



# ANNUAL REPORT 2020/21

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## A welcome from our CEO

If I was asked how I would summarise 2020/21, then the only phrase I could come up with that comes anywhere near is: an extraordinary year for an extraordinary organisation. The pressure and challenges on the entire health and social care system have been and continue to be immense. I can only say thank you to every HUC colleague for their support, dedication, and commitment in helping us navigate a safe and successful path through the incredible range and scale of challenges we have faced. You are all true 'HUC Heroes', and a great reflection of our corporate values and ethos. It has always been a privilege to lead HUC and see the organisation flourish and mature, however the work, flexibility and patient focus I have witnessed throughout the pandemic has been incredible. Everyone should feel very

proud of their contribution.

To celebrate our achievements, areas of truly outstanding achievements are highlighted with our new "HUC Heroes" brand.



Whilst this time has been extremely challenging, there has been an enormously positive impact on the organisation as well that will help us secure a positive future going forwards. These changes have been significant in just about every aspect of how we deliver, train, support and govern our organisation. They have created firm foundations for the future, both to provide sustainable services across the East of England but also to expand our services and with that our organisational resilience and security. The time covered in this annual report

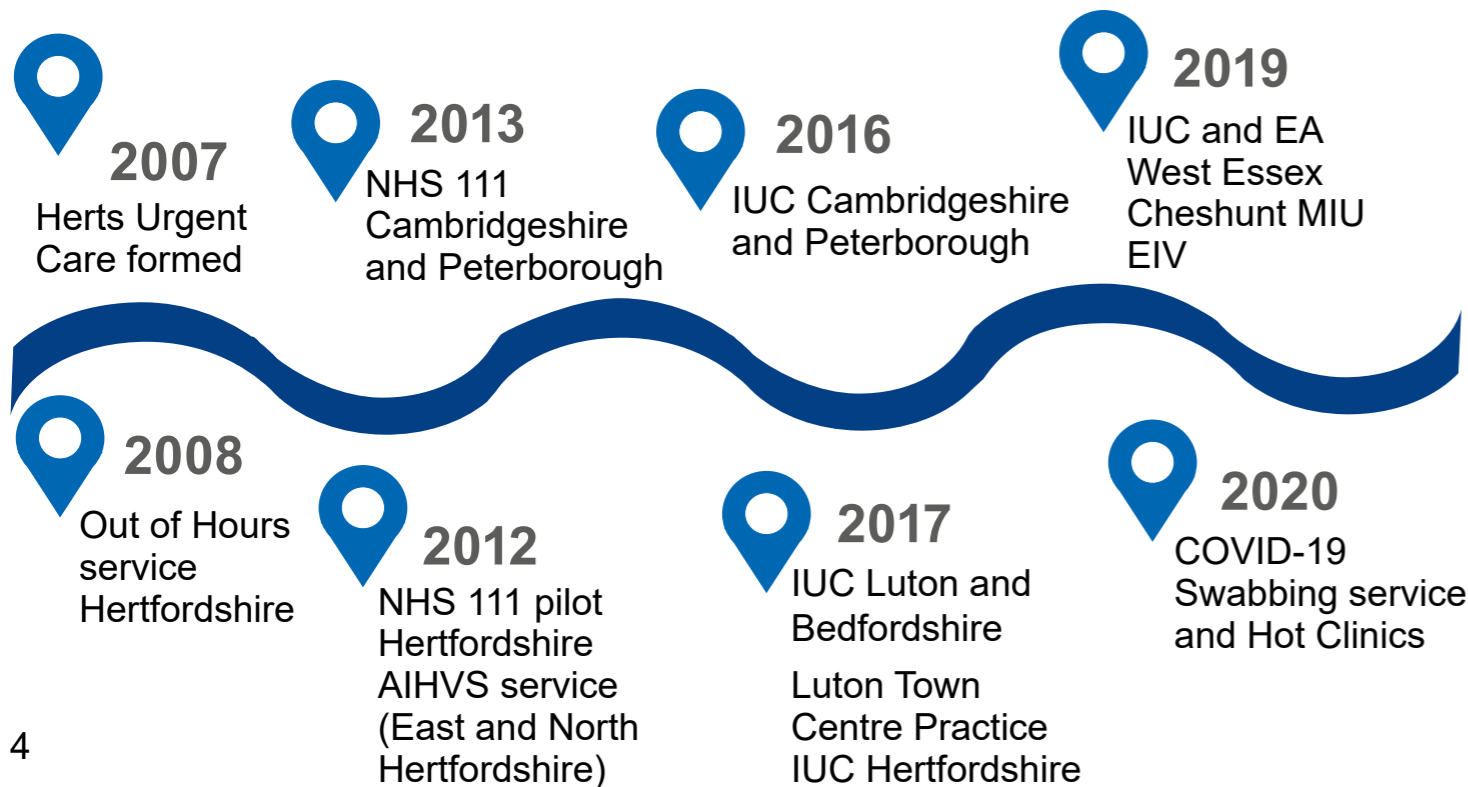
has resulted in our organisation being recognised locally and nationally as a key player within the health and care system. We have developed many successful partnerships further as well as boosting our reputation for stepping up and delivering solutions, which is as strong as ever.

Going forwards, our strategy will be to continue to strengthen our performance, quality, resilience, and

governance of the services we provide. We will modernise our infrastructure, our processes, and systems to be as efficient as they can be. Above everything else, we will focus on investing in the welfare of our amazing workforce to ensure we create an environment that really makes HUC a great place to work and develop.

**David Archer**  
**HUC CEO**  
November 2021

## Our History



## An introduction from our Chairman

It was clear that COVID-19 would dominate our year by the time the Financial Year 2020/21 had started, impacting on demand, volume, type and staffing. Normally, an effective Board would focus on strategic issues under these conditions. We shifted our goal to maximising service delivery capability, accepting that some of our longer term aspirations had to be put on hold.

In a pressurised system as a whole, whilst we would have wanted our performance to be better, even in the pandemic we were in the top quartile in England. This is thanks to all of our colleagues, who, with their passion for patient care, helped us achieve that in the most difficult of circumstances.

Financially, our initial concerns around the impact of COVID-19 proved unwarranted, as we were

able to recover additional costs incurred, and hence exited the year in good order.



COVID-19 has posed many challenges but has also opened up new opportunities. Furthermore, the Government too turned its attention to the reform of the healthcare system, issuing a White Paper, with legislation to follow. This is alongside an increase in funding, especially into social care. Some of the pre-COVID-19 NHS England themes, notably a desire for fewer, larger and more robust suppliers, remain. The need for a different, more collaborative and integrated provider landscape has been amplified.

However, one policy shift of note is that the new commissioning standards

place less emphasis on a single organisation delivering both NHS 111 and Out of Hours services, shifting the emphasis on NHS 111, which is where our key origins and service capabilities are. That is why we are well placed to evolve, developing innovative solutions for ever-increasing healthcare demand.

Whilst we are now better able to fully define our longer-term strategy, we expect that the winter 2021/22 may prove operationally difficult and there are still key areas of uncertainty. That is why the Board has approved a one-year extension to its previous three-year Good to Outstanding (G<sup>2</sup>O) plan. This means we can complete improvements in areas such as technology, resourcing, pay and benefits.

Some planned changes of the Non-Executive Directors have sadly seen

Dr Mark Sandler and Michael Harrison leave our Board but Dr Tim Jollyman and Conor Burke have joined. In addition, we have filled the remaining Board seat, appointing Tracey Taylor-Huckfield, with her outstanding HR background, in recognition of the importance of our people in HUC. We also welcomed Dr Sivanthi Sivakumar as our new Chief Medical Officer earlier in 2021.

Going forward, we will draw on our strengths in the emerging landscape and, collaborating with others, deliver on our existing contracts. We will also continue to live up to our excellent reputation amongst our peers and stakeholders.

**Graham Clarke**  
**HUC Chairman**  
November 2021

## Our Objectives 2020/21

### Great Place to Work



- Design and implement a robust workforce plan that is aligned to the system workforce strategy, focusing on the use of technology, remote working and close mapping of demand and capacity
- Complete a skills audit to define appropriate training and succession planning for all staff, developing and delivering training focused on improving performance and quality of services
- Implement a review of organisation pay structures and develop a strategy for the implementation of the agreed recommendations during 2020/21
- Develop job roles that enable flexible and agile working
- Roll out a programme of listening events across the organisation including the development of an organisational Staff Forum
- Review of our brand promotion for recruitment purposes to increase the quality of applications

### Deliver Best Possible Care At All Times



- Deliver care that responds to the needs of our patients and delivers excellent outcomes. Complete a review of our current processes, demand and capacity, to identify what works well and potential improvements in the way that we work

- Develop and implement a robust framework to monitor and evaluate patient outcomes and maximise service efficiency and quality
- Develop new delivery models that build on the successful changes that were driven by COVID-19 using home working, technology, integrated working and innovative ways of service delivery
- Develop integrated service models across all areas with a focus on organisational service delivery as a whole rather than local delivery models, ensuring there is an increased focus on performance, scalable capacity and resilience, working as one team across HUC

### Deliver Best Value Possible



- Deliver our three-year financial plan and support annual plans in order to meet our financial obligations
- Maintain our financial sustainability and increase reserves
- Optimise the use of our resources (people, places and partners) to ensure we deliver the best value
- Embed and maintain our financial awareness and management processes at all levels throughout HUC
- Invest to maintain and improve quality to support service transformation and sustainability

### Grow and Seize Opportunities



- Develop a matrix for evaluating opportunities ensuring a clear understanding of all elements of risk and investment as well as the strategic benefits of the opportunity that could be secured
- Develop networks and partnerships with provider organisations to provide a wider range of opportunities and delivery models
- Promote the HUC brand, which stands for the quality of our services, documenting how they can be delivered at scale, efficiently and marketed to potential commissioners

- Develop innovative models of delivery that can be 'sold' to commissioners and partners outside of formal procurement processes. This includes the development of financial models which enable flexibility for potential changes in demand, skill mixing and adjusted performance requirements
- Develop a competitor and market analysis structure for the identification of opportunities and 'win' factors

### Agile Social Enterprise



- Ensure we meet our obligations as a social enterprise and achieve our social purpose
- Continue to drive our social

value activity through a new steering group in support of our service delivery

- Promote a responsible approach to our corporate operations that considers our impacts on the economic, social and environmental wellbeing of our people, our patients, our partners and our communities

- Continue to build our identity brand as a social enterprise at a national and local level
- Promote and further the social enterprise ethos to all staff and stakeholders
- Identify our USPs as a social enterprise and communicate these to all stakeholders
- Continue to develop alliances within the community voluntary sector

## HUC in numbers

In 2020/21...



There were **47,602** category 3 and 4 ambulance dispositions, which our CAS directed to a more appropriate service.



After the initial NHS 111 assessment, **41,117** ED dispositions were directed to a more appropriate service by our CAS.



## Our Services

### Integrated Urgent Care

#### NHS 111



The NHS 111 service is positioned as the gateway to a range of urgent and emergency care services. Together with the Out of Hours service, it forms part of an Integrated Urgent Care (IUC) service, which also gives access to a Clinical Assessment Service (CAS) located in the contact centre.

When a patient rings NHS 111, the initial assessment is usually with a non-clinical call handler, who has been trained on NHS Pathways, a clinical tool used for assessing and triaging patients. The call handler takes the patient through a series of questions generated

by an algorithm. Depending on the NHS Pathways outcome reached, the call may be passed to a Clinical Advisor, a paramedic or a nurse with comprehensive NHS 111 training within the contact centre.

In the simplest cases, a patient may receive a working diagnosis including self-care advice and a recommendation to visit a pharmacy. The NHS 111 team can also directly book the patient into an appointment at their own GP practice, to be seen at an Out of Hours treatment centre, a Minor Injuries Unit, an Urgent Treatment Centre or, since December 2020, into an Emergency Department. For more serious cases, the NHS 111 team can dispatch an ambulance if required.



### **Clinical Assessment Service (CAS)**

Sitting at the heart of the IUC, the CAS is essential to the nationally advised 'consult and complete' model, helping to take pressure off ambulance services and Emergency Departments (EDs). A range of clinicians including GPs, Consultation Nurses, Pharmacists or other senior clinicians can provide a telephone consultation if needed. As a benefit for the patient, access to a senior clinician at an early stage in their healthcare journey can lead to improved outcomes. One important example of how the CAS helps patients get the right care they need is non-urgent (category 3 and 4) ambulance 'revalidation'. This means that a doctor or clinician ensures dispatching an ambulance is the right course of action for

all patients who have reached this outcome as part of their assessment. They perform a telephone consultation with the patient to determine the best approach. Similarly, the CAS Clinician also speaks to patients who have been told to visit ED to ensure the patient is seen by the right service first time. This not only helps the patient, but also reduces pressure on busy ambulance services and acute trusts. In addition, we can direct book the patient into an appointment at their own GP surgery if required or into a Community Pharmacy Consultation Service (CPCS).



### **Out of Hours**

As clinically required, patients may be booked into an Out of Hours appointment to be seen face-to-face by a clinician at a treatment centre in the areas we



### **Acute In Hours Visiting Service (AIHVS)**

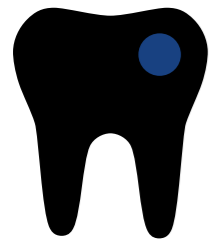
serve. HUC provides overnight GP cover for patients from 6.30pm to 8.00am on weekdays and continuously from 6.30pm on a Friday evening to 8.30am on a Monday morning. We also cover bank holidays. Mondays to Fridays, we can book an appointment for patients at their own GP surgery during the day if necessary.

House-bound patients, such as those who need end-of-life (EOL) care, or those assessed as frail or too unwell to travel, may receive a home visit. We have a number of vehicles with dedicated drivers to transport GPs and Urgent Care Practitioners (UCPs) to patients' homes.

In East and North Hertfordshire, our AIHVS service provides urgent home visits for patients on behalf of the patient's GP. The aim of the service is to help manage pressure on GP surgeries so that their healthcare professionals can focus on attending to patients in their practice or visiting their patients with long term health needs. Other patient visits are undertaken by one of HUC's visiting clinicians on their behalf. They will treat the patients they see and provide updated patient notes back to the practice.

In some parts of the county, AIHVS worked closely with Home First, provided at the time by HCT, enabling emergency nursing and social provision to be put in place for a patient

at the request of our visiting GP. In addition, the ambulance service can also request GP support from AIHVS if the paramedic feels that a patient requires GP care as opposed to hospital admission.



### Dental Care

Across the areas we serve, patients with dental problems, after being assessed by a call handler using NHS Pathways, are triaged clinically by a Dental Nurse, who provides support and advice based on their symptoms. In some areas, we can also book patients into appointments should they require emergency dental care. In 2020/21 this service became even more important with the effect of the pandemic on dental practices. During this time our NHS 111 contact centres managed **37,876 dental cases**.

### Primary Care



### Luton Town Centre Practice and Urgent Treatment Centre (UTC)

The Town Centre Practice in Luton operates as a GP practice with a list size of **11,570 registered patients**. It is open Monday to Friday from 8.00am to 8.00pm and the service includes pre-bookable, face-to-face and telephone appointments as well as those directly booked via NHS 111.

In addition, there is an Urgent Treatment Centre (UTC) at the location, which is open 7 days a week. The UTC manages a wide range of minor illnesses and minor injuries each day. The clinical team see about **1,500 patients per month**. This takes pressure off local A&E and other emergency care services in the area.

Furthermore, the site also functions as a HUC Out of Hours treatment centre.



### GP Extended Access

### West Essex

We provide a joint IUC and EA service for patients in West Essex. This means that HUC offer appointments to patients registered with a surgery in the evenings and at weekends with a GP, Nurse or other healthcare professional at a variety of different locations. Patient notes are directly available to the patient's own GP practice. In 2020/21, we offered **53,471 appointments** to our patients.

### Collaborative arrangements

In the Dacorum locality in West Hertfordshire, the site nominated to provide the service is co-located with our GP Out of Hours base. We

are supporting the local federation known as Dacorum Healthcare Providers (DHP), providing facilities, clinical resource, IT support and reception cover. We have a similar arrangement in place with Hemel Hempstead Urgent Treatment Centre, where we provide GPs, some reception and IT support.



### Minor Injuries Unit (MIU) Cheshunt

In partnership with Hertfordshire Community NHS Trust (HCT), we provide minor injuries care at Cheshunt MIU for local people every day of the year. The service operates 8.00am to 8.00pm with x-ray available on site. Experienced nurses can treat adults and children over the age of 12 months who have a minor injury such as a cut, burn, scald or suspected fracture, without having to go to hospital.





### GP Call Handling Services

At regular intervals during the year, GP practices are required to close for staff training or for attendance at locality meetings to discuss local initiatives. During this time, HUC provides cover for their patients, in the same way as during the Out of Hours periods when the practices are closed.



### Early Intervention Vehicle

In East and North Hertfordshire, we operate an Early Intervention Vehicle (EIV) for frail patients, or patients who have had or at risk of falling, for care and nursing home patients. This was expanded to include patients in their own homes in October 2021. We are proud the service

has become well established since its launch in 2019. This is because we built strong relationships with social care providers, GP surgeries and developed the service based on excellent patient feedback. Alongside our AIHVS service, which covers the same geographical area, the EIV service helps to reduce admissions to hospital and, where possible, treating the patient within their own care or nursing home environment or at home. Working with Hertfordshire County Council (HCC), the vehicle is manned by a UCP (HUC) and a clinician (HCC) who is trained in social therapy. The team cannot only provide medical intervention and prescriptions, but they also can assess and provide equipment to keep patients safer at home and ultimately reduce pressure on our system partners.

## We are proud of our...



### Our COVID-19 Response

Any review of achievements of 2020/21 would have to start with the COVID-19 pandemic, which brought immense pressures and challenges in its wake. On the other hand, it also proved to be a catalyst for new ways of working and innovation. At HUC, we are proud of the contributions we have made as individuals as key workers and as an organisation, providing critical services during this time.

#### Our services

One of the biggest challenges of the first few months was managing a quickly evolving situation for our services and the colleagues working therein as the scientific communities worked hard to understand this new disease. Maintaining a meaningful and efficient information flow,

making sure our colleagues were working on the latest available information was essential. As a result, daily email updates were introduced. Our management teams and support functions worked hard to implement and share the latest updates to our frontline colleagues, including

March 2020



Our NHS 111 contact centres took **146,248** calls in March 2020 compared to **73,130** in March 2019, which is an increase of **99.9%**

frequently implemented NHS Pathways updates, travel advice, COVID-19 symptom management and the government advice on the new concepts of social distancing and shielding.

Patient safety naturally was always our highest priority as was keeping our colleagues safe. We are proud of how we were able to draw on existing strong relationships at a time of extreme pressure to help us strengthen our resilience.

We reached out to our existing networks, and the support from the wider clinical and non-clinical communities was truly overwhelming! During the early months, we saw an influx of offers of help from other services which had reduced activity and freed up resources. GP practices with less face-to-face contact offered support with clinical triage as did CCG colleagues whose duties had been suspended. This helped manage COVID-19 related absences of HUC colleagues who were vulnerable and unable to perform their roles remotely.



COVID-19 patients who met certain criteria but could not travel were visited at home by a 'Hot Car'.



### Management of patients

At the start, we received exponentially increasing levels of contacts from patients with concerns around COVID-19 symptoms. To help, we put in place a range of measures to support them depending on severity, symptoms and medical history. Patients were clinically assessed via telephone using an algorithm to determine which pathway would best help their symptoms and condition.

- Green meant the patient could be managed at home with advice
- Amber patients were booked into a face-to-face appointment
- Red were emergency admissions

### COVID-19 queue

As the number of COVID-19 related calls continued to rise even higher to previously unheard-of call volumes, a separate queue for these patients was implemented across our NHS 111 services. This meant that, after an initial NHS Pathways Assessment to rule out immediately life-threatening symptoms (Red Pathway), any patient with potential symptoms was contacted by a dedicated clinician. Mostly, patients were well enough to look after themselves at home with self-care advice.

At an unsettling time, patients sought reassurance and mainly, we needed to offer them a listening ear and the latest government guidance. The

We introduced an overflow queue designed to ease the pressure on our Clinical Advisors.



We hosted several Clap for Carers events outside our local contact centres, and were joined by police and fire services.



April 2020

Our COVID-19 swabbing service processes over **2,500** referrals per week.

### Donations from the Community

We were honoured by the amount of donations we received throughout the early part of the pandemic. Businesses and patients in our community dropped off food to keep our colleagues going during these challenging months. The list is long and includes a wide range of well-known supermarkets and

high street restaurants as well as local restaurant owners, one of whom even donated hot food to our Bedford contact centre on a weekly basis for a sustained period. We are incredibly grateful for the support we have received from our communities during this time and proud to have made a difference.

introduction of the COVID-19 queue however reduced the burden on our other NHS 111 Clinical Advisors and Out of Hours clinicians, who were able to focus on continuing to provide these critical services.

### Clinical Advisor Overflow

As workload continued to increase for NHS 111 Clinical Advisors, we introduced an overflow queue designed to ease the pressure on these colleagues. Patients with asymptomatic or vaccination queries which could be managed outside of NHS Pathways were filtered out. Our Service Advisors and CCG colleagues who were

redeployed were then able to access this queue during the in hours period and handle these requests.

### Reduction of Face-To-Face Appointments

Managing the risk of infection for our patients as well as for our colleagues was an important reason behind the reduction of face-to-face contact unless essential. Telephone triage played an important part in this as did our Electronic Prescription Service (EPS). The latter allows clinicians to issue prescriptions remotely which are sent to the patient's pharmacy of choice. This means that there is no need for the patient to



May 2020

The community support was overwhelming and every day, new donations and other tokens of appreciation flooded into our contact centres and bases.



We continue to invest in ways to keep our colleagues safe from transmission.



**STAY AT HOME  
AS MUCH  
AS POSSIBLE**

WE CAN HELP CONTROL  
THE VIRUS IF WE  
ALL STAY ALERT

The country came out of lockdown and measures COVID-19 safety regulations changed.

## Going Over and Above

HUC colleagues whose roles were reduced due to the limitations around face-to-face contact went over and above to support our patient communities. One of our drivers, Dave Humphreys, made sure that the patients in our patch did not need to go without their medication.

With the approval of his managers, he delivered **over 1,000 items** of medicines to patients who needed them in one of our home visit vehicles, which were not being used at the time. He did this both in his work time and during his spare time – as ever passionate about the patients we serve.



collect a prescription from one of our treatment centres in person, reducing the risk of spreading the disease. Instead, they can call the pharmacy directly to arrange a time to collect the medication safely. For those patients who were shielding or otherwise vulnerable or frail, we developed a new procedure so that medicines could be delivered to these patients.

## Video Consultations

The use of technology became an important solution not only in healthcare but in many other aspects of life across the globe

to prevent further spread and help towards defeating the virus. The launch of a video consultation system which could support assessing and treating patients remotely became essential. Working at speed with our telephony provider ContentGuru and their platform storm, we developed an approach that worked for our patients and service users. A robust governance framework and technological support was required to help launch the new functionality safely.

Video consultations are a recognised way of safely managing a range of

conditions. especially for the Out of Hours service. As a result of our clinicians, commissioners and our auditing team working closely together, video consultations were rolled out successfully throughout 2020. The scheme won the "Best Innovation in Customer Service" Category at the European Contact Centre and Customer Service Awards in November 2021.

### **Hot Hubs and Hot Cars**

For those patients with COVID-19 symptoms who still needed to be seen face-to-face, we installed a series of 'Hot Hubs', a local clinic with additional COVID-19 safety measures and treatment options. Mostly, patients who met the criteria for the Amber Pathway (potentially infectious) were seen there if needed. An appointment in a Hot Hub could

involve observation checks including oxygen saturation as well as dispensing of emergency medicine, e.g. inhalers and antibiotics.

COVID-19 patients who qualified but could not travel were visited at home by a 'Hot Car'. These cars did not undertake any other or routine visits due to infection transmission risk and focused solely on COVID-19 patients.

Both Hot Hubs and Hot Cars were stood down at the end of 2020. Instead, we developed a base standard operating procedure to enable patients potentially infected with COVID-19 to be seen at a treatment centre in a safe environment.

### **Comfort Calling**

Within our services, we aim to provide 'comfort calling' to patients who have been waiting for a call back or to inform them that a visit may be delayed. A

member of our team calls the patient to check that their condition has not worsened or deteriorated. They also provide reassurance and an update that there may be a delay in care delivery. If the patient's condition has indeed worsened or deteriorated in the meantime, they will be re-triaged to reassess the most appropriate care pathway for them.

Comfort calling is undertaken routinely, and any identified changes acted upon quickly. All our base Receptionists and Drivers comfort call for their area. In addition, our Shift Managers, Assistant Shift Managers, Dispatchers and Central Bookers in the contact centres support with comfort calling across all services.

During the first wave of COVID-19, we redeployed additional staff to comfort call the patients in our 'COVID-19' pool,

providing another layer of reassurance and a listening ear. Patients were given official government guidance and comfort callers gave advice on what to do if they start to feel worse.

### **Dental Service**

Since the start of the pandemic, there has been limited access to dental services across the country. As a result, there has been an overall increase in the number and complexity of calls to NHS 111 relating to dental issues.

The past year has demonstrated that pressures on NHS 111 increase if access to dental treatments is compromised. To manage the situation, we worked closely with our CCGs and NHS England and Improvement, relaying service data and information to assist with wider service planning strategy.

Thanks to these efforts, patients calling NHS 111 with dental problems do not have to go through a full NHS Pathways assessment, which has historically caused an unnecessarily lengthy assessment. This has improved the overall patient experience and call handling performance for dental cases.

We have also increased our dental nurse team capacity, recruiting an additional seven colleagues. In addition, West Essex has now been

added to our dental support service, which allows us to book cases from this area into any available dental appointments in Hertfordshire, which can be closer for those patients who live near to the border compared to other services in Essex.

Future plans include:

- Integration of our service within the East of England urgent dental care strategy
- Involvement in the development of our Integrated Care Systems (ICS)

- Utilisation of digital enablers including direct booking, and
- Continuation to support and develop our dental team.

### Hertfordshire COVID-19 Swabbing Service

Beginning in April, we provided the coordination and administration PCR swabbing for individuals for both Hertfordshire CCGs. This was in partnership with HCT and CLCH (Central London Community Healthcare NHS Trust) who were responsible for the clinical part of the service in East and North and West Hertfordshire respectively.

This involved several pathways for:

- Colleagues and their household members
- Care home symptomatic and asymptomatic residents and staff

- Individuals transferring into or from one care setting to another
- And outbreak management.

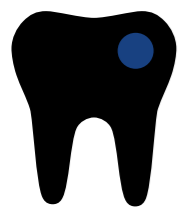
The service evolved over time as the processes and pathways were developed and revised both locally and nationally.

Initially, the service was resourced by colleagues redeployed from HCT, but at the end of June 2020, when they returned to their substantive roles, our HUC colleagues stepped in and continued supporting the service.

At the height of the pandemic the service was processing **over 2,500 referrals per week.**



## HUC in numbers



In **2020/21**, with limited access to dental services, our NHS 111 team managed **37,876 dental cases**, compared to **23,167** in 2019/20, an increase of **63%**



## A Look Back At 2019

### Hinchingbrooke Streaming Pilot - a Precursor to Think 111 First



In 2019, we were involved in a new initiative to provide the NHS 111 assessment service at the front door of a busy ED, Hinchingbrooke Hospital, operated by North West Anglia Foundation Trust (NWAFT), in Cambridgeshire and Peterborough.



Over the previous year, we had been working closely with partners and colleagues across Cambridgeshire and Peterborough, with a focus on providing a truly integrated urgent and emergency care service. HUC were central to the formation and development of this provider collaborative, which aims to create care that is simple to access, sustainable and consistent. The collaborative membership includes acute hospital trusts, mental and community trusts, general practice and federation organisations, ensuring we have an inclusive and integrated

approach, supported by our commissioners. By working together, we can redesign services to remove a certain amount of inefficiencies across the wider system that have been created through historical contracts and specifications. As a collaborative, we are also committed to partnership working to improve our collective understanding of each organisation's services and to reflect that approach in the final delivery solution. Our ultimate aim is to establish a seamless NHS patient experience between providers.

One of the outcomes of this collaborative is the pilot in Hinchingbrooke, which started in September 2019 with a plan

to continue into the New Year, but was cut short at the start of COVID-19. The pilot involved streaming self-presenting patients at ED to the most appropriate service for their needs, aiming to achieve a less pressurised ED department. NHS 111 Pathways questions were used by NHS 111 Clinical Advisors, who are registered nurses or paramedics, to reach a safe and appropriate outcome through enhanced triage on site. Being able to assess the patient face-to-face was a benefit, which would not normally be possible with a phone consultation, for which NHS Pathways is used ordinarily. Clinical Advisors could use their clinical expertise and judgment to override the final NHS Pathways outcome if appropriate. The patient received medical advice, was directed to a pharmacy or, if required, direct booked into the best service for

their healthcare need, e.g. an Out of Hours clinician, their own GP or an urgent treatment centre. In addition, the pilot raised awareness of NHS 111 and helped to educate the public to consider calling NHS 111 instead of coming to ED.

All partner organisations agreed that the scheme had been a great success. Feedback received from patients showed that they were very happy with the service they received and they understood how to use ED services. As an added benefit, the waiting time they would have faced if they had proceeded to ED was reduced considerably. On average, **60% of patients were streamed away** from ED as they were assessed as better treated elsewhere. We are certain that this model influenced Think NHS 111 First, introduced at the end of 2020.

We celebrate International Control Room week in our contact centres.



The Think 111 First initiative is introduced across England.

December 2020



We move into our new contact centre in Bedford over a period of several weeks at the end of 2020

Our colleagues are part of the first cohort of COVID-19 vaccinations.



### Clap For Carers

Our colleagues were humbled by the weekly 'Clap for Carers' events that took place across the country and the regions we serve. As members of the public and the healthcare communities came together celebrating the dedication and commitment of our key workers, HUC colleagues were at the centre of local events a number of times. Throughout May and June 2020, local Chamber of Commerce, Fire and Police Department partners gave credit to the vital role our colleagues played by attending an outdoors 'Clap for Carers' assembly at our contact centres in Bedford, Peterborough and Welwyn Garden City, which was very moving.

### Think 111 First

The pandemic helped accelerate the launch of the Think 111 First scheme, which went live nationally on 1 December 2020. Pilots like the one conducted by HUC and NWAFT at Hinchingsbrooke Hospital had paved the way for this new approach. The objective of Think 111 First was to encourage patients to contact NHS 111 before presenting at ED, unless they had life-threatening conditions or if they were brought there by an ambulance.

When patients contact NHS 111, after an NHS Pathways assessment,

clinicians can now book an arrival time slot at ED or a UTC for the patient if their condition requires it. This helps EDs and UTCs to manage patient flow better, ensures fewer patients are in the ED waiting room and works towards ensuring only patients who needed these services are seen there. Think 111 First was supported by the development of clinical pathways, governance, and technical solutions. As a result of its launch, activity into the CAS increased after 1 December. We anticipated redirection by the acute hospitals of a further 20% of unheralded ED attendances to NHS 111. In preparation, we increased our



staffing organisationally to cover the additional triaging resources and our clinicians received training on the NHS Pathways Senior Clinician Module (SCM), which gave them access to the appointment slots. Access was given to Same Day Emergency Care (SDEC) services, which include Early Pregnancy Units (EPU) and Deep Vein Thrombosis (DVT) services, another initiative to support of the reduction in the number of patients having to visit ED.

In time with the launch of Think 111 First, a national promotional campaign aimed to raise awareness amongst members of the public of this new role of NHS 111. With the rise of COVID-19 cases and a second wave at the verge of breaking, the campaign was paused due to the immense pressures experienced by all system partners, who worked

closely together to meet this new challenge instead.

### Respiratory Hub

In line with a national initiative, 'virtual wards' were created for patients who were diagnosed with COVID-19. They ensured symptoms were managed to a high standard while patients remain at home. To start with, the patient was triaged normally. If they met the criteria for the respiratory hub or 'respiratory virtual ward', they were provided with a Pulse Oximetry device, which measures the oxygen levels in the blood and which they could keep at home to monitor their condition. We contacted patients regularly to assess how they were doing and if any intervention was needed should their levels fluctuate or drop. They could also contact the service themselves if their condition worsened or they needed further advice.

## HUC in numbers



During the year **2019/20**, calls to NHS 111 were recorded as **987,236** with an immense increase in March 2020 as the pandemic started to hit.

In **2020/21**, there was an increase of **13,664**.

Out of Hours cases in **2019/20** were recorded as **358,970**. There has been a decrease of **76,422** during **2020/21** due to patients staying at home and receiving a telephone or video consultation rather than having to attend our OOH bases.



AIHVS homes visits were recorded as **11,150 in 2019/20** against **8,091 in 2020/21** – this is a decrease of **3,059** visits, again as both HUC and GPs were able to offer alternative ways to access advice and care

Our Extended Access Service across West Essex saw **51,623** appointments being offered (**49,800** in **2019/2020**) of which **39,235** were booked (**41,117** in **2019/20**)



## Other Service Achievements

COVID-19 has certainly been a massive challenge over the last year and we are proud of our achievements supporting the national response to the pandemic. At the same time, we continued to deliver other essential and innovative services and projects, which were not related.

### CAS Expansion

As explained earlier, an important objective of our NHS 111 service, especially our CAS, is to take pressure off the already busy ED and ambulance services. Our NHS 111 services aim to clinically revalidate all category 3 and 4 (i.e. non-urgent) ambulances and ED dispositions. In 2020/21, across the organisation, **94% of category 3 and 4 ambulance dispositions** passed through to the CAS for revalidation. In Hertfordshire, the CAS did even better with **98%** of cases revalidated and Luton and Bedfordshire lead the way with **97.9%**. In both areas, these

figures are up, compared to last year. In contrast, nationally, ambulance revalidation is at around 70%, which demonstrates a considerable achievement for HUC.

As regards ED attendance, the picture is a similar one. Across all services, **89.4%** of patients who receive advice to attend **ED** are passed through to the CAS for revalidation, which is 20% more than last year. Again, Hertfordshire and Luton and Bedfordshire stood out with **96.9%** and **96.6%** revalidation respectively. In Cambridgeshire and Peterborough, we outsource the CAS during the in-hours period to the Local Urgent Care Service (LUCS)

with support from North Brinks GP surgery, Wisbech.

### MIU to OOHs Referral Pathway

Similar to our streaming pilot at Hinchingsbrooke Hospital in 2019, a precursor of Think 111 First, a simplified process was introduced for patients presenting at MIUs in Doddington and Ely. They could be booked into an Out of Hours appointment without the need to call NHS 111. If a patient attending the MIU was assessed to be more appropriately seen by the co-located Out of Hours service and given the MIU clinician's approval, a HUC Receptionist could allocate the next possible Out of Hours appointment slot for the patient.

### New call audit testing

One of the non-COVID-19 related achievements of our teams is the

work done to date to develop and introduce a new method of managing NHS 111 call audits. Our Quality and Improvement team are working together with our telephony provider Content Guru to incorporate screen recordings. This means auditors will be able to better identify the flow of the call by seeing the NHS Pathways assessment on screen and listening to the call recording in real time. The audit tool is embedded, which improves efficiency with a more streamlined process and less time spent switching between different applications.

### GP Connect

GP Connect gives access to patient and medical records from both EMIS and SystemOne, similar to the Summary Care Record functionality. We successfully deployed GP Connect across the organisation, with the added ability to direct book patients

Our Health and Wellbeing group is launched and with it, a number of activities for colleagues to get involved in, including a lots of incentives to explore the Great Outdoors



January 2021

We celebrate our first virtual Staff Awards week, highlighting the important work across the whole organisation



February 2021

into their GP practice. This means that clinicians can make better informed decisions based on the patient's medical history.

### Early Intervention Vehicle

Calls relating to this service are taken via NHS 111 option 6, first ruling out immediately life-threatening conditions. The call is then transferred to a Clinical Navigator within our contact centre, who fully assesses the patient over the phone before any decisions are made regarding further treatment. If appropriate, we dispatch an Urgent Care Practitioner (UCP) to visit the patient. They can

issue medicines via patient group directives (PGDs) if required and make any onward referrals. If a home visit is not required, the Clinical Navigator may advise the care home on further management of the patient.

As a result of COVID-19 and the special circumstances of care homes, referrals into the service decreased. Instead, we fully assisted in COVID-19 assessment of patients in nursing or care homes during this time.

## Our Primary Care Services

### The Town Centre Surgery

Luton Town Centre Surgery is located in the town centre of Luton, an area of high deprivation, and looks after the primary care needs of a diverse population of **11,570 patients**. To meet the needs of the patients, the practice offers various types of appointments with our skilled team of GPs and Nurses including:

- Telephone appointment service, including same day telephone consultations with the clinicians
- E-consultations
- Face-to-face appointments
- Video consultations, which are

available every day when deemed appropriate by the clinician

- Home visits for the housebound patients registered to the practice, who are seen on a regular basis by our multidisciplinary team.
- Practice Nurses undertook home visits to patients who were at risk to monitor their long-term conditions

During the pandemic, our practice was part of a successful vaccination programme and actively engaged with the BAME community to increase the uptake even further. We are currently the lead practice for our local Primary Care Network (PCN).

Our Town Centre Surgery team are giving over **5,000** first COVID-19 vaccination doses to their patients.



*March 2021*



Herts Urgent Care becomes HUC as part of our rebrand, which also means our email addresses change.

## The Urgent Treatment Centre (UTC)

The UTC works alongside other parts of the Urgent Care Network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to ED for patients who do not need to attend hospital. In 2020/21, the UTC saw **10,069 patients**, both self-presenting patients as walk-ins as well as those referred via NHS 111. Similar to other primary care face to face services, these figures are **11,206 down** on the previous year due to COVID-19.

## Extended Access (EA) Service

The West Essex NHS 111 service is co-located with our contact centre in Hertfordshire. A mix of EA and Out of Hours bases are spread across the West Essex area, operating at various times during the evening and at weekends. In a short time, we have built strong relationships with commissioners, partner organisations and other stakeholders across the patch and are proud of our achievements. An example of how we are working with the local healthcare community to overcome initial challenges is the creation of the Epping hub. The IUC service introduced the first 24/7 CAS into the West Essex region, which was initially also based within our Hertfordshire

contact centre. Geographically, this was not an ideal solution for GPs who were travelling in from across the West Essex region. As a result of further development of the service, the CAS has grown, and we are now operating out of both the Hertfordshire contact centre and our Epping hub to offer our colleagues a local base closer to home. This means that we now see an increase in shift fill within the CAS. Our EA service across the region offers a wide clinical skill mix, which means that the patients are seen by the most appropriate clinician for their needs. We monitor the skill mix model closely, which was introduced to allow improvements and more specialist patient care. We are working closely

with the Clinical Directors of the West Essex PCNs, and the practice managers, to improve engagement and collaboration with our health professional colleagues as we always look for innovative ways to improve access and services for patients.

## Cheshunt Minor Injuries Unit

In 2020/21, the MIU only saw **15,515 patients**, which is a significant decrease in previous years due to the pandemic. **99%** told us they are likely to recommend the service as part of the NHS Friends and Family test, which is a very positive result. An average of **95%**, rated the care and treatment from the staff at the MIU as good or excellent.

## We are proud of our...



### Our Patients

Providing a safe and high-quality service is of paramount importance for us. Our COVID-19 safety measures were introduced earlier in this report – but there are many other ways we work together to ensure a great outcome for our patients.

#### Safeguarding

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

for some patients due to reduced face-to-face contact.

We remain fully committed to the principles and duties of safeguarding. To ensure that all children, young people and adults are looked after appropriately, we expect that all clinical colleagues working in face-to-face environments are trained to Children's Safeguarding Level 3. This includes

those triaging patients in line with the Intercollegiate Documents, which provide a clear framework identifying the competencies required for all healthcare staff.

#### Safeguarding Training

Our registered clinical colleagues are trained to Adult Safeguarding Level 3. Additionally, our call handling colleagues are trained to Adult Safeguarding level 2, so they can also identify, support and refer patients appropriately.

Likewise, our training records demonstrate compliance with the Mental Capacity Act and The Deprivation of Liberty Safeguards. An additional contractual expectation is to **achieve 95% compliance** on safeguarding training, which is monitored by our line managers as part of the annual appraisal process.

This year, our new joiners in the NHS 111 services were trained online in interactive sessions using MS Teams. In line with the aforementioned Intercollegiate Documents, we manage regular safeguarding training via our e-learning platform Blue Stream Academy.

#### Safeguarding Champions

Our Safeguarding Champions, who have increased in number this year, are colleagues in our contact centres who have an interest in safeguarding. They receive supervision on a regular basis using MS Teams, bringing our Champions together virtually across the organisation. They receive a training passport to support the development of our Champions along with access to other aspects of safeguarding training.

## HUC in numbers

### In 2020/21...



- We made a total of **3,393** referrals (2019/20: 3,013), which constitutes a rise of **12%** in one year.
- These referrals consisted of **1,266** (37.3%) children and **2,127** (62.7%) adults.

### Safeguarding Children

During this time of uncertainty, it is particularly important to safeguard children who may be at an increased risk of abuse, harm, and exploitation from a range of sources. Face-to-face contact being limited, it is vital that the voice of the child is heard within our standard triage and in video consultations. It can be another rationale for a video consultation to assess the circumstances visually as part of safeguarding duties.

The top three child referrals are:

- neglect or omissions of care: 740 (60%)
- self-harm: 221 (17.9%)
- physical abuse: 115 (9.3%)

### Safeguarding Adults

Abuse can happen to anyone of whatever age group, including those over 18. We comply with the Care Act 2014, which sets out the expectations for members of the Local Safeguarding Adults Boards like HUC. These are to protect individuals from abuse and

neglect and to deliver outcomes that enhance their wellbeing.

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

The top three adult referrals are:

- neglect or act of omission: 1,329 (62.5%)
- self-neglect: 221 (10.4%)
- self-harm: 118 (5.5%)

We continued our close working arrangements with all our Safeguarding Partnerships across the communities we serve and are dedicated to working with our partners on any investigations undertaken on the welfare of patients. Upon request, we can provide transcripts of calls

to support investigations by social care partners. Wherever possible, we provide learning opportunities through reflection for our clinicians.

As part of the Section 11 of the 2004 Children Act, which sets out the duties for Local Children Safeguarding Partnerships, we have a duty to perform a self-assessment audit. This highlights how we are meeting standards to safeguard children and young people. It helps us to set out a consistent framework to assess, monitor and improve our safeguarding arrangements.

This year's Section 11 self-assessment tool was undertaken jointly by the combined commissioning groups. The feedback from our annual Section 11 visit was positive overall and showed that we continue to improve our safeguarding management across

our services. We put together an action plan to address some areas of learning. Previous areas for improvement included organisational access to the national CP-IS scheme and to safeguarding supervision, which our dedicated Safeguarding Champions are now in the process of rolling out.

### Patient Experience

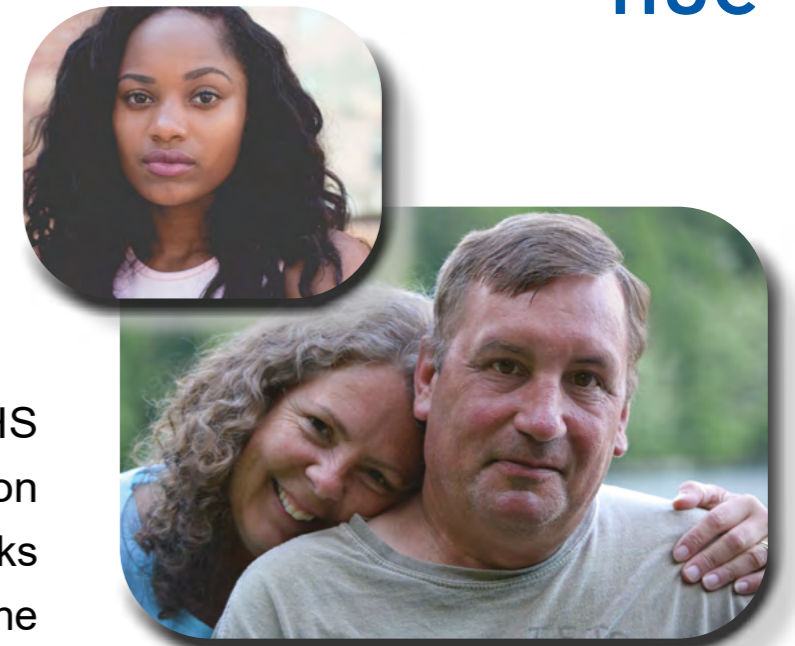
We understand we do not always get it right. During this year, as always, we have listened to our patients regarding their experience of our service and provided feedback and additional learning to any colleague involved in a complaint. Consequently, we have improved our systems wherever possible to enhance patient experience. In addition, we communicated with external services where it has been identified the patient's experience was

not the seamless one we strive for. Our Patient Experience team record and investigate all feedback received, including praise and complaints, both verbal and written, in line with the NHS complaints procedure framework. Their work is vital in encouraging a culture of continuous learning, improvement, and innovation. It is important to us to listen to patients concerns and those of our colleagues, which helps identify what is working well, what can be improved and how.

Any learning identified is fed back in real time, discussed with departmental managers and our Training team. This then means they can review and change processes quickly and efficiently to improve our patient experience.

Each month, we select a percentage of patients who have used our service

and ask them to participate in the Friends and Family Test (FFT), which is an important tool for people who use NHS services to provide feedback on their experience. The survey asks people if they would recommend the



### HUC in numbers

#### Would you recommend this service to your Friends and Family?



- **88%** of patients who attended an Out of Hours appointment
- **87%** of patients who received telephone advice
- **98%** of patients who received a home visit

Further, the results of an NHS 111 Patient Satisfaction survey showed **89%** of the patients' surveys were happy with the NHS 111 service.

Complaints only account for **0.01%** of NHS 111 contacts and **0.4%** of Out of Hours cases.

services they have used and offers a range of responses, which provides a mechanism to highlight both good and poor patient experience. Feedback can be provided via our website, by telephone, independent surveys, and face- to-face during a visit to our bases.

### Sepsis

We take sepsis, an infection which can turn into a life-threatening medical emergency, very seriously. Sepsis can be difficult to diagnose, which is why all our colleagues must complete a sepsis module as part of their mandatory training regime every year. It supports the recognition of sepsis early in the patient's journey.

We also encourage all clinicians to register and undertake the 'Spotting



the Sick Child' training, including an update on sepsis. In addition, at all our treatment centres, we display sepsis information prominently with normal parameters for both adults and children. As a further tool to help clinicians spot this disease, we provide lactate kits in our visiting cars and at treatment centres.

Our annual Basic Life Support training sessions include guidance on how to use these kits.

**We are proud  
of our...**



## Our Partnerships

### London Ambulance Service (LAS)

In April 2021, we were proud to launch our resilience service for LAS, supporting non-complex NHS 111 calls as well as GP support for their CAS. In preparation for the launch, we ran a comprehensive recruitment campaign for Health Advisors and Clinical Advisors operating as a separate team within our organisation, embedded and integrated across our three Contact Centre premises. Our GPs were trained on LAS systems and dedicated management and

administrations teams liaise with LAS on a regular basis. We are delighted to build on our robust relationship as mutual NHS 111 provider organisations and working together to support the patient's under LAS's care.

### Yorkshire Ambulance Service (YAS)

As we move to a more collaborative approach to delivering NHS 111 services, we were also successfully appointed to a framework to act as a resilience partner to YAS and other commissioners in the Yorkshire and Humber area.



## Urgent and Emergency Care (UEC) Collaborative

As mentioned before, the UEC Collaborative brought together organisations to deliver new innovative integrated urgent care service models across Cambridgeshire and Peterborough. We have developed strong relationships over the years and the COVID-19 pandemic provided a catalyst to drive change and improve patient care as a group.

One of the key successes is that together we were able to fine tune delivery models and pathways to make the best use of resources already in the system. This helped us not only to support strong clinical outcomes, but to also prevent the generation of additional costs.

Data and information sharing have been vital for us to develop successful delivery solutions based on learning how our services currently work together or duplicate service offers. It helped us pinpoint patient flow across the system, focusing resources to deliver solutions that maximise impact.

One significant outcome of our collaborative work was a complete remodel of our IUC to follow patient activity locally. The CAS was a central part of this work and a few workstreams focused on where development could add value, save resources and cost, directing patients to the best service for their needs rather than ED.

A few of our solutions are:

- validation of NHS 111 online ED referrals by the **CAS (75.47%)**
- development of a specialist injury focused CAS (**63% redirected**

to a service better suited to their needs)

- fusion of primary and emergency care expertise to create a ‘Virtual Waiting Room’ (**between 60-70%** diverted to alternative pathways)

## Virtual Waiting Room (VWR)

A brilliant recognition of the important work we did with our system partners in Cambridgeshire and Peterborough was the shortlisting of our VWR initiative for a Driving Efficiency through Technology HSJ Award in August 2021. We are very proud of this achievement and it highlights our role in innovative solutions for patient needs.

The VWR is an ED-Consultant-led expansion of our CAS to support patients who have been referred to ED from NHS 111. It uses telephone and video consultations to effectively

manage patients without attending ED services. This means that the ED clinicians are able to direct patients to other services, book ED appointments (in some cases ordering diagnostics in advance) or at other hospital departments such as Ambulatory Care Unit, Ophthalmology and Early Pregnancy services.

While the numbers are small, the impact of the VWR has been felt across the Cambridgeshire and Peterborough health economy with a reduction in ED attendances, an increase in self-care, and direct booking of patients into UTC or directly into Ambulatory Care.



### Injury CAS

Similarly, we developed and successfully deployed Specialist Practitioners support to manage NHS 111 injury dispositions using telephone and video consultations to support patient management away from Urgent Care and ED.

### Mental Health

We have been working with the First Response Service for several years in our Cambridgeshire and Peterborough service, providing a link to a 24/7 mental health crisis line. When patients ring

NHS 111 they can press option 2 to be diverted away to speak to a mental health professional.

During the pandemic, there was an increased focus on mental health care provision. As a result, an option 2 was launched for all our services following a national mandate, working with HPFT (Hertfordshire) and ELFT (Luton and Bedfordshire) and EPUT (West Essex). This means that, following the example of Cambridgeshire and Peterborough, all our services now provide direct access to a mental health crisis line.

## HUC in numbers

In 2020/21...



After completing an online step-by-step NHS Pathways assessment, **34,096** patients were automatically placed into one of our clinical queues and received a callback from a clinician who then further assessed the patient and managed their healthcare needs.

We are proud  
of our...



## Our Innovations

### Palliative Care

End of Life patients are some of the most vulnerable people in our care. This year, we have taken our dedication to delivering outstanding care for those most in need even further as part of two projects focused on palliative care.

In Hertfordshire and West Essex, we have developed and implemented a trailblazing new way of identifying palliative patients early in their journey to provide a more tailored care approach. As a result of the hard work of internal

and stakeholder colleagues, calls relating to a palliative patients are now automatically diverted to an alternative professional rather than a standard NHS 111 call handler. After an initial demographics and status check, the patient is immediately placed into our CAS queue, manned by our most senior clinicians, who are alerted so they can prioritise their needs where appropriate. Furthermore, we have also improved the level of specialist clinical information available to our clinicians, giving them access to more relevant tools to try and reduce unnecessary and often stressful

ambulance dispatches or hospital admissions for end of life patients.

In Cambridgeshire and Peterborough, we supported the set-up of a new Palliative Care Hub to provide a single point of access (SPA) for palliative patients, their families, carers and health and social care professionals. Working in partnership with our commissioners, the palliative transformation team as well as Arthur Rank Hospice, our NHS 111 service is now an even more effective service for end of life patients.

The aim of the Hub is to care for the dying person, people with cancer and other long-term conditions at an advanced progressive stage who have a specialist palliative care need. When the caller first contacts NHS 111, they can talk directly to a specialist trained nurse

for support and advice after a selection on our switchboard. The Hub also provides clinical advice to healthcare professionals and links up with our Out of Hours service, supporting the healthcare community. Similar to the Hertfordshire project, the Hub helps to reduce avoidable hospital admissions or length of stay, benefitting our most vulnerable patients in their time of exceptional need.

We were thrilled to be shortlisted alongside our partners for this service for a Primary Care Innovation of the Year HSJ Award, another massive achievement we are very proud of being involved in.

**HSJ AWARDS**  
2021

**We are proud  
of our...**



## Our People

### Protecting our people

We are proud of our amazing colleagues who have made such a massive contribution to this country's COVID-19 response. As keyworkers, it has become very clear that every single one of them takes pride in what they are doing to help our patients – and we are honoured to have them working for us.

Protecting our workforce became an important priority for us throughout the different phases of the pandemic response and we have invested in a number of ways to support

their safety. Working at speed, we implemented measures to enable social distancing, removing a number of workstations across the contact centres, installing Perspex safety screens in cars and across desks and ensuring the constant provision of masks, alcohol gel and antiseptic wipes. It was particularly important that colleagues also washed their hands



frequently and workstations and cars were cleansed regularly. For many, home working became the norm as we tried to reorganise the space across our centres. In the first month alone, our hard-working IT team equipped **over 300** colleagues with laptops and remote access to our network. This allowed us to offer blended patterns with some colleagues based 100% at home, others coming into their offices on a rota basis to ensure we could maintain safe social distancing. We all became very adept at video conferencing as the whole country moved away from face-to-face meetings and moved into the world of virtual encounters.

We also introduced homeworking for clinicians, which included GPs, Dental Nurses, Pharmacists, Consultation Clinicians and Clinical

Advisors. Thus, we established an excellent contingency, which also supported those among our clinical workforce who needed to shield but still wanted to contribute to our COVID-19 response. Our call handlers - Health Advisors and Clinical Advisors - were able to work remotely under a special NHS Pathways license, provided certain important conditions were met.

### **Risk Assessment**

We developed a COVID-19 demographic risk assessment tool, which helped us identify at-risk groups. Once completed, if required, colleagues were redeployed to where they were able to safely practice while ensuring our service level was safely maintained.

### **Lateral Flow Testing**

In December 2020, we introduced twice weekly Lateral Flow Testing for all our colleagues. Before attending

work, colleagues are performing the tests and reporting the results via the national reporting portal. If the test result is positive, then a further COVID-19 PCR test is carried out to confirm the result and to determine whether self-isolation is required. This helps avoid spreading the disease inadvertently should a colleague be positive but not have any symptoms.

### **Vaccination**

Our colleagues were eligible for COVID-19 vaccinations in Cohort 2 and we took great pride in accessing first vaccinations from January 2021, with second doses beginning in March. **Over 91%** of our colleagues have now confirmed they have had at least one dose of the vaccine, which is a great result.

### **Absences**

Despite all of these protective measures, it is not surprising that COVID-19 absence due to shielding and NHS Test and Trace accounted for a large proportion of staffing challenges throughout the year, which is mirrored in NHS and other organisations across the whole country.

However, it is safe to say that HUC is a different working environment than it was two years ago and COVID-19 has created a more agile, flexible workforce for us. Whilst there is still some way to go, significant strides have been taken to facilitate different kinds of working arrangements. Likewise, we have developed and explored homeworking for our clinical workforce, which is now available subject to probation, competency and productivity.

## HUC Heroes: Our Staff Awards

Our annual Staff Awards scheme is a great chance for colleagues to nominate "HUC Heroes" and recognise their achievements. Usually, the Awards ceremony coincides with our Annual General Meeting in October. In 2020/21, due to COVID-19, the AGM was only held in a reduced virtual form. That is why the senior leadership team took the opportunity to review the Staff Awards scheme to ensure its safety during COVID-19 whilst still giving an opportunity to recognise the incredible work of our colleagues – more important than ever during this challenging time.

In the end, **over 100 team and individual nominations** were received in 5 categories in time for a

virtual Oscars style Staff Awards week, which was set for February 2021. The Staff Awards week also took the opportunity to honour a long-serving colleague who had sadly passed away the year before and celebrating her achievements within the organisation.

All colleagues received a Thank you bag and bottle delivered to their home addresses to celebrate the special week. Winners got the chance to share their stories via video – an emotional opportunity for some of them.



## Staff Forum

It is important to us that our colleagues enjoy working at HUC as a Great Place to Work, which is captured in our three-year Good to Outstanding strategy. The aim of the forum, which was launched in September 2020, is to provide a two-way communication process between all groups of colleagues and the executive and senior management teams. This gives employees a chance to give feedback as well as involving and engaging them in important organisational developments. As a result, they have a bigger stake in HUC's success than before and opportunities to committing to implement changes.

The Staff Forum has representation from all services, who are elected in a comprehensive nomination and election process. It acts as



a communication platform for all employees, enabling them to voice their ideas as well as discuss issues of mutual concern and to bring everyone up to speed on latest plans, developments and strategy. It plays an integral role in improving communication from the top down and the bottom up, helping to create a 'one organisation' culture across services and regions. It will also support management teams with problem solving and implementing new ideas and new ways of working as well as challenging senior managers on the status quo.

Meetings have been held regularly with a well-prepared agenda, which all elected members are given the opportunity of contributing items to before it is circulated. This gives them the opportunity to speak to their team members before the meeting about relevant issues. Key discussion points and implementations have been the launch of a set of new corporate values as well as a Thank You voucher for all staff at Christmas time.

### Rewarding our colleagues

#### Performance Appraisals

Last year, in line with the launch of our new corporate values, we reviewed our appraisal scheme, moving from a rolling basis to an annual and mid-year performance based one, fitting with a performance-based award strategy, career progression and development. The reviews are deeply anchored in our G<sup>2</sup>O objectives.

#### Remuneration and Benefits

Attracting and retaining the talented and motivated people we need is at the heart of our remuneration approach across the organisation. For the first time, our newly launched performance management process made it possible to recognise managers and colleagues financially via bonus awards for delivering on their objectives and for exceeding expectations. This is in addition to a one-off COVID-19 financial reward we paid last year. At Christmas, at the suggestion of our Staff Forum, all our employees also received a Love2Shop voucher as a Thank You for the immense achievements of the previous year.

Our colleagues have been very appreciative of these rewards and we continue to explore potential rewards.

We aim to pay competitively in the not-for-profit sector, within the context of affordability. That is why we commissioned an extensive salary benchmarking exercise in 2020 against other similar organisations. This exercise demonstrated that our pay is competitive within the healthcare industry, especially remuneration for clinical roles fell into the median and upper quartiles of the benchmarking data. However, many of the non-clinical and support roles fell below the lower quartile range.

As a result, a strategy was put in place to bring all roles to the lower quartile in year one with a second step to move the same roles into the median quartile in year two as part of the salary review process.

COVID-19 has forced us to defer the second stage plans, given the changing landscape and economic climate, whilst with keeping an eye on what is happening nationally with NHS pay awards 2021/22.

#### Other Benefits

We offer a generous benefits package, including company sickness pay, access to the NHS final salary pension, an Employee Assistance Programme as well as Perkbox, an employee staff discount scheme offering savings and discounts.



## Gender Pay Gap

We continue to be confident that our Gender Pay Gap does not stem from paying men and women differently for the same or equivalent work. Instead, any gap is the result of the roles in which men and women work within HUC and the salaries that these roles attract. Our dedicated and highly professional employees work for the people who use our services, supporting our communities, and it is very important to us that they are all treated and rewarded fairly. Our Gender Gap Report can be found on our website.

## Health and Wellbeing

The last eighteen months have been challenging for everyone, not least healthcare workers like our colleagues who have continuously gone above and beyond to help our patient communities at a very critical

time. The wellbeing of our hard-working colleagues is incredibly important to us. That is why a dedicated Health and Wellbeing focus group was formed to make healthy living a priority at HUC, bringing it into the everyday. The group supports our colleagues to look after themselves and each other with a range of activities. One of the objectives of the group is to make sure our colleagues can access information and initiatives to support them both at work and at home. Representatives from all services lines and our Corporate Services team meet regularly to discuss actions. All of these meetings are supported by a Director and feed into the Board. Our weekly all staff newsletter also now includes a Health and Wellbeing corner.



We have already pro-actively taken part in national initiatives like Mental Health Awareness Week (May) with a focus on nature, where we called on our colleagues to participate in our Get Out and About Walking Challenge. **Over 20 million steps** were walked by our amazing teams!

## Mental Health

We are committed to supporting colleagues who may face challenging, upsetting or stressful work-related situations. We have trained **more than 90 colleagues** as 'Incident Debriefers' to enable immediate support for those individuals. We currently have **over 50 colleagues** who are trained Mental Health First Aiders, not only in each of our contact centres but also in our Corporate Services team. This



number is increasing every year.

In March 2020, we introduced an Employee Assistance Programme (EAP) to benefit and support all employees. The scheme is provided by Care First, an independent, leading provider of professional employee support services. Their team of counsellors and information specialists help with all kinds of practical and emotional issues such as wellbeing, family matters, relationships, workplace issues and much more. Employees and their families have access to a professional counsellor in confidence 24/7 365 days a year who are accessible by phone or online. There is also an app and regular themed webinars, which are shared across our organisations as part of our Health and Wellbeing section in our weekly staff newsletter.

## Recruitment

Talent acquisition is the lifeblood of HUC, which is why we have commissioned an external agency to review our employer brand to raise our profile as an employer of choice in the community we serve. The development of recruitment marketing methodologies is a key part of this project, which will encourage better candidate engagement and improve the overall candidate experience. A big piece of this work has been the development of our Employee Value Proposition (EVP), which is informed by existing employees. It is the term by which we describe the characteristics and benefits of HUC as an employer and will act as the key driver of talent attraction, engagement and retention. Whilst the above work is in progress, we have piloted a number of attraction campaigns and looked at the design of a career's site.



The image shows a screenshot of the HUC Careers website. The top navigation bar includes links for Welcome, About us, Working at HUC, Locations, Clinical roles, and Non-clinical roles. Below the navigation is a blue banner with the HUC logo and the text "You are here: HUC Careers" and an "Apply now" button. The main content area features a large photo of a smiling woman with glasses, overlaid with the text "committed to great care? So are we".

Overlaid on the bottom half of the screenshot are three recruitment cards:

- Card 1: "One broken wrist."**
  - Two chest infections. And a cardiac arrest.
  - All without leaving your home.
  - Clinical Advisors**
  - Nurses (Band 6) or Paramedics
  - £17 to £23.71 per hour depending on shift
  - Working from home - minimum 16 hours per week (fixed pattern)
- Card 2: "One home birth."**
  - Two sprained ankles. And an unstoppable nosebleed.
  - All without leaving your home.
  - Clinical Advisors**
  - Nurses (Band 6) or Paramedics
  - £17 to £23.71 per hour depending on shift
  - Working from home - minimum 16 hours per week (fixed pattern)
- Card 3: "What did you do today?"** (partially visible)

The 111.nhs.uk logo is visible in the bottom right corner of the recruitment cards.



## Key appointments

**Conor Burke** joined as Non-Executive Director on 1 January 2021 taking over from Michael Harrison whose term of office came to an end in December 2021. **Dr Tim Jollyman** joined HUC as NED on 1 April 2021 replacing Dr Mark Sandler whose extended term of office also finished in March 2021. **Dr Sivanthi Sivakumar** joined in May 2021 as Chief Medical Officer.

**Cathy Albrighton** joined us from East and North Hertfordshire CCG seconded to the Contracts Management role, supporting all of our operational managers at contract review meetings, as well as liaising directly with our commissioners on contractual issues. Cathy has brought real rigor and professionalism to contract management within HUC – with her secondment due to finish at the end of October 2021, we are delighted that Cathy has decided to join HUC permanently.

**Barbara Moran** joined us from BLMK CCG on a secondment managing our Think 111 First transformation. Barbara has worked with colleagues, partners and commissioners across a diverse number of projects that support 111 First, including the Virtual Waiting Room, Direct ED Booking and the Minor Injuries CAS. We are delighted that Barbara applied for and was recently appointed to the role of Head of Transformation at HUC and starts with us permanently in 1 December 2021.

## Training Opportunities

An important factor in continuously improving our services, is giving our colleagues the feedback and the tools for ongoing development. Some elements of our training portfolio are a contractual requirement from our commissioners but much of what we offer allows colleagues to develop their own personal knowledge and skills for the benefit of our patients and service users. Since a large part of our workforce is based in remote locations or on shift patterns, we operate a flexible approach and much of our learning can be done online, e.g. using our e-learning platform Blue Stream Academy. We also provide face-to-face training for Safeguarding, Sepsis and Basic Life Support. **80 colleagues** have attended the latter since we reinstated it with social distancing measures in May 2020. These include anaphylaxis

training and an induction on how to use the Sepsis Lactate monitor testing kit.



Throughout 2020/21, we continued to meet our mandatory training requirements. However, we took the decision to flex our delivery and reduced the training commitment to Statutory compliance only for 6 months to allow colleagues to fully focus on operational delivery. Since its reinstatement, we have added further modules to Blue Stream to support our contact centre and primary care workforce, for example Dementia Awareness and Domestic Violence Awareness.

We provide a four-month placement in partnership with primary care for GP trainees alongside training in our Out of Hours and the CAS. This

ensures that the trainee is exposed to every aspect of a patient journey throughout the healthcare system. We also offer them leadership training by placing them with our senior leaders to give them an understanding of those roles.

### Management Development

We are keen to develop our managers and equip them with a broader understanding of what it means to be a leader, helping them to manage and lead their teams more effectively and giving them the confidence to understand themselves and their teams better. This in turn increases team effectiveness and adds real value to the organisation.

Those in management positions have access to a range of opportunities to learn and develop their management and leadership skills at a level

appropriate to the needs of their role and their personal experience.

This includes

- Online ‘bootcamp’ sessions for managers to refresh core people management activities
- Online ‘bootcamp’ sessions for team leaders to give practical insight into management essentials
- Accelerated Director Development Scheme (ADDS) working with the NHS colleagues across East and North Hertfordshire to develop the next generation of executive leaders.
- A variety of Leadership Academy programmes, focusing on identifying and developing leaders from clinical, operational and corporate backgrounds
- Insights Discovery and Executive Coaching, supporting personal development or specific situations.

### Apprenticeship Scheme

We are automatically required to pay into the apprenticeship levy. We use this as an incentive to invest in our colleagues – really the best benefit of the levy money! Apprenticeships are available at various levels throughout the organisation, both relevant to management positions and for vocational professional qualifications in areas such as HR, Finance and Marketing.

We are also partnering with Wakefield College to launch a Level 3 Emergency Service Contact Handler Apprenticeship, which will give our Health Advisors the chance to receive a formal qualification whilst also learning valuable new skills.

### Clinical Educational Events

Organised by our clinical team and local clinical leads, a wide range of

sessions take place regularly across all our services and are not only available to GPs but all clinicians.

Topics this year included:

- Mental health
- Frailty
- Heart failure and breathlessness in Palliative care
- Pensions update
- Diabetes and renal failure in end of life
- Good Record Keeping
- Think 111 First
- Telephone Triage skills
- Common Paediatric problems
- Prescribing issues

### Other Opportunities

- **27 colleagues** attended clinical skills courses in Minor Illness and Pharmacology at the National Minor Illness Centre.
- **Two colleagues** are finishing their independent and

supplementary prescribing courses at Bedford University and Hertfordshire University. **A further two colleagues** are waiting for course places to become available

- **Six of our UCP colleagues** attended a three-day workshop which covered: male and female catheterisation; IV drug

administration; wound care, gluing and suturing

- A half-day Conflict Resolution training programme was hosted for our Luton Town Surgery workforce to provide colleagues with the basic tools and techniques to deal effectively with difficult situations and to build their personal resilience

## Hear what our colleagues say

On our website, we publish regular blogs about the different journeys of our colleagues at HUC. There, you can read more about what it is like to be an NHS Call Handler, a Receptionist or Driver at HUC directly from the people who work for us. Many share their individual stories of the training they have benefitted from, the opportunities HUC opened to them and their plans for the future.

One for them is Eslam Zahy, a Clinical Advisor in our Peterborough contact centre, who talks about how he strikes a balance between working for our NHS 111 service and studying for his Masters' degree in clinical nursing.

Visit [www.hucweb.co.uk/news-listing](http://www.hucweb.co.uk/news-listing)



## We are proud of our...



## Our Initiatives

COVID-19 has certainly been a massive challenge over the last year and we are proud of our achievements supporting the national response to the pandemic. At the same time, we continued to deliver other essential and innovative services and projects, which were not related to COVID-19.

### Rebrand

Thanks to our hard working and dedicated colleagues we have always worked closely with our local communities, NHS systems partners, commissioners, and national industry bodies to deliver services on a regional basis. As a result, we are no longer a Hertfordshire centric

organisation, and that is now reflected in our name. At the start of 2021, we moved away from our geographically linked name Herts Urgent Care and are now only known as HUC. While Herts Urgent Care will remain our legal name, all other references except those in contracts have been dropped.

To support the rebrand exercise, a dedicated rebrand team was put together for a fixed term, supported by a dedicated group of Rebrand Champions representing the different areas of HUC. Our email addresses also changed from the old `lastname@hertsurgentcare` model to `firstname.lastname@huc.nhs.uk`. During the rebrand period between January and March, the team updated **over 2,000** internal and external documents, ran a successful promotional campaign to raise awareness amongst colleagues and moved our corporate systems over to the new email addresses and user profiles. The exercise also included a refresh of our corporate materials including lanyards, signage and internal templates.

As a result, we are now an organisation with a more agile

brand, which supports our drive of embedding a 'one-organisation' culture and our ambition of Growing and Seizing Opportunities as part of our G<sup>2</sup>O strategy.

### **New Bedford Contact Centre**

Due to the planned redevelopment of Gilbert Hitchcock House, our Bedford contact centre since March 2017, it was necessary for us to find alternative premises to relocate to. Following discussions with our commissioner colleagues we were able to negotiate a move to the neighbouring Enhanced Services Centre (ESC). This provided us the opportunity to permanently move to much improved modern facilities and estates for our colleagues. After a few delays due to unforeseen challenges including COVID-19, the Bedford contact centre move happened over a pro-longed period at the end of 2020. As part of

a project plan, all colleagues were moved over step by step and a fully operational call centre was in place by end October.

With the continued pressure of COVID-19 restrictions, including the need to social distance which reduced capacity in the new site, we retained some space in Gilbert Hitchcock House to enable us to increase call centre capacity at evenings and weekends in readiness for Think 111 First.

The move was a great step towards creating a better working environment for our Bedford contact centre



colleagues, who we have received very positive feedback from about the new facilities.

### **Rota team**

In 2020, we undertook a full review of our rotas and associated processes and gave special consideration to feedback received over time from our clinical workforce, which particularly highlighted some challenges. As a result, we implemented several changes, including an automated system to assign shifts more fairly. These aimed to create equity for everyone who wishes to work for us, and to more equally distribute the workload across as many people as possible, ultimately helping us deliver an even higher quality of care.

A frequently asked questions document was shared with the workforce to address any concerns

about the change. After an initial settling in period, the new process has been very well received and subsequently our shift fill has greatly improved through the process.

## IT

Last year, the IT team **received 8,053 tickets**, an average of 22 a day, not including issues flagged as a walk in or on the

phone – an extremely busy year! A large proportion of the increase in support requests came from our home workers, who were set up rapidly, and ensuing natural teething issues. We have already described how, thanks to their hard work, the IT team managed to move over 300 colleagues to homeworking within the first months of the pandemic. Beyond this, the IT team have led on the migration of our

email systems from a local Microsoft Exchange set up to a fully hosted on Microsoft 365 infrastructure, which also entailed the email migration as part of the rebrand.

## Commercial team

During 2020/2021, our Commercial team expanded, appointing key roles, recognising that growth is a primary objective for HUC. These new appointments have

enabled us to better respond to formal procurements and CCG requests during the last year. The team have become integral within the organisation, working closely with internal stakeholders. Whilst responding to growth opportunities, having an established team has allowed processes to be formalised and embedded within the organisation.

## Our Governance

### Finance and Audit Committee

is chaired by a non-executive director, comprising of the Chairman as well as the Chief Financial Officer and other members of the team as required. The committee oversees

the annual audit process as well as key financial policies which help promote the overall financial health of HUC.

### Remunerations Committee

is made up of a mixture of executive and non-executive directors as well as the Head

of Finance. The Committee makes recommendations on pay and reward for members of the Board at HUC.

### Business Management Committee

is made up of a broad mixture of executive and non-executive

directors to oversee key business processes including financial performance, commercial and business development. The committee also reviews new business opportunities and investment decisions before they go to the main Board for approval.

## Our Financial Update



Following on from 2019/20, we continue to go from strength to strength whilst managing the impact of the pandemic. Revenue growth in the year was **up 10%** on prior year to £57.2m. This was driven mainly within existing contracts from volume impacts due to COVID-19 and Think 111 First, which offset the impacts of the reduced patient flow in Primary Care and subsequent income reductions in that area.

The impact of COVID-19 was also a significant financial challenge throughout the year. We worked closely with our commissioners to ensure that additional, identified costs incurred were recovered with a full audit trail and transparency.

Additional costs were charged on a cost neutral basis, demonstrated by the fact that we remain at a low margin business of around 3% surplus Year on Year.

Our underlying financial strength allowed us to further invest in our people. A major benchmarking review of all roles across the organisation saw salaries in many areas increased to align roles much more closely to the marketplace. During the year a number of incentives and bonus payments were made to colleagues to recognise the significant efforts to improve the delivery of our services.

A continued focus on ensuring timely and accurate billing, combined with a close alignment with our financial colleagues in the Trusts and Commissioners has continued to further strengthen our cash position to

£11.7m. This gives us a solid base to continue to invest in the business to meet the challenges of the uncertain environment that all providers will face in the coming months whilst ensuring that all ongoing liabilities can be met.

As a Commissioner Requested Service (CRS) provider, we have quarterly financial reviews with NHS Improvement (NHSI), which is a standard process for them to satisfy themselves as to the ongoing financial stability of NHS partner organisations. Our rating continues to be very strong which is built from both the financial position of the organisation and also the open and collaborative approach that NHSI and we ourselves work within.

Our accounts were once again audited by Grant Thornton using

collaboration technology for remote review rather than the traditional office-based approach. This worked extremely well for both parties and is likely to form the basis of future audit approach. As with all other companies, there was a significant focus on the additional audit standards required for going concern assurance due to COVID-19. Overall, the number of audit findings were small and reduced versus the previous year and we were given a clean bill of health with no issues for going concern.

Warm wishes,  
**Chris Middleton**  
**Chief Financial Officer**

## HUC in numbers



	2019/20	2020/21	
<b>Revenue</b>	£51,943	£57,156	↑
<b>Administration Costs (as percentage of revenue)</b>	20%	20%	↔
<b>Surplus after tax</b>	£1,909	£1,975	↑
<b>Cash at bank</b>	£7,082	£11,693	↑
<b>Reserves</b>	£2,483	£4,081	↑

## Our Growth

The NHS COVID-19 response has posed challenges for HUC around planned procurements, with the majority being delayed or cancelled, which impacted the expected pipeline significantly over the last 12 months. In addition to COVID-19, the NHS landscape is dramatically changing to move to ICSs, focusing on collaboration and breaking down barriers to service provision.

Although there have been changes in planned and expected procurements, the last 12 months have created opportunities working with our CCG colleagues to support the local COVID-19 response. Modelling and business cases that have supported the requirement to include a Respiratory Service, making use of contracted capacity and the Swabbing service. All of

these services have been commissioned to deliver patient focused care and are listed in this document.



In addition, we have also supported our partner community providers, including a GP support system to work within the West Essex Single Point of Access, provided by Essex Partnership University NHS Foundation Trust.

By mid-2020 Primary Care Networks (PCNs) were established in the main across England, providing the structure and funding for services to be developed locally through signing up to the PCN Designated Enhanced Service (DES). Our experience, reach and workforce provided a unique

opportunity to support PCNs to deliver many of the specifications of the DES.

Acknowledging Primary Care is at the start of its growth journey within the organisation, one of our corporate objectives for 2020/2021 was to develop and finalise a Primary Care strategy.

The strategy focuses on several phases, including:

- Transformation and development, which meant that HUC's Luton Town Centre became a 'showcase' for some of our innovative ideas, and demonstrating we are a quality provider of primary care services, who is fully involved in PCN development and delivery
- Development of models to deliver elements of Primary Care at scale
- Developing commercial models

for PCN/ICS support services and EA delivery

- Exploration of Digital Partnerships

We engaged with a number of PCNs and internal teams and developed a PCN Portfolio of services as a result to formalise what we can offer as a provider.

In addition, a PCN Engagement Strategy was developed, which will guide our engagement with PCNs as we move into 2021/22, further establishing links, joint working opportunities and supporting wider system collaboration.

As 2020/21 draws to a close, HUC has ambitious growth plans for the next 24 months, with a focus on collaborative working, whilst navigating the changes within the NHS and potential changes to commissioning.

## Glossary

### **ADDS**

The Accelerated Director Development Scheme is nationally recognised collaborative approach to senior leadership development. The overall aim of the scheme is to identify, develop and prepare high potential leaders to make the transition from operational to strategic leadership.

### **AIHVS**

The Acute in Hours Visiting Service provides in hours home visits to patients meeting the criteria.

### **BLS**

Training in Basic Life Support is used for victims of life-threatening illnesses or injuries until they can be given full medical care.

### **CA**

Clinical Advisor

### **CAS**

The Clinical Assessment Service consists of healthcare professionals including GPs, Nurses, Pharmacists, Palliative Nurses and Dental Nurses, facilitating early clinical input into the patient's journey for an improved outcome.

### **Category 3 and 4 ambulances**

Calls that are classified as urgent/less urgent. These usually require transport or clinical assessment at the scene or involve a face-to-face assessment.

### **CCG**

Clinical Commissioning Groups commission most of the hospital and community NHS services.

### **CLCH**

Central London Community Healthcare NHS Trust



**CRS**

The Commissioner Requested Service designates which healthcare services should continue to be provided locally if an individual provider fails financially.

**DHP**

Dacorum Healthcare Providers

**DVT**

Deep Vein Thrombosis

**ELFT**

East London NHS Foundation Trust

**EA**

Extended Access

**ED**

Emergency Department

**EIV**

Early Intervention Vehicle

**EOL**

End of Life

**EPS**

Electronic Prescribing Service

**EPU**

Early Pregnancy Unit

**EPUT**

Essex Partnership University NHS Foundation Trust

**ESC**

Enhanced Services Centre

**EVP**

Employee Value Proposition

**G<sup>2</sup>O**

Good to Outstanding strategy

**HCT**

Hertfordshire Community Trust

**Hot Hub/Hot Car**

Hot Hubs are local clinics with additional COVID-19 safety measures and treatment options for COVID-19 patients who qualified to be seen 'in person'. Those who could not travel to the clinics, were visited at home by a 'Hot Car'.

**HPFT**

Hertfordshire Partnership NHS Foundation Trust

**IUC**

Integrated Urgent Care

**LAS**

London Ambulance Service

**LFT**

Lateral Flow Test

**LUCS**

Local Urgent Care Service

**MIU**

Minor Injuries Unit

**NHSI**

NHS Improvement

**NHS Pathways**

A clinical system developed by the NHS that assess a patient outcome depending on answers to questions asked by call handlers.

**NWAFT**

North West Anglia Foundation Trust

**PCR**

Polymerase Chain Reaction test is a type of testing for COVID-19.

**PGD**

Patient Group Directives

**SCM**

Senior Clinician Module is a newly

incorporated NHS Pathways module, which gives clinicians access to ED appointment slots.

**SDEC**

Same Day Emergency Care, which include Early Pregnancy Units

**SPA**

Single Point of Access

**UCP**

Urgent Care Practitioners

## More Information

For more information about HUC and the services we provide, please go to [www.hucweb.co.uk](http://www.hucweb.co.uk)

For details about vacancies and if you would like to know more about the opportunities we provide, please visit [www.huc-careers.co.uk](http://www.huc-careers.co.uk)

Or find us on **Facebook, LinkedIn and Twitter @HUCHealthcare**

## Directors Financial Year 2020/21

**Executive Directors**

**David Archer**

Chief Executive Officer

**Dr Rafid Aziz**

Medical Director

**Janice Greenhill**

Chief Medical Officer

**Chris Middleton**

Chief Financial Officer

**Sarah Robertson Goldsworthy**

Chief Commercial Officer

**Non-Executive Directors**

**Conor Burke**

Non-Executive Director

(appointed 1 October 2020)

**Graham Clarke**

Chairman

**Michael Harrison**

Non-Executive Director

(resigned 31 December 2020)

**Ian Kenward**

Non-Executive Director

**Mark Sandler**

Non-Executive Director

(resigned 31 March 2021)



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