad. She and her colleague were both extremely kind and patient with my mum and dad.

Although he didn't need any immediate medical care, their care and attention meant that my mum was able to get to sleep last night without the fear and panic she had felt during the day. I know your time is precious and limited, but this is a scary time for us, and particularly for my mum and you were able to make the process just a little bit easier. We are very grateful.

Out of Hours Service

Patient Testimonials



”

Just wanted to drop you a quick note to pass our thanks onto your team at the weekend. Our daughter in law is prescribed auto immune therapy and despite her best efforts for the last 2 weeks and a mis calculation in how many meds she had left she found that she needed to call 111.

As she is staying with us, she had a call back from the CAS at HealthHero and they were very helpful, they referred her to Brisdoc as her GP is in Bristol and due to the complexity of the medication would probably only be available at NBT. She did not hear from Brisdoc but did get a call from her consultant which she missed. To cut a very long story short she was told to contact 111 again which she did, and the clinician from your team contacted her again to say he had arranged for meds to be collected from NBT by 4pm yesterday.

The team were brilliant so can you please pass on her and our thanks for their perseverance and help. Thanks again and as always great service to a distressed and upset young lady.

Out of Hours Service

”

We are writing to share some feedback following our appointment this evening for our 17-month-old son. Unfortunately, we did not catch the doctor's name.

We have never experienced care quite like this from any doctor we have seen throughout our lives. The care and attention we received were truly exceptional and incredibly thorough. The doctor took the time to explain all possible causes, clearly outlined the signs and symptoms we should look out for, and provided us with a clear plan of action, including guidance on when we should return. We left the appointment feeling reassured, informed, and genuinely cared for.

Please pass on our sincere thanks to the doctor who treated our son this evening – their professionalism and compassion made a very stressful situation much easier for us as parents.

Out of Hours Service

Patient Testimonials



”

Good Afternoon, I would like to send a thank you message to all the staff involved in getting me an appointment for a problem I had with my ear. I was unable to get help through a local pharmacy or my own G.P and they advised me to ring 111. 111 answered the phone within minutes, I then received a phone call back from a Clinician, Steve Faulkner, to assess me over the phone. I then had another phone call to book an appointment at Chippenham hospital, within half an hour to meet Steve so he could look inside my ear. This was all amazingly quick and efficient. Steve was lovely, he was kind and professional- very thorough. The room I was assessed in was clean and I felt I was in good hands. There was a nice man to greet me when I got out of my car and also after the appointment. I just wanted to let the team know I appreciate them and 111 is a fantastic service that we are so lucky to have“

Out of Hours Service

”

Hello I hope I've finally found the right organisation to email, as I just wanted to pass on my thanks and gratitude to one of the medical teams based out of Salisbury. Back in March my car was broken in to, with several work and personal possessions stolen. I thought all was lost until I received an email from my security team at work to say a member of the public had called in (having found a contact number on my work pass) to say they had found some of my belongings strewn along the road a few miles away.

I managed to get in contact and not only did this man arrange drop my work equipment he recovered to my house, but he was also able to lead me to a stretch of road where I recovered most of my personal possessions (where they evidently had been discarded by whoever took them). Anyway, just to say a huge, huge thank you - he managed to restore a little faith in humanity that week, I'm just sorry I hadn't found a way of getting in contact sooner.

Out of Hours Service

Patient Testimonials



An email has been sent to Moredon Medical Centre stating the Out of Hours service was amazing and helped them sort a prescription when their own GP surgery couldn't. They wanted to pass on how amazing the team were who were there out of hours.

Out of Hours Service



I really cannot thank you enough for everything you have helped me through. It has truly been amazing since you became involved. I appreciate all that you are doing.

HIU Service



Dear Team, I had an out of hours appointment at Moredon and Dr Shivali Walia was fantastic with my son. I was appreciative of the time she took to examine him and the recommended course of action. Thank you very much to her
Kind regards.

Out of Hours Service

Patient Testimonials



”

Please ensure this mail is received in the right inbox, it reflects on work carried out both Medically and Operationally. Last weekend I worked with Chris. I have some observations which believe are worthy to be passed on. We encountered two end of life visits. After checking with me that I was ok regarding a likely late finish we left Calne for Trowbridge getting there after 5pm. Chris's action prevented further distress to the patient and the patient's family particularly as he ensured there was minimum delay rather than have serious delays with the case being handed over to the evening Clinician. On Sunday I worked with Chris again, throughout the shift he was shadowed by an ANP who was refreshing her skills after an extended period away. I observed Chris's help, patience and overall kind nature to assisting a colleague get back into the swing of things. I have only worked a few shifts in total with Chris but can say his approach to his work is consistently high, please ensure that this observation is passed on to him. As a UCA I am unable to help with medical skills or advice, however having worked over 30 years in the emergency services in another life I can spot a sound employee representing HealthHero at their best.

Out of Hours Service

”

Please can I congratulate you on your excellent service today, with a special mention to OOH GP Dr Morgan. Her listening and understanding was spot on, I genuinely felt she was in the room with me appreciating the predicament my Patient had found herself in. Often, in my experience, the point is missed when dealing with OOHs services, or often the patients needs aren't met. However, DR Morgan was receptive and compassionate with the added bonus of being realistic, she made no promises but delivered none the less. It's easy to give criticism of allied services and alternate care pathways but when a job is well done it deserves recognition too. Please pass on my thanks to Dr Morgan and tell her to keep up the good work.

Out of Hours Service

Patient Testimonials



”

Just wanted to feedback that we attended OOH's last night with my other half after going through Care Co and just wanted to say that the care he received was amazing!!! I have completed the feedback forms for both Care CO and then another for OOH's and the Doctor we saw who was amazing.

Out of Hours Service & Care Coordination

”

I just wanted to say a massive thank you to Pete and Jo for looking after me in at the Chippenham Community Hospital in my time of need. They were the loveliest and most helpful people I could ask for after a very long few days.

Out of Hours Service

”

I would like to mention Jo (Nurse) and Pete from Chippenham Out of Hours. They were both fantastic and I wanted to give them a special mention for the care I received regarding my daughter.

Out of Hours Service

Patient Engagement & Community Events



At HealthHero, we remain committed to engaging with local communities and ensuring that patients and stakeholders have opportunities to contribute to how services are delivered and developed. As part of this, our Associate Director of Quality and Medical Director attended a series of Patient Participation Group (PPG) events across Shropshire, Telford and Wrekin.

These sessions were delivered virtually, enabling broader attendance and improving accessibility for participants. A mix of local residents and healthcare professionals attended, providing a valuable forum for open discussion and shared learning.

During these events, attendees were given the opportunity to learn more about our services, including how and when to access care, as well as our role within the wider urgent care system. We also outlined our future ambitions for service development, ensuring transparency and setting clear expectations around how services may evolve.

Importantly, these sessions created a space for participants to ask questions, share experiences, and provide feedback, allowing us to better understand local perspectives and address any uncertainties. This direct engagement supports stronger relationships with the communities we serve and helps ensure that patient voice informs ongoing service improvement.

We will continue to build on this engagement, using feedback from these forums to refine our approach and support the delivery of accessible, responsive, and patient-centred care.

Additionally, we are already working in partnership with local councils across BSW to support the next round of Cultural Workshops, aimed at families who have recently been repatriated to the UK. This collaborative approach has already demonstrated clear benefits in improving understanding of healthcare services and supporting individuals to access the right care. We look forward to continuing to develop this relationship and expanding these workshops further, ensuring they remain inclusive, accessible, and responsive to the needs of the communities we serve.



Supporting Our Communities: Military Support

During this reporting period, we have continued to support our local communities through a range of charitable and engagement activities, reflecting our wider commitment to social responsibility and community wellbeing.

A key highlight was our Remembrance Week, which brought colleagues together across the organisation to reflect, remember and give back. The week began with a two-minute silence, with the highest level of participation we have seen to date, demonstrating the collective commitment of our teams to recognising and supporting the armed forces community.

This was followed by a series of fundraising activities, culminating in a £1,086 donation to The Not Forgotten, a charity supporting veterans experiencing isolation. Each £50 raised directly supports a veteran to reconnect with their community, making this achievement particularly meaningful in the lead-up to the festive period.

In addition, we worked alongside local partners, including Cepen Lodge Care Home, who contributed a further £400 through their own fundraising efforts and continue to support veterans through regular community initiatives.

Our work in this area has also been formally recognised through:

- Veterans Covenant Healthcare Alliance – Veteran Aware Award
- Defence Employers Recognition Scheme – Bronze Award

These achievements reflect our growing focus on becoming a more veteran-aware organisation and ensuring that our services and workforce are inclusive, supportive and responsive to the needs of the armed forces community.

Building on this momentum, we have committed to Scotty's Little Soldiers as our Charity of the Year, supporting bereaved military children and their families.

We will continue to develop more inclusive and engaging fundraising opportunities over the coming year, encouraging colleagues to get involved and further strengthen our impact within the communities we serve.



THE NOT FORGOTTEN



EMPLOYER RECOGNITION SCHEME

BRONZE AWARD

Proudly supporting those who serve.



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.



Improvement Priorities

2024/25 Priorities



Over the past year, we have continued to focus our efforts on strengthening the quality of our services across the domains of safety, effectiveness, responsiveness, care and leadership. Three priority areas were agreed to guide this work, chosen for their relevance to both our strategic ambitions and the real-world challenges faced by our teams. In this section, we reflect on the progress made—setting out our original aims, the outcomes achieved, and how the learning gained is shaping our future direction.

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 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.

Reducing Delays and Improving Patient Flow



One of our key priorities this year has been to reduce delays in patient care and ensure that those who need urgent attention are seen as quickly as possible. Central to this has been the development and implementation of the “Next Case = Y” operating model within Adastra, which went live in early June 2025.

This model represents the culmination of a series of improvements aimed at addressing a fundamental challenge within urgent care: how to consistently prioritise the right patients at the right time, particularly during periods of high demand.

Historically, our clinical queue operated as a single list of patients awaiting assessment. Clinicians were able to select cases directly from this list.

While this offered flexibility, in practice it introduced variation and inefficiency. This created a risk that patients approaching breach or requiring more urgent attention could experience delays, despite being present in the queue. In addition, time was often lost searching for an appropriate case, reducing the overall time available for direct patient care.

Recognising these challenges, we took a structured, improvement-led approach:

- The introduction of a ledger model represented an important first step, allowing cases to be allocated into timed slots and improving oversight of patient flow.
- While this brought greater structure, it remained reliant on manual coordination and required frequent intervention to respond to changes in demand.

These early changes were instrumental in helping us understand the problem more clearly and provided valuable learning that shaped the next phase of development.

The introduction of “Next Case = Y” marked a significant step forward. Rather than relying on clinicians or coordinators to manage prioritisation, the system itself now presents the next most appropriate case, based on clinical urgency and time-to-breach.

This removes the need for manual selection and ensures that patients are seen in a consistent and clinically prioritised order, regardless of individual working styles or operational pressures.

By embedding prioritisation directly into the system, this change has had a meaningful impact on patient flow:

- Reduces delays for patients approaching breach by ensuring urgent cases are automatically prioritized
- Minimises time lost between cases, enabling clinicians to move seamlessly from one patient to the next
- Improves consistency across the service, reducing variation in how cases are managed
- Reduces reliance on manual oversight, freeing up clinical and operational leaders to focus on supporting care delivery rather than managing queues

This is particularly important during periods of peak demand, where even small delays can have a wider impact across the system.

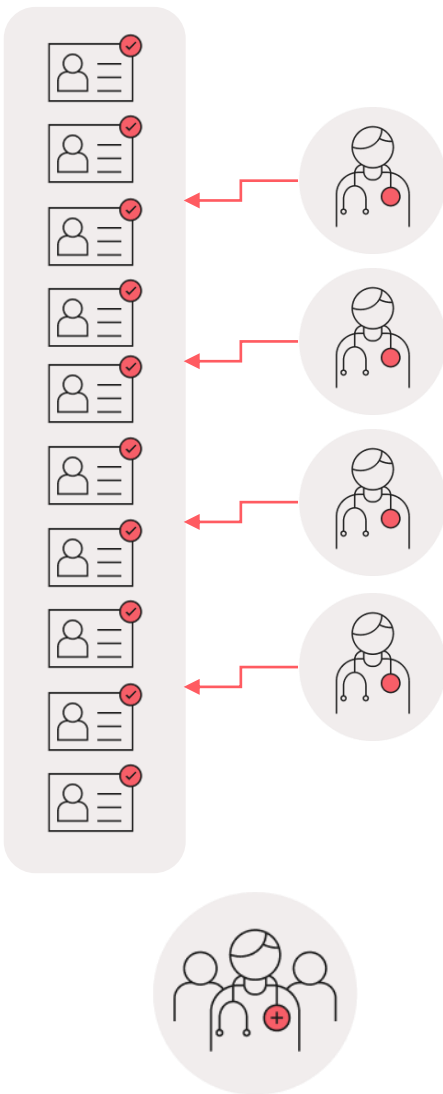
“Next Case = Y” is more than a system change—it represents a shift from a person-dependent process to a reliable, system-led approach.

By removing variation and embedding clinical prioritisation into the workflow, we have strengthened our ability to provide timely, equitable care, ensuring that patients are seen based on need rather than process.

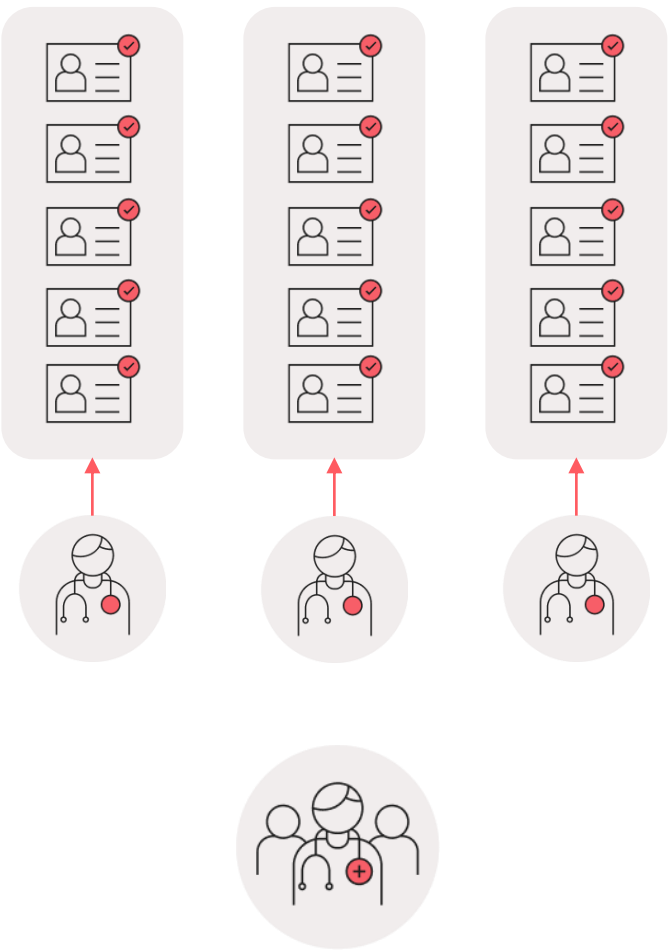
Evolution of Our Case Flow Model



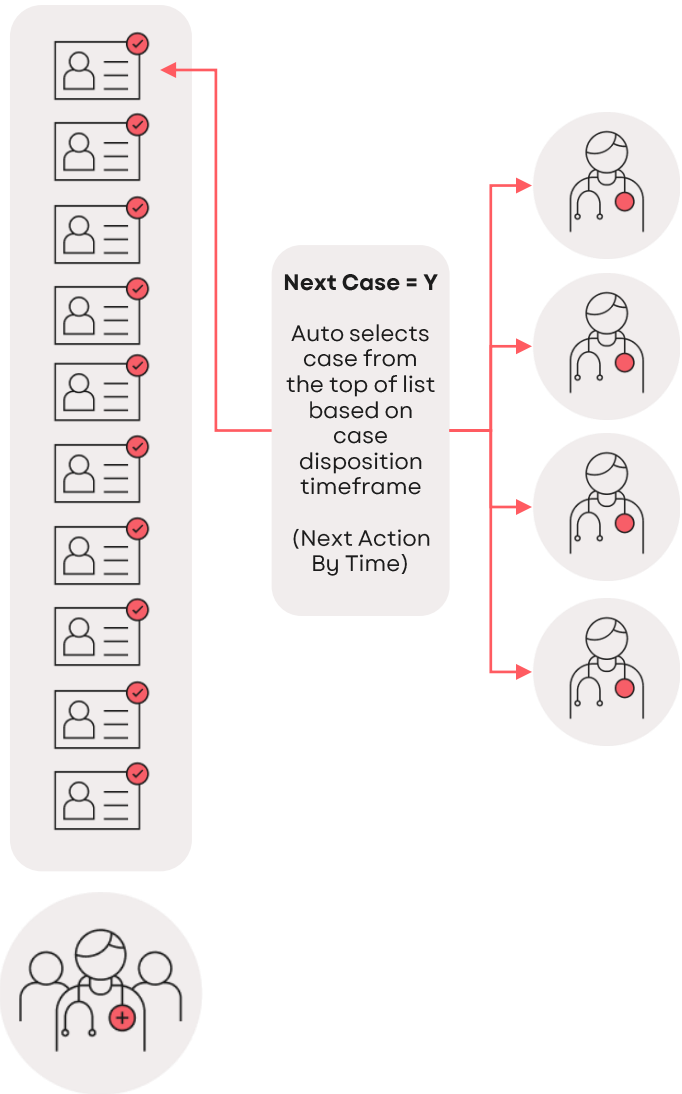
Original Model



Ledger Model



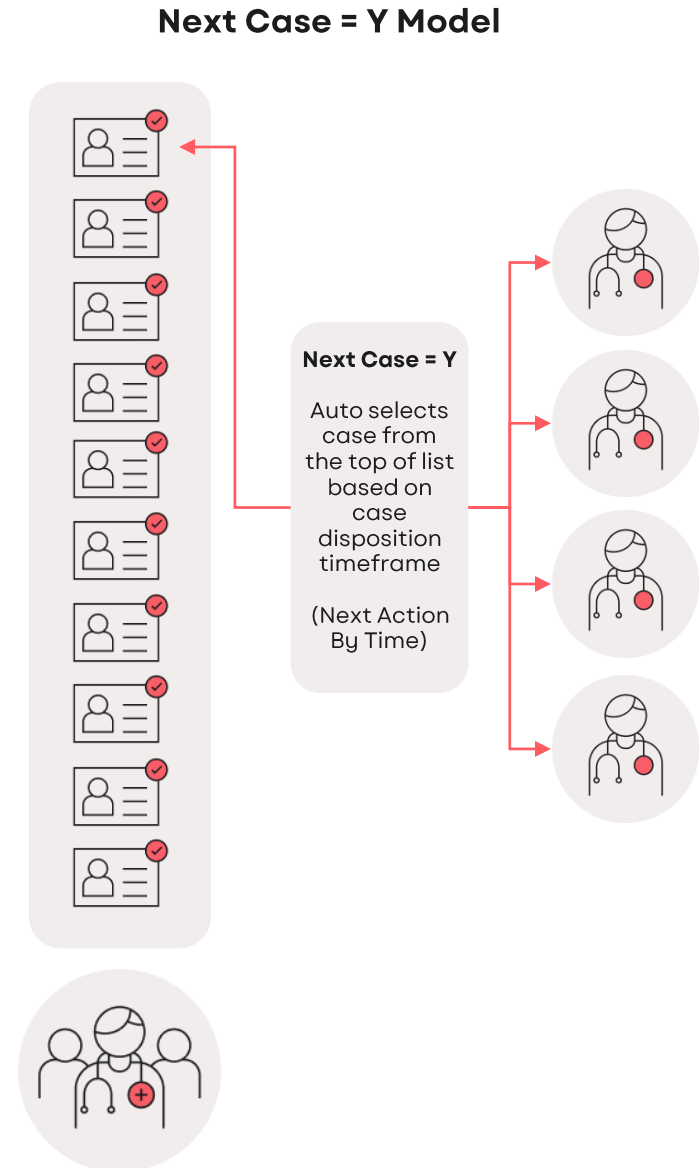
Next Case = Y Model



New Operating Model: Next Case = Y



- ✓ Maximise clinical resource
- ✓ Maximise clinical efficiency & productivity
- ✓ Increase performance visibility
- ✓ Reduce patient delays
- ✓ Streamline training
- ✓ Reduce logistical / administrative workload
- ✓ Reduce burden on non-clinical coordinator workforce
- ✓ S.O.A.R – Simplify



Adastra Web Access

As part of our commitment to streamlining how our services operate behind the scenes, we introduced Adastra Web Access for Special Patient Notes (SPNs) across GP practices in Shropshire, Telford and Wrekin (STW).

Special Patient Notes play a critical role in urgent and out-of-hours care, providing clinicians with immediate visibility of key risks, safeguarding concerns and important contextual information at the point of contact.

Historically, the creation and maintenance of these notes relied on indirect processes, often involving emails, calls or manual updates. This created duplication, delays and additional administrative burden for both primary care and our non-clinical coordination teams.

To address this, we worked collaboratively with GP practices to introduce secure, role-based web access to Adastra, enabling nominated practice staff to directly view, create and maintain SPNs for their own patients in real time.

This approach ensures that information is entered once, at source, and is immediately available to clinicians across the system when it is needed most.

Implementation across STW is now established and working well, demonstrating the benefits of a more streamlined, digitally enabled approach.

Building on this success, we will look to extend Adastra Web Access across other HealthHero services, supporting a more consistent and efficient approach to managing Special Patient Notes at scale, and further reducing operational burden across the organisation.



Impact and Improvement

This development directly supports our objective to simplify workflows and reduce reliance on manual coordination:

- ✓ Simplified operational processes: Removing multiple hand-offs between practices and coordination teams, creating a more direct and efficient workflow
- ✓ Reduced duplication and manual activity: Eliminating the need for re-keying of information and reducing the risk of delays or inconsistencies
- ✓ Improved data quality and governance: Clear ownership within GP practices, supported by structured review processes to ensure SPNs remain accurate and up to date
- ✓ Reduced pressure on non-clinical teams: Allowing coordination teams to focus on supporting patient flow and service delivery rather than administrative processing
- ✓ Enhanced patient safety and continuity of care: Ensuring that critical patient information is visible in real time to clinicians delivering urgent and out-of-hours care

Exploring Innovation: Responsible Use of AI in Urgent Care



During this reporting period, we have actively explored the use of artificial intelligence to support clinical and operational delivery, with a clear focus on improving efficiency, reducing administrative burden, and enhancing the quality and consistency of care.

Working closely with system partners and internal clinical leads, we have undertaken a number of targeted trials and proofs of concept to understand how AI can be applied safely and effectively within an urgent care setting.

A key area of focus has been the use of AI-powered clinical documentation tools. A three-month trial of the GoodSAM AI medical scribe was launched across both contracts, with clinicians using the tool in real-time consultations to support note-taking and documentation. In parallel, we have also explored alternative solutions such as the Hedi ambient AI scribe, assessing its impact on consultation flow, documentation quality and clinician experience.

Feedback from these trials has been positive. Clinicians reported:

- Reduced time spent completing notes
- Improved structure and clarity of documentation
- Increased consultation capacity and productivity
- A reduction in cognitive load and administrative burden

Exploring Innovation: Responsible Use of AI in Urgent Care



Evidence from the Hedi trial demonstrated a measurable improvement in the number of consultations clinicians were able to complete per hour, alongside improved perceived accuracy and reduced stress associated with documentation tasks.

Our approach to AI has been deliberately cautious and evidence-led. All trials have been:

- Clinician-led and co-designed to ensure practical value
- Evaluated through structured feedback and data
- Aligned to strict information governance and safety standards

This reflects our commitment to ensuring that new technologies are introduced in a way that is safe, ethical and supports, rather than replaces, clinical decision-making.

Building on the learning from these trials, we will continue to:

- Evaluate AI-supported documentation solutions, including further GoodSAM and Adastra-integrated options
- Explore wider AI opportunities, such as clinical decision support and knowledge tools for staff
- Develop a clear approach to scaling solutions that demonstrably improve both clinician experience and patient care

Our ambition is to use AI as an enabler—supporting clinicians, improving efficiency, and allowing more time to focus on what matters most: delivering safe, high-quality care.

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.

Smarter Workforce Planning and Demand Forecasting

We will improve how we anticipate and respond to variation in service demand, ensuring our workforce is aligned to patient need and reducing avoidable pressure on staff and services.

This will include:

- Strengthening use of activity data and trends to improve rota planning and shift fill
- Developing more responsive and flexible staffing models across CAS and OOH
- Improving visibility of demand patterns (e.g. peak times, seasonal variation, system pressures)
- Reducing reliance on last-minute escalation and supporting safer staffing levels

Strengthening Mental Capacity Act (MCA) Practice

We will strengthen how we assess, document and act on mental capacity across our services, ensuring patients who may lack capacity receive safe, lawful and person-centred care.

This will include:

- Embedding consistent MCA documentation within Adastra and clinical records
- Targeted training and case-based learning for clinicians on capacity, best interests and consent
- Incorporating MCA into clinical audit and Datix reviews to identify themes and improvement opportunities

Enhancing Service-Specific Patient Feedback and Insight

We will strengthen how we capture, understand and act on patient feedback across our services, with a greater focus on service-specific insight to support targeted improvement.

This will include:

- Expanding mechanisms to collect more detailed feedback across services
- Moving beyond generic feedback to better understand patient experience at each stage of the pathway
- Triangulating feedback with complaints, incidents and activity data to identify themes and priorities
- Embedding feedback into local quality review processes to drive visible service improvement

This approach will ensure we are not only listening to patients, but using their feedback in a more meaningful and proactive way to shape and improve our services.



Annexes & Appendices

Abbreviations



- **ACP** – Advanced Clinical Practitioner
- **AI** – Artificial Intelligence
- **AHP** – Allied Health Professional
- **AHT** – Abusive Head Trauma
- **ATC** – Advanced Triage Clinician
- **AWP** – Avon and Wiltshire Mental Health Partnership NHS Trust
- **BaNES** – Bath and North East Somerset
- **BC** – Business Continuity
- **BSW** – Bath and North East Somerset, Swindon and Wiltshire
- **CAD** – Computer Aided Dispatch
- **CAS** – Clinical Assessment Service
- **CIL** – Centre for Independent Living
- **CQC** – Care Quality Commission
- **CPD** – Continuing Professional Development
- **DN** – District Nurse
- **ED** – Emergency Department
- **ECP** – Emergency Care Practitioner
- **EoL** – End of Life
- **EPRR** – Emergency Preparedness, Resilience and Response
- **FFT** – Friends and Family Test
- **GP** – General Practitioner
- **GWH** – Great Western Hospital
- **HIU** – High Intensity User
- **HR** – Human Resources
- **HSJ** – Health Service Journal
- **ICB** – Integrated Care Board
- **ICON** – Infant Crying Awareness Programme
- **IP&C** – Infection Prevention and Control
- **ISMS** – Information Security Management System
- **IUC** – Integrated Urgent Care
- **MARAC** – Multi-Agency Risk Assessment Conference
- **MCA** – Mental Capacity Act
- **NAI** – Non-Accidental Injury
- **NHS** – National Health Service
- **OOH** – Out of Hours
- **PALS** – Patient Advice and Liaison Service
- **PAU** – Paediatric Assessment Unit
- **PEWS** – Paediatric Early Warning Score
- **PGD** – Patient Group Direction
- **PMH** – Past Medical History
- **PPG** – Practice Plus Group
- **PSIRF** – Patient Safety Incident Response Framework
- **RUH** – Royal United Hospital
- **SAR** – Subject Access Request
- **SC** – Secondary Care
- **SNOMED** – Systematised Nomenclature of Medicine
- **SPN** – Special Patient Notes
- **STW** – Shropshire, Telford and Wrekin
- **SWAST** – South Western Ambulance Service NHS Foundation Trust
- **UCR** – Urgent Community Response
- **UCP** – Urgent Care Practitioner
- **VCSE** – Voluntary, Community and Social Enterprise

