NHS

Urgent Care 24

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URGENT CARE 24 BOARD MEETING (OPEN)

DATE: **7 June 2018**

TIME: **1 pm**

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, HELENA LEYDEN, DR MARY RYAN.

IN ATTENDANCE: SANDRA OELBAUM, PAT DE RIDDER ALISON HUGHES, MARGARET SWINSON, COMPANY SECRETARY

AGENDA

9.   Strategy

     9.1   CQC System Review   PH   Verbal

     9.2   GP survey   MR   Presentation

10.   Governance

10.1	Risk Register items 15+ post mitigation	HL	On Screen
10.2	Draft Rules Update	MS	To follow
10.3	GDPR and IG Toolkit	MS	40 – 42
10.4	Data Sharing agreement with RLUH	MS	Verbal

11.   Committee Reports

11.1	Quality & Workforce	PG	43 – 44
11.2	Finance & Performance	PH	45 – 46
11.3	Audit	KF	47 – 48

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: **26 July 2018**
Time: **10.00am**
Venue: **Urgent Care 24 Board Room**

Board Meeting:-	Open Session	
Venue:-	Board Room, Urgent Care 24 (UC24)	
Date:-	26 March 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)** Paula Grey (PG) – *Chair of the meeting V* Kathryn Foreman (KF) *V* Paul Cummins (PC) *V* **In attendance:** Margaret Swinson (MS) – *Company Secretary* Alison Hughes (AH) – *Associate Director of HR* Sandra Oelbaum (SO) – *Deputy Medical Director* Adam Doyle – *Notetaker* *V indicates a voting member of the Board*	Pat Higgins (PH) *Chair V*	**31 May 2018**

Item		Action
1.	**Chair's Welcome, apologies for absence and opening comments** PG welcomed everyone to the meeting and noted apologies from PH.	
2.	**New declarations of interest** No new declarations of interest were registered by members of the Board.	
3.	**Patient Story** PG explained the Patient Story would be deferred until the next board meeting, as full permission to use the story had not been granted yet.	
4.	**Minutes of the meeting held on the 25 January 2018 and Extraordinary meetings held on 5 and 21 February 2018** The minutes of the meetings held on 25 January 2018. 5 February 2018 and 21 February 2018 were agreed.	

	SL stated, regarding the minutes for the extraordinary board meeting on the 21 February 2018, they included some commercially sensitive information and should not be publicly released. MS confirmed that the minutes would not be released publically on the website.	
5.	**Matters arising and Action Log progress** No items which were not on the agenda.	
6.	**Chair's and Non-Executives' Report** **6.1 Chair's Report** KL noted, in the Chair's absence, that the relevant items would be covered in her report. **6.2 Appointment of Non-Executive Directors** PG reported that PC had been appointed as a Non-Executive Director for a 3 year term and the appointment was ratified by the Board. PC brought expertise particularly relevant to Primary Care in the South Sefton area. **PG left the meeting.** KF took the Chair for the consideration of the renewal of PG's term of office. KF explained that PG had completed her appraisal with PH, and PH had completed a paper recommending PG's term of office be renewed for a period of 2 ½ years to bring her total service to 6 years. KL explained that PG had the full support of the executive team and KF confirmed the full support of the non-executive directors. The Board agreed the renewal of PG's appointment. **PG re-joined the meeting.** The Board: - Noted the appointment of Paul Cummins for a period of 3 years. - Agreed the appointment of Dr Paula Grey for a period of 2 and a half years.	
7.	**Chief Executive** **7.1 Chief Executive's Report** KL presented her report to the Board. She : - Reported that the CQC inspection for the organisation had been undertaken between 19 and 20 March. It had been an intensive, rigorous and detailed inspection. The initial feedback had been positive and staff had been thanked for their work, with particular thanks to MS for her co-ordination work. The draft report was likely to be available in approximately 6 weeks. CQC inspections of the 7 Sefton Practices were expected over the coming year, starting in the summer. - Thanked and welcomed SO to the organisation and asked if the chair would allow SO to attend for the second part of the board meeting, PG agreed. - Explained that following the advertisement of the CEO position, no suitable candidates had been identified for shortlisting. The position would be re-advertised after Easter. In the interim, MR would be acting Chief Executive until the new CEO was in post. - Had attended an NHS Confederation Dinner at which the difficult winter pressures were discussed. Pressures had continued into the spring. KL emphasised the need for collaboration between organisations. - Attended a KPMG meeting focussing on the possible consequences of Brexit. KL invited Board members to consider how Brexit might result in challenges for UC24 in areas such as staffing.	

- Had drafted a response to the "One Liverpool Plan" which was due for submission by 27 March 2018. Board members were invited to offer input to the response.

- Attended the Family Doctor Association annual conference in Liverpool and indicated that UC24 should join the Primary Care Forum.

- Paid tribute to SL, attending his final board meeting as Director of Finance, thanking him for his work during his time with the organisation.

PG asked if the organisation was monitoring the position of EU nationals employed by UC24. MR stated the position regarding EU nationals was not currently clear. The inclusion of Brexit on the risk register was discussed but more consideration of the consequences was required before it could be meaningfully added.

PG asked if anything had been done to thank staff for their efforts over the winter period, KL confirmed that an event was being organised for the summer to say thank you.

The Board:

- Noted the Chief Executive's report.

7.2 Review of 2017/2018

KL presented her review of 2017/2018, reminding all present of the corporate objectives for the year and noting that performance against the objectives was being assessed. KL explained she is impressed with the amount of progress completed on the objectives despite unexpected occurrences, such as the NHS 111 service returning to NWAS and the implementation of management of change. KL explained the organisation was expected to meet its financial target for the year, which was very good news.

KF drew attention to the externally facing work over the previous year which emphasised the importance of external leadership skills for the future Chief Executive and Director of Finance.

KL explained that the review paper was a draft which would be completed and wrapped into the forthcoming Board development session.

7.3 Objectives for 2018/2019

KL presented the plan on a page for the upcoming year which built on the good work in 2017/18. There was an emphasis in development of organisational sustainability through growth in contracts and collaborative working with outside organisations. The corporate objectives had been refined from the previous year and would include:

- Delivering safe, care and effective patient services.

- Achieving a sound financial position.

- Excellent infrastructure and working between teams.

- Sustainable clinical and administrative workforces.

- Excellent stakeholder relationships and beneficial collaborations.

The Plan would be added to the UC24 website and shared with partners.

In response to the presentation, MR confirmed that the audit reference was to the development of the new system for clinical audit. PC observed that the forthcoming year would provide more external challenges and it would remain important for the organisation to remain involved in the local healthcare environment. KF asked if there was available capacity for the back office generated income referenced in the plan. KL and MR confirmed that there currently wasn't but it was an area for potential

	development as new income sources could provide overhead support for capacity growth. Potential income generation options could be discussed as part of Board development which was likely to be late April or early May. The Board: • Noted the 18/19 Plan on a Page.	

8.	**Performance**	
	8.1 Integrated Performance Report	

Out of Hours: February's KPI's reported good performance, with only one non-compliant NQR. This demonstrated good recovery from January. JC noted that the service was still operating in a challenging environment.

Primary Care Streaming: The Primary Care Streaming service at Alder Hey significant workforce challenges which were impacting on performance. JC hoped to resolve the issue over the coming weeks. MR noted that UC24 has better retention rates for ANPs than GPs at Alder Hey. KF commented that matter was raised with her when she attended the Alder Hey board. Alder Hey shifts had been fully fulfilled over the previous weekend.

MR reported that UC24 representatives had attended business and governance meetings relating to Primary Care Streaming. This had been useful and was expected to continue.

CAS and Pathfinder: The usage of the CAS and Pathfinder service had been increasing. JC believed that commissioners might seek to commission further CAS and Pathfinder services which would increase the number of calls and consequent service pressure.

Sefton GP Practices: They had been a marked improvement in GP shift fulfilment and JC commended the PCS team for the efforts in regards to this.

The uptake of the Winter Indemnity scheme had been disappointing in spite of efforts to ensure GPs were aware of the scheme. In spite of this MR reported that when she surveyed GPs recently, 43% of GPs stated they were unaware of the scheme. She believed that indemnity was not the major reason for GPs not taking Out of Hours sessions. MR would present the outcome at the next Board meeting.

The Board noted:

• Performance for January and February 2018.

• Received assurances that the necessary actions are being taken.

Finance:

SL stated the organisation was predicting an 82k deficit for the year to month 11. This position is due to the Sefton Practices, which show a 367k deficit for the year to date. SL stated the organisation had received outstanding monies in month 10 as well as additional funding. Further funding was due to be received from South Sefton CCG which would bring UC24 into line with its budgeted of £70k surplus. Cash reserves remained over £1million.

The efficiency plan had been delivered in full for the year and the 2018/19 plan was in preparation. The Leadership Team had discussed the ideas identified. There were 2 main issues for the forthcoming year:

• The Delivery of the Sefton Plan.

• The Out of Hours Service clinical spend.

	KF commented that the financial position was better than expected and thanked all for the efforts to reach this position.	
	Quality:	
	HL thanked staff for their work in reviewing and updating policies over recent weeks. Although the Sefton Practices were receiving more complaints than any other area of the organisation these were being managed within agreed time limits.	
	There had been drop in recorded safeguarding incidents, with no safeguarding incidents reported in February, which was expected following the transfer of the 111 service. UC24 continued to work to ensure staff were confident and able to report safeguarding concerns.	
	HL explained that there would be a review of the quality report to ensure it was fit for purpose. This would be undertaken over the coming months.	
	Workforce:	
	AH stated that no sickness data was available for the months of January and February due to software issues, however the software provider was working on a solution. Appraisal training for managers had been rolled out to support the setting of suitable objectives and development plans for staff.	
	AH explained that recruitment activity was currently high particularly due to the Executive appointments which being made.	
9.	**Strategy**	
	9.1 Liverpool Community Health Independent Review	
	KL had circulated the report to board members and reminded those present that it was important to take the review seriously as there would be applicable learning for UC24. KL stated UC24 had made clear their intentions to further align with Primary Care and Community Services and this provided context for the external environment.	
	KL noted the following findings/recommendations from the report:	
	• Ensuring the right person was appointed when making board appointments,	
	• Understanding how the organisation dealt with risk.	
	• The need for those organisations with oversight to recognise when issues arose.	
	• The importance of the fit and proper persons test.	
	• Good process for the handling of serious incidents.	
	• The necessity for disciplinary and whistleblowing policies.	
	KL suggested that UC24 had a history of holding organisations to account and operating in a transparent and accountable way. SA agreed, stating the input and experience UC24 could offer to organisations could contribute to lowering risk across the external environment. KF emphasised the need for UC24 to maintain its standards when working in collaboration with other organisations and to take a lead in inter-organisational governance.	
	Board members were invited to offer further comments for inclusion in a UC24 response.	
10.	**Governance**	
	10.1 Risk Register Items 15+ post mitigation	

HL stated there are no items on the risk register of a score of 15 or more for the open part of the meeting.

The Board:

- Noted the risk and the work being undertaken in mitigation.

10.2 Draft Rules Update

MS reported that a copy of the original rules and an annotated draft version had been sent to the solicitors. Feedback was awaited and it was hoped that a final copy of the rules and regulations would be available for the May Board meeting.

The Board:

- Noted the position with regard to the review of the Rules of the Society.

10.3 Appointment of Senior Risk Information Officer

MS explained that, as SL was leaving UC24 a new Senior Risk Information Officer needed to be appointed. JC had the necessary experience and responsibility for IT and his appointment as the Senior Risk Information Officer was ratified.

The Board:

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

10.4 Update to DBS Policy

AH stated a change to the DBS policy was required following the CQC visit. Previously there had not been a requirement for drivers to have a DBS unless other roles they undertook necessitated one. However, CQC had questioned this due to their potential chaperon responsibilities. A change was therefore being made to the policy.

The Board:

- Approved the revised DBS check requirement for drivers.

11. Committee Reports

11.1 Quality & Workforce

PG stated the majority of the Quality and Workforce report had been discussed earlier in the meeting. The Committee had noted the increased functionality of Rotamaster.

The Board received an update on the nurse vacancy at the Asylum. Recruitment had been unsuccessful after repeated attempts. The clinical model was therefore being reviewed in light of this and the needs of the service. The appointment of a GP lead met the action requirements following the CQC visit and therefore the nurse did not need to be as highly skilled.

The Board:

- Was assured that the committee is giving due scrutiny to the information presented to it

- Noted the main issues from the meeting.

	11.2 Finance and Performance Committee Report PC stated SL had, earlier in the meeting, adequately covered the Finance and Performance Committee Report. The Board: • Was assured that the committee is giving due scrutiny to the information presented to it. • Noted the main issues from the meeting. **11.3 Audit Committee Report** KF reported that Janet Wilcock, UC24's internal auditor, would be looking at the Sefton Practice finances. Any actions arising from her review would be fed into the internal audit action log. . 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**		

Date of next meeting: 31 May 2018

Time: **10am**

Venue: **UC24 Board Room**

Open Section Action Points and Report back dates from UC24 Board Meeting 31 March 2018

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	26.3.18 Item3	Patient story: To be taken at May Board if all permissions in place	CR	May Board	Permissions not received for public presentation therefore included in Part 2 to allow UC24 Board to see cross organisation elements
2.	26.3.18 Item 7.2	Review of 2017/18 to be included as part of Board Development	KL	Board Development	Done
3.	26.3.18 Item 8.1	GP Survey: MR to report back to Board	MR	May meeting	On agenda
4.	26.3.18 Item 8.1	Review of Quality Report in light of comments on cumulative information made by CQC	HL	September meeting	

Title: Chairs Report	Meeting Date: 7 June 2018	Agenda item no: 6.1
Prepared and presented by: Pat Higgins	**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: • Read the report	

1.0 Purpose:

To appraise Board of recent activity since the last meeting.

Liverpool Integrated Care Partnership Group.

I attended this meeting 9th April 2018 to discuss the intra organisational governance implications of this group, which is a sub group of the Health and Well Being Board. Chaired by the Mayor of Liverpool Joe Anderson. The group was meeting in shadow form in private to explore issues common to Liverpool in respect of the provision of health and social care. The group is made up of provider Chairs and CEOs across Liverpool whose common aim is to support the development of the Mayoral Inclusive Growth plan and the One Liverpool plan.

The aim is for partners in Liverpool to create a One Team ethos and a place based system change for better health, reducing inequalities and maximising the impact from shared resources.

The group would not be a decision-making body and accountability and governance arrangements from participating partners would not change. As indicated in the CQC system review it is imperative the group agrees its terms of reference to move forward together. A variety of views were expressed and it was agreed that a sub group led by Jan Ledward and Dyanne Aspinall would be convened to draft the terms of reference and scope of the group prior to the next Health and Well Being Board in June.

The sub group met on 14th May and draft terms of reference were subsequently developed and work in is train to firm these up.

Meetings and other activity

CEO shortlisting 23 April – failed to produce a shortlist of suitable candidates

NEDs informal meeting 23 April

Appraisal CEO 26 April

Board development session 2 May – a useful session to reflect backwards on the year and look ahead three years (is this reported elsewhere on agenda?)

Bake off for stand up to Cancer campaign. Along with Joe Heron I tasted and judged this session from staff contributions – the winner was Julie Price with an outstanding showstopper Victoria sponge with runner up Kathryn Foreman for her lemon drizzle bake (£115.07 was raised)

Start of the year event Sefton 16th May

Finance and Performance committee 23rd May

Chairs appraisal 23rd May

2.0   Recommendations:

The meeting is invited to:

Note the above and I am happy to elaborate verbally on any items not covered elsewhere on the agenda.

Pat Higgins
Chair

Title:	Meeting Date:	Agenda item no:
Board Appointments	7 June 2018	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:** Consultant fee (10% of Chair's remuneration) £1.5k
	Purpose of the report: ☐ Assurance ✓ Decision ✓ Discussion ✓ Noting
	Decisions to be taken: The meeting is invited to: • Note the timetable for the appointment of a Chief Executive Officer • Express a view on the question of a vice-chair • Agree the timetable and process for the appointment of a Chair.

1.0 Purpose:

- The purpose of this paper is to update the Board on the recruitment of Board members and to confirm arrangements in relation to the recruitment of a new Chair.

2.0 Director of Finance

- The recruitment process for the Director of Finance has successfully concluded and Heledd Cooper will be joining UC24 with effect from 1 July 2018. She has visited the office in order to meet with Scott Lingard as part of the handover/induction process.

3.0 Chief Executive Officer:

- As Board members will be aware, the first round of recruitment was unsuccessful and therefore a second round has commenced. In order to secure an appropriately qualified and

experienced shortlist, professional recruiters are handling the process and seeking potential candidates.

- This process is not yet complete but interviews have been scheduled for 21 June 2018. Board members and staff will be involved in the assessment and interview process.

4.0 Vice Chair

- Since 2015 years the Board has operated a policy of appointment of a Vice-Chair for periods of time when the Chair has been unavailable. This has enabled all Non-Executive Directors to have experience of acting in this role and handling decisions required. The question of appointing a 'permanent' Vice-Chair has been raised and Board Members' views are sought on this matter.

- The present system has the advantage that it retains equality between the Non-Executive Directors and enables all Non-Executives to engage with serious issues which might arise when they are 'in the Chair' and to gain the knowledge and experience which comes from that engagement. Furthermore, it ensures that all Non-Executive directors, other than the Chair, are of equal status within the organisation. It does, however, require advance planning and dissemination of information internally to ensure that, when the Chair is not available, the locus of that authority is known.

- Whilst the appointment of a 'permanent' Vice-Chair creates certainty within the organisation, it would require appropriate co-ordination of leave and does not facilitate the personal development for the group as a whole which are associated with the rotational system currently in operation. Any appointment made at this stage would effectively bind the incoming Chair in respect of the appointment of a Vice-Chair.

- Should the Board not be in a position to appoint a Chair who could take up office on 1 October, a decision to appoint one of the current Non-Executive Directors as Interim or Acting Chair could be made at the September Board meeting, thus ensuring continuity and a smooth transition.

- Board members are invited to offer their views on paragraphs 3.2 and 3.3 above. Although both systems are within the Rules of the organisation as they stand, members are reminded that the Board gave approval to some re-wording of this clause to make the flexibility of approach more explicit as part of the package agreed in 2017.

5.0 Chair

- Board members will recall that in November 2017 a series of recommendations was made with regard to the position of Chair and the Board agreed to the extension of the term of office of the current Chair to 30 September 2018.

- That recommendation was followed by a recommendation in respect of the appointment of a Non-Executive Director, which was completed earlier this year, and an outline recruitment schedule for the next Chair of UC24. The timetable was set with a view to the next Chair being in post with effect from 1 October 2018 and anticipated the commencement of the recruitment process in June 2018.

- This timetable was set in the expectation that the recruitment process for the Chief Executive would have been completed before June and, in light of the need for a second recruitment round, that will not be the case.

- Views having been sought informally, it is recommended that the process now begin in July ie after the process for the new CEO has been completed, and that consideration be given to using the charity recruitment consultants leading the Chief Executive to lead this process also.

This would ensure a strong field of appropriate candidates and provide external scrutiny of both process and the clarity of role description for the office.

- It is understood that the relationship of the incoming Chief Executive and the incoming Chair will be important and that the skills in the CEO post holder may influence those being sought as part of the Chair recruitment process. Therefore, the person specification for the Chair will only be confirmed when the profile of the new CEO is known. In recognition of the importance of this relationship, efforts would be made to secure the involvement of the incoming CEO in the Chair recruitment process but, given the line-management relationship, this involvement would require careful management.

- There is also a recognition that 'fit', particularly with UC24's organisational values, is crucial. The recruitment process therefore needs to test the values of candidates. Should the Board agree to the use of the consultants to lead the process, this will enable a more searching process which is likely to tease out the underlying values of candidates prior to shortlisting. However this should be supported by a process at UC24 which enables values to be tested outside the formal panel interview as part of engagement with Board members who are not members of the formal panel. This should be part of the process regardless of whether the external consultants are engaged for this recruitment.

- The Board is invited to confirm the timetable and decide whether to seek the involvement of the external consultants in the process.

6.0 Recommendations:

The meeting is invited to:

- Note the timetable for the appointment of a Chief Executive Officer

- Express a view on the question of a vice-chair

- Agree the timetable and process for the appointment of a Chair.

Title:	Meeting Date:	Agenda item no:
Chief Executive's Report	7 June 2018	6.1

Prepared and presented by:	Discussed by:
Chief Executive	

Link to UC24 Values:	Resource implications:
✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	
	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 I am now able to report that UC24 has received its CQC rating following a full inspection. I am delighted that we have been rated as Good in every domain, with a number of features identified as outstanding. We are particularly pleased that our work on governance, patient safety systems and staff support and well-being have been recognised as outstanding.

2.0 My thanks go to our dedicated staff and strong leadership team for all their hard work. Thank you too to commissioners and partners who have supported the development of our services.

3.0 The last year has been challenging, in particular due to the operational effects consequent upon the withdrawal of the NHS 111 service. The implications are still affecting out of hours staff and we are still working through the process in the most sensitive and pragmatic way we can. So it is particularly pleasing, that despite the challenging environment, staff continue to deliver excellent services, and put the patient at the heart of all we do. The CQC report is enclosed at the rear of the Board pack. I anticipate that this external validation will help us to further consolidate and extend our value based services in Cheshire and Merseyside.

4.0 Well done to all staff, managers and the senior team for your excellent work. You make me proud.

5.0 Continuing the quality theme, our Director of Nursing and Business Analyst have presented our Quality Account report to Halton CCG and Halton Local Authority. The input was well received and members and officers were particularly interested in the development of nursing roles in integrated urgent care. Our work on sepsis management in primary care has received national acclaim during

the last month, with our schemes being shortlisted for HSJ and BMJ awards. Well done to clinicians and operational staff for spearheading progress in this important area of patient care.

6.0 Following some challenges over Easter, our GP out of hours service appears to have settled down this month. Not withstanding activity and performance over the last few weeks, we have taken the decision to introduce a shared risk register as a regular item to the Contract Monitoring Board. This is a way of us alerting commissioners to risks to the service, particularly those which arise due to different approaches and timescales and the revision of urgent primary care in each area. We hope this transparent approach highlights interdependencies and promotes a shared approach to risk management.

7.0 As Board members will be aware, during the last 3 months UC24's GP out of hours contract has dealt with over 18,000 patient contacts. Most of this activity is primary care work deemed urgent by the patient. This service provides a reliable way of dealing with demand at scale and in an efficient way. Our team are fully engaged in plans to revise urgent care and welcome increased levels of collaboration. We are also alert to potential destabilisation during a period of inevitable change. In order to maintain patient safety we will be lobbying for lessons to be learnt and shared, transitions to be risk managed and increasingly complex collaborative design, procurement, and contracting be subject to appropriate intra-organisational governance.

8.0 Work in our Sefton practices continues to deliver steady improvements. At a recent high level meeting between South Sefton CCG, NHSE. Sefton Local Authority and ourselves, there was support for our ambitious approach, recognition of the challenges and ambitious task, and demonstrable confidence in the UC24 team.

9.0 Our business, finance and governance team have all been working hard to deliver efficiencies and continued improvement. Following the first stage of Management of Change, these areas have had to continue to deliver system and service improvements within resource constraints. Our front line services depend on these functions to perform well and I am grateful to all the teams for playing their part.

10.0 Since our last meeting we have held two Start the Year Conferences. Thank you to all Board members for supporting these events; your presence is appreciated by staff. The conferences were an opportunity to get together, reflect on lessons from last year, consider this year's objectives and influence from the shop floor. This year we had a special focus on diversity and inclusion, with an interactive session facilitated by a colleague from the National NHS Leadership Academy which was well received. We know that our staff at HQ are familiar with our interactive sessions and it was particularly pleasing to see our Sefton practice staff become fully engaged with the work. We have received positive feedback from the events and will follow up as agreed.

11.0 Board members will be aware that our new Director of Finance starts on 1st July and we plan to interview for the position of CEO on 21st June.

12.0 Following the Board Development session and Leadership and Executive Team away day, notes of the discussions have been drawn together and are attached (without cover paper) to the Part 2 Board papers.

13.0 As this is my last Board meeting, I would like to take the opportunity to thank all current and former Board members for their work. All who have sat around the table have made a unique contribution, and our recent CQC success is a consequence of the best of all our collective contributions. It has been a pleasure and privilege to work as your CEO and I have every confidence that this strong, brave and committed team will go on to lead an independent, sustainable, value based social business into the future.

14.0 I look forward to hearing of your continued success.

15.0 Recommendations:

The meeting is invited to:

- Note the Chief Executive's Report.

Title:	Meeting Date:	Agenda item no:
Integrated Performance Report	7th June 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 March and April 2018 • To receive assurance that the necessary actions are being taken.	

1.0 Purpose:

- The purpose of this report is to update the Board with the performance across the organisation for the months of March and April 2018.

2.0 Report highlights:

- Note the performance of the Integrated Urgent Care Service Delivery Unit
- Note the performance in Primary and Community services.

3.0 Recommendations:

The meeting is invited to:

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

Service Delivery	App. ref	Target	YTD (from Apr)	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Trend	May-18 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	94.0%	91.4%	95.6%	95.3%	95.6%	95.2%	94.9%	95.4%	95.5%	93.3%	94.5%	92.3%	94.0%		97%	IUC001
OOH NQR 9 - Urgent DCA 20mins	1	95%	92.2%	96.6%	94.3%	96.2%	92.3%	95.3%	94.9%	95.9%	94.8%	94.5%	91.9%	92.4%	92.2%		95%	IUC002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	82.8%	91.9%	88.7%	90.5%	92.2%	89.7%	87.3%	90.6%	89.0%	78.1%	86.6%	76.7%	82.8%		96%	IUC003
OOH NQR 12 - Home Visits - Total	1	95%	93.8%	93.7%	95.8%	92.9%	94.1%	90.3%	93.3%	91.5%	85.9%	87.1%	91.6%	87.4%	93.8%		95%	IUC004
OOH NQR 12 - UCCs - Total	1	95%	99.2%	99.8%	99.3%	99.4%	99.8%	99.3%	99.7%	99.8%	99.1%	99.4%	99.7%	99.2%	99.2%		100%	
OOH activity	1	n/a	5,835	5,487	5,276	5,799	5,609	5,430	5,730	5,392	7,231	6,511	5,310	6,507	5,835		5,213	
Alder Hey Primary Care Streaming - average consultation length	2	15mins	14:55	13:15	17:25	17:22	18:44	17:57	18:06	16:17	16:16	15:20	15:08	14:46	14:55		14:56	
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	45.2%					80.9%	78.7%	76.9%	78.7%	50.6%	57.7%	53.8%	45.2%		73.0%	IUC005
Aintree Primary Care Streaming - average consultation length	3	15mins	45.2%					18:46	17:26	17:57	18:05	18:36	19:31	18:17	17:34		18:27	IUC006
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	81.6%					94.8%	95.4%	93.5%	86.0%	92.0%	95.5%	81.6%		89.7%	IUC007
RLUH Primary Care Streaming - average consultation length	4	15mins	19:06					15:50	15:02	15:33	16:57	17:56	16:19	16:52	19:06		17:25	IUC008
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	82.0%					94.9%	100.0%	93.2%	95.8%	83.4%	79.1%	82.0%		81.5%	IUC009
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	100.0%						100.0%	100.0%	100.0%	99.3%	100.0%	100.0%		100%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.2%						98.1%	97.7%	98.3%	99.3%	98.2%	98.2%		99%	
Intermediate Care Service - Consistent medical provision	6	90%	100.0%	100.0%	100.0%	92.6%	95.7%	98.9%	100.0%	100.0%	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	154	304	321	167	326	370	283	412	174	274	335	314	154		268	
Finance																		
Budget variance (£000's)	8	0	Month 1 not reported	-116	-17	-9	-121	-58	-70	-56	-119	416	41	146	Month 1 not reported		Budgets not set	
Revenue Surplus position (£000's) (Year End forecast)	8	129	Month 1 not reported	-182	82	-1	-79	-20	-63	-15	-129	322	9	147	Month 1 not reported		5	
Sefton practices LES/DES income	8	317	Month 1 not reported					32	22	51	24	35	108	1	251	Month 1 not reported		39	
Total Cash (£000's) (Year End forecast)	9	1,000	1,079	421	985	393	887	1,152	1,069	1,225	678	384	985	1,212	1,079		1,000	
Efficiency programme vs target	10	95%	Month 1 not reported	100%	106%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Month 1 not reported		10%	
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	11	85%	88.2%	85.9%	87.4%	85.5%	88.0%	87.9%	90.0%	87.3%	83.9%	85.9%	89.1%	86.8%	88.2%		90%	
Compliments received in month	11	n/a	1	1	5	2	3	5	4	1	2	6	1	0	1		1	
Complaints received in month	12	n/a	6	7	16	8	8	2	9	8	4	6	6	9	6		7	
Complaints resolved within 25 working days	11		-	2	3	5	4	1	1	5	1	1	0	3	0		1	
Incidents recorded in month	11	n/a	84	204	234	212	182	167	138	60	79	73	59	77	84		73	
Safeguarding incidents recorded	11	n/a	1	79	70	91	68	63	57	4	5	1	0	1	1		1	
Workforce																		
Sickness Rate	13	5% annually	Reliable data not yet available from RotaMaster														Reliable data not yet available	
Staff Turnover rate	13	20% annually	23.5%	32.0%	32.4%	32.3%	32.4%	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%	26.3%	23.5%		25%	WOR001
Mandatory Training Compliance (employed staff only)	13	95%	86.7%	95.4%	96.3%	96.4%	95.8%	94.0%	95.5%	96.1%	97.7%	97.2%	85.2%	86.6%	86.7%		86%	WOR002
Appraisal Compliance	13	95%	Data not supplied	84.9%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	Data not supplied		60%	WOR002

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial compliance against NQR8 - Call answering	Continued increase in call volume for the HCP line in April - forecast of full compliance for May 2018. Vacant sessions on hold for referral co-ordinators due to impending Management of change for call-centre personnel which has now completed the consultation stage and an implementation plan is being drawn up. Sickness for operational staff was approx 8% for this month.	Head of Integrated Urgent Care	July 2018 to allow for completion of MoC
IUC002	Partial compliance against NQR 9 - Urgent DCA	UC24 performance decreased throughout March but has improved throughout April and into May. Work is ongoing to further integrate ANPs into the Out of Hours service starting with ANPs supporting DCA provision. This piece of work will be presented to commissioners in May with the aim of commencing a pilot in June. If approved we believe this will relieve some of the current pressures within the service. Work continues to understand the change in the priority of presenting patients; conversations are taking place with commissioners and NWAS to discuss the impact that Pathfinder and CAS urgent activity is having on the Out of Hours service.	Head of Integrated Urgent Care	May-18
IUC003	Non-compliance against NQR 9 - Less urgent DCA	As for IUC002	Head of Integrated Urgent Care	May-18
IUC004	Partial compliance against NQR 12 - Home visits	As for IUC002	Head of Integrated Urgent Care	May-18
IUC005	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	We have been experiencing significant staffing challenges within this service for a number of months due to a shortage of salaried GPs. Work has been undertaken to introduce Paediatric-trained ANPs into this service, which has resulted in a 73% shift fulfilment rate for May. We are also exploring other clinician cohorts to support recruitment.	Head of Integrated Urgent Care	Jul-18
IUC006	Partial compliance against Aintree Primary Care Streaming average consultation length	Average consultation times is over 15 minutes across 2 of the Emergency Departments. Contributing factors continue to 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	Jun-18
IUC007	Non-compliance against Aintree Primary Care Streaming shift fulfilment rate	We are starting to experience increased staffing challenges with in this service, feedback from clinicians indicate this is due to the number of inappropriate referrals which is reflected in the KPI results. These issues continue to be reported on Datix and raised during the monthly A&E PCS meetings.	Head of Integrated Urgent Care	Jul-18
IUC008	Non-compliance against The Royal Primary Care Streaming average consultation length	As for IUC006	Head of Integrated Urgent Care	Jun-18
IUC009	Partial compliance against The Royal Primary Care Streaming shift fulfilment rate	We are starting to experience increased staffing challenges within this service; feedback from clinicians indicate this is due to the number of inappropriate referrals which is reflected in the KPI results. We have also experienced some issues relating to Infection Prevention Control and staff behaviours which have impacted UC24 booking shifts within this service. These issues continue to be reported on Datix and raised during the monthly A&E PCS meetings.	Head of Integrated Urgent Care	Jul-18
WOR001	Partial 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	The figures since February 2018 include staff at the Sefton practices which has lead to a decrease in compliance levels. This cohort of staff are further behind on their mandatory training, as as a significant number of the staff came to UC24 by TUPE rather than as standard 'new starters'.	Ownership to be confirmed in relation to this specific issue	Not applicable
WOR003	Non-compliance against UC24 appraisal target	Appraisal training has been provided for managers. The appraisals are in the process of being completed with managers and staff. The data that RotaMaster produces is being analysed by HR to ensure that meaningful data is produced for the next Board. There should be a significant increase in the amount of data by this point.	Associate Director of HR	Not applicable

IPR Narrative report - 2017/18 as at Month 1 (April)		
Service Delivery	**Integrated Urgent Care**	● UC24 OOH performance decreased against KPIs throughout March but improved in April and continues to improve into May. Acute demand remains higher than predicted during the Out of Hours period impacting performance.
		● Agency usage within OOH service remains consistent partly due to increased MDU costs. We are starting to see an increase in ANP usage up to 10%. A proposal is to be presented to commissioners this month to extend ANPs into the delivery of DCA, this will allow UC24 to optimise ANP time when on shift and should result in a reduced reliance on agency GPs.
		● Good performance across Knowsley In Hours services throughout March and April; Direct Booking for Knowsley surgeries continues to deliver against demand. On-going conversations are taking place with the commissioners with regards to shaping the service for the future.
	Primary and Community Services	● Sefton GP Practices: the number of contracted clinical sessions filled decreased in April but is expected to improve in May. ANPs have been used in some practices to fulfil vacant sessions in support of a GP. The proportion of sessions filled by Salaried and Associate GPs improved to 47% in April.
		● Sefton GP Practices: Utilisation data has been collected manually from each practice. Overall utilisation is 81% (which includes 6.3% DNAs). There is a variance of 20% between the best and lowest utilisation rates. This is being investigated as part of work which has commenced on capacity and demand.
		● Asylum Seeker Service: Progress continues against the Asylum Service CQC Improvement Plan. Additional information is provided to demonstrate compliance with the current SLA which ends in March 2019. A Quality Impact Assessment has been commissioned to demonstrate the value of the service for patients and the wider health community.
Finance		● As has been practice in previous financial years, there will not be a month 1 position reported.
		● The finance department has been supporting the external audit of the 2017/18 financial position. New auditors were appointed and progress has been good. Final accounts will follow once the audit has been completed.
		● Cash balances at month 1 are £1,079k.
		● Efficiencies for 2018/19 have been agreed, detailed plans are being worked through.
Quality		● At the end of April 2018 there were 12 open complaints in Datix. These are all ongoing or awaiting to be closed.
		● No compliments were received in March 2018, and one was received in April 2018.
Workforce		● The second stage of the management of change is still in progress. The Director of Finance has now been recruited and will start in July. The main focus of the HR Team has been the Management of Change, Start of the Year and planning for the CQC inspections that are expected at the Sefton Practices.

Appendices

1. OOH Reporting Template
2. Alder Hey
3. Aintree
4. RLUH
5. Knowsley PCS
6. Intermediate Care
7. Asylum Practice
8. Cash Position
9. Quality & Patient Safety
10. Complaints Received
11. Workforce

Appendix 1 - OOH reporting template

National and Local Quality Requirements reporting template

Reporting time period: Sunday 01/04/18 08:00 - Tuesday 01/05/18 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	5835	5803	0	32	99.5%
2	NQR 8	<0.1% calls engaged	1831	1831		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	1831	1807		24	1.3%
4	NQR 8	Calls answered <60 seconds	1758	1652		106	94.0%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	1	1	0	0	100.0%
6	NQR 9	Urgent cases DCA <20 minutes	997	857	62	78	92.2%
7	NQR 9	All other cases DCA <60 minutes	3088	2395	163	530	82.8%
8	LQR 1	NHS 111 6 hour priority <6 hours	1354	1167	36	151	88.8%
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)*	*5478*				
b		*Total cases requiring action (6)+(7)+(8)+(9)*	*5477*				
		Following priority determined by Definitive Clinical Assessment (DCA)					
10	NQR 12	UCC Emergency <1 hour	0	0	0	0	
11	NQR 12	UCC Urgent <2 hours	301	288	4	9	97.0%
12	NQR 12	UCC Less urgent <6 hours	1517	1509	2	6	99.6%
c	*Total*	*Urgent Care Centre cases*	*1818*	*1797*	*6*	*15*	*99.2%*
13	LQR 3	Telephone Advice Emergency <1 hour	29	27	1	1	96.6%
14	LQR 3	Telephone Advice Urgent <2 hours	311	285	13	13	95.8%
15	LQR 3	Telephone Advice Less Urgent <6 hours	2884	2660	89	135	95.3%
d	*Total*	*Telephone Advice cases*	*3224*	*2972*	*103*	*149*	*95.4%*
16	NQR 12	Home visit Emergency <1 hour	2	2	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	250	234	0	16	93.6%
18	NQR 12	Home visit Less urgent <6 hours	502	471	0	31	93.8%
e	*Total*	*Home Visit cases*	*754*	*707*	*0*	*47*	*93.8%*
f		*Total telephone and face-to-face consultations (c)+(d)+(e)*	*5796*	*5476*	*109*	*211*	

Information section

No Definitive Clinical Assessment (DCA)			Urgent Care Centres				
19	Cases not requiring DCA; triaged by other clinician	274	*Emergency*	**1 hour total**	**Pat. choice**	**Compliant**	**% result**
20	Patient episode continued, service provided	83	Aintree	0	0	0	
21	Patient episode ended, no service provided	0	Garston	0	0	0	
Repeat prescription cases outcomes			Huyton	0	0	0	
22	Repeat prescription requests (6 hour advice)	38	Kirkby	0	0	0	
23	Repeat prescription requests forwarded to UCC	0	Old Swan	0	0	0	
24	Repeat prescription requests forwarded for visit	0	Runcorn	0	0	0	
Final case-type totals			The Royal	0	0	0	
25	*Total Ambulance cases*	*1*	Widnes	0	0	0	
26	*Total Telephone Advice cases*	*3224*	**Total**	**0**	**0**	**0**	
27	*Total UCC attendances*	*1818*	*Urgent*	**2 hour total**	**Pat. choice**	**Compliant**	**% result**
28	*Total Home Visits*	*754*	Aintree	21	0	20	95.2%
29	*Total Repeat prescription requests*	*38*	Garston	36	1	34	97.2%
g	*Total cases completed (=a+19+20+21)*	5835	Huyton	23	1	22	100.0%
			Kirkby	18	0	17	94.4%
Referrals to secondary care			Old Swan	105	1	100	96.2%
30	Hospital referred (referred for admission / advised A&E)	559	Runcorn	63	0	62	98.4%
Compliance levels			The Royal	24	1	23	100.0%
31		**Fully compliant (95-100%) - except ref 2 & 5**	Widnes	11	0	10	90.9%
32		**Partially compliant (90-94.9%) - except ref 2 & 5**	**Total**	**301**	**4**	**288**	**97.0%**
33		**Non-compliant (89.9% and under) - except ref 2 & 5**	*Less urgent*	**6 hour total**	**Pat. choice**	**Compliant**	**% result**
Comments:			Aintree	117	0	116	99.1%
			Garston	196	0	196	100.0%
			Huyton	142	1	141	100.0%
			Kirkby	79	0	79	100.0%
			Old Swan	604	1	601	99.7%
			Runcorn	249	0	249	100.0%
			The Royal	52	0	52	100.0%
			Widnes	78	0	75	96.2%
			Total	**1517**	**2**	**1509**	**99.6%**
			Grand total	**1818**	**6**	**1797**	

Template property of Liverpool CCG

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (DF)

Appendix 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)		Month	Average consultation length (minutes) per month
May-17	961	234		727	586	141	80.6%						May-17	13:15
Jun-17	930	415		515	363	152	70.5%						Jun-17	17:25
Jul-17	961	385		576	422	154	73.3%						Jul-17	17:22
Aug-17	961	248		713	429	284	60.2%						Aug-17	18:44
Sep-17	930	323	175	755	428	327	56.7%	27	6.3%	3	80.9%		Sep-17	17:57
Oct-17	961	387	205	756	472	284	62.4%	46	9.7%	0	78.7%		Oct-17	18:06
Nov-17	930	342	215	715	478	237	66.9%	54	11.3%	0	76.9%		Nov-17	16:17
Dec-17	961	291	203	758	457	301	60.3%	22	4.8%	2	78.7%		Dec-17	16:16
Jan-18	961	519	475	486	297	189	61.1%	19	6.4%	0	50.6%		Jan-18	15:20
Feb-18	868		356	512	290	222	56.6%	23	7.9%	11	57.7%		Feb-18	15:08
Mar-18	961		441	520	364	156	70.0%	23	6.3%	3	53.8%		Mar-18	14:46
Apr-18	930		510	420	271	149	64.5%	16	5.9%	0	45.2%		Apr-18	14:55

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

Alder Hey 'blocked slots' historically included staff breaks & blocked for GP catch-up - Mary only wants unfilled sessions so these will need re-doing – cells highlighted in green have been re-calculated

Appendix 3 - Aintree   **(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)		Month	Average consultation length (minutes) per month
Oct-17	348	18	330	136	194	41.2%	18	13.2%	0	94.8%		Oct-17	17:26
Nov-17	324	15	309	106	203	34.3%	16	15.1%	0	95.4%		Nov-17	17:57
Dec-17	402	26	376	117	259	31.1%	18	15.4%	0	93.5%		Dec-17	18:05
Jan-18	456	62	394	151	243	38.3%	25	16.6%	2	86.0%		Jan-18	18:36
Feb-18	1032	82	950	412	538	43.4%	60	14.6%	1	92.0%		Feb-18	19:31
Mar-18	1122	50	1072	523	549	48.8%	87	16.6%	1	95.5%		Mar-18	18:17
Apr-18	1080	199	881	341	540	38.7%	56	16.4%	0	81.6%		Apr-18	17:34

Source: Adastra / Business Intelligence Team

Author: Performance Improvement Analyst (CS)

Appendix 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)		Month	Average consultation length (minutes) per month
Oct-17	673	34	639	438	201	68.5%	33	7.5%	0	94.9%		Oct-17	15:02
Nov-17	574	0	574	419	155	73.0%	23	5.5%	0	100.0%		Nov-17	15:33
Dec-17	704	44	660	360	300	54.5%	34	9.4%	4	93.2%		Dec-17	16:57
Jan-18	1085	46	1039	473	566	45.5%	35	7.4%	0	95.8%		Jan-18	17:56
Feb-18	703	116	587	402	185	68.5%	48	11.9%	1	83.4%		Feb-18	16:19
Mar-18	916	191	725	420	305	57.9%	44	10.5%	0	79.1%		Mar-18	16:52
Apr-18	880	158	722	369	353	51.1%	54	14.6%	0	82.0%		Apr-18	19:06

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

	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	3	3		100.0% (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%	135	135	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	40	37	0	92.5%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	15	14	1	100.0%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	2	2	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%	3	3	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	133	133	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1235	1130	105	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	141	91	50	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	14	14	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1130	1117	7	99.5%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	91	67	9	83.5%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	2	2	0	100.0%
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	7	6	0	85.7%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	14	14	0	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%	1	0	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%

Table title: **Key Performance Indicators (monthly) – April 2018** — **Telephone Triage and Home visiting Service, and Bookable GP appointments**

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)

Appendix 6 - Intermediate Care

Month	Total Time (hours)	Allocated Time (hours)	Unallocated Time (hours)	% hours filled
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	160.25	160.25	0	
March 2018 – Knowsley GP Standby	36	36	0	
				100.0%
April 2018 – Knowsley GP	160.25	160.25	0	
April 2018 – Knowsley GP Standby	24.75	24.75	0	
				100.0%
May 2018 – Knowsley GP	161	161	0	
May 2018 – Knowsley GP Standby	46	46	0	
				100.0%

Source: RotaMaster
Author: Business Intelligence Lead

Appendix 7 - Asylum Practice

Month	Current year			Previous year			Health Assessments completed on arrivals in month	DNA	Dispersed before Assessment	Absconded	Awaiting Assessment
	Arrivals (current year)	Health Assessments done in month (current year)	GP Appts (current year)	Arrivals (previous year)	Health Assessments (previous year)	GP Appts (previous year)					
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					
Mar 18	372	281	33	344	316	94	250	95	25	2	0
Apr 18	338	109	45	248	189	65	109	17	2	2	208

Source: UC24 Asylum practice Practice Manager

Author: Business Intelligence Lead/Associate Director of Service Delivery

Appendix 8 - Cash Position

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Opening balance	1,067	421	1,039	393	887	1,152	1,069	1,225	678	384	985	1,212
Closing balance	421	1,039	393	887	1,152	1,069	1,225	678	384	985	1,212	1,079
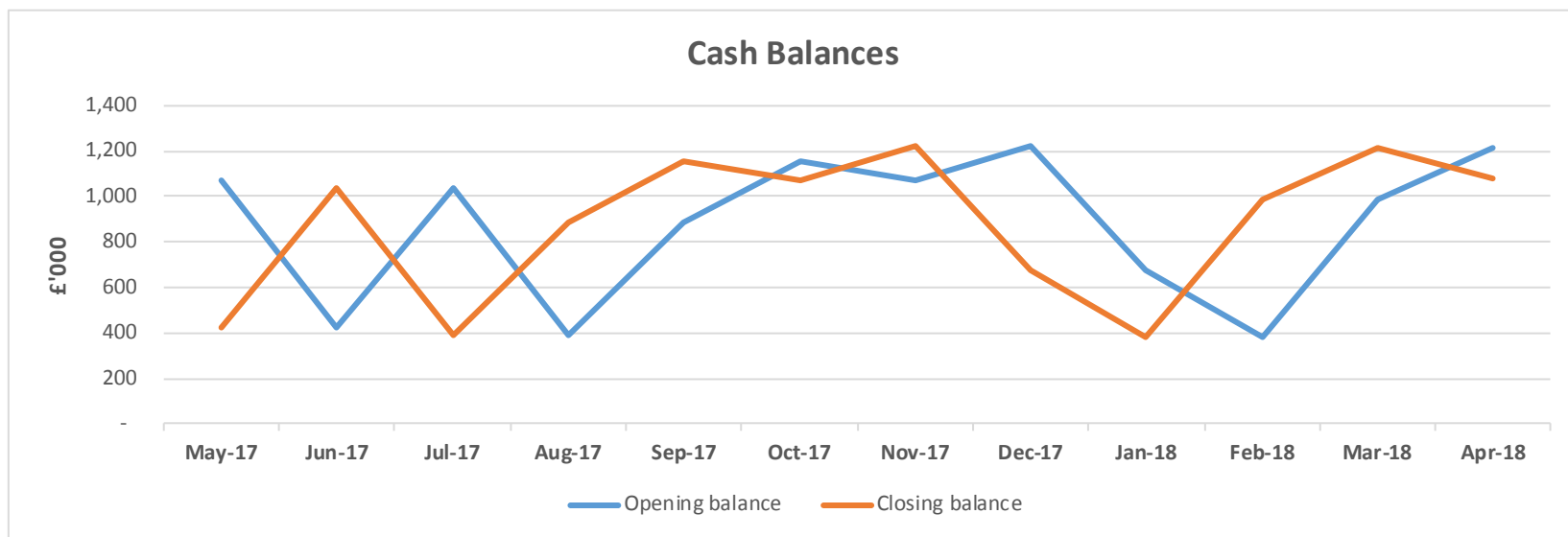
Source: Bank Statements
Author: Head of Finance

Appendix 9 - 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?"	Feb-18	Mar-18	Apr-18	May-18 MTD (to 22nd)
Extremely Likely	65.9%	60.7%	68.8%	65.5%
Likely	23.2%	26.1%	19.5%	24.3%
Neither Likely or Unlikely	5.1%	4.3%	3.4%	3.9%
Unlikely	1.4%	2.4%	2.3%	1.4%
Extremely Unlikely	3.2%	5.1%	4.5%	3.3%
Don't know	1.2%	1.5%	1.6%	1.7%

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		
Mar-18	0	0	0	0	0
Apr-18	0	0	1	0	0

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		
Mar-18	1	12	7	51	4
Apr-18	0	0	4	39	41

Source: Datix
Author: Governance Administrator (SD)

Complaints resolved within 25 days
During the month of March 2018 there were 3 complaints closed within the 25 working day timeframe.
During the month of April 2018 there were 0 complaints closed within the 25 working day timeframe.

Source: Datix
Author: Governance Administrator (SD)

Safeguarding reports
Total number of incidents reported during March was 77; of these, 1 was a safeguarding referral.
Total number of incidents reported during April was 84; of these, 1 safeguarding incident was referred to Social Services.

Source: Datix
Author: Governance administrator (SD)

Appendix 10 - Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
01.03.18	PCS Crosby Practice	Care & Treatment	Investigated	NHS England	Low	Partially Upheld	Closed
02.03.18	PCS Netherton Practice	Care & Treatment / Attitude & Behaviour	Ongoing	NHS England	TBC	TBC	Ongoing
06.03.18	PCS Netherton Practice	Access to Records	Investigated	NHS England	Low	Not Upheld	Closed
06.03.18	PCS Crossways Practice	Delay & Content Medical Report	Investigated	NHS England	Low	Partially Upheld	Closed
16.03.18	PCS Crosby Practice	Communications	3rd party complainant, consent not gained	NHS England	Moderate	None	Closed
19.03.18	IUC OOH GP	Waiting times / Treatment & Care	Investigated	Liverpool CCG	Moderate	Upheld	Ongoing
19.03.18	PCS Crossways Practice	Appointment cancellations/Communication	Investigated	NHS England	Low	Upheld	Closed
21.03.18	IUC Alder Hey	Waiting times / Treatment & care	Investigated	Liverpool CCG	TBC	TBC	Ongoing
23.03.18	IUC OOH GP	Mis-communication	Investigated	Liverpool CCG	Moderate	TBC	Ongoing
03.04.2018	PCS Litherland	Communication	Ongoing	NHSE	TBC	TBC	Ongoing
09.04.2018	PCS Crosby	Care & Treatment	Investigated	NHSE	Low	Partially Upheld	Closed
11.04.2018	PCS Litherland	Care & Treatment	Investigated	NHSE	Low	Upheld	Closed
16.04.2018	PCS Litherland	Care & Treatment	Investigated	NHSE	Low	Upheld	Closed
19.04.2018	PCS Litherland	Communication	Investigated	NHSE	Low	Upheld	Closed
19.04.2018	OOH GP Triage	Care & Treatment	Investigated	NHSE	Low	Not Upheld	Closed

Source: Datix

Author: Governance Administrator (SD)

Appendix 11 - Workforce

Staff Turnover

UC24	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Start of Month Staff Numbers	269	269	268	265	261	262	232	232	233	231	235	240
Starters	8	4	8	6	9	11	3	5	2	6	7	2
Leavers	8	5	11	10	8	1	3	4	4	2	2	2
TUPE						40						
End of Month Staff Numbers	269	268	265	261	262	232	232	233	231	235	240	240
Turnover Rate	2.97%	1.86%	4.13%	3.80%	3.06%	0.40%	1.29%	1.72%	1.72%	0.86%	0.84%	0.83%
Annualised rate	35.7%	22.3%	49.5%	45.6%	36.7%	4.9%	15.5%	20.6%	20.7%	10.3%	10.1%	10.0%
Rolling Annualised rate	32.0%	32.4%	32.3%	32.4%	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%	26.3%	23.5%

Source: Rotamaster
Author: HR Manager

Appraisal compliance

Appraisals completed in date	158	176	176	176	176	176	176	176	176	176	176	
Total staff	186	199	199	199	199	199	199	199	199	199	199	
	84.9%	88.4%	88.4%	88.4%	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	2152	2152	2144	2385	2349	2358	2088	2088	2097	2079	2115	2160
Courses completed by end of working month	2054	2072	2067	2286	2209	2251	2006	2041	2038	1771	1831	1872
	95.4%	96.3%	96.4%	95.8%	94.0%	95.5%	96.1%	97.7%	97.2%	85.2%	86.6%	86.7%

Source: Rotamaster/E-learning portal

Title:	Meeting Date:	Agenda item no:
Sefton Update	7 June 2018	8.2
Prepared and presented by:	**Discussed by:**	
Associate Director of Service Delivery/Clinical Lead for Primary Care		

Link to UC24 Values:	**Resource implications:**
✓ Providing quality patient services	
☐ Being an excellent employer	**Purpose of the report:**
✓ Working collaboration to achieve positive system change.	✓ Assurance
CQC Domain References	☐ Decision
✓ Safe	☐ Discussion
✓ Effective	✓ Noting
✓ Caring	**Decisions to be taken:**
☐ Responsive	The meeting is invited to:
☐ Well-led	• Note the content

1.0   Purpose:

The purpose of this paper is to provide the Board with an update on performance in Sefton Primary Care Practices

2.0   Matters for Report

The key points to raise in relation to Sefton Practices are:

- 96% of clinical sessions were covered in April 2018. Sessions which were unfilled were as a result of GP sickness and late cancellations from locum staff
- The number of sessions covered by salaried/associate staff increased to 47%
- From 1st April data on appointment utilisation has been collected manually within each practice. An analysis of appointment utilisation based on information provided demonstrates that:
  - ➢ There is an overall DNA rate of 6.3% of appointments (including Practice Nurses)
  - ➢ DNA rates for GP appointments was 5%
  - ➢ DNA rates for ANP appointments was 3.6%

- DNA rates for Practice Nurse appointments was 12%
- Overall utilisation of all clinical sessions was 81%
- There is a variance of 20% between the highest and lowest utilisation rates

- UC24 continues to work with other health and social care partners to develop our clinical model. A small team presented our plans to a joint meeting of Sefton CCG and NHSE. Constructive meetings have also been held with Merseycare and Sefton Council.

- We are reviewing our approach to the recruitment and retention of GP's emphasising the opportunities to work as part of a team across a range of services.

- Preparation for CQC inspections continues with corporate teams supporting practices to gather evidence of good practice.

3.0   Recommendations:

The meeting is invited to note current performance of Sefton Primary Care Practices

Service Delivery	App. ref	Target	YTD (from Apr)	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Trend	May-18 Forecast	Exception Report Number	Notes
Sefton GP practices - cover of Clinical Sessions (GP & ANPs)	2.1	100%	96.0%									101.0%	106.0%	101.0%	96.0%		101%	PCS001	Forecast based on last 3 months
Sefton GP practices - Salaried/Associate cover of clinical sessions	2.1	70%	47.0%									45.0%	43.0%	36.0%	47.0%		42%	PCS002	Forecast based on last 3 months
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions	2.1	30%	53.0%									55.0%	57.0%	66.0%	53.0%		59%	PCS002	Forecast based on last 3 months
Sefton GP practices - appointment utilisation	2.2	>90%	81.0%						74.7%	70.1%	62.0%	59.3%	71.6%	73.2%	81.0%		75%	PCS003	Forecast based on last 3 months
Sefton GP practices - appointment DNA rate	2.2	<5%	6.3%						5.8%	5.7%	5.1%	3.8%	4.9%	6.2%	6.3%		6%	PCS003	Forecast based on last 3 months

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
PCS001	Sefton GP practices - cover of Clinical Sessions (GP & ANPs)	Cover of clinical sessions for April was reduced due to sickness/annual leave of salaried GPs and late cancellation by locums. In the event of a shortage of GPs the practices operate a buddy arrangement to provide cover for urgent appointments and home visits where possible.	Associate Director of Service Delivery	Sep-18
PCS002	Sefton GP Practices - % of salaried vs agency cover	Salaried/Associate cover increased in April. UC24 is developing a recruitment and retention plan for GPs which includes competitive remuneration and other benefits such as CPD, annual leave, mentorship and support. A salaried GP at Thornton continues to undertake regular sessions at St Joseph's Hospice (patients registered at Thornton Practice)	Associate Director of Service Delivery	Jun-18
PCS003	Sefton GP Practices appointment utilisation and 'did not attend' rate	This information was collected manually from each Practice. The overall utilisation rate of 81% includes 6.2% DNAs across all clinical staff. This information is being discussed at each practice to review processes and identify actions to improve utilisation. This will also inform clinical workforce plans.	Associate Director of Service Delivery	Sep-18

Salaried v Agency utilisations

Practice	Total Contracted Clinical Sessions (Based on Surgery Size)	Salaried/ Associate GP sessions	GP Agency Sessions	Salaried ANP sessions	Agency ANP sessions	Total sessions covered	Overall % cover	Salaried GP utilisation of clinical sessions	Agency GP utilisation of clinical sessions	Salaried ANP utilisation of clinical sessions	Agency ANP utilisation of clinical sessions	Total Salaried Cover	Total Agency Cover	No Clinical Cover	Comments
Crosby	64	24	26	0	8	58	91%	41%	45%	0%	14%	41%	59%		
Maghull	64	0	46	0	18	64	100%	0%	72%	0%	28%	0%	100%		
Crossways	51	37	16	0	0	53	104%	70%	30%	0%	0%	70%	30%		
Litherland	58	56	2	0	0	58	100%	97%	3%	0%	0%	97%	3%		
Seaforth	39	7	29	0	0	36	92%	19%	81%	0%	0%	19%	81%		
Thornton	68	28	16	12	9	65	96%	43%	25%	18%	14%	62%	38%		
Netherton	48	14	30	0	0	44	92%	32%	68%	0%	0%	32%	68%		
Totals	**392**	**166**	**165**	**12**	**35**	**378**	**96%**	44%	44%	3%	9%	47%	53%		

Source: Sefton practices Practice Managers
Author: Associate Director of Service Delivery

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		
Jan-18										
attended		489	1179	1169	976			3813	59.3%	appt utilisation
DNA		48	93	34	67			242	3.8%	DNA rate
total		1595	1697	1820	1318			6430		
Feb-18										
attended		844	978	990	793			3605	71.6%	appt utilisation
DNA		28	94	34	89			245	4.9%	DNA rate
total		1219	1358	1362	1098			5037		
Mar-18										
attended		1038	1018	1058	961	653	1092	5820	73.2%	appt utilisation
DNA		88	100	60	63	112	71	494	6.2%	DNA rate
total		1620	1364	1530	1220	872	1342	7948		

Apr-18	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	1020	993	47	946	97.4%	4.6%	92.7%
Maghull	1292	1153	35	1118	89.2%	2.7%	86.5%
Crossways	1148	936	27	909	81.5%	2.4%	79.2%
Crosby	1069	900	73	827	84.2%	6.8%	77.4%
Netherton	867	773	59	714	89.2%	6.8%	82.4%
Seaforth	874	720	83	637	82.4%	9.5%	72.9%
Litherland	1259	1034	89	945	82.1%	7.1%	75.1%
Totals	7529	6509	413	6096	86.5%	6.3%	81.0%

Source: Sefton practices Practice Managers
Author: Associate Director of Service Delivery

Title:	Meeting Date:	Agenda item no:
CQC Report	7 June 2018	8.3
Prepared and presented by:	**Discussed by:**	
Margaret Swinson	Leadership Team, Board Committees	
Link to UC24 Values:	**Resource implications:**	
✓ Providing quality patient services		
✓ Being an excellent employer	**Purpose of the report:**	
✓ Working collaboration to achieve positive system change.	✓ Assurance	
CQC Domain References	☐ Decision	
✓ Safe	☐ Discussion	
✓ Effective	✓ Noting	
✓ Caring	**Decisions to be taken:**	
✓ Responsive	The meeting is invited to:	
✓ Well-led	• Note the good rating for UC24 • Note the areas for improvement and commended outstanding practice • Be assured that the Estates issues have been addressed.	

1.0   Purpose:

- The purpose of the paper is to bring to the Board's attention the final report from the recent CQC visit.

2.0   CQC Final report

- The Board is invited to note the final report (attached) and in particular the areas of outstanding practice and those for improvement.

- UC24 was commended for its methodical governance approach in relation to serious incidents in particular, its staff well-being work and provision of transport for patients unable to get to an urgent care centre. All staff have been thanked for their contribution to both the general outcome and these specific areas of excellence.

- Two areas were highlighted for improvement:

  - The monitoring of host organisations in relation to health and safety and cleanliness etc. This has been actioned through the UCC manager establishing a system for monitoring host performance and by a review and update of service level agreements. The information and assurance sought for the UCCs is already provided by the landlords in the Sefton practices.

  - The second area related to the full closing off of incidents within the Datix system. The Datix upgrade will provide an appropriate opportunity to draw this to the attention of staff in order to improve compliance.

3.0   Recommendations:

The meeting is invited to:

- Note the good rating for UC24
- Note the areas for improvement and commended outstanding practice
- Be assured that the Estates issues have been addressed.

Title:	Meeting Date:	Agenda item no:
GDPR and Information Governance Toolkit	7 June 2018	10.3

Prepared and presented by:	Discussed by:
Company Secretary	Leadership Team

Link to UC24 Values:	Resource implications:
✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ☐ Effective ☐ Caring ☐ Responsive ✓ Well-led	Potential implications: • additional technical resource for IG toolkit • DPO training
	Purpose of the report: ☐ Assurance ☐ Decision ☐ Discussion ✓ Noting
	Decisions to be taken: The meeting is invited to: • Agree the appointment of the Company Secretary as the Data Protection Officer • Note the change in emphasis inherent in the IG toolkit and the resulting resource implications.

1.0   Purpose:

- Since the last meeting of the Board and the recent Audit Committee meeting there have been a number of developments in relation to the introduction of the General Data Protection Regulations (GDPR). In parallel with this registration for the new version of the IG Toolkit, which UC24 is obliged to complete, opened on 1 May.

- The purpose of this document is to update the Board on these developments and highlight associated risks and actions required, specific to GDPR. The high level of publicity given to GDPR has resulted in it being cited as the reason for actions which fall within the current Data Protection legislation. This paper concentrates on those actions which are specific to GDPR, rather than ongoing internal IG improvements, and matters related to the new IG Toolkit.

2.0 GDPR Background:

- The Board and Audit Committee have been appraised of the introduction of GDPR. Due to the pre-existing requirements in relation to Information Governance, for UC24, in common with other health sector partners, the major distinction is the emphasis on demonstrable accountability and the need be explicit in the rationale for processing data.

- The GDPR also defines certain roles in relation to information governance, in particular Data Controller (UC24), Data Processor (UC24 in relation to data which is controlled by others and various third parties in relation to data controlled by UC24 such as payroll) and Data Protection Officer (a role which is only mandatory in certain situations).

3.0 GDPR Issues for UC24

- JC and MS attended a UHUK seminar which highlighted a number of areas which are remain unclear and some areas where there was now greater clarity.

- **Data Protection Officer** In particular there continues to be a lack of clarity as to whether organisations like UC24 are required to appoint a Data Protection Officer (DPO) and what training/qualifications are required for that role, or indeed if there are specific requirements for the post holder. The key issues are whether UC24 is, for this purpose, a Public Authority (which the CCGs take the view applies to GP practices are and which would require a DPO) or whether the amount of sensitive data processed is such that it requires a DPO.

- This lack of clarity continues and this has therefore been entered on the Corporate Risk Register. The Information Commissioner is on public record as acknowledging that there will be ongoing developments and that the 'journey' to full compliance is not expected to be complete by 25 May.

- In order to meet expectations from CCGs with regard to the GP Practices and to take a prudent view it is recommended that UC24 appoints a Data Protection Officer. This role should be an individual with access to the Board but not a decision maker in relation to the processing of data. It is therefore recommended that the Company Secretary take this role alongside the current responsibilities as IG lead. Training will be sourced.

- **Action Log** JC and MS have identified a number of areas, some of which are GDPR related and some relating to the implementation of good practice, which require further work. These have been incorporated into an action plan.

4.0 IG Toolkit

- The new IG Toolkit generated significant conversation at the UHUK meeting. The promised major revision of the Toolkit was released on 30 April, with all organisations being invited to re-register. Whist it has been on the horizon for the last two years the Cyber attack and need to implement GDPR has clearly influenced the new focus.

- The approach has changed from a scored system with policy type evidence to the testing of assertions. There is a specific requirement for testing staff awareness on a number of questions and percentage positive responses are to be reported on the toolkit.

- There has also been a significant change in emphasis away from information governance and towards cyber security. This involves penetration testing and will require a level of resource and technical expertise over and above that of previous toolkits from the IT team.

- The wider requirements of the new toolkit will also need a level of focussed attention that has not been required due to its different approach and particular requirements.

5.0 Recommendations:

The meeting is invited to:

- Agree the appointment of the Company Secretary as the Data Protection Officer

- Note the change in emphasis inherent in the IG toolkit and the resulting resource implications.

Title:	Meeting Date:	Agenda item no:
Quality and Workforce Committee report	7 June2018	10.1
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:

- The purpose of this paper is to advise the Board on matters discussed at the Quality and Workforce Committee meeting held on Wednesday 23 May 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- The Committee noted with satisfaction the 'good' CQC rating achieved as a result of the recent inspection of the Out-of-Hours service. It was also noted that a number of outstanding features were identified particularly in the area of patient safety and staff wellbeing.

- The Committee received an update on the clinical staffing at the Asylum Service. A GP lead had been appointed which addressed most of the clinical actions arising from the CQC inspection enabling a change in the nursing role. Recruitment to this latter role was well advanced.

- The Committee noted the ongoing work to improve the Special Patient Notes process and the introduction of a system which enabled UC24 GPs to create SPN's.

- The Committee noted with satisfaction that RotaMaster was now accessible from the Sefton practices and the Asylum Service. Training was being rolled out to staff.

- The Committee noted that the second part of the Management of Change had presented challenges. The consultation period had just ended but level of direct staff engagement had not been disappointing. In order to optimise the outcome managers were continuing to seek informal one to one engagement with affected staff.

- The Committee noted the thank-you from Kate Lucy, Chief Executive, for the results achieved in terms of good CQC rating. Kate Lucy thanked the Governance team and the HR team for the high quality and effective collaborative work, and Margaret Swinson, Company Secretary for the coordination.

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.

Title:	Meeting Date:	Agenda item no:
Finance and Performance Committee report	7 June 2018	10.2
Prepared and presented by: Paul Cummins	**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:

- The purpose of this paper is to advise the Board of matters discussed at the Finance and Performance Committee meeting held on Wednesday 23 May 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- The Committee noted with concern the additional pressure transferred on the OoH service provided by UC24 from NWAS as a result of the exceptional pressure that NWAS was currently experiencing.

- The Committee noted that the shift fulfilment rate at Alder Hey due to the recruitment of paediatric ANPs. The issues in relation to recruitment and inappropriate referral from A&E at Aintree and the Royal were being addressed.

- The Committee noted the good performance in relation to the Knowsley Extended access against local KPIs, which showed only a few areas of non-compliance. It was hoped bringing the service into the role of the shift managers would improve compliance further.

- The Committee noted that, in spite of considerable effort by UC24 and other partners, the strategic commissioning intentions for the region remained unclear.

- The Committee noted that some centres did not yet have full access to UC24's IT systems. This would be a priority for the IT Manager, once recruited.

- The Committee noted that Refugee Day would be celebrated on 20th June at the Asylum event at Greenbank. Members were encouraged to participate.

- The Committee noted that financial position at the end of month 12 was in line with budget, with a pre-tax surplus of £65k.

- The Committee noted the pay award agreed by the Leadership Team and implemented from 1st April, which retains UC24's the status as Real Living Wage Foundation employer.

- The Committee noted that, during the transition period between Directors of Finance, the Associate Director of Finance was authorised to act as the DoF for the purposes of the Standing Financial Instructions.

- The Committee noted the thank-you from Kate Lucy, Chief Executive, for the results achieved in terms of sound financial position and good CQC rating

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.

Title:	Meeting Date:	Agenda item no:
Audit Committee report	7 June 2018	10.3
Prepared and presented by:	**Discussed by:**	
Kathryn Foreman	Finance and Performance Committee	

Link to UC24 Values:	**Resource implications:**
✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	
	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.

4.0 Purpose:

- The purpose of this paper is to advise the Board of matters discussed at the Audit Committee meeting held on 1 May 2018 which the Committee agreed should be brought to the Board's attention.

5.0 Matters for Report

- The meeting was the first for the new Auditors. The Committee welcomed their contribution to the discussion and looked forward to a fruitful relationship in the future.

- The Committee looked forward to the development of an interim process for approval of purchase orders which would clear a number of outstanding actions the Finance Team had been unable to complete due to the delay in implementation of the e-Procurement model of the finance software.

- The Committee reviewed the first Gender Pay Gap report for the organisation, noting that this was now an annual requirement and that changes in the UC24 service profile would influence the results of the gap analysis year by year.

- The Committee noted that UC24 had reviewed the Kirkup report and was encouraging organisations to engage in whole system dialogue in order to improve governance and accountability across the health sector.

- Kate Lucy thanked the Committee for its work during her tenure of office and wished the organisation well. The Committee thanked her for her leadership and wished her well for the future.

6.0   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.