

Board Meeting:-	Open Session	
Venue:-	Board Room, Urgent Care 24 (UC24)	
Date:-	5 October 2017	
Time:-	10.00am	
Attendees:-	Apologies:-	Date of Next Meeting:-
<p>Executives (EDs) Kate Lucy (KL) <i>Chief Executive V</i> Dr Mary Ryan (MR) – <i>Medical Director V</i> Scott Lingard (SL) – <i>Director of Finance V</i> Helena Leyden (HL) – <i>Director of Quality & Patient Safety</i></p> <p>Non Executives Director (NEDs) Pat Higgins (PH) <i>Acting Chair V</i> Kathryn Foreman (KF) <i>V</i> Paula Grey (PG) <i>V</i></p> <p>In attendance: Alison Hughes (AH) – <i>Associate Director of HR</i> Stacey Shields (SS) – <i>Head of IUC SDU</i> Margaret Swinson (MS) – <i>Company Secretary</i> Anne-Marie Aldridge - <i>Notetaker</i></p> <p><i>V indicates a voting member of the Board</i></p>	<p>Jay Carr (JC) – <i>Director of Service Delivery V</i></p>	<p>23 November 2017</p>

Item		Action
1.	<p>Apologies and welcome</p> <p>The Acting Chair welcomed those attending and noted apologies from Jay Carr.</p>	
2.	<p>Declarations of Interest</p> <p>No new declarations of interest were made.</p> <p>MS reported that, as from 1 October 2017 a formal register of Gifts and Hospitality would be maintained as a matter of good practice.</p>	
3.	<p>Patient Story</p> <p>HL shared a patient story from the NHS111 service. One of the younger call handlers had taken a call from a distressed individual who was threatening to take his own life. The call handler had calmly and professionally engaged with him, gathering the</p>	

	<p>necessary information to enable the relevant police and ambulance services to be despatched, thereby saving his life.</p> <p>The Board thanked HL for sharing this story.</p>	
4.	<p>Minutes of the last meeting</p> <p>The minutes of the meeting held on 27 July were agreed.</p> <p>Matters arising and Action Log progress</p> <p>The Action Log was reviewed.</p> <p>Action 1. Review of Rules & Business vehicle: Update on the agenda</p> <p>Action 2. Declaration of interest forms: Forms would be distributed electronically to each individual.</p> <p>Action 3. Review of Terms of Reference for Nomination & Remuneration Committee: On the agenda.</p>	
5.	<p>Chair's and Non-Executives' Report</p> <p>5.1 Monthly Report</p> <p>Following on from the Patient Story, PH recorded her formal thanks to the NHS 111 staff following their work during the previous two years and particularly during the transition period. A written message of thanks would be sent to all staff and a contribution made to their leaving event.</p> <p>The 360 degree review process had begun and would conclude with a whole group workshop.</p> <p>KL noted that, at the Annual Members Meeting which would follow the Board, reference would be made to both past performance and future plans.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the Chair's report 	
6.	<p>Chief Executive's Report</p> <p>6.1 Monthly Report</p> <p>KL reminded the Board that, although the organisation was facing some challenges, services were being delivered to a high standard. She highlighted the following from her written report:</p> <ul style="list-style-type: none"> • NHS 111 contract termination: the transition process was proceeding as planned. The Board was reminded that this process had hastened an internal reorganisation • Rebranding & Website: the work was proceeding • Community Services: Liverpool Community Services had been awarded to Mersey Care, with whom UC24 already had a strong relationship. KL commended Alder Hey, who had led the service as interim providers, and note that UC24 was continuing to work with them • MR had a paper published in the BMJ. MR agreed to circulate the link to the Board • Artwork: KL explained that the agreement for the work had been made some time prior to its arrival, the timing of which had been unfortunate. The original order had been reduced in size. The presence of the work was a message of UC24's commitment locally • Alder Hey Board meeting: KF had attended the Alder Hey Board meeting and reported back. There had been discussion about the shortage of GPs and an 	

	<p>acknowledgement that a GP was not always the most appropriate clinician to treat a patient.</p> <ul style="list-style-type: none"> Dealing with questions about NHS 111: Board members were advised to emphasise that UC24 would have like to continue to provide the service, and was still linked to it through its Urgent Care work, but that the service had been taken in house by NWAS. <p>The Board:</p> <ul style="list-style-type: none"> Noted the Chief Executive's report. 	
7.	<p>Performance</p> <p>7.1 Integrated Performance Report</p> <p>KL introduced the IPR and handed over to the team for the detailed reports.</p> <p>Service Delivery:</p> <p>JC presented the service delivery report, noting that this was the final report which would include NHS 111 information. Some legacy issues were being dealt with in relation to the service and unresolved risks but these would be reported separately as required. The IPR would now be developed to include reporting of KPIs for Sefton, which are likely not to be populated for the first month, and more appropriate Asylum service information as suitable KPIs were agreed. This would develop over the coming months.</p> <p>Out of Hours: Performance in July and August had been good, though the workforce challenges precipitated by the high cost of MDU cover continued. The Board was informed that September had been more difficult and this had been flagged with Commissioners. Commissioners had agreed to the implementation of skill mix in the service which should support provision for the future.</p> <p>Urgent & Community Services: MR reported that Knowsley CCG had asked UC24 to undertake prescribing for care home residents. This would be discussed further by the Executive Team.</p> <p>Flu Planning: The usual arrangements had been made for staff. Australia had seen high levels of flu during their winter period which increased that likelihood of a flu pandemic.</p> <p>Sefton GP Practices: The performance of the practices continued to be monitored.</p> <p>The Board noted:</p> <ul style="list-style-type: none"> The ongoing clinical workforce challenges in Out of Hours The ongoing good performance of Urgent & Community Services The continuation of the stabilisation work in Sefton. <p>Finance:</p> <p>SL presented the Finance report. Deficit for the year to date was largely attributable to the higher than budgeted expenditure and the lower than budgeted income in Sefton. The current model was not efficient in either the IUC or Sefton practices, this was being tackled through recruitment and skill mix implementation. The Practice Managers were being supported to maximise claims for income in the practices particularly during the winter season, but the Board noted that time limits may exclude some claims.</p> <p>Quality:</p> <p>HL presented the Quality report highlighting:</p>	

	<ul style="list-style-type: none"> • CQC Registration: the model of Practice Managers being the CQC Registered Managers as they had the highest level of direct oversight of activity in practices on a day to day basis. However, some of the Practice Managers were uncomfortable with this and the Governance team were working with them to improve understanding. <p>KL highlighted the need to take a risk based approach based by service</p> <ul style="list-style-type: none"> • Safeguarding reports were likely to drop significantly when the transfer of NHS 111 service was complete as this was the earliest route through which issues were identified and reported. <p>Workforce:</p> <p>AH reported that:</p> <ul style="list-style-type: none"> • Sickness levels had been high in the Sefton practices • Turnover had increased within the NHS 111 service, with 9 call advisors resigning with immediate effect since the contract termination had been announced • Appraisal levels had not been the main focus for the team, however only 7% of staff had yet to be appraised and a further emphasis on appraisal would be initiated early in 2018. PH thanked the team for their ongoing support for this process. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the operational performance challenges • Noted the current financial position • Noted the quality report and complaint statistics • Noted the increased staff turnover and sickness. 	
8.	<p>Strategy</p> <p>8.1 Integrated Urgent Care</p> <p>SS gave a presentation on the introduction of Integrated Urgent Care (IUC). She confirmed that there had been no indication of whether additional resource would be required for this. The Board noted that UC24 had relevant expertise to develop its role as a key part of the IUC system. SS explained that workshops would be taking place to inform staff about IUC and what it may mean for UC24.</p> <p>8.2 Website and Rebranding</p> <p>KL explained that in light of the move from NHS 111 and the introduction of IUC it was necessary to re-brand. Final decisions had not yet been made on the logo and some structural questions needed to be resolved in relation to current UC24 contracts. The advice taken was to have a parent brand with sub-brands, but no final proposal had been agreed and further work on the use of the parent brand needed to take place. The Board noted that it was important that the new branding helped to bring clarity about the organisation’s purpose.</p> <p>The work on the website was advanced. The new front page would be launched in November and would introduce the new branding.</p> <p>KL thanked MR and all who had been working on this project.</p>	
9.	<p>Governance</p> <p>9.1 Risk Register items 15+ post mitigation</p>	

	<p>CR17: Fulfilment of the GP rota: Progress had been made in clinical rota fulfilment and the risk score had reduced to 12.</p> <p>CR18: NHS 11 Run off risks: A number of outstanding risks had been reported to Commissioners as part of risk mitigation.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the risk and the work being undertaken in mitigation. <p>9.2 Governance Review Update</p> <p>MS introduced her paper which set out the progress made in regard to the review of governance and the organisational Rules, drawing attention to the items which required further work.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the progress in respect of the corporate governance review. <p>9.3 Revised Terms of Reference for the Nomination & Remuneration Committee</p> <p>MS introduced the revised Terms of Reference which had been considered by the Committee and also by the Leadership Team, reminding the Board that the review request had been made by the Board. The revised TORs included a number of items which would be subject to change as part of the Governance Review.</p> <p>The Board:</p> <ul style="list-style-type: none"> Agreed the updated Terms of Reference <p>9.4 Health & Safety Policy</p> <p>The Board received the Health & Safety policy, noting that it had been through the required internal processes.</p> <p>The Board</p> <ul style="list-style-type: none"> Approved the Health & Safety Policy. <p>9.4 Appointment of Auditors</p> <p>The Finance team had undertaken a review of alternative external auditors for 2017/18 in order to comply with good practice in relation of rotation of auditors. HBD Accountancy Services LLP would continue to provide payroll services. KF, as Chair of the Audit Committee, commended the proposal as it gave a higher degree of separation of duties. The proposal did not commit UC24 to the new provider for any fixed term, appointment was annual.</p> <p>The Board:</p> <ul style="list-style-type: none"> Agreed to propose the appointment of Haines Watts at the Annual Members Meeting. 	
<p>10.</p>	<p>Committee Reports</p> <p>10.1 Quality & Workforce</p> <p>The Committee highlighted the outstanding issues in relation to NHS 111 and the completion, from the UC24 perspective, of the StEIS report.</p>	

	<p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting <p>10.2 Finance & Performance</p> <p>The Board noted that further discussion of the business implications of IUC would take place, as an item of confidential business.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting <p>10.3 Audit</p> <p>The Board noted that UC24 had received 'good' overall and 'excellent' for 'Meeting Patient Need' as part of the recent Audit South West Core Review. Staff were thanked for their work during the audit visit. The actions were being followed up.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting <p>10.4 Nomination & Remuneration</p> <p>The Committee's deliberations at its meeting prior to Board were reported and the proposals in relation to the Chief Executive's and Directors' pay were noted.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the closure of the outstanding issues in relation to the Chief Executive's pay • Noted that there would be no increase in pay for Executive Directors but that an additional two days leave would be granted to be taken in the current financial year. 	
11.	<p>Any Other Business</p> <p>Members of the Board were invited to move to confidential items of business.</p>	

Date of next meeting: 23 November 2017

Time: 10am

Venue: UC24 Board Room