



# Annual Report 2019 - 2020

Putting the patient at the start and heart of our care

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## ABOUT US

Herts Urgent Care (HUC) provides accessible and high quality Integrated Urgent Healthcare services for the patients of Hertfordshire & West Essex, Cambridgeshire & Peterborough, Luton & Bedfordshire as well as GP Extended Access services in West Essex. If they have an urgent medical need, patients can phone the NHS 111 service provided by HUC to access medical advice, assessment and treatment. We also provide a range of other healthcare services to support patients and GPs, including running a GP practice, walk-in centre and a minor injuries unit.

Formed in 2008, HUC is a social enterprise. Any surplus we make is reinvested into our services, with the patient at the heart and start of what we do.

### Integrated Urgent Care (IUC)



Our integrated NHS 111 and Out of Hours GP service already has a multidisciplinary clinical workforce which we are building on, increasing the use of pharmacy services

and enabling access to specialist mental health services. This ensures that one phone call means patients get the ‘right service, right place, first time’.

The IUC model championed by HUC positions NHS 111 as the single telephone number to access a variety of healthcare services, including the GP Out of Hours service. The model incorporates a Clinical

Assessment Service (CAS) within the contact centre, which consists of healthcare professionals including GPs, Nurses, Pharmacists, Palliative Care Nurses and Dental Nurses, facilitating early clinical input into the patient’s journey for an improved outcome.

Where it is clinically appropriate, patients can be directly booked to see an Out of Hours clinician at a base, an Emergency Dentist or they can be referred to A&E or another appropriate service, including the despatch of an ambulance. We can also arrange a home visit if clinically required or direct book an appointment at the patient’s own GP practice.

As part of our IUC model, in East & North Hertfordshire, HUC provide an Acute In Hours Visiting Service (AIHVS) to GP practices. Patient visits within agreed referral criteria are undertaken by one of HUC’s Visiting Doctors or an Urgent Care Practitioner (UCP); they will treat the patient and then provide updated





patient notes back to the GP surgery. Our visiting service frees up valuable time for GPs, giving them more time to focus on patients in their practice.

## Primary Care

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

Luton has a large transient and culturally diverse population. The patient list size of the surgery has grown continuously since we took over management in April 2017. The practice is open Monday to Friday 8am to 8pm and the service includes pre-bookable, face-to-face and telephone appointments as well as those directly booked via NHS 111.

In addition, the practice also operates a UTC 7 days a week, which manages a wide range of minor illnesses and minor injuries each day. The clinical team see about 2,000 patients per month (65-70 patients per day). This takes pressure off local A&E and other emergency care services in the area.

### GP Extended Access (EA) West Essex

EA to general practice was launched as a result of the government mandate to make access to GP services easier for patients. HUC provide a joint IUC and EA service for patients in West Essex. This means that appointments with a GP, Nurse or other healthcare professional are now available in

the evenings and weekends at a variety of different locations. Patient notes are directly available to the patient's own GP practice.

### Hemel Hempstead

In the Dacorum locality in West Hertfordshire, the site nominated to provide the service is co-located with our GP Out of Hours base. HUC are supporting the local federation known as Dacorum Healthcare Providers (DHP), providing facilities, clinical resource, IT support and reception cover.

### Minor Injuries Unit (MIU) Cheshunt

HUC, in partnership with Hertfordshire Community NHS Trust (HCT) and Lea Valley Health Federation (LVH), provide minor injuries care at Cheshunt MIU for local people every day of the year. The service operates 8am to 8pm 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.





## CHIEF EXECUTIVE'S REPORT

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Welcome to our 2019/20 Annual Report, which I hope will provide an insight into the quality, innovation, performance and governance of our organisation. It also gives a more detailed overview of a number of our services and our achievements over the

last 12 months as we continue to grow and mature as a company.

This year so far has been unique for HUC and the wider NHS with the Coronavirus (COVID-19) crisis and the challenges that has created in being able to continue to deliver services and keep all colleagues safe. I am immensely proud of the efforts of all colleagues and the organisation as a whole in how, collectively, we have risen to the numerous challenges we have faced, implemented solutions, remained motivated and continued to ensure that we are there for the 3.5m patients we serve.

Some of the challenges colleagues have overcome to support the organisation have been truly inspiring and demonstrates the depth of caring and support that runs through the 'DNA' of the organisation. It has been a privilege to witness such commitment and lead such a dedicated, patient focused organisation.

### Good to Outstanding

Our mission is to provide high quality, fair, sustainable healthcare services to the communities we serve whilst offering rewarding careers that support the professional development for all our colleagues. We are proud of the achievements of our passionate workforce and of our 'Good' Care Quality Commission (CQC) rating, which is a result of the high standards we expect from our colleagues and their incredible commitment and dedication.

In setting out our strategy for the organisation for the next few years, 'Good to Outstanding' (G<sup>2</sup>O) became the overarching theme translating our ambitions and strategic direction of travel, which takes into consideration our starting position from a 'Good' CQC rating. We are keen to become an 'Outstanding' organisation, not simply in our approach to healthcare provision, but also in a number of key areas.

To help us on this journey, we developed the following priorities for the coming years:

- Making HUC a great place to work
- Providing the best possible care
- Delivering the best possible value for money
- To grow and capture new opportunities inside and outside of our current area
- To maintain and develop within our not-for-profit, social enterprise status

These five key headings of G<sup>2</sup>O are underpinned by a number of specific priorities linked to both the long-term strategy and annual objectives, which in turn will be embedded in our newly launched performance appraisal system to get everyone across the whole of HUC involved in making them a reality.

While the initial setting of the strategy took place at a senior leadership and executive level, we realise how important it is to engage our colleagues in shaping their focus and priorities. After all, their dedication and passion are HUC's biggest assets. That is why we invited them to a number of workshops around the theme of 'Great Place to Work' as part of the wider launch of the strategy and to give colleagues a chance to influence our focus.

After the outbreak of the Coronavirus pandemic (COVID-19) at the beginning of 2020, our priorities had to change at speed. The pandemic meant that HUC became a frontline service as the NHS 111 provider for a range of regions across the East of England and services were put under extreme pressure. Since lockdown was eased and we adapted to the 'new normal', we relaunched the G<sup>2</sup>O programme in June 2020 to

capture the learning from our experience managing COVID-19.

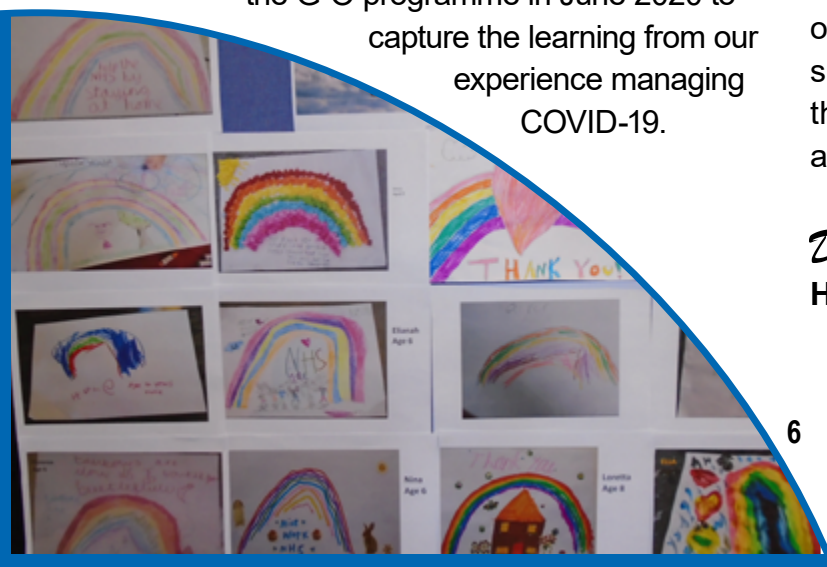
As a result, we updated organisational objectives for 2020/21 to create Good to Outstanding Plus (G<sup>2</sup>O+). The new strategy picks up from where we left off at the start of the year and has already taken forwards the development of a new staff forum, the launch of a performance appraisal system and the implementation of a pay review across the organisation.

During the last twelve months, we have also implemented plans to improve the culture of our organisation in key areas such as transparency, openness and accountability. This started with a reorganisation of directorate portfolios and has continued through into individual teams, changes to governance arrangements and improvements with engagement and communication throughout the organisation.

I am pleased to report that satisfaction from our patients remains high and that the process we have developed to manage feedback and complaints ensures that the learning is directly transferred to improving our processes, delivery models and, ultimately, the care we provide.

As always, I am extremely grateful to everyone for their contribution to the organisation over the last challenging, yet successful year. I look forward to building on that success to achieve our ambition of being an 'Outstanding' organisation.

*David Archer*  
**HUC CEO**



# CHAIRMAN'S REPORT

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I have been Chairman since 2015 and have always been proud of HUC, but especially so this year. Not only did we successfully step up to meet the many major challenges of

COVID-19, given the services we provide, we have of course also very much been on the front line.

The year can be categorised into three periods: Before COVID-19; preparing for the potential pandemic; and then working through the period of high infection, carrying on into our new Financial Year.

Since then, with the infection rate lower, HUC has embedded new ways of working and innovations piloted during the peak with an eye to the possibility of resurgence over winter.

## Before the pandemic:

For much of the Financial Year, our focus continued to be:

- Improving our performance for current contracts, including innovative and transformational configuration of service offerings to better meet patient and commissioner needs.
- Enhancing our infrastructure, to meet the expanded scale of our services.

- Building financial reserves to an appropriate level, enabling subsequent investment in new developments, while providing a buffer against key risks.

We achieved modest growth in areas which are of strategic, long-term importance, primarily within our current geographic footprint, after the period of significant expansion in the previous years.

Our G<sup>2</sup>O strategy was set by the Board to help us achieve our aim to become an 'Outstanding' organisation. We want to consistently be well within the top quartile of service performances in England on key performance measures. But there is a wider aspiration that includes all aspects of our organisation with a special focus on becoming a great employer. Enhancing our recruitment activities, training, development, appraisals, and appropriately rewarding staff are all key themes.

## Pandemic Response

As the prospects for a pandemic increased and its possible scale became evident early in the New Year, our leadership teams began rapid and complex planning, recognising that both our served population and our staff could be severely impacted. Given the role the NHS 111 element serves as the "front door" to urgent and unscheduled care, national measures required the organisation to step up, anticipating demand both from potentially infected people and the knock-on consequences, such as changes in accessing

primary care, dentistry and urgent care services. We have worked closely with our partners throughout the pandemic. Our various commissioning bodies worked together on a system-wide approach and that enabled greater pace, clarity and efficiencies than if we had to interface with multiple commissioners.

Our highest priority was delivering high-quality healthcare services albeit in a quickly changing environment and at increased demand levels, however we also needed to ensure that we could pay our increased bills, for which our commissioners stepped up their support.

Our previous work on improving our infrastructure, governance, organisation and processes provided a solid and resilient platform to build on. This included the Delivery & Performance Directorate adjusting its line management structure to have both geographic and service line accountabilities, which proved particularly beneficial in load-leveiling and when location became less important during lockdown.

## Pandemic

The COVID-19 workload increased drastically toward the end of our Financial Year. Inevitably, meeting demand at all times was challenging, but throughout, patient outcomes and clinical good governance remained excellent.

Measures to protect staff, especially needed in our three semi-open plan call centres, were put in place. We had some colleagues isolating and switched as many of all staff as possible to home working, with supportive telecoms and IT rapidly deployed. Rota fill levels were very good throughout and the commitment of staff was highly commendable.

We were able to augment the clinical resource including members of the healthcare community who had not previously worked with us, through collaboration with the commissioners and primary care practices: the NHS at its best.

Great tribute is due to the dedication, resilience and fortitude to all colleagues through the period. It is gratifying to note the many donations, notably food, provided to staff, and the NHS recognition events at many of our sites from the public and other services.

## Moving Forward: Post COVID-19 Peak

We were able to introduce new ways of working to meet the challenges at pace. It is incumbent on us to work through which elements can be retained and built on, while also keeping our best practices and processes from before. The G<sup>2</sup>O strategy has resumed as the backbone of delivering our vision which remains as:

***“Delivering the highest quality urgent care services in England, benefitting patients and the communities we serve, efficiently and effectively.”***







Just as HUC is working through the opportunities in the new landscape, so is the wider healthcare system. We anticipate that many of the changes previously foreseen will be accelerated, such as consolidation of the CCGs, placing fewer but larger contracts, as well as more collaborative working. Primary care is likely to evolve, as may the access pathways and delivery of urgent and emergency care. The recent rapid deployment of additional technology, enabling us to triage and book patients into primary care, the “virtualisation” of where the clinical workforce is located, remote patient consultation and prescribing are all examples where technology will be a key enabler.

These changes may help mitigate against the national workforce challenge of inadequate capacity in virtually all clinical positions. Irrespective of increase in overall healthcare expenditure, we also expect continuing pressure on organisations like HUC to be as efficient as possible.

***The NHS 111 service I received was first class. In fact I was impressed from start to finish.***

***Patient Feedback***

## Risks

We have a responsibility to actively identify and mitigate the key risks which could jeopardise our services.

They continue to be:

- Our ability to deliver the services commissioned within the funds available to us, to the required performance standards.
- We are reliant on clinicians to contract their time to deliver clinically safe and effective services, within our strong clinical governance framework.
- Technology and communications form the backbone of many of our services.

Winter has historically been a period of high demand, with the added uncertainty now of COVID-19 infection rates. We are as confident as we realistically can be that HUC can continue to adapt and evolve to deliver its vision in this very demanding climate.

## In Conclusion

“Key workers” is a good term for all of HUC’s staff, in whatever function they are in, not just those our service users interact with. COVID-19 has put many pressures on the organisation, and it is a credit to our colleagues that the year has been so successful. Hence a very big, well-deserved Thank You.

*Graham Clarke*  
Chairman

## OUR COVID-19 RESPONSE



As a healthcare provider during a pandemic, we worked closely with the Department of Health, NHS England and Public Health England (PHE) as well as local trusts and healthcare providers including other NHS 111 providers as part of a system-wide response. It became quickly apparent that NHS 111 would play a special part in the fight against the virus. This put HUC, alongside other NHS 111 providers, at the forefront of NHS England's COVID-19 response. As a result, late February, March and April saw our NHS 111 call volumes increase in excess of 100% as concerned residents across our patient communities called NHS 111 for support. Led by PHE guidance released across the country, we gave patients advice on how to manage the virus as well as general health information, as many, understandably, were confused by fast moving developments. I am immensely proud that our contact centre staff absolutely rose to the occasion and provided a fantastic service under very difficult circumstances. They were working in a constantly changing environment and, like everyone else, were affected by the pandemic as individuals. Our colleagues passionately supported patients during

this time with a sense of camaraderie and professionalism, which was truly inspiring to witness. Many colleagues also worked additional shifts as we tried to offer support to our service users.

It is hard to describe the challenges we faced while the country moved through the early days of the pandemic: as the scientific community learned more about the behaviours of the virus, new guidance was issued at speed. We adapted our processes quickly to ensure patient safety at all times.

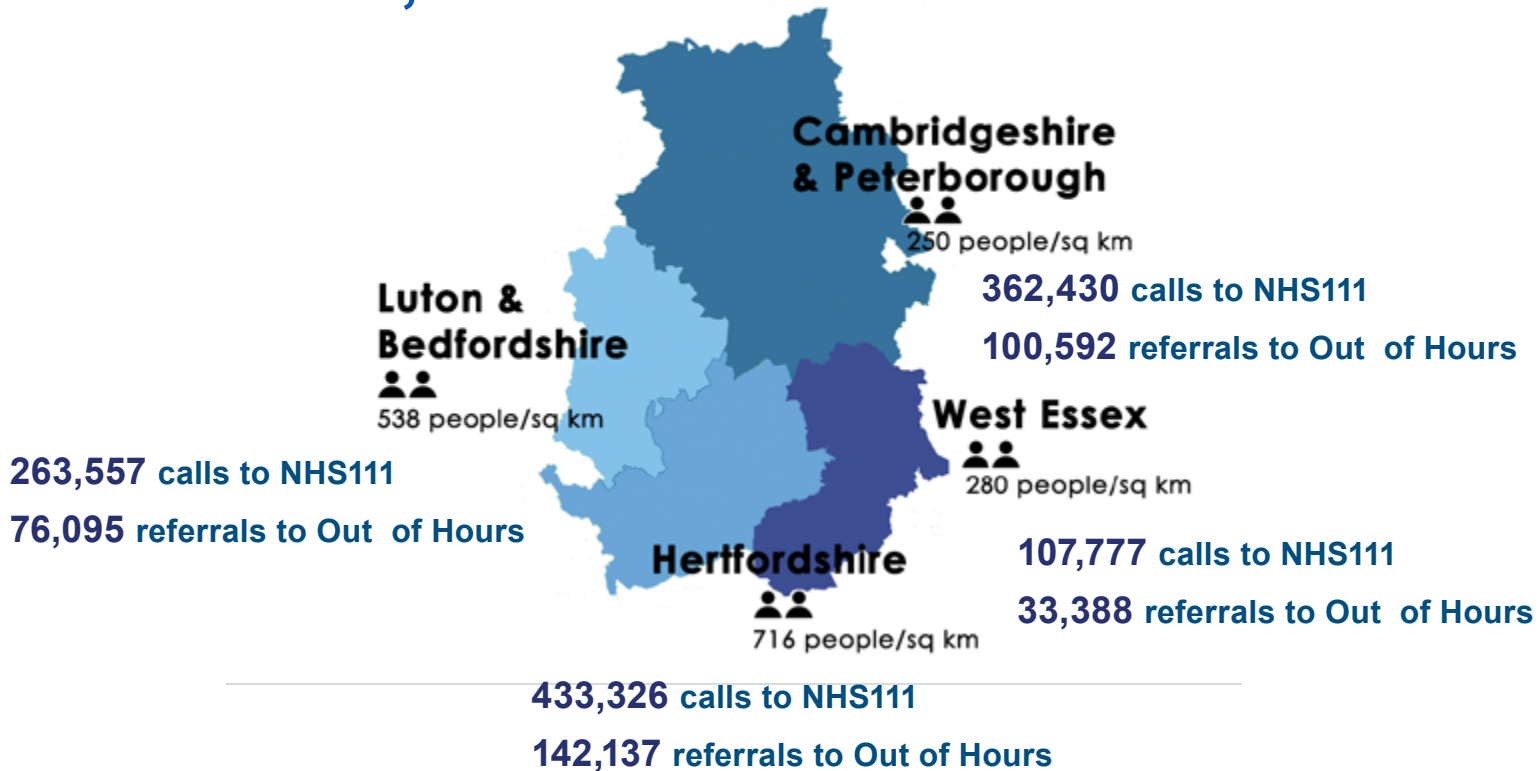
To avoid spreading the disease, General Practice closed to face-to-face consultations, moving rapidly to telephone and video consultations. Our Out of Hours services followed suit. Managing the risk thoroughly, we continued with urgent home visits. Clinicians triaged all patients carefully to ensure that there was no risk of cross infection. In addition, base appointments ceased, with the majority of patients having their concerns dealt with by telephone consultation and prescriptions were sent directly to pharmacies.



## In 2019/20...

... our NHS111 contact centres received **1,167,090** calls

... of these **352,212** were referred to the Out of Hours service



The health economy came together to support the system in a way that had not been seen previously and we were proud to play an integral part in this joint effort. GP colleagues from EA Services who were no longer seeing patients supported the huge amount of calls which needed clinical input. We established a clinician COVID-19 queue, which meant patients could be assessed by a senior clinician and a decision made to determine if a hospital review was necessary. We also established 'hot cars' and 'hot hubs' for potential COVID-19 patients to reduce the risk of cross infection.

Keen to help wherever we could, we stepped in to help with the back-office infrastructure for COVID-19 testing for NHS workers. Colleagues from Hertfordshire Community Trust (HCT) were

seconded to help with this project. During this period, HUC and HCT colleagues managed thousands of referrals for testing, organising appointments and giving information on results. This contributed massively to ensuring that colleagues across the health economy could continue to safely deliver health and social care services.

We care about the safety and wellbeing of our HUC colleagues and protecting our workforce was also a high priority during this time. 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 alcohol

gel and antiseptic wipes. Particularly important was also that colleagues 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. Our IT team reacted amazingly, supplying hardware and setting up colleagues for remote home working, allowing 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 world at HUC has changed beyond recognition but as I write, COVID-19 is making a resurgence across Europe. We remain alert and I am confident the changes we have made since February leave us in a much better place to manage whatever this virus throws at us next.

*Janice Greenhill*  
Director of Performance & Delivery

**In 2019/20....**

**162,102** calls were transferred to the CAS for early clinical input in the patient journey

**62,198** ambulances were prevented

**10,043** cases reached a pharmacy disposition

**9,280** cases were sent to the CAS Pharmacist

**30,684** cases were sent to the Dental Nurse

**5,480** cases where the patient was advised to go to A&E by the CAS GP

**which is 10%** of all cases with an A&E disposition across our services



# OUR SERVICES AND INNOVATIONS

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## NHS 111

The initial consultation after a patient rings NHS 111 is usually with a Health Advisor, who has received comprehensive training on NHS Pathways, a clinical tool used for assessing and triaging patients. Depending on the outcome of the initial assessment as to which service is most appropriate to look after their healthcare concern, the call may be passed to a Clinical Advisor, usually a paramedic or nurse within the contact centre. They may then give a further assessment over the phone and simple clinical self-care advice and support. If required, they can also book an appointment with a GP, escalate the call to a more senior clinician within the contact centre or dispatch an ambulance. This means by contacting NHS 111, patients experience a quick and easy process to get the right advice or treatment they need, be that for their physical or mental health.

NHS 111 was positioned nationally as the number to call or contact online if a person had symptoms of or concerns about COVID-19. This had a significant impact on our services and call volumes increased dramatically. Our services played a pivotal frontline role in supporting for the public through our telephony and online portals. We were proud to deliver this service to our patient communities and to be the reassuring voice at the end of the line in what was a difficult time for patients.

Across our contact centres, between 12 March and 12 April 2020, we took around 1,286 calls

related to the pandemic per day. This naturally had an impact on our ability to meet our agreed Key Performance Indicators (KPIs) as call volumes, like many challenges during the pandemic, were unprecedented. It is a credit to our colleagues that we managed to continue to offer a fantastic service to patients under extremely difficult circumstances.

## NHS 111 Online

An alternative option to calling is contacting 111 online. In 2019/20, 17,880 contacts were made via the online platform. Like our telephony service, users are guided through an assessment process by answering questions about their symptoms online. They then receive information about next steps, which could be where to go to have their healthcare needs seen to, e.g. visiting their GP or an urgent treatment centre, or what to do, i.e. self-care advice. Certain calls will trigger a call back from a senior clinician for a more in-depth assessment.

## Clinical Assessment Service (CAS)

The CAS is essential to the nationally advised 'consult and complete' model, helping to take pressure off ambulance services and Emergency Departments (EDs) and sitting at the heart of the IUC. NHS 111 can connect patients to the right healthcare professional, including a GP, Nurse or Pharmacist within the contact centre. This means that patients have access to a senior clinician at an early stage in their healthcare journey, leading to improved outcomes.

Across our services, our CAS offering continues to mature. COVID-19 had a big impact on CAS cases, which increased significantly as did validations.

### **Ambulance Dispatches**

All Category 3 (urgent) and Category 4 (less urgent) ambulance despatches are revalidated, i.e. reassessed by a CAS clinician. This helps ensure that patients receive the most appropriate care by the service best suited by their current healthcare concerns. In 95% of the calls which are revalidated, the patient's reassessment concludes that there is a more appropriate care pathway than an ambulance dispatch for their healthcare concern. Our CAS clinicians make a timely assessment of the patient who needs their intervention, ruling out red flags, signposting appropriately and performing thorough safety netting. The patient is fully informed of their ongoing care, areas to look out for and what steps to take should their situation change. Working together with the ambulance service across the regions we serve, East of England Ambulance Service (EEAST), who inform us

of any pressures they are experiencing, we manage patients to provide

seamless care. As an additional safety measure, our Senior CAS Clinician has oversight of all clinician queues.

### **Emergency Department**

Similarly, any illness ED dispositions are validated by CAS clinicians, while all injury ED dispositions are validated by a Clinical Advisor. As before, over 95% are revalidated, helping those patients to receive the care that is most appropriate for their condition.

### **Palliative Care**

We know that a timely response for end-of-life patients or callers contacting us on their behalf is incredibly important. To make their experience as smooth as possible whilst limiting the length of an NHS Pathways assessment, we have ensured palliative patients have access to a range of essential healthcare professionals, directing calls straight to the CAS for these patients. This includes nurses qualified in palliative care and primary or emergency care.

### **Mental Health**

In Cambridgeshire & Peterborough, when you call NHS 111, patients can press option 2 for mental health concerns, which is operated by Cambridgeshire Partnership NHS Foundation Trust (CPFT), and which has existed for a number of years. During the early months of 2020, we worked together with other partners across the regions we serve to implement option 2 mental health services in all the





other communities. This means that all of our NHS 111 services now offer an option 2, which diverts mental health patients to a local provider: EPUT in West Essex, Hertfordshire Partnership NHS Foundation Trust (HPFT) in Hertfordshire and East London NHS Foundation Trust (ELFT) in Luton & Bedfordshire.

### Early Intervention Vehicle

In East & North Hertfordshire, we operate an Early Intervention Vehicle (EIV) for care and nursing home patients. We are proud that through building strong relationships with social care providers, GP surgeries and as a result of excellent patient feedback, the service has become well established. It is designed for any resident that may have had a fall or requires medical attention, helping to reduce admissions to hospital and, where possible, treating the patient within their own care or nursing home environment. 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, who fully assesses the patient over the phone before any decisions are made regarding further treatment. If appropriate an Urgent Care Practitioner (UCP) will be dispatched to visit the patient, who 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.

### Dental

During the Out of Hours period, if people experience a dental emergency or require urgent dental care, NHS 111 and our IUC services form an important part of the dental care pathway. Problems could range from a broken denture, severe dental pain to trauma, all of which require prompt care to reassure patients or information on how to access dental services.

To explain, dentistry is commissioned by the NHS England localities – for HUC, this is NHS England East of England. Our West Essex IUC is the only NHS 111 service we operate which does not have a Dental CAS (DCAS).

During 2019/20, 99,228 cases dental calls were received across our services, 9,409 (9%) of which were handled by a Clinical Advisor. Overall, the average dental calls per day were 212. As a result of COVID-19 however, this rose to 570 during April 2020, due to dental service closures. During COVID-19, the highest daily percentage seen was 26%. To support this higher demand, HUC increased DCAS capacity and liaised continually with NHSE and our CCGs to relay our challenges and issues.



## Out of Hours

### Comfort calling

Comfort calling is a procedure used at times of increased demand on clinical triage or home visiting to help provide the best experience as well as manage patients' expectations and mitigate risk. All clinical home visits and telephone call backs are expected to be completed within a specific timeframe, otherwise a member of the operational team calls the patient to check if there has been any change or worsening of their symptoms. By working proactively in this way, we can quickly ensure a member of the clinical team calls them back as a priority if needed. Conversely, a patient's symptoms may have improved since the last contact and they may no longer require a callback or visit, which allows us to focus on those whose need is greater.

Overall, the response from patients is very positive and feedback received by our Patient Experience team reflects this.

### Direct Booking

Direct Booking is a process to make access to GP appointments easier for patients, encouraging the increased use of NHS 111. The scheme enables patients who ring NHS 111 and need a same day primary care appointment to be directly booked into their own GP practice subject to an assessment. There are different variations to the model: one example could be that when a patient calls their GP practice, they hear a recorded message, advising them

to select a specific number for a same day appointment, which will divert them to NHS 111 to be triaged.

Direct booking was very successfully piloted with several practices in Luton, where a change in patient behaviour was noticed. A greater use of NHS 111 could be seen during the usual GP opening hours period and a reduction in contacts with NHS 111 during the Out of Hours period.

Feedback from the pilot was very positive with the practices stating that the patients booked in for a same day appointment were appropriate. It also allowed the practice to better manage its same day urgent care provision.

Following the success of the pilot, Direct Booking was expanded to include all practices in the Luton & Bedfordshire area and is progressing across the wider organisational geography. By the end of the Financial Year, around 7% of all patients ringing NHS 111 were direct booked into their own GP surgery.

Representatives from NHS England visited the service to learn more about the direct booking facility and as a consequence, the successful Luton approach has informed national policy.



## WHAT OUR PARTNERS SAY...

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Our Healthwatch was delighted that HUC were commissioned to deliver the NHS 111 service in the Wisbech area. We had heard from people living in that area that they had difficulty accessing some of the services provided to the rest of the Cambridgeshire, for example First Response mental health crisis support. Having a single NHS 111 provider for the whole of Cambridgeshire & Peterborough makes sense and provides equity and consistency for local people.

**Sandie Smith, Chief Executive, Healthwatch Cambridgeshire & Peterborough**

We work closely with HUC to ensure we always deliver best patient care. Our services (NHS 111 and 999) liaise on a regular basis, with HUC's validation of calls coded for 999 services supporting collaborative working which makes sure that the patient receives the right care at the right time. An ambulance dispatch will not always be in the patient's best interest with an identified alternative service more appropriate to support the best outcome for the patient.

**East of England Ambulance Service (EEAST)**

Our collaboration with HUC was smooth and efficient with the best outcome for patients at heart. Both our organisations were really happy with the results, and patient feedback has been very positive.

**Graham Wilde, Chief Operating Officer, NWAFT**

The Early Intervention Vehicle service provided by HUC enabled many patients to be assessed and managed safely without the need to attend hospital or have a GP visit. Our care homes are very happy with this invaluable service for elderly and vulnerable patients, which enables both a safe and timely outcome for them.

**Hertfordshire County Council**

## NEW SERVICES

### West Essex IUC and EA

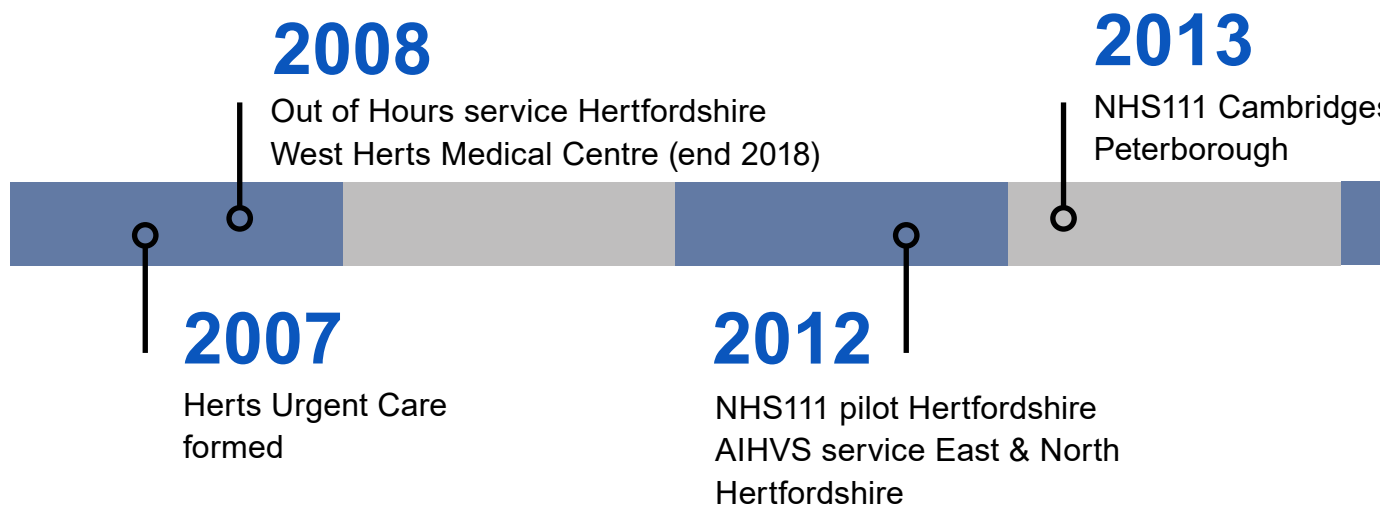
Working closely with a range of partners and stakeholders during the mobilisation period, we successfully launched the West Essex IUC and EA service at 11am on 1 April 2019. The West Essex NHS 111 service is co-located with our contact centre in Hertfordshire. A mix of EA and Out of Hours bases are spread 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. Naturally, as with any new service, there were some challenges along the way. But with the

hard work and dedication of our colleagues and working closely with our CCG, we have seen the service mature and have implemented service enhancements that positively impact the patient journey. Between 1 April 2019 and 31 March 2020, NHS 111 in West Essex received 107,777 calls, seeing 17,687 patients within the Out of Hours and 49,800 in EA.

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

## Our History



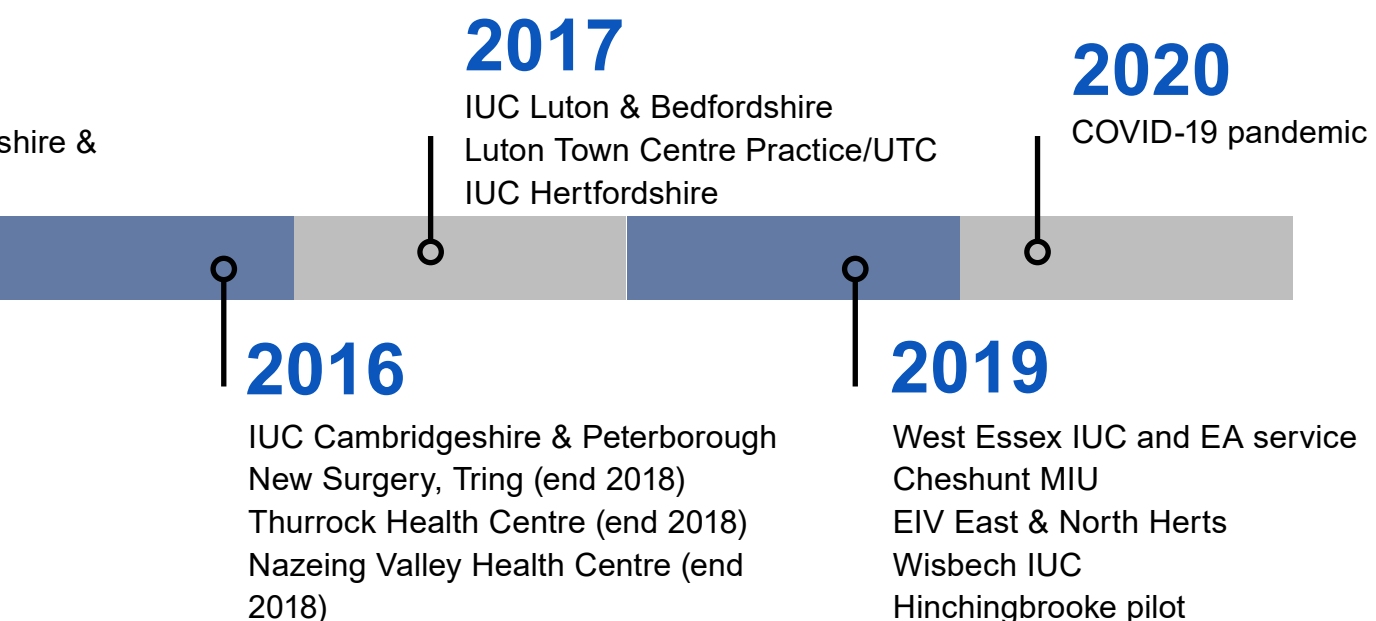
further development of the service, the CAS has grown, and we are now operating out of both the Hertfordshire contact centre and our Epping hub to offer our colleagues a local base closer to home. This means that we now see an increase in shift fill within the CAS. Our EA service across the region offers 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.

### Cheshunt MIU

On 1 April 2019, the same day as the West Essex launch, HUC took over management of the Minor Injuries Unit (MIU) in Cheshunt, in partnership with Hertfordshire Community Trust and Lea Valley Health, to great success.

In 2019/20, 23,621 patients attended the MIU, 99.95% of which were seen, treated and left the department within 4 hours. As a further indication of the success of the service and the achievements of our local partnership, 99% of the patients who attended the service stated that they are likely to recommend the MIU to friends and family if they needed similar care or treatment. An average of 95% rated the care and treatment from the staff at the MIU as good or excellent.

Our partnership agreed that 15% of any surpluses made within the service will be part of an 'innovation fund'. As such, we are working together with stakeholders to identify areas of opportunity in line with the NHS Long-Term Plan.



# SPOTLIGHT ON...

## Cambridgeshire & Peterborough

Over the past year, we have been working closely with partners and colleagues across Cambridgeshire & Peterborough, with a focus on providing a truly integrated urgent and emergency care service. HUC have been 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.

We have developed a delivery plan, split into two phases, which over the next two years seeks to introduce new service components, the use of digital solutions and eventually provide a new integrated model of care.

At the time of writing, the delivery plan was being modified to incorporate the learning we have gained throughout COVID-19. A recurring theme throughout this report is the

change of priorities, which was a challenge for all organisations involved. The plan also now includes the requirements of the Think NHS 111 First specification, about to be launched in the winter of 2020, to ensure that the new service is truly fit for purpose.

### Hinchingbrooke pilot

At the same time as these initial conversations took place in 2019, we were involved in a new initiative to provide the NHS 111 assessment service at the front door of a busy Emergency Department (ED), Hinchingbrooke Hospital, operated by North West Anglia Foundation Trust (NWAFT), in Cambridgeshire & Peterborough. The pilot started in September 2019 with a plan to continue into the New Year, but was cut short at the start of COVID-19.

To explain further, the pilot involved streaming self-presenting patients at ED to the most appropriate service for their healthcare concern. NHS 111 Pathways questions were used to reach a safe and appropriate outcome and resulted in a less pressurised ED department. NHS 111 Clinical Advisors, who are registered nurses or paramedics, completed the enhanced triage on site using NHS Pathways as their guide. 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. This meant that they 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 – NWAFT, CCG and HUC – agreed that the scheme had been a great success and achieved what it had set out to do in the few months it was running. We know the importance of creating strong relationships with partners, and this pilot gave us the chance to build further on existing positive partnerships with ED, primary care and urgent care.

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 will influence the future Think NHS 111 First models, which will be implemented across England in winter 2020.

## Wisbech IUC

Wisbech is a market town in the East of Cambridgeshire, bordering on Norfolk. Historically, because of Wisbech's close location to the Queen Elizabeth Hospital in Kings Lynn, the Norfolk provider was running this service. However, this meant that the people of Wisbech, due to differences in how the service was commissioned, did not have direct access to the Mental Health Crisis Line via option 2 provided by Cambridgeshire Partnership NHS

Foundation Trust (CPFT) unlike the rest of Cambridgeshire & Peterborough. Healthwatch Cambridgeshire had been asking commissioners to extend our IUC service to the residents of Wisbech, which was successfully launched on Monday 7 October. This means that now there is a consistent service offering across all of Cambridgeshire & Peterborough, including NHS 111 option 2.

Our Out of Hours base for Wisbech is located at North Cambridgeshire Hospital and allows GPs to see patients face-to-face for base appointments during the evenings and weekends. Our smallest base in the Fens, Wisbech sees lower activity compared to Ely and Doddington. The base has seen 832 patients booked into appointments, with most activity over the weekend, with full home visiting capacity for those patients with more critical needs. While closed overnight, the base is still serviced by our other centres in Doddington and Peterborough.

Future plans are in place to redevelop North Cambridgeshire Hospital, with an eight-million-pound uplift. Once complete, our Out of Hours centre will be moved to a fit-for-purpose newer part of the building. Sharing the fate of other projects due to start in spring 2020, this project has been put on hold to manage the COVID-19 response.





## Provide Best Care Possible At All Times



We are committed that the services we provide are both safe and of a high quality. A key element of our G<sup>2</sup>O+ strategy is a motivated and well-trained clinical workforce, from whom we expect high standards. My team, including our local clinical leads, and I engage with our clinicians on a regular basis to that effect. This year, a new Head of Nursing and Adult Safeguarding Lead joined us. We also continuously assess our delivery models to make sure they are sustainable and compliant in an ever-evolving healthcare environment and that they meet requirements for specification and workforce demands. Whilst we strive to meet our KPIs, which are a useful mechanism for the measurement of quality, we also focus on some of the wider aspects such as patient experience and professional feedback to identify areas for quality improvement.

In addition, my team have continued to develop and enhance our clinical audit process to ensure that clinicians working for HUC are complying with best practice. Where concerns have been identified, we have worked closely with the relevant individuals to support them with improvements to their practice, which has been evidenced in additional auditing and feedback as required. We also continue to

develop champion networking and supervision. Our weekly clinical newsletter keeps all our clinicians abreast of any important learnings, innovations and changes in procedure.

Demand for urgent care services and community services continues to increase. We strive to evolve our delivery models to ensure that our service capacity is correct. We have achieved this through the development of a skill mixed model, i.e. using a team of clinicians from different clinical backgrounds to support our patients' needs and serve our community. Further development of the clinical workforce continues, supporting clinicians to obtain additional skills and qualifications. We are also proud to be working proactively with the East of England Deanery on GP training and promoting urgent care as a rewarding career.

Going forward, with new contracts being taken on, our priorities will be to maintain our good performance and high quality through innovation, training and workforce development.

*Dr Rafid Aziz*  
**Medical Director**





## Safeguarding

We are committed to the principles and duties of safeguarding children, young people and adults at risk and that they are holistically, consistently and conscientiously applied. The wellbeing of all is at the heart of what we do, making every contact with our services count. We continue to demonstrate good practice regarding both adult and children regulatory inspections, e.g. the Section 11 of the Children's Act 2004, which places duties on certain organisations to ensure their functions safeguard and promote the welfare of children.

Our policies are reviewed in line with local and national guidance, aligning training and competence of staff to expected professional requirements. We offer a range of training alternatives tailored for the individual, dependent upon their role.

Our clinical colleagues working in face-to-face environments are trained to Level 3 Children's Safeguarding, while our contact centre staff are trained by our Safeguarding Lead to a level 2 to ensure that all children and young people are looked after appropriately.



We are proud to have close working arrangements with all Safeguarding Partnerships across the communities we serve and, on an ad hoc basis, with others out of area. We are dedicated to working with our partners on any investigations and, where appropriate, we participate in safeguarding strategy meetings led by the local authorities. Upon request, we can provide transcripts of calls to support investigations by social care partners, which are increasing in frequency. In some cases, they help to highlight lack of knowledge or awareness on the part of the clinician and provide opportunities for learning through reflection.

In 2019/20, we made a total of 3,013 safeguarding referrals, of which 1,052 (37%) were children and 1,829 (63%) were adults.

### Safeguarding Children

Nationally, neglect is the most common form of abuse as indicated by Child Protection plans. At HUC, our top three child referrals can be broken down into concerning neglect/omissions of care (52%), physical abuse (20%) and self-harm (16%). To better identify and help young vulnerable patients, our training highlights self-harm and child suicide attempts, which are both of increasing concern nationally, which is reflected in our level of referrals. The expectation is that this will continue throughout and beyond the COVID-19 crisis.



Our colleagues are also alerted to children who have been placed on a child protection plan through Child Protection Information Sharing (CP-IS) via Adastral. Across our services, there appears to be little difference between referrals made with the exception of West Essex. Overall, their referral rate is considerably lower.

## Safeguarding Adults

Abuse can happen to anyone, including those over the age of 18 years. Call handling staff are trained to Adult Safeguarding level 2, so they can identify, support and refer appropriately.

We comply with the Care Act 2014, professional requirements like the Intercollegiate Documents. Training data also demonstrates compliance with the Mental Capacity Act and The Deprivation of Liberty Safeguards, which are both contractual requirements across all commissioning groups. In 2019/20, 72% of our adult referrals were as a result of neglect. A total of 467 referrals (13% of total referrals 3,013) were made in relation to care homes and are often related to medication.

## Safeguarding Champions

Safeguarding Champions are staff members working in the contact centres, who have an interest in Safeguarding along with supportive skills. These champions are self-identified and receive additional training to enhance the quality of the referrals made by colleagues. Our Head of Nursing holds quarterly meetings with Safeguarding Champions to facilitate a group supervision process. These meetings are also open to other staff to enhance practice by the sharing of experience and results.

## Safeguarding Governance

The 2019 Section 11 Self-Assessment Tool was undertaken jointly by the combined commissioning groups and an action plan has been put into place to address some areas of learning. Our annual Section 11 visit evidenced that HUC continues to improve its management of safeguarding across its services.

Previous areas identified as requiring improvement at the time of the 2018 visit included organisational access to the national CP-IS and access to safeguarding supervision. These have now been successfully implemented across the organisation.

## Auditing

We have a rolling audit programme for Health Advisor and Clinical Advisor competency and utilise the online Clinical Guardian tool to undertake auditing for the senior clinicians in our services, which includes Controlled Drug







and antibiotic prescribing. We also review our bases during an inspection process on a monthly basis. As part of our auditing programme, we ensure learning is disseminated both to individuals and across different teams.

## Infection Control

Our Head of Nursing Ken West is responsible for our wider Infection Prevention and Control approach, with input from the wider clinical team and colleagues across the organisation. He sits on the Integrated Care System (ICS) Infection Control group in Hertfordshire & West Essex, helping to raise awareness of any concerns and national initiatives. He and the team also closely engage with stakeholders across other footprints. Infection prevention and control compliance is monitored through a monthly audit programme and internal incident reporting processes. In 2019/20, 13 cases were raised within Datix, our incident reporting system, six of these related to COVID-19. Base audits were carried out across all locations used to provide services for HUC, which include assessments of the fabric and décor of the building, privacy and dignity, cleanliness and medicine management along with other areas of potential clinical risk. In our 2019/2020 base audits across our services, infection control compliance scored highly.

A consistent approach across the organisation is imperative and our policies and Standard Operating Procedures (SOPs) ensure adherence to our infection prevention strategies. They are continuously reviewed to meet the current local

and national concerns with advice from infection control leads at our commissioners, PHE and NHS England. During the COVID-19 pandemic, like all healthcare organisations, we were faced with a number of challenges including implementation of social distancing measures at point of care. As a result, we reviewed our policies, SOPs and best practice almost on a daily basis in order to support staff and patients to remain safe. Any risks were managed with the help of a risk register.

***We have used NHS 111 service multiple time over the last year since the baby was born, each time we have been really impressed with the service. Very clear, caring, efficient. A great resource.***

***Patient Feedback***

## Sepsis

We take sepsis, an infection which can turn into a life-threatening medical emergency, very seriously. All our members of staff as well as self-employed clinicians must complete a sepsis module as part of their mandatory training regime every year, which

supports the recognition of sepsis early in the patient's journey. All clinicians are expected to complete sepsis training online if they do not have some other certificated evidence at appointment. We also encourage all clinicians to register and undertake the 'Spotting the Sick Child' training, which includes an update on sepsis. At all our bases, we display sepsis information prominently with normal parameters for both adults and children. As an additional tool to help clinicians spot this disease, which can be difficult to diagnose, 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.

## Patient Experience

Our in-house Patient Experience team investigate and record all feedback from stakeholders. This includes praise and compliments from our patients, healthcare professionals and other partners within the community. The team's work is vital in encouraging a culture of learning, continuous

improvement and innovation. In addition, any complaints received are investigated in line with the NHS complaints procedure framework. We also ensure patient feedback is sourced independently via CFEP UK Surveys. They contact a set proportion of patients who have called NHS 111, seen a clinician face-to-face at base or for a home visit to give feedback on their experience.

Additionally, we encourage patients to comment on their experience either via our website, by writing to us or by telephone. Our team feed any praise and accolades back to the staff member(s) concerned and any negative comments are fully investigated.

Similarly, healthcare professionals and other stakeholders in the communities we serve are always encouraged to provide professional feedback. This process creates strong working relationships and a mutual understanding of services, and often issues are resolved in "real time".

As an example of learning implemented following feedback, this year three patients with hearing disability reported difficulty during a doctor's call back. As a result, we strengthened our internal communications on the importance of using our talk and text service for the hearing impaired. In instances where patients with a hearing impairment contact us, we now place a special note on the patient's case file to ensure anyone involved in their care is fully aware of their needs.



In 2019/20, our IUC services received an increase of 23% calls. Only 0.02% resulted in a complaint. Similarly, Out of Hours cases increased by 40% to the year before. A complaint was made in only 0.08% of these cases. Lastly, our AIHVS team saw 7.5% less than the year before, only 0.01% of which saw a complaint being made. Overall, complaints decreased by 0.01% across all areas.

Within our primary care portfolio, our new Extended Access service offered 49,800 appointments to patients, of which 41,000 were booked. In 5,509 cases, the patient did not attend (DNA).

## Working within our communities

Our teams take pride in being part of the communities we serve and in our involvement in community activities across our patches. For example, during the winter months of 2019/20, our service team attended a number of interactive 'Winter Warmer' events across Hertfordshire & West Essex aimed at helping older people stay safe and well throughout the colder season and to ensure they are aware of the services available to them. We were proud to participate in a diverse range of talks from local community groups, councils and other healthcare organisations, covering a range of helpful topics from exercise and nutrition to what to do in an emergency. Our team explained how NHS 111 can help when residents feel unwell or need healthcare advice. Feedback was

extremely positive, and we hope to be a part again once social distancing measures allow.

All our contact centres regularly collect items for their local foodbanks, which is always very gratefully received. Over time, we have established strong relationships with the volunteers at these sites.

During the early weeks of the pandemic, our Hertfordshire contact centre dropped off 325kg worth of donations to the local Hatfield foodbank run by the Trussell Trust, which quickly became the normal amount going forward.

During the COVID-19 peak, many of our colleagues took immense pride and reward from the weekly "Clap for Carers" events on Thursdays. As key workers, they were at the front line of the COVID-19 response and it was an emotional experience for many of them to feel honoured in this way. As a special gesture of appreciation, all three of our contact centres were singled out as a focus of clapping by partner organisations during this time: the Hertfordshire police and fire department paid a socially distant visit to Welwyn Garden City, flashing their lights in appreciation of our work; their colleagues in that patch did the same for our Bedford contact centre; and in Peterborough the Chamber of Commerce Lincolnshire organised a fruit drop off and a huge lorry display thanking the NHS.



## Great Place To Work

### Senior Leadership Team

This year, we have welcomed a number of new senior members of the team, who will help us deliver our G<sup>2</sup>O+ strategy, including our new Director for Delivery and Performance Janice Greenhill introduced earlier, our new Head of IT Infrastructure Callum McCourt, Head of HR and Insourcing Deirdre Saliba, Head of Nursing and Adult Safeguarding Lead Ken West and Head of Primary Care Nicola Gibson and her subsequent maternity cover Zilpah Okeyo.

Leadership and communication is immensely important, especially across organisations like HUC where we have colleagues working across the whole 24-hour spectrum. Bridging the communication gap between the Executive Directors and colleagues across a constantly evolving and growing organisation while at the same time developing a team of senior leaders was a vital step. A Senior Leadership Team (SLT) with dedicated monthly meetings was formed in January 2020 to empower this group of colleagues to support the executive team in making decisions, demonstrating corporate behaviours as role models for everyone.

The SLT includes Heads of Service or Department and other senior colleagues. It is a forum for honest and open discussion, where we can review and share information

on service developments and progress of projects across HUC, using the collective experience of the group to discuss and unblock issues which are hindering progress. It is an information conduit for the executive team and for upward escalation of issues requiring executive attention.

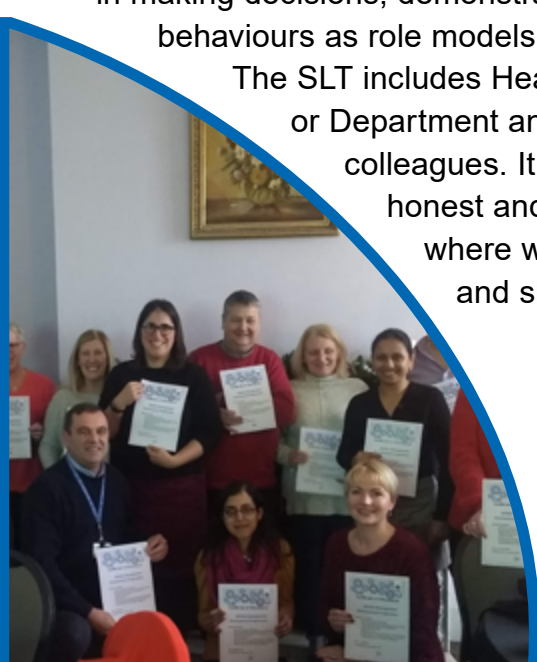
### Training

As part of our focus on becoming a 'Great Place to Work', we will extend our training portfolio further over the next years. In 2019/20, we started on that journey with a number of training activities in addition to our ongoing training activities for Health Advisors and Clinical Advisors on NHS Pathways.

It is commonly known that managers are the most important contact for any employee. That is why we launched our Management and Leadership Training programme in 2019/20 to help our middle and first-line managers perform this crucial role to a consistent standard across the organisation.

The course was rolled out to approx. 100 middle and first-line managers. The 9-month programme included modules on people and performance, building resilience and personal awareness.

We believe in the importance of continuous professional development. Last year, 25 clinicians across all our contracts attended courses in Minor Illness and Pharmacology at the National Minor Illness Centre. We





will extend this further going forward to create rewarding career progression opportunities as part of G<sup>2</sup>O+. In addition, our successful Basic Life Support courses are running throughout the whole year, enabling over 300 colleagues to receive face-to-face training, including the previously mentioned Sepsis Lactate Monitor Testing Kit and Anaphylaxis.

Likewise, educational events organised by our clinical team and local clinical leads take place regularly across all our services and are not only available to GPs but all clinicians. Topics this year included:

- Telephone Triage – Managing Risk
- Palliative Emergencies
- Ophthalmology
- Dental Care
- Cardiology
- Adult Safeguarding
- Frailty

Lastly, in line with the NHS Workforce Blueprint, we are further developing an apprenticeship programme for our contact centre colleagues, allowing them to complete a Blue Light Apprenticeship which is unique to their job role.

## Mental Health

Looking after the mental health of our colleagues is important to us, especially as we often work in challenging circumstances, advising patients in life and death situations, a situation exacerbated by COVID-19.

Approximately 75 staff members from our three contact centres attended incident debrief courses to boost our support for colleagues who have experienced stressful or upsetting situations at work. In addition, several colleagues also attended Mental Health awareness and Mental Health First Aider training, giving us a well-rounded internal offering for any colleagues who need mental health support.

Last year, a one-day Conflict Resolution training programme was introduced for our GP Practice colleagues to provide them with the basic tools and techniques to deal with difficult situations effectively and helping them build their personal resilience.

Those members of staff who would rather speak to an external, independent person can contact our new Employee Assistance Scheme Care first on a confidential basis. The new scheme was launched as part of our COVID-19 response to support the wellbeing of our “key worker” HUC community in March 2020.

## Flu Immunisation

Every year, as an organisation, we ask our colleagues to get immunised against the flu to help prevent the spread of this disease, which for vulnerable groups can be fatal. When they get the jab, not only are colleagues helping us to keep flu from spreading across our







communities, but also to manage the demand of poorly patients on our services. This year, we promised to make a donation to a charity at a certain percentage of staff having been immunised. As a result, we donated £500 to Cancer Research UK, a charity chosen by our colleagues. Due to the national lockdown, we were unable to present the donation in person, but upon receipt, the Cancer Research UK team shared a moving video with us, which can be viewed on our website [www.hucweb.co.uk/news/cancer-research-uk-donation](http://www.hucweb.co.uk/news/cancer-research-uk-donation)

As part of our recruitment process, we require evidence of an individual's immunisation status for any clinician working in a face-to-face environment. If the individual has chosen not to be immunised, then they need to sign a declaration to formally record this.

### Staff Awards

Our second annual staff awards were a resounding success with nominations up by 65% to the year before. Categories included Motivator of the Year, Unsung Hero, Rising Star, Outstanding Achievement and Team Excellence. The winners and runners-up were announced at our AGM on 23 October at Moggerhanger Park to huge applause. Presented by our CEO, they received a trophy as well as high street vouchers as a small gesture of appreciation for their achievements. There were tears of joy and surprise of those finalists attending who took away a trophy. Indeed, one of the winners gave a moving speech about his

own personal journey from having a serious healthcare concern himself to joining HUC as a way to give something back to the NHS.

### Service Structures

As one of her first tasks upon joining, our Director of Delivery & Performance reviewed the operational structures across the organisation. After engaging with the Heads of Service and colleagues across the organisation, the decision was taken to restructure the management and reporting lines across Hertfordshire, West Essex, Luton & Bedfordshire.

By alignment to service line rather than geographically, potential economies of scale were improved within management structures and the disparate workforce is now utilised much more effectively. As a result, the Heads of Service moved to support operational service lines across the HUC geography with a new Regional Head of Service for OOH, EA and AIHVS and a Regional Head of Service for NHS 111. This has been a positive move for colleagues and services, resulting in mutual aid across contracts with support and shared accountability becoming the norm. The restructure acted as a catalyst for change and further internal changes since then have taken place, allowing the teams to streamline and develop a robust and supportive management structure with clearly defined opportunities for succession planning and career development.

## Staff Survey

Our annual staff survey was conducted between 13 January 2020 and 13 March 2020. Due to the COVID-19 pandemic, which started halfway through the publication phase, the response rate was low at 39% of 949 participants. As the focus was on keeping our patients and workforce safe during the outbreak, survey evaluation came to a halt with an intention to share feedback later in 2020.

## Gender Pay Gap

As an employer with more than 250 employees, we are legally required to publish gender pay gap information on an annual basis to show how large the pay gap is between our male and female colleagues.

Our aim is to close the gender balance in all quartiles throughout the organisation to match our male and female workforce.

We are continuing to do everything we can to reduce the gap through multiple initiatives and this includes:

- Ongoing review and implementation of recruitment attraction methodologies and encouraging more female UCPs
- Developing a remuneration and reward strategy based on job evaluation and regular pay reviews as well as promoting flexible working arrangements, for example variation to standard shift times and patterns, annualised and compressed hours

## Bonus

A key plank of the G<sup>2</sup>O+ strategy is to ensure that we invest available funds into our staff to meet market rates and reflect the hard work that is required to meet our challenging performance targets.

In 2019/20, a number of bonus related schemes were implemented as a result of our strong financial performance. It was announced at the AGM in October 2019 that pay would be reviewed against market rates by April 2020. As an interim measure until this was finalised, a full year bonus of 2.5% was paid to all employees based on their salary earned during the year. This was paid in two tranches, one in January 2020 for 9 months and one in May 2020 for three months.

It was also recognised that there was a very challenging winter period followed by the start of the pandemic. HUC added further enhancements to rates to ensure the security of the service during this challenging time. Also, in recognition of the extreme challenges, a specific COVID-19 bonus was paid to all staff.





## Deliver Best Value Possible



Having developed a stable position in the previous year, 2019-20 was a good year for HUC financially. Revenue increased 22% year on year to £51.9m, driven by the full year impact of the West Essex contract, Cheshunt

MIU, a number of other smaller add-on developments including the extension of our services to Wisbech in Cambridgeshire and additional performance related income. A review of contracts and historic billing also generated some additional one-off income in the year. The impact of these initiatives saw the surplus increase by 134% to £1.6m. This has also flowed through into both HUC's cash and reserves position and shows the organisation is in a robust state financially.

Our key asset, our people, are responsible for HUC's success in no small way and as a reward for their commitment, we invested back into our workforce. During the year, as mentioned before, a number of incentives and bonus payments were made to staff as a recognition of the significant efforts to improve the delivery of our services. This was especially true during February and March when the impact of COVID-19 was felt across the organisation. Further investments in training and development of managers has been funded along with social events. As a

gesture of appreciation after a busy year, HUC Directors also sent out a Christmas present to each employee in the form of a high street voucher to treat themselves or their loved ones over the festive season. The organisation also contributed a small sum of money for those who wished to attend a HUC Christmas party at a local service or department level – in total 300 members of staff took up this offer. Feedback was very positive with many colleagues getting in touch to express their gratitude.

Under the leadership of our new Head of IT, Callum McCourt, an IT strategy has been developed. HUC is investing significantly in improving our IT infrastructure and resilience. We are also investing in our property portfolio, including a new Out of Hours base in Epping, a new contact centre in Bedford and a number of changes and upgrades to our Welwyn site.

Increasing financial awareness within the organisation has been crucial to HUC's improving situation. There has been training in budget management and significant business engagement in both the creation and managing of budgets and forecasts and linking these to operational performance. This is work that is set to continue in more detail into the future.

HUC is now a Commissioner Requested Service (CRS) provider. As part of this scheme, HUC has quarterly financial reviews with NHS improvement, which is a standard process for NHS Improvement to satisfy themselves as to the ongoing financial stability of NHS

# SPOTLIGHT ON...

## Information Technology

Over the last year, we have invested heavily in our IT infrastructure in order to increase resilience and support staff to deliver services effectively. One of these investments has been the implementation of new Health and Social Care Network (HSCN) connections being put into place at our Welwyn Garden City and Peterborough contact centres. Substituting existing N3 connections, these greatly expanded the available bandwidth at each location. Physical equipment is also being replaced, effectively exchanging all of the network infrastructure in our three call centres. Lastly, HUC is aligning with the wider NHS and implementing a switchover to Microsoft's Office 365 platform. Our Toughbooks used by SystemOne visiting

services will receive new software, which is more resilient to temporary network outages within less built up areas, which have been an obstacle in the past for these services. For consistency across the regions we serve, we are reviewing our server telephony systems and replace parts of the latter within the Welwyn Garden City and Peterborough contact centres. This would bring them in line with the systems used within our Bedford contact centre. Together, these changes will create a modern, robust IT platform, planned with both resilience and strong governance in mind.

Outside of these projects, COVID-19 made significant investment in time and money necessary to support colleagues with home working for both operational and administrative staff. This continues to be an area of high importance for the HUC IT team. To show the vast volume of work involved, around 300 members of staff were onboarded for home working in a one-month period at the peak of the pandemic.

partner organisations. This was HUC's first year in the scheme and has received a very positive rating that reflects the organisation's financial and operational development.

The impact of COVID-19 in February and March has caused significant additional workload, resourcing and investment challenges. We have been liaising regularly with our commissioners and are working with them to ensure that additional identified costs incurred are recovered with a full audit trail and transparency. Our financial position as a result has not been significantly impacted, is viewed as cost neutral and we expect to continue in this position during the COVID-19 affected period.

Across the economy, the impact of COVID-19 on the audit process and sign off of statutory accounts is proving problematic as many businesses struggle to maintain financial resilience. Accordingly, all businesses, including HUC, have to undertake extra due diligence with significant additional statutory audit requirements needing to be met. I am pleased to report that the audit process ran smoothly, and the auditors were re-assured that there were no financial implications to HUC. The accounts were approved without any notes, which is not common at the moment.

*Chris Middleton*  
**Chief Financial Officer**





## Grow and Seize Opportunities



This is an exciting time within HUC with the progression of both the G<sup>2</sup>O+ and Commercial Strategies setting out our priorities and direction of travel over the next few years. However, we operate in a

challenging environment and as such, we must ensure we are equipped to maintain our current position, whilst supporting our growth.

The commissioning landscape has changed over the last twelve months and continues to evolve in line with NHS strategy. CCGs continue to merge (up until April 2021) whilst scoping requirements to deliver services at scale, at the same time as balancing the place-based needs of their populations. As a result, a range of approaches are emerging, with different parts of England at different stages of development. Consequently, this has impacted the number of procurements coming to the market. Nevertheless, the decrease in formal procurements has allowed HUC valuable time to consider, plan and strategize its approach to growth for the future.

A reduction in procurements creates opportunities for HUC, allowing us time to embed further into the communities we are currently providing services for. The delegation

of some responsibility from national to local systems has meant greater requirements to work collaboratively with a variety of providers, as part of the evolving Integrated Care Organisations/Partnerships. This collective way of working with system partners has created new openings and opportunities for HUC to really focus our service portfolio around the needs of our populations.



***Thank you for saving my life. I initially phoned feeling a bit under the weather and a GP called me back and was seen in the Out of Hours, then sent to Watford A&E. I was diagnosed with pneumonia, sepsis and cardiac arrest and remained in a coma for four weeks. I am now recovering well and am very grateful.***

***Patient Feedback***



As we evolve, strategic partnerships are becoming increasingly important. HUC continues to nurture existing relationships, whilst investing time into developing long term partnerships, albeit currently in their infancy. We look at options to provide an element of resilience to other organisations.



Primary Care Networks (PCNs) are also at the forefront of the NHS Long Term Plan, bringing general practices together to work at scale. Previously GP practices have found different ways of working together; from federations to super-partnerships and clusters to networks. The NHS Long Term Plan and the new five-year framework for the GP contract, published in January 2019, put a more formal structure around this way of working, without creating new statutory bodies. As PCNs further embed into communities and become more influential as part of the move to collaborative commissioning, it is vital that HUC develops and builds relationships with PCNs and their respective Clinical Directors. Part of this engagement programme is to offer services that HUC provides to the PCNs and work together to develop service models to meet their specific population requirements.

HUC remains committed to growing its footprint geographically and focusing efforts on delivering services where we can make a difference to patients. Each new opportunity will be thoroughly evaluated to identify whether this fits within our organisational goals. Where new

opportunities may arise, our focus is to add value utilising our

experience and expertise, develop local relationships and work with a variety of providers to improve outcomes.

In addition to new business (procured, collaborative, proactive), the Commercial Team is focussed on reviewing current service models, working with the local operational teams to ensure demand profiles are updated, new ways of working are accounted for and to ensure we are delivering a fit-for-purpose, quality model for our patients and service users.

In recognition of and supporting the multi-faceted approach to growth - including procurements, collaboration, new relationships and reviews of our current models - HUC has invested in its Commercial function over the last six months. We have recruited three new positions: a Commercial Modeller, Market Development Manager and Business Development Manager. This is in an acknowledgement that growth is an essential strand to the organisation, creating future resilience and stability.

*Sarah Robertson Goldsworthy*  
**Director of Business Development & Strategy**



# GOVERNANCE COMMITTEES

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## Business Management

was set up to provide oversight of the financial, operational and business development activities at HUC. This committee first came together in April 2020 and since then has focused on the major issues facing HUC, such as the impact of COVID-19, new business opportunities, investments in technology and the setting of our annual budget. As a result, we have greater scrutiny into key issues that supports the Board decision making process. It helps support the overall governance at HUC and ensures we operate at a high standard.

## Finance & Audit

oversees the financial health of the organisation and works closely with our auditors to ensure that we maintain our financial discipline. Over the past year, our organisation has performed well in challenging conditions and the annual audit was completed smoothly.

## Remuneration & Nomination

reviews the annual pay and any performance related payments to our executive and non-executive board members. We have an

ongoing commitment to ensure that we attract and retain high-quality individuals in these key roles whilst acting fairly at the same time. Chaired by Non-Executive Director Ian Kenward, members include chairman Graham Clarke, CEO David Archer, Head of HR Deirdre Saliba and independent HR consultant Heather Whittaker.

## Performance

was set up to provide an in-depth review of contract performance holistically. By bringing together financial, operational and quality related data and personnel into one place, the group's aim is to identify areas for improvement across the contracts and functions that support them. COVID-19 has placed the services we monitor under immense strain at times and keeping a close eye on our performance metrics has been essential in order to maintain the high-quality service we have set as our standard. There was a considerable change of focus necessitated by the COVID-19 impact, but the key managers of our services maintained excellent performance under very challenging circumstances and superbly supported by enhanced business intelligence analytics.



***Considering the high number of calls NHS 111 must be receiving due to COVID-19 our call was very quick and referred immediately to a trained professional.***

***Patient Feedback***



## GLOSSARY

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### **AIHVS**

Our Acute In Hours Visiting Service provides in hours home visits in East & North Hertfordshire to patients meeting the criteria.

### **CAS**

The Clinical Assessment Service within the contact centre 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/Category 4 ambulance despatch**

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.

### **CP-IS**

The Child Protection - Information Sharing project is helping health and social care staff to share information securely to better protect society's most vulnerable children.

### **CPFT**

Cambridgeshire Partnership NHS Foundation Trust

### **CQC**

Care Quality Commission

### **DCAS**

Dental Clinical Assessment Service

### **DHP**

Dacorum Healthcare Providers

### **EA**

Extended Access

### **ED**

Emergency Department

### **EEAST**

East of England Ambulance Service

### **EIV**

Early Intervention Vehicle

### **ELFT**

East London NHS Foundation Trust

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

Our Good to Outstanding (Plus) corporate strategy plans to take our organisation from a 'Good' to an 'Outstanding' rating by 2022.

### **HCT**

Hertfordshire Community Trust

### **HPFT**

Hertfordshire Partnership NHS Foundation Trust

### **HSCN**

The Health and Social Care Network (HSCN) is a new data network for health and care organisations which replaced N3. It provides

the underlying network arrangements to help integrate and transform health and social care services by enabling them to access and share information more reliably, flexibly and efficiently.

### **ICS**

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

### **IUC**

Integrated Urgent Care

### **KPIs**

Key Performance Indicators are a set of quantifiable measures that a company uses to measure its performance over time.

### **LVH**

Lea Valley Health Federation

### **MIU**

Minor Injuries Unit

### **NHS Pathways**

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

### **NWAFT**

North West Anglia Foundation Trust

### **PCN**

GP practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks. They build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

### **PGD**

Patient Group Directives provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

### **SOP**

Standard Operating Procedures

### **UCP**

Urgent Care Practitioners are usually registered nurses or paramedics with extended training that provide primary care services via telephone or face-to-face, assisting in the workload traditionally carried out by GPs.

### **UTC**

Urgent Treatment Centres are GP-led centres which are open at least 12 hours a day and offer appointments through NHS111 or a GP referral. They are equipped to diagnose and deal with many of the most common ailments.



**The Directors between 1 April 2019 and 31 March 2020 were:**

*David Archer*  
**Chief Executive Officer**

*Dr Rafid Aziz*  
**Medical Director**

*Janice Greenhill*  
**Director of Delivery and Performance – appointed 1 September 2019**

*Chris Middleton*  
**Chief Financial Officer**

*Sarah Robertson Goldsworthy*  
**Director for Business Development and Strategy**

*Wendy Tankard*  
**Chief Operating Officer - resigned 12 May 2019**

*Becky Turner*  
**Director of Human Resources and Communications – resigned 16 July 2019**

**Non-Executive Directors:**

*Graham Clarke*  
**Chairman**

*Michael Harrison*  
**Non-Executive Director**

*Ian Kenward*  
**Non-Executive Director**

*Mark Sandler*  
**Non-Executive Director**



**HUC 2020**