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URGENT CARE 24 BOARD MEETING (OPEN)

DATE:	**26 March 2018**
TIME:	**10 am**
VENUE:	**Urgent Care 24 Board Room**
DISTRIBUTION:	**All Board members & attendees**
BOARD MEMBERS:	PAT HIGGINS (CHAIR), KATE LUCY, JAY CARR, KATHRYN FOREMAN, PAULA GREY, PAUL CUMMINS, SCOTT LINGARD, HELENA LEYDEN, DR MARY RYAN.
IN ATTENDANCE:	ALISON HUGHES, MARGARET SWINSON, COMPANY SECRETARY

AGENDA

				Pages
1.	Chair's Welcome, apologies for absence and opening comments			
2.	New declarations of interest		MS	
3.	Patient Story		HL/CR	
4.	Minutes of the meeting held on 25 January 2018 and Extraordinary meetings held on 5 and 21 February 2018			1-12
5.	Matters arising and action list progress			
6.	**Chair and Non-Executives' Report**			
	6.1	Chair's Report (including recruitment update)	PH	Verbal
	6.2	Non-Executive Director Appointment	MS	13-14
7.	**Chief Executive**			
	7.1	Chief Executive's Report	KL	15-16
	7.2	Review of 2017/18	KL	Verbal
	7.3	Objectives for 2018/19	KL	17-18
8.	**Performance**			
	8.1	Integrated Performance Report	Executive Team	19-41
9.	**Strategy**			
	9.1	Liverpool Community Health Independent Review		Separate attachment

10.	**Governance**			
	10.1	Risk Register items 15+ post mitigation	HL	On screen
	10.2	Draft Rules Update	MS	42
	10.3	Appointment of Senior Risk Information Officer	MS	43
	10.4	Update to DBS Policy	AH	44-46
11.	**Committee Reports**			
	11.1	Quality & Workforce	PG	47-48
	11.2	Finance & Performance	PH	49-50
	11.3	Audit	KF	51-52
12.	**Any other business**			

Confidential Items

Members of the Board are invited to move to confidential items of business.

Date and Time of Next Meeting

Date:	**31 May 2018**
Time:	**10.00am**
Venue:	**Urgent Care 24 Board Room**

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Board Meeting:-	Open Session	
Venue:-	Board Room, Urgent Care 24 (UC24)	
Date:-	25 January 2018	
Time:-	10.00am	
Attendees:-	**Apologies:-**	**Date of Next Meeting:-**
Executives (EDs) Kate Lucy (KL) *Chief Executive V* Dr Mary Ryan (MR) – *Medical Director V* Scott Lingard (SL) – *Director of Finance V* Jay Carr (JC) – *Director of Service Delivery V* Helena Leyden (HL) – *Director of Nursing* **Non Executives Director (NEDs)** Pat Higgins (PH) *Chair V* Kathryn Foreman (KF) *V* Paula Grey (PG) *V* **In attendance:** Margaret Swinson (MS) – *Company Secretary* Adam Doyle – *Notetaker* Carol Rodgers (CR) - *V indicates a voting member of the Board*	Alison Hughes (AH) – *Associate Director of HR*	**26 March 2018**

Item		Action
1.	**Chair's Welcome, apologies for absence and opening comments** PH welcomed everyone to the meeting and noted apologies from Alison Hughes.	
2.	**New declarations of interest** No new declarations of interested were registered from members of the Board.	
3.	**Patient Story** CR presented the "Patient Story", regarding a patient who had a positive outcome which had showed good collaboration, communication and escalation processes both internally and with external partners, which demonstrated that learning from previous incidents had led to a more patient centred approach and positive outcome. CR explained the "Patient Story" related to an elderly patient with full capacity for their decision making who declined hospital admission and had no family members able to remain with him to ensure his safety. The Community Urgent Response Team was contacted, however they would be unable to attend within the next 12 hours.	

	Correct escalation processes had been implemented from the shift manager through to the director on call, which enable a discussion between triaging GP, visiting GP and the director on call. The outcome of the joint collaboration was that the Community Urgent Response Team reassessed the situation and prioritised the patient to have an assessment within 4 hours rather than the initial 12 hour assessment offered. As a result, the patient was able to remain at home alone, safely, did not develop Sepsis and did not require admission to a Hospital. CR confirmed that the story had been communicated to Shift Managers and KL commended the positive, non-defensive approach that had been used. The presentation had been attached to the pre-inspection CQC information pack. **CR left the meeting.**	
4.	**Minutes of the meeting held on the 23 November 2017** The minutes of the meetings held on 23 November 2017 were agreed.	
5.	**Matters arising and Action Log progress** Both actions from the November meeting had been cleared.	
6.	**Chair's and Non-Executives' Report** **6.1 Chair's Report** PH presented her report recording activities since the November meeting and drew attention to the short notice cancellation of the Chair to Chair meeting with the GP Federation which has now been rearranged for the week commencing 29 January 2018. KL observed that, whilst understanding that it not always possible for an individual to attend events and meetings, it was important to be aware of the importance of intra-organizational dialogue. She expected UC24 to increase its hosting role in the future. The Board: • Noted the Chair's report.	
7.	**Chief Executive** **7.1 Chief Executive's Report** KL reported that overall the organisation had performed will in spite of some challenges. She drew attention to: • Sefton Practices: there had been improvements in clinical recruitment, particularly with the nursing team. UC24 had been holding stake-holder engagement sessions, which would in the future. • CQC: KL explained that she was maintaining contact with the CQC inspector for the Asylum service to keep them informed of progress. A meeting had also taken place with the CQC inspector for the Sefton practices. • System wide CQC Review: KL had been involved in a system wide CQC review of the local area and remarked that there was currently a lot of CQC activity in the area. • Staff Conduct: KL noted that work was ongoing in respect of staff conduct issues at present. A written code of conduct was being worked on which would be presented to the Board later in the year.	

	PH asked whether UC24 had been notified of the date for the Out Of Hours service CQC inspection. No date had been agreed but KL expected it would be the third week in February as there was usually 2 weeks' notice. The Board: • Noted the Chief Executive's report.	
8.	**Performance** **8.1 Integrated Performance Report** JC introduced the IPR, noting that December KPI's reported reasonably good performance, although three NQR's were non-compliant, especially in the context of the system-wide pressures. There had been an interesting pattern of demand over the month, and the high volume of patients carried over into January. **Service Delivery:** JC stated the NHS 111 online service was due to begin its trial in select areas of Liverpool at the end of January 2018. The effects on UC24 services would be monitored. **Out of Hours**: Boxing Day had shown lower service demand than in previous years which might be a result of the continuing maturity of the 111 service. JC noted the improvement in the escalation process though further work was required, and presented an example were UC24 reported moderate service pressures which should probably have reported as severe pressures, this triggering a different response. **Primary Care Streaming:** MR presented the KPI's for the Primary Care Streaming services at the Acute Hospital sites for November and December. The service was well used at the RLUH and Alder Hey, though Aintree were currently re-evaluating their use of the service in an attempt to increase efficiency. UC24 representatives had attended business and governance meetings for Primary Care Streaming which were beneficial. **Knowsley PCS**: JC presented the Knowsley PCS KPI's. The risk regarding the use of the EMIS system remained and he was in regular contact with Commissioners regarding this risk. The service was due to be decommissioned in its current form at the end of March. Discussions regarding the future were ongoing. **Sefton GP Practices**: JC presented the Sefton GP Practices KPI's, reminding the Board that these were in development and subject to input from IMersey. Only two practices had submitted data which made the results unreliable at present. The Board noted: • Performance for November and December 2017. • The assurances that the necessary actions are being taken. • Commended the resilience of the system over the festive period. **Finance:** SL presented the Finance report stating that the IPR has changed to record 12 months of comparative data rather than 3 months data as previously. He reported that the in-month budget variance was 120k and the revenue position was a deficit of 130k. Expenditure of the Out Of Hours service was high in December and whilst the expenditure was expected to be high, it had exceeded anticipated levels. This would be monitored in January and February to ensure the service was realigned with budget.	

SL noted the debtors for the organisation and that there was some expected funding due in for Sefton.

The Board noted:

- That it would be necessary to monitor the proactive efforts to recoup outstanding debt owed to the organisation.

Quality:

HL presented the Quality report highlighting:

- The organisation's position with the Friends and Family Test had moved to a position of partial compliance though recommendations remained high. Not all patient comments or scores are related to UC24's performance as it was inevitable that the patients would reflect the whole of the treatment pathway.
- 60 incidents had been reported in November and 79 incidents in December. HL noted that this was consistent with previous months and highlighted that staff were confident in reporting issues.
- That a typing error amendment was needed to the safeguarding reports, to change "Affection" to "Affecting". HL explained the Safeguarding activity and reporting would be of interest to the CQC in the inspection though the level of safeguarding reporting had dropped across the organisation since the transfer of the 111 service back to NWAS
- 5 Complaints had been received for the Sefton practices, 4 for Liverpool CCG area, 2 for Knowsley CCG area and 1 for the Halton CCG area in November and December. At the end of December there were 14 open complaints.

The Board noted:

- The patient story, presented earlier by CR, had been recorded as an incident.

Workforce:

SL reported that:

- There is a positive trend in the staff turnover rolling 12 month average which was expected following the transfer of the NHS 111 service. This trend is expected to continue over the months.
- Mandatory training compliance remains high. PH asked all present to ensure they are fully complaint with their mandatory training, MS explained that the training team inform her of any potential non-compliance of mandatory training for board members.
- Appraisals were due to start again in the New Year. PH reminded the Board that it was important for appraisals to be completed and asked all present to ensure appraisals are booked and planned in advance.

The Board:

- Noted the quality report and complaint statistics.

8.2 Clinical Recruitment

Medical Recruitment

MR presented the Clinical Recruitment report. Ten GPs had been recruited for Sefton, comprising 3.2WTE. This reflects the trend towards portfolio working. Recruitment to the Out of Hours service continued, with agency rates remaining around 25%.

The medical structure for UC24 had been populated with names where posts were filled. Job descriptions had been written for new/existing roles. MR reported that Sandra Oelbaum (SO) had been appointed as Deputy Medical Director from March

	2018. She would work in this role two days a week and as GP lead for the Sefton Practices in the balance of her time. The new Pharmacist position of Head of Medicines Management had attracted a good field and interviews would be taking place shortly. Dr John Caldwell would be moving to the Quality Improvement team, with a focus on Sepsis prevention, and a new medical lead for Out of Hours would be appointed. KF asked whether the pharmacist would be able to prescribe during times of high service demand. MR explained this might be a possibility, but was not be a direct function of the role. There may be opportunities to employ clinical pharmacists in the future, to deal with a range of issues over weekends and bank holidays, however governance issues would need to be investigated first. The Board: • Commended MR for the setup of the medical structure and providing information regarding the recruitment process. **Nursing Recruitment** HL presented nurse recruitment report reminding the Board that Advance Nurse Practitioners were in high demand across NHS services. HL noted guidance received that Practice Nurse training had been reduced to mentorship and non-medical prescribing. UC24 need to determine how train their own nurse practitioners and to ensure they were competent. UC24 had conducted a successful pilot for use of ANPs in Out of Hours which would lead to permanent opportunities in the organisation. Work was ongoing to identify other opportunities for ANPs in the organisation. The governance assurances required before an ANP could work for UC24 were being developed and indemnity issues clarified. ANPs would need to provide evidence that they were either insured via RCN membership of a dedicated insurance policy. A Steering group was being set up to oversee the governance issues regarding ANPs. Three individuals had been successfully interviewed for positions as Practice Nurses but attracting staff was challenging as UC24 was not operating Agenda for Change terms and conditions. This was under review. The nursing position at the Asylum Practice remained vacant in spite of recruitment rounds. This was partly attributable to the specific qualities and abilities required by the post. KF asked if there would be a “tie in” period required for any nurses trained at UC24, to ensure they do not leave imminently after completing their training. HL stated this may not be possible due to human rights requirements. KL stated HL had addressed the problem well, and the issue was now being addressed by the executive team, particularly with regard to the Asylum Practice as the organisation was unable to provide a positive progress report to the CQC inspector. PH thanked HL for her contribution to the report. The Board: • Noted the current status of clinical recruitment.	
9.	**Strategy** **9.1 Primary Care Services Transformation Plan** JC presented the Primary Care Services Transformation plan, reminding the Board that the Sefton Practices had initially been very challenging but the scale of the challenges was now understood and an action plan was now in place. JC stated project methodology with weekly meetings and updates would be applied to the service change. PH enquired if there was an error within the report regarding	

	the start date of the project, asking if the date should be 2018 instead of 2019. JC confirmed it was an error and should be 2018. The performance of the project would be monitored via F&P and that whilst finance was important within the model it was also critical to ensure patient expectations of the services were focussed. MR explained that part of the brief for the new Deputy Medical Director would be the development of a measure for patient outcomes, to ensure the action plan was having a meaningful effect on patient satisfaction. The Board: • Noted progress on the development of the project plan to deliver service transformation across UC24 South Sefton GP Practices **9.2 Accountable Care Systems** The Board noted the presentation circulated.	
10.	**Governance** **10.1 Risk Register Items 15+ post mitigation** **Multiple pressures on IUC and PCS budgets leading to a projected overspend**. A final invoice had been sent to NWAS and a CEO to CEO response request sent. There had been been no response prior to the Board meeting. SL had attempted to contact the NWAS Director of Finance but had had no response, hence the escalation to CEO level. KL had informed Liverpool CCG and would update Commissioners following the board meeting. There has been progress regarding the funding of the Sefton Practices. **CQC inspection of the Asylum practice**: Although this risk had reduced in impact, it remained on the report because of its reputational significance and to ensure the board were kept fully informed of all progress. CQC would be invited to reinspect the service when they had been given assurances and were confident that all actions had been completed. **Nursing and non-medical workforce:** This had been discussed under item 9.1. The key risk was that CQC had raised concerns about the reliance on agency nurses at the Asylum Service. UC24 planned to approach Brownlow Health for assistance in developing training for practice nurses, as they had experience in this area. The Board: • Noted the risks and the work being undertaken in mitigation. **10.2 Draft Rules and Regulations** MS presented the paper and draft annotated rules, which had not yet been reviewed by lawyers. She went through and described the areas where changes were proposed in line with the discussions in June 2017 and subsequently. KF and MS discussed the “declaration of interest” that is documented on page 54. MS stated a potential issue of removing a person from discussion due a declaration of interest is that it may take out the most knowledgeable on the subject. KF stated that such instances will have be managed on an issue by issue basis. MS commented this a particular area in which she is looking for advice from a legal perspective. PH enquired about page 52 on item 6.2 on the paper. MS explained that this was a transitional clause relating to terms of office which would be redundant after the review, though a new transitional rule may be necessary.	

	MS hoped that a legally scrutinised version of the draft paper would be available for the March Board. Further work on other potential structures which may be required would follow. The Board: • Noted the current draft rules upon which legal advice would be taken. • Noted that further advice on whether other legal structures were needed by the organisation was being taken • Noted the process for development of the Regulations (How we do things here) document and meeting protocol sheet. **10.3 Website and logo** MR informed the Board that a decision had been made not go live with the new website on the 25 of January, however it had been updated with new photos and new content. The job vacancies page was live and individuals were able to apply via the web page. The "Contact Us" page had been updated an email would automatically be sent to the Communications team when it was used. Additional information would be added to the pages relating to the Sefton Practices. PH enquired whose responsibility it would to ensure the website remained up to date, KL explained that this was being discussed.	
11.	**Committee Reports** **11.1 Quality & Workforce** PG emphasised the employment of a Prescribing Nurse and noted the helpful analysis of reasons for staff leaving which had been introduced to the Workforce report. The Committee commended the team on the handling of the Management of Change process, in particular Alison Hughes. The Committee also offered assistance in the scrutiny of policies in light of the additional Board meeting scheduled for 5 February. The Board: • Was assured that the committee is giving due scrutiny to the information presented to it • Noted the main issues from the meeting	
12.	**Any Other Business** 1. KL reported that UC24 would be strengthening its working with Alder Hey in respect of specialist support with areas such as Health & Safety as they had proved to be a more responsive partner than Mersey Care. 2. MS reminded all present to ensure they wear ID badges and to ensure the information on them was still current and valid. 3. KL explained that, during this meeting, she has been informed that CQC inspection would take place on 27 February and would focus solely on the Out of Hours Service.	

Date of next meeting: 26 March 2018

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Board Meeting:-	Extraordinary Meeting	
Venue:-	Board Room, Urgent Care 24 (UC24)	
Date:-	5 February 2018	
Time:-	1pm	
Attendees:-	**Apologies:-**	**Date of Next Meeting:-**
Executives (EDs) Dr Mary Ryan (MR) – *Medical Director V* Scott Lingard (SL) – *Director of Finance & Business Services V* Jay Carr (JC) – *Director of Service Delivery V* Helena Leyden (HL) – *Director of Nursing* **Non Executives Director (NEDs)** Pat Higgins (PH) *Chair V* Paula Grey (PG) *V* Kathryn Foreman (KF) *V* **In attendance:** Margaret Swinson (MS) – *Company Secretary* *V indicates a voting member of the Board*	Kate Lucy (KL) *Chief Executive V*	**tbc**

Item		Action
1.	**Apologies and welcome** PH welcomed everyone to the meeting and noted apologies from Kate Lucy. PH reminded the Board that the minutes and actions from the January Board meeting would be considered at the March Board meeting.	
2.	**Declarations of Interest** The Board noted no new declarations of interest for the register but members were reminded to declare an interest on any specific item of business if required.	
3.	**Chief Executive's and Chair's Business** No specific items.	
4.	**Service Delivery** No specific items.	
5.	**Clinical Team** No specific items.	

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Board Meeting:-	Extraordinary Meeting	
Venue:-	Board Room, Urgent Care 24 (UC24)	
Date:-	21 February 2018	
Time:-	3pm	
Attendees:-	**Apologies:-**	**Date of Next Meeting:-**
Executives (EDs) Kate Lucy (KL) *Chief Executive V* Scott Lingard (SL) – *Director of Finance & Business Services V* Jay Carr (JC) – *Director of Service Delivery V* Helena Leyden (HL) – *Director of Nursing* **Non Executives Director (NEDs)** Pat Higgins (PH) *Chair V* Paula Grey (PG) *V* **In attendance:** Margaret Swinson (MS) – *Company Secretary* *V indicates a voting member of the Board*	Kathryn Foreman (KF) *V* Dr Mary Ryan (MR) – *Medical Director V* Alison Hughes (AH) – *Associate Director of HR*	**tbc**

Item		Action
1.	**Apologies and welcome** PH welcomed everyone to the meeting and noted apologies from Mary Ryan, Kathryn Foreman and Alison Hughes. She drew attention to the comments which had been submitted by KF following her review of the documents prior to the meeting. PH reminded the Board that the minutes and actions from the January Board meeting would be considered at the March Board meeting.	
2.	**Declarations of Interest** The Board noted no new declarations of interest for the register but members were reminded to declare an interest on any specific item of business if required. The meeting noted that KF's membership of the Health & Social Care Professions Council was relevant to some of the policies under consideration.	
3.	**Chief Executive's and Chair's Business** No specific items.	
4.	**Service Delivery** No specific items.	

5.	**Clinical Team** No specific items.	
6.	**Governance** **E6.1 HR Policies for approval** **Disclosure & Barring Service Policy**: The Board reviewed and approved the policy. **Equality & Diversity Policy**: The policy was based on the earlier statement and strategy. The policy was a stand alone policy and the Board noted that the requirement for Equality Impact Assessment for all policies was included in the Policy for Policy Management and did not therefore need to be set out separately in this policy. Two paragraphs had been duplicated and these would be removed. Subject to that amendment the policy was approved. **Dignity at Work Policy:** The policy was agreed with the following amendments: • Missing words in the Acronym on page 8 • Addition of the Whistleblowing lead to cover situations where an individual might feel bullied by the HR manager **Fit & Proper Person Policy:** The Policy was approved. **Professional Registration Policy:** The Policy was approved subject to the removal of a question in para 6.3. **Recruitment and Selection Policy:** The amended policy was approved The Board: • Approved the policies for immediate adoption as detailed above. **E6.2 Health & Safety and Lone Worker policies for approval** **Health & Safety Policy**: The policy was agreed subject to the amendment of typing errors. **Lone Worker Policy:** SL highlighted that this was version 15 of the policy but that it had not previously been presented to the Board. The policy superseded the Chaperone & Lone Worker policy. Subject to the review of queries raised by KF the policy was approved. The Board: • Approved the policies for immediate adoption as detailed above.	

7.	**Finance & Business Support** **E7.1 NWAS invoice** SL reported that NWAS had settled the outstanding invoice in full. Whilst the invoice had been included in income in the management accounts, provision had also been made in the event of non-payment. The settlement of the invoice therefore improved the current financial position. The Sefton Local Quality Income had not yet been received but, assuming this was received, the organisation should achieve break even in the year.	
8.	**Any Other Business** 1. **Suspension of service at the Royal:** The service at the Royal had been suspended for a period of 24 hours due to the condition of the room. The matter had been reported on Datix and learning had been captured for both organisations. 2. **CQC visit changed date:** The date of the CQC inspection visit had been changed due to difficulties in securing a GP for the inspection team. The inspection was scheduled to begin on 19 March. 3. **Non-Executive Director appointment process**: Three candidates had been interviewed, two of whom were appointable. The scoring had been very close and the Board agreed that it would be appropriate to invite the two appointable candidates back to meet with a wider group from the Board, particularly as DrMR had been unable to be part of the interview panel. Possible times were agreed and MS was asked to circulate the applications to the Board. The meeting closed	

Date of next meeting: 25 January 2018

Time: **10am**

Venue: **UC24 Board Room**

6.	**Governance** **E6.1 Policies subject to review and minor amendment** The Board was invited to consider the following policies which had been subject to minor amendment and review. Duty of Candour Infection Prevention & Control (to insert the Liverpool contact information) Incident & Serious Incident Management Safeguarding Adults (to insert Sefton information) Safeguarding Children (to insert Sefton information) The Board • Approved the updated policies. **Resuscitation Policy**: The Board considered this new policy. A number of minor amendments were noted on the face of the policy in order to improve clarity. The Board • Approved the policy for immediate implementation subject to the comments noted on the face of the document. **Clinical Audit Policy:** The policy was considered by the Board. Some amendments were noted on the face of the policy for amendment and consideration. The Board • Approved the policy for immediate implementation subject to the comments noted on the face of the document. **Capacity to Consent Policy:** The policy was considered by the Board. Some amendments were noted on the face of the policy for amendment and consideration. The Board • Approved the policy for immediate implementation subject to the comments noted on the face of the document.	
7.	**Finance & Business Support** No specific items of business	
8.	**Any Other Business** No other business	

Date of next meeting: tbc

Time: **tbc**

Venue: **UC24 Board Room**

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Title: Appointment of Non-Executive Director	**Meeting Date:** 26 March 2018	**Agenda item no:** 6.2
Prepared and presented by: Company Secretary	**Discussed by:**	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ☐ Safe ☐ Effective ☐ Caring ☐ Responsive ✓ Well-led	**Resource implications:** None **Purpose of the report:** ☐ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Note the appointment of Paul Cummins	

1.0 Purpose:

1.1 The purpose of this paper is to report back to the Board on the appointment process for a Non-Executive Director and to note the appointment of Paul Cummins.

2.0 Process:

2.1 The appointment of Non-Executive Directors under clause 6.3 of the current (unrevised) Rules is by panel including the Chair.

2.2 The Board initiated the process for appointment of a Non-Executive Director in June 2017. The role was advertised through a number of channels and 28 applications were received through NHS Jobs.

2.3 Due to the review of the Rules and the reassessment of organisational need, the process was paused on 13 July, after the application closure date. All candidates were notified and advised that applications would be considered when later in the year.

2.4 In December 2017 candidates were informed that the applications were to be reviewed and given the opportunity to withdraw by responding before 31 December 2017. Two candidates withdrew at that stage.

2.5 The remaining candidates were notified of the changes to expected time commitment and remuneration in January 2018 and the panel proceeded to shortlisting and interview. Four candidates were shortlisted, one of whom withdrew prior to the interview date.

2.6 A panel comprising Pat Higgins, Paula Grey, and Kate Lucy with Paul O'Brien from the Micah Liverpool project as external assessor, met the 3 remaining candidates. Dr Mary Ryan was due to be part of the panel but was unable to attend. Candidates also spent time with a panel including a Staff Council representative, a member of the Operational Staff Team and a member of the Business Services team. This group provided feedback to the panel at the end of the interview process.

2.7 At the end of the process two candidates were called back to meet with the available Board members. Unfortunately one was unable to attend.

2.8 At the end of the process, undertaken on behalf of the Board, Paul Cummins, a Councillor in Sefton, was appointed. The pre-employment process is complete and he attended the Committee meetings on 21 March as part of his induction.

3.0 Recommendations:

The meeting is invited to:

- Note the appointment of Paul Cummins as Non-Executive Director.

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Title:	Meeting Date:	Agenda item no:
Chief Executive's report	26.03.2018	7.1
Prepared and presented by: Kate Lucy, Chief Executive	**Discussed by:**	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ☐ Assurance ☐ Decision ☐ Discussion ✓ Noting	
	Decisions to be taken: The meeting is invited to: • note the Chief Executive's report.	

1.0 Purpose

1.1 The purpose of this paper is to update the Board on the focus of the Chief Executive's work since the last meeting.

2.0 Matters for report

2.1 Since our last meeting in January we have paid particular attention to getting ready for a CQC inspection of our GP out of hours service, which took place on 19th and 20th March 2018.

2.2 Once we have received feedback, we will share this with the Board. Thank you to all the staff who worked hard in preparation. Thank you also to Margaret Swinson, Company Secretary, who coordinated the process.

2.3 I am pleased that we have recruited additional senior clinical staff to the organisation. Welcome to Dr Sandra Oelbaum and Dr Steph Gallard who have joined the senior medical team. Dr Oelbaum has now started in the position of Deputy Medical Director and Lead Clinician for our GP practices.

2.4 In February we advertised for a CEO. Unfortunately, we were not able to form a sufficient shortlist to proceed to interview. We intend to go out to interview again after Easter and I am pleased to inform you that Dr Mary Ryan has agreed to take on the CEO role in the interim. The Leadership team and senior clinical staff are working closely with Mary and myself to ensure all functions are covered from July onwards.

2.5 During January I attended the NHS Confederation Member Regional dinner where there was general consensus about the challenges presented this winter and the need for change in the way planned and urgent and emergency services are commissioned and delivered in future. The system has been severely strained.

2.6 I also attended KPMG Senior Women's dinner to discuss the impact of Brexit on business. KPMG Brexperts were of the strong view that there will be an impact on business. I would urge the Board to remain close to this agenda, and raise with commissioners locally in order to form a systematic view about how to mitigate the risk, particularly relating to workforce.

2.7 Monthly meetings of the Provider Alliance have continued. At the February meeting the draft One Liverpool Plan was shared and members of the UC24 Board have contributed to a response. I have also liaised with colleagues from the Primary Care Provider Forum and have prepared a joint response on behalf of the Forum.

2.8 The Board are aware that we increasingly connect with day time primary care, and in order to solidify our relationships, I attended the annual conference of the Family Doctor Association, which was held in Liverpool this year, and was well attended by Liverpool GPs.

2.9 During March I have been completing executive appraisals and am pleased to inform the Board that good progress has been made on an individual and corporate level. A breakdown of progress against objectives for 2017/18 is included in this month's Board papers. Thank you to all the staff for their hard work this year. It has been particularly challenging and our strong service and financial performance are a credit to all the team.

2.10 This is Scott Lingard's final Board meeting. Scott is talented, thoughtful and hard working - he has made an exceptional contribution to UC24. It has been a pleasure and a privilege to work with Scott and I am personally grateful for the support he has given to me. As Scott finishes his role as Director of Finance, I am grateful that Pat de Ridder will be taking on additional interim duties, supported by Scott on a contract basis, until the new Director of Finance takes up their role.

Good Luck Scott, and thank you.

3.0 Recommendations

The meeting is invited to:

- note the Chief Executive's report.

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Title: 18/19 Plan on a Page	**Meeting Date:** 26.03.18	**Agenda item no:**
Prepared and presented by: Kate Lucy, Chief Executive	**Discussed by:** Leadership team	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ☐ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Note the 18/19 Plan on a Page for direction.	

1.0 Purpose:

1.1 The purpose of this paper is to provide UC24 with a high level plan to build on its strong reputation and deliver primary care at scale. We will do this by working with local people, promoting health and well-being and through collaboration.

2.0 Recommendations:

The meeting is invited to:

- Note the 18/19 Plan on a Page for direction.

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18/19 Plan on a Page

Values:	Providing quality patient services, being an excellent employer, working in collaboration to achieve positive system change.
Business Plan approach:	UC24 expects to build on its strong reputation and deliver primary care at scale. We will do this by working with local people, promoting health and well-being and through collaboration.

Corporate objectives	Key Area	Sustain	Improvement Priorities
Deliver safe, caring & effective patient services Achieve a sound financial position Ensure excellent infrastructure and effective working between teams Ensure sustainable workforce – clinical and administrative Promote excellent stakeholder relationships & beneficial collaboration	Integrated Urgent Care	- NQRs – GP OoH - Primary care streaming - Extended access in Liverpool - Adopt extended access in Knowsley - Establish IUC nursing services	- Reduce clinical variation and improve effectiveness - Model optimum clinical composition, including nursing and non-medical staff - Optimise Adastra upgrade (including prescribing) - Redesign audit programme in line with new IUC model
	Primary & Community Services	- Define, deliver & share Sefton practice plan - Maximise primary care income according to plan - Achieve breakeven position	- Reduce clinical variation and effectiveness - Progress estates solutions for all practices - Deliver Sefton project
	Support services & infrastructure	- Revise structure to reduce risk to income - Focus on future contractual arrangements in ACO environment	- Revise IT infrastructure & increase capacity - Maximise effective teamworking to support patient facing services - Generate income from back office services - Revise staff training & organisational development plan - Refresh policies as appropriate

NHS
Urgent Care 24
safe • caring • effective

Title:	Meeting Date:	Agenda item no:
Integrated Performance Report	26 March 2018	**8.1**

Prepared and presented by: Presented by Kate Lucy (CEO) Prepared by Executive Directors	**Discussed by:** Executive Directors
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Note performance for January and February 2018 • To receive assurance that the necessary actions are being taken.

1.0 Purpose:

1.1 The purpose of this report is to update the Board with the performance across the organisation for the months of January and February 2018.

2.0 Report highlights:

2.1 Note the performance of the Out of Hours Service Delivery Unit

2.2 Note the performance in Urgent and Community services.

3.0 Recommendations:

The meeting is invited to:

- Note performance for January and February 2018
- Receive assurance that the necessary actions are being taken.

Service Delivery	App. ref	Target	YTD (from Apr)	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Trend	Mar-18 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	94.3%	93.3%	91.1%	91.4%	95.6%	95.3%	95.6%	95.2%	94.9%	95.4%	95.5%	93.3%	94.5%		93%	OOH001
OOH NQR 9 - Urgent DCA 20mins	1	95%	94.9%	97.4%	97.4%	96.6%	94.3%	96.2%	92.3%	95.3%	94.9%	95.9%	94.8%	94.5%	91.9%		90%	OOH002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	89.1%	98.9%	95.9%	91.9%	88.7%	90.5%	92.2%	89.7%	87.3%	90.6%	89.0%	78.1%	86.6%		79%	OOH003
OOH NQR 12 - Home Visits - Total	1	95%	92.1%	99.2%	97.0%	93.7%	95.8%	92.9%	94.1%	90.3%	93.3%	91.5%	85.9%	87.1%	91.6%		88%	OOH004
OOH NQR 12 - UCCs - Total	1	95%	99.5%	99.8%	99.2%	99.8%	99.3%	99.4%	99.8%	99.3%	99.7%	99.8%	99.1%	99.4%	99.7%		99%	
OOH activity	1	n/a	64,904	5,578	7,129	5,487	5,276	5,799	5,609	5,430	5,730	5,392	7,231	6,511	5,310		5,578	
Alder Hey Primary Care Streaming - average consultation length	2	15mins	16:26	14:57	14:59	13:15	17:25	17:22	18:44	17:57	18:06	16:17	16:16	15:20	15:08		15:34	OOH005
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	70.6%							80.9%	78.7%	76.9%	78.7%	50.6%	57.7%		62.3%	OOH006
Aintree Primary Care Streaming - average consultation length	3	15mins	18:23							18:45	17:26	17:57	18:05	18:36	19:31		18:44	OOH007
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	92.3%								94.8%	95.4%	93.5%	86.0%	92.0%		90.5%	OOH008
RLUH Primary Care Streaming - average consultation length	4	15mins	16:16							15:50	15:02	15:33	16:57	17:56	16:19		17:04	OOH009
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	93.5%								94.9%	100.0%	93.2%	95.8%	83.4%		90.8%	OOH010
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	99.8%									100.0%	100.0%	100.0%	99.3%		100%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.4%									98.1%	97.7%	98.3%	99.3%		98%	
Intermediate Care Service - Consistent medical provision	6	90%	98.8%	100.0%	100.0%	100.0%	100.0%	92.6%	95.7%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%		100%	
Primary and Community Services																		
Asylum practice activity - Health Assessments & GP appts	7	n/a	3,220	410	254	304	321	167	326	370	283	412	174	274	335		340	
Finance																		
Budget variance (£000's)	9	0	-152	132	Month 1 not reported	-116	-17	-9	-121	-58	-70	-56	-119	416	41		0	FIN001
Revenue Surplus position (£000's) (Year End forecast)	9	- 122	-82	141	Month 1 not reported	-182	82	-1	-79	-20	-63	-15	-129	322	9		70	FIN001
Sefton practices LES/DES income	9	317	273						32	22	51	24	35	108	1		39	
Total Cash (£000's) (Year End forecast)	10	1,000	393	1,176	1,069	421	678	393	887	1,152	1,069	1,225	678	384	985		787	
Efficiency programme vs target	11	95%	101%	100%	Month 1 not reported	100%	106%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Better Payment Practice Code		95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Quality and Patient Safety																		
Friends and Family - likely / extremely likely to recommend	12	85%	87.0%	89.6%	86.0%	85.9%	87.4%	85.5%	88.0%	87.9%	90.0%	87.3%	83.9%	85.9%	89.1%		84%	
Compliments received in month	12	n/a	31	3	1	1	5	2	3	5	4	1	2	6	1		3	
Complaints received in month	13	n/a	78	4	4	7	16	8	8	2	9	8	4	6	6		5	
Complaints resolved within 25 working days	12		25	7	2	2	3	5	4	1	1	5	1	1	0		1	
Incidents recorded in month	12	n/a	1,644	129	236	204	234	212	182	167	138	60	79	73	59		70	
Safeguarding incidents recorded	12	n/a	518	37	80	79	70	91	68	63	57	4	5	1	0		2	
Workforce																		
Sickness Rate	14	5% annually	Reliable data not yet available from RotaMaster														Reliable data not yet available	
Staff Turnover rate	14	20% annually	30.2%	29.3%	30.5%	32.0%	32.4%	32.3%	32.4%	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%		27%	WOR001
Mandatory Training Compliance (employed staff only)	14	95%	95.0%	95.6%	96.0%	95.4%	96.3%	96.4%	95.8%	94.0%	95.5%	96.1%	97.7%	96.6%	85.2%		91%	WOR002
Appraisal Compliance	14	95%	87.3%	69.7%	79.8%	84.9%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%		88%	WOR002

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
OOH001	Partial compliance against NQR8 - Call answering	Increase in call volume for the HCP line in January and February, vacant sessions outstanding for referral co-ordinators not advertised due to impending Management of change for call-centre personnel. Sickness for operational staff was at appox 10% for this month.	Head of Integrated Urgent Care	Mar-18
OOH002	Partial compliance against NQR 9 - Urgent DCA	UC24 delivered a challenging performance in January which has improved throughout February. Initial investigations into performance have indicated an increase in Urgent activity with an 8% increase for February based on February 2017. Further work is required to investigate further. ANPs have now been introduced into the Out of Hours service, however there is still work to do to integrate ANPs further into Out of Hours to ensure maximum effect.	Head of Integrated Urgent Care	Apr-18
OOH003	Non-compliance against NQR 9 - Less urgent DCA	As for OOH002	Head of Integrated Urgent Care	Apr-18
OOH004	Non-compliance against NQR 12 - Home visits	As for OOH002	Head of Integrated Urgent Care	Apr-18
OOH005	Partial compliance against Alder Hey Primary Care Streaming average consultation length	Average consultation times is over 15 minutes across the 3 Emergency Departments. Contributing factors relate to referral rates back into secondary care, limited access to patient records and patient expectations. These will be monitored for the next 2 months before reviewing the 15 minute allocated timeslot.	Head of Integrated Urgent Care	Apr-18
OOH006	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	Shift fulfilment continues to be an area of focus however is increasing, we have now introduced Paediatric ANPs into the service, with 2 further ANPs currently completing pre-employment checks and will start in the service throughout March.	Head of Integrated Urgent Care	Apr-18
OOH008	Non-compliance against Aintree Primary Care Streaming average consultation length	As for OOH005	Head of Integrated Urgent Care	Apr-18
OOH009	Non-compliance against Aintree Primary Care Streaming shift fulfilment rate	Shift fulfilment has increased during February. Short notice cancellations remain a challenge to backfill without compromising other areas of the service.	Head of Integrated Urgent Care	Apr-18
OOH011	Partial compliance against The Royal Primary Care Streaming average consultation length	As for OOH005	Head of Integrated Urgent Care	Apr-18
OOH012	Partial compliance against The Royal Primary Care Streaming shift fulfilment rate	Staffing challenges related to environmental issues have been reported to the RLUH and work is taking place to resolve all outstanding issues		Apr-18
FIN001	Negative Variance against plan for year to date budget position.	The year to date position at the end of month 11 is a deficit of £82k, against a planned surplus of £69k, therefore reporting a variance against plan of £152k. The in-month position is reporting a surplus of £9k which is £41k ahead of plan. Sefton Practices are reporting a YTD deficit of £367k (excluding overheads) which is £387k behind plan. The in-month position is reporting a deficit of £35k which is £37k behind plan. Delivery of LES/DES activities is behind plan by £17k YTD. Staffing pressures have resulted in a £691k overspend year to date, in-month overspend £56k. The in-month result includes income of £9k for APMS contract KPIs and £18k of additional support from NHS England. This has improved the Sefton position, however a deficit for the month remains. OOHs is reporting a YTD surplus of £310k, which is £83k better than plan. The in-month position reported a surplus of £63k, which was £52k ahead of the plan. Clinical overspend was £337k YTD, in-month there was a £65k overspend. The clinical OOH monthly pay budget does not include £20k in relation to additional services being provided to RLUH and Aintree, for which additional income is being received. Continued pressures in the GP workforce have contributed to significant agency requirements during the year.	Head of Finance	Ongoing
WOR001	Non-compliance against UC24 staff turnover target	Since the loss of the NHS 111 contract, staff turnover has been gradually decreasing.	Associate Director of HR	Not applicable
WOR002	Non-compliance against UC24 staff mandatory training compliance			Not applicable
WOR003	Non-compliance against UC24 appraisal target	This data for the appraisals is from June 2017. The next round of appraisals will commence in Quarter 4. Appraisal Training for Line Mangers is scheduled to take place late February to early March - this has now started and two sessions have been undertaken.	Associate Director of HR	Not applicable

IPR Narrative report - 2017/18 as at Month 11 (February)		
Service Delivery	**Integrated Urgent Care**	● UC24 delivered a challenged but good performance in January with an improved performance throughout February, acute demand remains higher than predicted during the Out of Hours period - particularly when taken in context with winter pressures and performance elsewhere in the region.
		● Uptake to the Winter MDU scheme to encourage GPs to take sessions in the Out of Hours period was low despite a number of communications from UC24.
		● Agency usage remains consistent in Out of Hours due to increased MDU costs and significant increase in clinical hours required during the festive period. We are now starting to see an increase in ANP usage from January up to 10%+ towards the end of the month
		● Strong performance across Knowsley In Hours services throughout January and February, EMIS Direct Booking for Knowsley surgeries continues to deliver against demand. On-going conversations taking place with the commissioners in regards to shaping the service for the future.
	Primary and Community Services	● Sefton GP Practices: The total number of contracted clinical sessions were filled for the months of January and February utilising GPs supported by ANPs. The proportion of sessions filled by Salaried and Associate GPs has improved to 43% from 30% in May 2017.
		● All of the Sefton Practices have recruited additional reception staff so that from April 2018, all but one will have a full compliment of admin staff.
		● I.T. have supported a GP to work remotely across all of the Sefton practices reviewing QOF performance. As a result performance has improved and good practice will be shared across the group in preparation for 2018/19.
Finance		● The year to date position at the end of month 11 is a deficit of £82k, against a planned surplus of £69k, therefore reporting a variance against plan of £152k. The in-month position is reporting a surplus of £9k which is £41k ahead of plan.
		● Sefton Practices are reporting a YTD deficit of £367k (excluding overheads) which is £387k behind plan. The in-month position is reporting a deficit of £35k which is £37k behind plan. Delivery of LES/DES activities is behind plan by £17k YTD. Staffing pressures have resulted in a £691k overspend year to date, in-month overspend £56k. The in-month result includes income of £9k for APMS contract KPIs and £18k of additional support from NHS England. This has improved the Sefton position, however a deficit for the month remains.
		● OOHs is reporting a YTD surplus of £310k, which is £83k better than plan. The in-month position reported a surplus of £63k, which was £52k ahead of the plan. Clinical overspend was £337k YTD, in-month there was a £65k overspend. The clinical OOH monthly pay budget does not include £20k in relation to additional services being provided to RLUH and Aintree, for which additional income is being received. Continued pressures in the GP workforce have contributed to significant agency requirements during the year.
		● Cash balances at month 11 were £985k.
		● Efficiencies plans for 2017/18 are being delivered on target.
		● The forecast for the year end is to meet the financial plan, based on assurance received regarding payment of the Sefton Local Quality Contract
Quality		● At the end of February 2018 there were 10 open complaints in Datix. These are all ongoing or awaiting to be closed. ● Six compliments were received in January 2018 and one was received in February 2018.
Workforce		● The second stage of the management of change is in progress. The main focus of the HR team has been the CQC inspection. HR have been involved in the recruitment of the Chief Executive Officer and Director of Finance. Interviews are taking place on March with the recruitment to CEO position being deferred until after June.

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template

Reporting time period: Thursday 01/02/18 18:30 - Thursday 01/03/18 07:59 - Halton, Knowsley and Liverpool CCGs

Ref	NQR / LQR	Target description	Total volume	Compliant	Patient choice	Non-compliant	% compliance
1	NQR 2	Case details sent by 8am	5310	5291	0	19	99.6%
2	NQR 8	<0.1% calls engaged	1642	1642		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	1642	1625		17	1.0%
4	NQR 8	Calls answered <60 seconds	1587	1500		87	94.5%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0	
6	NQR 9	Urgent cases DCA <20 minutes	1015	864	69	82	91.9%
7	NQR 9	All other cases DCA <60 minutes	2655	2143	155	357	86.6%
8	LQR 1	NHS 111 6 hour priority <6 hours	1219	1083	58	78	93.6%
9	LQR 2	Repeat prescription requests <6 hours	38	37	0	1	97.4%
a		*Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)*	*4927*				
b		*Total cases requiring action (6)+(7)+(8)+(9)*	*4927*				
Following priority determined by Definitive Clinical Assessment (DCA)							
10	NQR 12	UCC Emergency <1 hour	1	1	0	0	100.0%
11	NQR 12	UCC Urgent <2 hours	365	356	4	5	98.6%
12	NQR 12	UCC Less urgent <6 hours	1360	1358	2	0	100.0%
c	*Total*	*Urgent Care Centre cases*	*1726*	*1715*	*6*	*5*	*99.7%*
13	LQR 3	Telephone Advice Emergency <1 hour	22	21	1	0	100.0%
14	LQR 3	Telephone Advice Urgent <2 hours	352	343	0	9	97.4%
15	LQR 3	Telephone Advice Less Urgent <6 hours	2481	2298	105	78	96.9%
d	*Total*	*Telephone Advice cases*	*2855*	*2662*	*106*	*87*	*97.0%*
16	NQR 12	Home visit Emergency <1 hour	2	2	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	278	257	0	21	92.4%
18	NQR 12	Home visit Less urgent <6 hours	412	375	0	37	91.0%
e	*Total*	*Home Visit cases*	*692*	*634*	*0*	*58*	*91.6%*
f		*Total telephone and face-to-face consultations (c)+(d)+(e)*	*5273*	*5011*	*112*	*150*	

Information section

No Definitive Clinical Assessment (DCA)		
19	Cases not requiring DCA; triaged by other clinician	268
20	Patient episode continued, service provided	114
21	Patient episode ended, no service provided	1
Repeat prescription cases outcomes		
22	Repeat prescription requests (6 hour advice)	36
23	Repeat prescription requests forwarded to UCC	1
24	Repeat prescription requests forwarded for visit	1
Final case-type totals		
25	*Total Ambulance cases*	*0*
26	*Total Telephone Advice cases*	*2855*
27	*Total UCC attendances*	*1726*
28	*Total Home Visits*	*692*
29	*Total Repeat prescription requests*	*36*
g	*Total cases completed (=a+19+20+21)*	5310
Referrals to secondary care		
30	Hospital referred (referred for admission / advised A&E)	580
Compliance levels		
31		**Fully compliant (95-100%) - except ref 2 & 5**
32		**Partially compliant (90-94.9%) - except ref 2 & 5**
33		**Non-compliant (89.9% and under) - except ref 2 & 5**

Comments:

Urgent Care Centres				
Emergency	**1 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	0	0	0	
Garston	0	0	0	
Huyton	0	0	0	
Kirkby	0	0	0	
Old Swan	0	0	0	
Runcorn	1	0	1	100.0%
The Royal	0	0	0	
Widnes	0	0	0	
Total	**1**	**0**	**1**	**100.0%**
Urgent	**2 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	23	0	23	100.0%
Garston	40	0	40	100.0%
Huyton	33	0	33	100.0%
Kirkby	23	0	23	100.0%
Old Swan	141	3	133	96.5%
Runcorn	70	0	70	100.0%
The Royal	11	1	10	100.0%
Widnes	24	0	24	100.0%
Total	**365**	**4**	**356**	**98.6%**
Less urgent	**6 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	152	0	152	100.0%
Garston	155	0	155	100.0%
Huyton	106	1	105	100.0%
Kirkby	56	0	56	100.0%
Old Swan	528	0	528	100.0%
Runcorn	216	0	216	100.0%
The Royal	76	0	76	100.0%
Widnes	71	1	70	100.0%
Total	**1360**	**2**	**1358**	**100.0%**
Grand total	**1726**	**6**	**1715**	

Template property of Liverpool CCG

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (DF)

App 2 Alder Hey

Month	Potential slots available	Blocked slots	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Ref for admission/A&E	% ref for admission/ A&E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Feb-17	868	185		683	598	85	87.6%				
Mar-17	961	293		668	567	101	84.9%				
Apr-17	930	182		748	604	144	80.7%				
May-17	961	234		727	586	141	80.6%				
Jun-17	930	415		515	363	152	70.5%				
Jul-17	961	385		576	422	154	73.3%				
Aug-17	961	248		713	429	284	60.2%				
Sep-17	930	323	175	755	428	327	56.7%	27	6.3%	3	80.9%
Oct-17	961	387	205	756	472	284	62.4%	46	9.7%	0	78.7%
Nov-17	930	342	215	715	478	237	66.9%	54	11.3%	0	76.9%
Dec-17	961	291	203	758	457	301	60.3%	22	4.8%	2	78.7%
Jan-18	961	519	475	486	297	189	61.1%	19	6.4%	0	50.6%
Feb-18	868		356	512	290	222	56.6%	23	7.9%	11	57.7%

Month	Average consultation length (minutes) per month
Feb-17	15:12
Mar-17	14:57
Apr-17	14:59
May-17	13:15
Jun-17	17:25
Jul-17	17:22
Aug-17	18:44
Sep-17	17:57
Oct-17	18:06
Nov-17	16:17
Dec-17	16:16
Jan-18	15:20
Feb-18	15:08

Source: Adastra/Business Intelligence Team/Integrated Urgent Care SDU
Author: Business Intelligence Lead / SDU Administrator

App 3 Aintree

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Ref for admission/A&E	% ref for admission/A&E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Oct-17	348	18	330	136	194	41.2%	18	13.2%	0	94.8%
Nov-17	324	15	309	106	203	34.3%	16	15.1%	0	95.4%
Dec-17	402	26	376	117	259	31.1%	18	15.4%	0	93.5%
Jan-18	456	62	394	151	243	38.3%	25	16.6%	2	86.0%
Feb-18	1032	82	950	412	538	43.4%	60	14.6%	1	92.0%

Month	Average consultation length (minutes) per month
Oct-17	17:26
Nov-17	17:57
Dec-17	18:05
Jan-18	18:36
Feb-18	19:31

Source: Adastra/Business Intelligence Team
Author: Business Intelligence Lead

App 4 RLUH Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Ref for admission/ A&E	% ref for admission/A &E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Oct-17	673	34	639	438	201	68.5%	33	7.5%	0	94.9%
Nov-17	574	0	574	419	155	73.0%	23	5.5%	0	100.0%
Dec-17	704	44	660	360	300	54.5%	34	9.4%	4	93.2%
Jan-18	1085	46	1039	473	566	45.5%	35	7.4%	0	95.8%
Feb-18	703	116	587	402	185	68.5%	48	11.9%	1	83.4%

Month	Average consultation length (minutes) per month
Oct-17	15:02
Nov-17	15:33
Dec-17	16:57
Jan-18	17:56
Feb-18	16:19

Source: Adastra/Business Intelligence Team
Author: Business Intelligence Lead

App 5 Knowsley PCS

Key Performance Indicators (monthly) – February 2018 Telephone Triage and Home visiting Service, and Bookable GP appointments							
	Indicator Number	Description	Target	Total volume	Met KPI	Patient choice	% result
Quality	1	Patient experience of the service to be collected weekly and reported monthly	85% satisfied				(compliance calculated using responses of Extremely Likely and Likely)
	2	Clinical audit of 3% of clinical consultations	As per OOH contract				
	3	Number of complaints received					
	4	Number of compliments received					
	5	Number of incidents reported					
	6	Number of post event messages sent from Adastra within 24 hours	100%	144	144	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	31	28	0	90.3%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	22	17	1	81.8%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	3	3	0	100.0%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	9	9	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	138	137	0	99.3%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1270	1170	100	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	204	144	60	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	21	21	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1170	1162	3	99.6%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	144	137	2	96.5%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	6	6	0	100.0%
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	6	6	0	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	9	8	1	100.0%
Doctor advice (stand-downs)	11a	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 1 hour (Halton & Knowsley)	95%	0	0	0	
	11b	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 2 hours (Halton & Knowsley)	95%	0	0	0	
	11c	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 6 hours (Halton & Knowsley)	95%	3	3	0	100.0%

The following KPIs are no longer reported as of November 2017 (from 2015 Service Specification):

2) Practice experience of the service to be collected by Commissioner and reported following review.
7) Number of eligible patients admitted to Intermediate Care step-up beds
9) Number of available appointments utilised
10) Number of appointments refused by the service

Source: Adastra/EMIS/Business Intelligence team
Author: Performance Improvement Analyst (CS)

App 6 Intermediate Care

Month	Total Time (hours)	Allocated Time (hours)	Unallocated Time (hours)	% hours filled
April 2017 – Knowsley GP	145.5	145.5	0	
April 2017 – Knowsley GP Standby	31	31	0	
				100.0%
May 2017 – Knowsley GP	184	184	0	
May 2017 – Knowsley GP Standby	20.5	20.5	0	
				100.0%
June 2017 – Knowsley GP	175	175	0	
June 2017 – Knowsley GP Standby	25.5	25.5	0	
				100.0%
July 2017 – Knowsley GP	159	150	9	
July 2017 – Knowsley GP Standby	30	25	5	
				92.6%
August 2017 – Knowsley GP	165.5	156.5	9	
August 2017 – Knowsley GP Standby	41.5	41.5	0	
				95.7%
September 2017 – Knowsley GP	162	160	2	
September 2017 – Knowsley GP Standby	28	28	0	
				98.9%
October 2017 – Knowsley GP	167	167	0	
October 2017 – Knowsley GP Standby	34	34	0	
				100.0%
November 2017 – Knowsley GP	172	172	0	
November 2017 – Knowsley GP Standby	26	26	0	
				100.0%
December 2017 – Knowsley GP	163.75	163.75	0	
December 2017 – Knowsley GP Standby	25.25	25.25	0	
				100.0%
January 2018 – Knowsley GP	182.5	182.5	0	
January 2018 – Knowsley GP Standby	24.5	24.5	0	
				100.0%
February 2018 – Knowsley GP	148.5	148.5	0	
February 2018 – Knowsley GP Standby	31.5	31.5	0	
				100.0%
March 2018 – Knowsley GP	157.25	157.25	0	
March 2018 – Knowsley GP Standby	39	39	0	
				100.0%

Source: RotaMaster
Author: Business Intelligence Lead

App 7 Asylum practice

	Current year			Previous year		
Month	Arrivals (current year)	Health Assessments (current year)	GP Appts (current year)	Arrivals (previous year)	Health Assessments (previous year)	GP Appts (previous year)
Mar 17	344	316	94	515	308	29
Apr 17	248	189	65	432	332	44
May 17	360	241	63	386	226	46
June 17	371	265	56	373	279	53
July 17	403	109	58	361	221	36
Aug 17	309	299	27	443	341	43
Sep 17	314	318	52	445	289	60
Oct 17	341	231	52	433	288	58
Nov 17	451	345	67	443	314	60
Dec 17	386	144	30	450	221	69
Jan 18	367	227	47	331	250	77
Feb 18	316	290	45	356	239	66

Source: UC24 Asylum practice Administrator/Receptionist (CB)
Author: Business Intelligence Lead

App 9 Finance Position

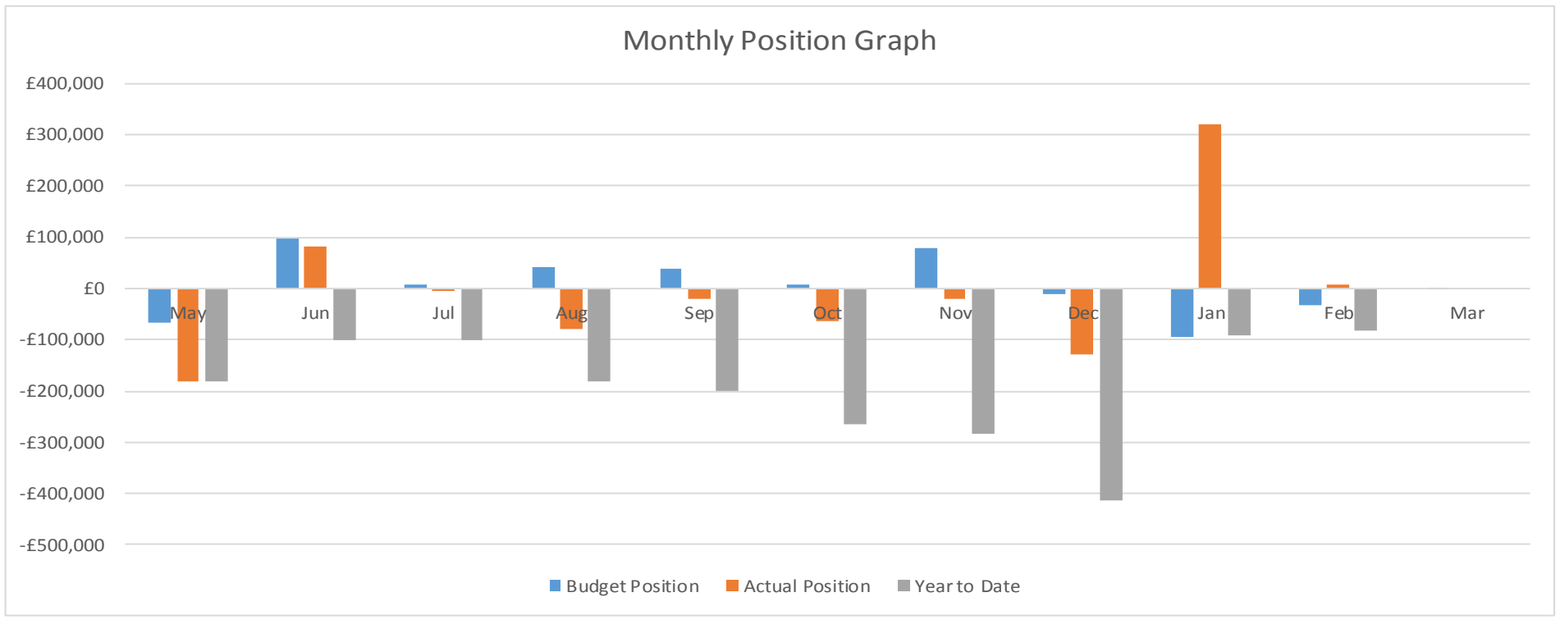
Service Line Reports as at 28 February 2018								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
NHS111	Income	(1,863,533)	(1,708,833)	(767,478)	(941,355)	(154,699)	0	(154,699)
NHS111	Pay	1,385,870	1,269,998	586,951	683,047	115,872	2,613	113,259
NHS111	Non Pay	5,000	4,583	505	4,078	417	0	417
NHS111	Overheads	233,411	233,411	240,141	(6,730)	0	0	0
NHS111 Total		**(239,251)**	**(200,841)**	**60,119**	**(260,959)**	**(38,410)**	**2,613**	**(41,024)**
IUC	Income	(9,127,390)	(8,372,192)	(8,465,012)	92,821	(755,198)	(808,647)	53,449
IUC	Pay	6,133,463	5,635,696	5,633,633	2,063	454,555	512,870	(58,315)
IUC	Non Pay	63,996	58,802	32,035	26,767	5,194	2,693	2,501
IUC	Overheads	2,529,485	2,293,035	2,075,986	217,050	291,524	206,573	84,950
IUC Total		**(400,446)**	**(384,659)**	**(723,359)**	**338,700**	**(3,925)**	**(86,511)**	**82,586**
Primary & Community Services	Income	(2,514,915)	(2,305,339)	(2,648,770)	343,431	(209,576)	(230,290)	20,714
Primary & Community Services	Pay	2,116,726	1,940,748	2,574,709	(633,962)	175,978	232,074	(56,096)
Primary & Community Services	Non Pay	323,342	296,397	329,653	(33,256)	26,945	28,409	(1,464)
Primary & Community Services	Overheads	644,545	584,210	489,783	94,427	81,681	45,035	36,645
Primary & Community Services Total		**569,698**	**516,016**	**745,375**	**(229,359)**	**75,028**	**75,229**	**(201)**
Grand Total (Surplus) / Deficit		**(69,999)**	**(69,483)**	**82,135**	**(151,618)**	**32,693**	**(8,669)**	**41,361**

Management Accounts as at 28 February 2018								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
NHS111	Income	(1,863,533)	(1,708,833)	(767,478)	(941,355)	(154,699)	0	(154,699)
NHS111	Pay	1,385,870	1,269,998	586,951	683,047	115,872	2,613	113,259
NHS111	Non Pay	5,000	4,583	505	4,078	417	0	417
NHS111 Total		**(472,662)**	**(434,252)**	**(180,022)**	**(254,230)**	**(38,410)**	**2,613**	**(41,024)**
IUC	Income	(9,127,390)	(8,372,192)	(8,465,012)	92,821	(755,198)	(808,647)	53,449
IUC	Pay	6,133,463	5,635,696	5,633,633	2,063	454,555	512,870	(58,315)
IUC	Non Pay	63,996	58,802	32,035	26,767	5,194	2,693	2,501
IUC Total		**(2,929,931)**	**(2,677,694)**	**(2,799,345)**	**121,651**	**(295,449)**	**(293,084)**	**(2,364)**
Primary & Community Services	Income	(2,514,915)	(2,305,339)	(2,648,770)	343,431	(209,576)	(230,290)	20,714
Primary & Community Services	Pay	2,116,726	1,940,748	2,574,709	(633,962)	175,978	232,074	(56,096)
Primary & Community Services	Non Pay	323,342	296,397	329,653	(33,256)	26,945	28,409	(1,464)
Primary & Community Services Total		**(74,847)**	**(68,194)**	**255,592**	**(323,786)**	**(6,653)**	**30,193**	**(36,846)**
Corporate Support	Income	0	0	(23,854)	23,854	0	(1,847)	1,847
Corporate Support	Pay	1,989,852	1,825,243	1,791,220	34,022	164,609	153,840	10,769
Corporate Support	Non Pay	1,417,589	1,285,414	1,038,544	246,870	208,595	99,616	108,980
Corporate Support Total		**3,407,441**	**3,110,657**	**2,805,910**	**304,747**	**373,205**	**251,609**	**121,596**
Grand Total		**(69,999)**	**(69,483)**	**82,135**	**(151,618)**	**32,693**	**(8,669)**	**41,361**

Sefton Practices							
	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
Base Contract	(1,646,723)	(1,509,496)	(1,391,697)	(117,799)	(137,227)	(134,654)	(2,573)
LES/DES	(316,593)	(290,211)	0	(290,211)	(26,383)	0	(26,383)
QoF	(186,352)	(170,823)	(190,914)	20,092	(15,529)	(13,181)	(2,348)
LQC income (SSCCG)	0	0	(208,334)	208,334	0	(12,028)	12,028
CQRS income (NHSE)	0	0	(64,806)	64,806	0	11,260	(11,260)
NHSE Set Up Fees	0	0	(83,226)	83,226	0	(6,358)	6,358
NHSE APMS Contract KPIs	0	0	(97,687)	97,687	0	(8,881)	8,881
NHSE Additional Funding	0	0	(199,563)	199,563	0	(18,142)	18,142
NHSE Reslience Funding	0	0	(15,000)	15,000	0	0	0
Jospice/Sundry	0	0	(62,505)	62,505	0	(17,847)	17,847
Total Income	**(2,149,669)**	**(1,970,530)**	**(2,313,732)**	**343,203**	**(179,139)**	**(199,832)**	**20,693**
Pay	1,859,431	1,704,894	2,395,555	(690,661)	154,537	210,111	(55,574)
Non Pay	268,222	245,871	285,205	(39,335)	22,352	24,892	(2,540)
Contribution to Overheads	**(22,016)**	**(19,766)**	**367,028**	**(386,793)**	**(2,250)**	**35,171**	**(37,421)**

Position Graph

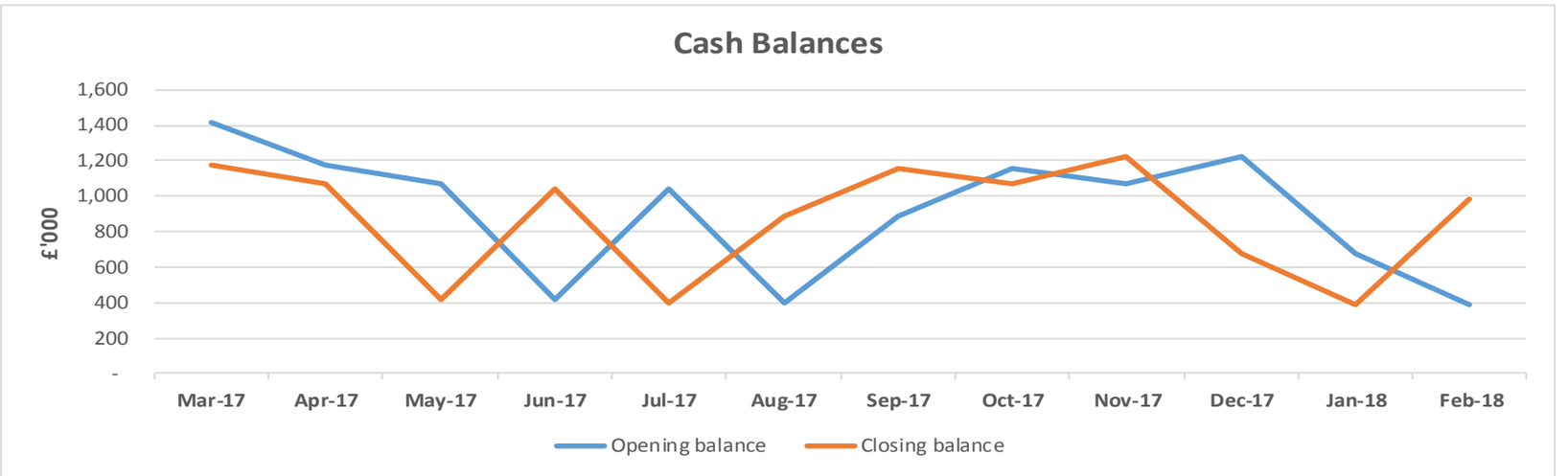
The below graph plots out the year to date actual positions, along with the planned position.



Source: E-Financials
Author: Head of Finance

App 10 Cash Position

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Opening balance	1,413	1,176	1,067	421	1,039	393	887	1,152	1,069	1,225	678	384
Closing balance	1,176	1,067	421	1,039	393	887	1,152	1,069	1,225	678	384	985



Source: Bank Statements
Author: Head of Finance

App 11 Efficiency Position

Efficiency Plans Summary

Monthly targets

Plans	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Full Year
Total	£ -	£ 30,483	£ 84,242	£ 40,710	£ 40,710	£ 40,710	£ 40,710	£ 40,710	£ 43,710	£ 40,710	£ 40,710	£ 50,710	£494,118

	Plan	Actual	Variance	
YTD	443,408	448,297	**4,889**	**101%**
In Month	40,710	40,710	**-**	**100%**
Full Year	483,000	494,118	**11,118**	**102%**

Source: Efficiency Monitoring Tool
Author: Head of Finance

App 12 Quality and Patient Safety

Friends & Family Test

"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"

	Dec-17	Jan-18	Feb-18	Mar 2018 to date
Extremely Likely	63.8%	61.6%	65.9%	59.6%
Likely	20.1%	24.3%	23.2%	24.5%
Neither Likely or Unlikely	6.3%	3.9%	5.1%	4.7%
Unlikely	2.8%	4.3%	1.4%	2.9%
Extremely Unlikely	5.5%	3.9%	3.2%	6.5%
Don't know	1.6%	2.0%	1.2%	1.8%

Source: Synapta
Author: Business Intelligence Lead

Compliments

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services	GP Practices		
Jan-18	0	2	0	4	0
Feb-18	0	0	0	0	1

Source: Datix
Author: Governance Administrator (SD)

Incidents

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services	GP Practices		
Jan-18	0	5	7	59	2
Feb-18	0	5	7	27	20

Source: Datix
Author: Governance Administrator (SD)

Complaints resolved within 25 days

At the time of reporting, we are unable to confirm the number of complaints resolved within 25 working days as all, except 2 complaints received during February are under review and are still within the 25 working days timeframe. The 2 complaints outside of this timeframe have mitigating circumstances.

Source: Datix
Author: Governance Administrator (SD)

Safeguarding reports

Total number of incidents reported during February was 59; of these, 0 were safeguarding referrals.

Source: Datix
Author: Governance Administrator (SD)

App 13 Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
03.01.18	IUC OOH GP	Treatment provided	SDU Reviewed	Knowsley	Low	Not upheld	22.01.18
17.01.18	Primary and Community Services	Attitude & Behaviour non-clinical staff	SDU reviewed	NHS England	Low	Partially Upheld	22.02.18
17.01.18	IUC OOH GP	Waiting time for Home Visit	SDU reviewed	Liverpool	Moderate	Upheld	09.02.18
18.01.18	IUC OOH GP	Care provided	SDU reviewing	Halton	Low	Not Upheld	Ongoing
24.01.18	Primary and Community Services	Via NHSE, no GP available to do Home Visit	SDU reviewing	NHS England	Low		Ongoing
25.01.18	Primary and Community Services	Unhappy with treatment and service at practice	SDU reviewing	NHS England	Moderate		Ongoing
05.02.2018	IUC - OOH	Care and treatment	Under review by SDU	Knowsley CCG	Moderate	Under review	Ongoing
05.02.2018	PCS – Sefton Practice	Attitude and behaviour	Under review by SDU	NHS England	Low	Under review	Ongoing
09.02.2018	PCS – Sefton Practice	Care and treatment	Under review by SDU	NHS England	Moderate	Under review	Ongoing
26.02.2018	IUC – OOH	Attitude and behaviour	Under review by SDU	Liverpool CCG	Low	Under review	Ongoing
27.02.2018	PCS – Sefton Practice	Care and treatment	Under review by SDU	NHS England	Moderate	Under Review	Ongoing
28.02.2018	IUC – OOH	Care and treatment	Under review by SDU	Liverpool CCG	Moderate	Under Review	Ongoing

Source: Datix
Author: Governance Administrator (SD)

App 14 **Workforce**

Staff Turnover

UC24	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Start of Month Staff Numbers	218	228	269	269	268	265	261	262	232	232
Starters	12	50	8	4	8	6	9	11	3	5
Leavers	2	9	8	5	11	10	8	1	3	4
TUPE								40		
End of Month Staff Numbers	228	269	269	268	265	261	262	232	232	233
Turnover Rate	0.90%	3.62%	2.97%	1.86%	4.13%	3.80%	3.06%	0.40%	1.29%	1.72%
Annualised rate	10.8%	43.5%	35.7%	22.3%	49.5%	45.6%	36.7%	4.9%	15.5%	20.6%
Rolling Annualised rate	29.3%	30.5%	32.0%	32.4%	32.3%	32.4%	32.2%	29.6%	29.4%	28.6%

Source: Rotamaster
Author: HR Manager

Appraisal compliance

Appraisals completed in date	145	170	158	176	176	176	176	176	176	176
Total staff	208	213	186	199	199	199	199	199	199	199
	69.7%	79.8%	84.9%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%

Source: Rotamaster
Author: HR Manager

Mandatory training compliance

Courses due to be completed by end of working month	1744	1824	2152	2152	2144	2385	2349	2358	2088	2088
Courses completed by end of working month	1668	1751	2054	2072	2067	2286	2209	2251	2006	2041
	95.6%	96.0%	95.4%	96.3%	96.4%	95.8%	94.0%	95.5%	96.1%	97.7%

Source: Rotamaster/E-learning portal
Author: Interim Training Manager

Service Delivery	App. ref	Target	YTD (from Apr)	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Trend	Mar-18 Forecast	Exception Report Number	Notes
Sefton GP practices - cover of Clinical Sessions (GP & ANPs)			103.5%											101%	106%				
Sefton GP practices - Salaried/Associate cover of clinical sessions			44.0%											45%	43%				
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions			56.0%											55%	57%				
Sefton GP practices - appointment utilisation	8	>90%	67.5%								74.7%	70.1%	62.0%	59.3%	71.6%		64%	PCS001	Forecast based on last three months
Sefton GP practices - appointment DNA rate	8	<5%	5.1%								5.8%	5.7%	5.1%	3.8%	4.9%		5%	PCS001	Forecast based on last three months

Exception reference	Description
PCS001	Sefton GP Practices appointment utilisation and 'did not attend' rate

Commentary
This metric is in development as further understanding is being sought of the information provided by the seven Practices. These figures reflect results as supplied by three Practices from October to December, and four Practices from January 2018

Owner	Timescale to resolve (if applicable)
Associate Director of Service Delivery	Mar-18

App 8 **Sefton GP practices**

	Crosby Village	Crossways	Litherland	Maghull	Netherton	Seaforth	Thornton	**Total**		
Oct-17										
attended		1161	1139		1099			3399	74.7%	appt utilisation
DNA		62	109		93			264	5.8%	DNA rate
total		1630	1497		1425			4552		
Nov-17										
attended		885	1137		1048			3070	70.1%	appt utilisation
DNA		46	108		96			250	5.7%	DNA rate
total		1298	1670		1413			4381		
Dec-17										
attended		770	974		807			2551	62.0%	appt utilisation
DNA		40	116		55			211	5.1%	DNA rate
total		1231	1501		1385			4117		

NHS
Urgent Care 24
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Title: Update on the revision of the Society's Rules	**Meeting Date:** 26 March 2018	**Agenda item no:** 10.2
Prepared and presented by: Company Secretary	**Discussed by:**	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ☐ Safe ☐ Effective ☐ Caring ☐ Responsive ✓ Well-led	**Resource implications:** None **Purpose of the report:** ☐ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Note the position with regard to the revision of the Rules of the Society.	

1.0 Purpose:

1.1 At its January meeting the Board received a copy of the Rules annotated with the proposed changes. It was agreed that legal advice would be taken and a final draft presented to the Board for approval.

2.0 Progress:

2.1 As the services of the new auditors appeared to include advice on structure and form, the Leadership Team anticipated consultation with them, however on further enquiry legal advice was not available through this mechanism.

2.2 Therefore, Gorvins have been instructed in this matter and the Rules and draft proposals have been presented to them for consideration. A further report will be made to the Board at the May meeting.

3.0 Recommendations:

The meeting is invited to:

- Note the position with regard to the revision of the Rules of the Society.

NHS
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Title: Appointment of Senior Risk Information Officer	**Meeting Date:** 26 March 2018	**Agenda item no:** 10.3
Prepared and presented by: Company Secretary	**Discussed by:** Leadership Team	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ☐ Safe ☐ Effective ☐ Caring ☐ Responsive ✓ Well-led	**Resource implications:** None **Purpose of the report:** ☐ Assurance ✓ Decision ☐ Discussion ☐ Noting **Decisions to be taken:** The meeting is invited to: • Approve the appointment of Jay Carr, Director of Service Delivery as the organisation's Senior Risk Information Officer.	

1.0 Purpose:

1.1 The purpose of this paper is recommend the appointment of Jay Carr, Director of Service Delivery, as the Senior Risk Information Officer (SIRO) following the resignation of Scott Lingard who currently holds that responsibility.

2.0 Background:

2.1 UC24 is required to have two posts with particular responsibility for information, the Caldicott Guardian (Dr Mary Ryan) who holds responsibility for patient information only, and the SIRO who holds broad oversight responsibility in relation to information governance. Both post holders act as points of reference for the Information Governance lead.

2.2 Following the resignation of Scott Lingard, the role of SIRO requires reallocation. Jay Carr has experience having been the SIRO prior to the reallocation of the role to SL.

3.0 Recommendations:

The meeting is invited to:

- Approve the appointment of Jay Carr, Director of Service Delivery as the organisation's Senior Risk Information Officer.

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Title: DBS Policy – revised Appendix 1	**Meeting Date:** 26 March 2018	**Agenda item no:** 10.4
Prepared and presented by: Alison Hughes, AD of HR	**Discussed by:**	
Link to UC24 Values: ✓ Providing quality patient services ☐ Being an excellent employer ☐ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well-led	**Resource implications:** DBS check cost **Purpose of the report:** ☐ Assurance ✓ Decision ☐ Discussion ☐ Noting **Decisions to be taken:** The meeting is invited to: • Approve the revised DBS check requirement for Drivers	

1.0 Purpose:

1.1 The current DBS Policy does not require Drivers who act as a Chaperone to undertake a DBS check.

1.2 A risk assessment has been undertaken which determined that because the Drivers act as Chaperone for the GP on home visits a DBS check should be made every three years in line with current policy.

1.3 This decision requires an amendment to appendix 1 of the DBS policy.

2.0 Recommendations:

The meeting is invited to:

- Approve the revised DBS check requirement for Drivers

DBS Policy **Appendix 1**

Posts that require a DBS Check

Name of post	Level of DBS check currently required – in line with Current policy 2018
Chief Executive Officer	Enhanced DBS with Adults and Children's Barred List Check
Medical Director	Enhanced DBS with Adults and Children's Barred List Check
Deputy Medical Director	Enhanced DBS with Adults and Children's Barred List Check
Director of Service Delivery	Enhanced DBS
Associate Director of Service Delivery	Enhanced DBS
Director of Nursing	Enhanced DBS with Adults and Children's Barred List Check
Associate Director of Nursing	Enhanced DBS with Adults and Children's Barred List Check
Salaried GP	Enhanced DBS with Adults and Children's Barred List Check
Associate GP	Enhanced DBS with Adults and Children's Barred List Check
Director of Finance	Enhanced DBS
Non-Executive Director	Enhanced DBS
Clinical Leads	Enhanced DBS with Adults and Children's Barred List Check
Practice Manager	Enhanced DBS with Adults and Children's Barred List Check
Nurses	Enhanced DBS with Adults and Children's Barred List Check
Health Care Assistant	Enhanced DBS with Adults and Children's Barred List Check
Shift Manager	Enhanced DBS with Adults and Children's Barred List Check
Receptionist with Chaperone duties	Enhanced DBS check
Driver with Chaperone duties	Enhanced DBS check

Posts that do not require a DBS check:

Team Leaders	Service Managers	Heads of
Referral Co-ordinators	Governance Manager	AD of HR
Runner	Head of Finance	HR Manager
Dispatcher	IM&T Manager	Domestics
Driver	Administration Posts	Admin Apprentices

Director positions including Chief Executive

Under the CQC Regulation 5: Fit and Proper Persons Test for Directors (including Non-Exec, permanent / interim and Associate positions) persons holding this role should be assessed as to whether they have been convicted in the UK of any offence or been convicted elsewhere of any offence which if committed in any part of the UK would constitute an offence. This is in conjunction with other checks usually carried out at pre-employment stage that the person is of good character.

In addition where the Director position may involve entering into regulated activity for example Medical Director or Director of Nursing they would be eligible for a barred list check.

Salaried/Associate GP's/Clinical Leads

Due to the nature of this role it requires an Enhanced DBS check with barred list.

Nurses/Health Care Assistants

Due to the nature of this role it requires an Enhanced DBS check with barred list.

Practice Manager

Practice Managers qualify for an Enhanced DBS with both Barred list check as they manage Staff - GP's / Practice Nurses who themselves require an Enhanced with both Barred list checked

Shift Manger

Shift qualify for an Enhanced DBS with both Barred list check as they manage Staff - GP's/Nurses who themselves require an Enhanced with both Barred list checked

Receptionist with Chaperone Duties

The Receptionist part of the role would qualify for a Standard DBS if they were interacting with Patients for example meeting and greeting, booking appointments face to face with vulnerable (due to their condition) adults or children.

The Chaperone element of the role qualifies for an Enhanced DBS check without barred list information as they themselves are not entering into any activity that would qualify for the Barred list check(s).

Driver with Chaperone Duties

The Chaperone element of the role qualifies for an Enhanced DBS check without barred list information as they themselves are not entering into any activity that would qualify for the Barred list check(s).

Lists of Post Not Requiring DBS

No DBS required – Exception to this is if this role includes day to day management or supervision (direct reports) of any staff who enter into regulated activity (where they require either Barred list check) then they too would qualify for an Enhanced DBS and Adults / Children or both Barred list check .

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Title:	Meeting Date:	Agenda item
Quality and Workforce Committee report	26.03.2018	**no:** 11.1
Prepared and presented by: Dr Paula Grey	**Discussed by:** Quality and Workforce Committee	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • be assured that the Committee is giving due scrutiny to the information presented to it • note the main issues from the meeting.	

1.0 Purpose:

1.1 The purpose of this paper is to advise the Board on matters discussed at the Quality and Workforce Committee meeting held on Wednesday 21 March 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

2.1 The Committee noted the rising number of complaints received in Sefton and appreciated that AMcE is currently addressing the issue with the practice managers.

2.2 The Committee noted that the CQC inspectors were particularly interested in looking at comparative data, typically over a period of 12 months. Therefore, it was agreed to look at different ways to report data by extending the period taken into account which currently is mostly 1 or 2 months.

2.3 The Committee noted the ongoing work, conducted internally the organisation, around the way SPN is reported.

2.4 The Committee noted that the new Datix system that will soon become available will widen opportunities for reporting and monitoring incidents across the organisation.

2.5 The Committee noted that only one StEIS incident was reported in January, which was combined with NWAS and currently under investigation.

2.6 The Committee noted the good amount of compliments and positive feedback received in the months of January and February.

2.7 The Committee noted the positive feedback received from the CQC inspectors in relation to Friends & family, which was recognised to provide a transparent record of patients' satisfaction.

2.8 The Committee noted the positive feedback received from the CQC inspectors in relation to the clinical audit and that there were no cases of concern.

2.9 The Committee noted that the Sefton GP practices will be inspected, in summertime, on a singular basis and therefore will require their own data set.

2.10 The Committee noted that the Safeguarding Steering Group had its first meeting, will meet 6 times a year going forward and will be reporting to this Committee.

2.11 The Committee noted that the organisation received assurance from Informatics Merseyside that the problem regarding RotaMaster's accessibility in Sefton has been resolved and access should be available across all GP practices.

2.12 The Committee noted the successful recruitment of the new Non-Executive Director, Cllr Paul Cummins.

3.0 Recommendations:

The meeting is invited to:

- be assured that the Committee is giving due scrutiny to the information presented to it
- note the main issues from the meeting.

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Title:	Meeting Date:	Agenda item
Finance and Performance Committee report	26.03.2018	**no:** 11.2
Prepared and presented by: Pat Higgins	**Discussed by:** Finance and Performance Committee	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • be assured that the Committee is giving due scrutiny to the information presented to it • note the main issues from the meeting.	

1.0 Purpose:

1.1 The purpose of this paper is to advise the Board on matters discussed at the Finance and Performance Committee meeting held on Wednesday 21 March 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

2.1 The Committee welcomed the new Non-Executive Director, Cllr Paul Cummins, and noted that he will take the chair of the committee starting with the next meeting.

2.2 The Committee noted the positive IUC performance for the month of February.

2.3 The Committee noted the outstanding challenges in relation to employment of nurses, particularly with regards to the fact that agency nurses preferred not to be employed for portfolio reasons.

2.4 The Committee noted that, going forward, the Sefton Contract Meeting will meet every 6 months instead of quarterly.

2.5 The Committee noted the successful recruitment of the new Deputy Medical Director, Dr Sandra Oelbaum, who has taken a leading role with regards to the Sefton GP practices.

2.6 The Committee noted that a meeting with NHS England and South Sefton CCG is scheduled for 19th April in order to discuss plans for the future of Sefton, including solutions for managing the dispersal of Hightown.

2.7 The Committee noted the good process re the Asylum action plan and the improved KPIs.

2.8 The Committee noted with concern that attempt to recruit a prescribing nurse in the Asylum practice failed and that the clinical model will need to be reviewed to find a solution to the issue.

2.9 The Committee noted that there had been no progress on planning for next year's footprint in the wider environment and that Kate Lucy with the commissioners will get in touch in order to re-open a strategic conversation re IUC, footprint and timescale.

2.10 The Committee noted that the organisation's cash position improved significantly as a result of the payment made by NWAS which filled the outstanding debt. The Committee also welcomed the news that South Sefton CCG has agreed to pay the Local Quality Contracts with a lump sum payment of 244k in month 12.

2.11 The Committee noted that this was Scott Lingard's final Finance and Performance meeting. As Scott finished his role as Director of Finance, it was noted that Pat de Ridder will be taking on additional interim duties, supported by Scott on a contract basis, until the new Director of Finance takes up their role. The Committee thanked Scott for the exceptional contribution to UC24.

3.0 Recommendations:

The meeting is invited to:

- be assured that the Committee is giving due scrutiny to the information presented to it
- note the main issues from the meeting.

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Title:	Meeting Date:	Agenda item
Audit Committee report	26 March 2018	**no:** 11.3
Prepared and presented by:	**Discussed by:**	
Kathryn Foreman	Audit Committee	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting	**Decisions to be taken:** The meeting is invited to: • be assured that the Committee is giving due scrutiny to the information presented to it • note the main issues from the meeting.

1.0 Purpose:

1.1 The purpose of this paper is to advise the Board on matters discussed at the Audit Committee meeting held on Monday 5 February 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

The Committee agreed that the following would be reported to the Board:

2.1 The Leadership Team response to the Budgeting Process Report had been very helpful and the actions from the report did not need to be entered onto the Corporate Risk Register.

2.2 JW would be undertaking work on Sefton Finances which should highlight any significant areas of concern and which should provide a platform from which to develop a single system for the practices.

2.3 An alternative, and interim, purchase order approval system was being developed in the absence of full implementation of E-Procurement.

2.4 CQC would be visiting and would engage with patients

2.5 The new external auditors would be attending the March meeting but the timetable for the audit had been agreed.

3.0 Recommendations:

The meeting is invited to:

- be assured that the Committee is giving due scrutiny to the information presented to it
- note the main issues from the meeting.