

URGENT CARE 24 BOARD MEETING (OPEN)

DATE:	3 October 2018
TIME:	10am
VENUE:	Urgent Care 24 Board Room
DISTRIBUTION:	All Board members & attendees
BOARD MEMBERS:	PAULA GREY (Acting Chair), DR MARY RYAN, JAY CARR, KATHRYN FOREMAN, PAUL CUMMINS, HELEDD COOPER, HELENA LEYDEN, DR. SANDRA OELBAUM
IN ATTENDANCE:	ALISON HUGHES, MARGARET SWINSON, COMPANY SECRETARY

AGENDA

			Pages
1.	Chair's Welcome, apologies for absence and opening comments		
2.	New declarations of interest	MS	
3.	Patient Story: Deferred due to Annual Meeting		
4.	Minutes of the meeting held on 26 July 2018		1-8
5.	Matters arising and action list progress		9
6.	Chair and Non-Executives' Report		
6.1	Chair's Report: PH final report	PH	10-11
6.2	Board Recruitment	PG	Verbal
7.	Chief Executive		
7.1	Chief Executive's Report	MR	To follow
8.	Performance		
8.1	Integrated Performance Report	Executive Team	12-33
9.	Strategy		
	No specific items at this meeting		
10.	Governance		
10.1	Risk Register items 15+ post mitigation	CR	On screen
10.2	Rules, Regulations and trading name	MS	Verbal

10.3	CQC update (Extended Access, Primary Care Streaming, Asylum service, GP Practices)	MS	34-35
11.	Committee Reports		
11.1	Quality & Workforce 19 September 2018	PG	36-37
11.2	Finance & Performance 19 September 2018	PC	38-39
11.3	Audit from 26 September 2018	KF	40-41
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: **29 November 2018**
 Time: **10am**
 Venue: **Urgent Care 24 Board Room**

Board Meeting:	Open Session		
Venue:	Room 1, LACE Conference Centre		
Date:	26 th July 2018		
Time:	14.00		
Attendees:	Apologies:	Date of Next Meeting:	
Executives (EDs) Dr Mary Ryan (MR) – <i>Chief Executive V</i> Jay Carr (JC) – <i>Director of Service Delivery V</i> Sandra Oelbaum (SO) – <i>Interim Medical Director V</i> Heledd Cooper (HC) – <i>Director of Finance V</i> Helena Leyden (HL) – <i>Director of Nursing</i> Non-Executive Directors (NEDs) Pat Higgins (PH) Chair - V Paula Grey (PG) - V Kathryn Foreman (KF) - V In attendance: Alison Hughes (AH) – <i>Associate Director of HR</i> (to item 10 only) Margaret Swinson (MS) – <i>Company Secretary</i> Stewart Eden, Practice Manager, Crossways (SE) Christine Day – <i>Notetaker</i> <i>V indicates a voting member of the Board</i>	Paul Cummins (PC) - V	3 October 2018	

Item		Action
1.	Chair's Welcome, apologies for absence and opening comments PH welcomed everyone to the meeting in particular MR, who was attending her first meeting as CEO, and was congratulated on her appointment by the Board. She also welcomed Heledd Cooper, the new Director of Finance, and Dr Sandra Oelbaum in her capacity as Interim Medical Director, both of whom were new to their roles, and Stewart Eden, Practice Manager from Crossways who was presenting to the Board. The Board noted apologies from PC.	
2.	New declarations of interest MS asked for it to be recorded that she had received a completed Declaration of Interest form from HC.	
3.	Patient Story SE thanked the Board for inviting him to speak at the meeting.	

	<p>He talked to the Board about complaints and how at Crossways, with the help of his colleagues, they had moved from receiving a high number of complaints to very low numbers and in some months none.</p> <p>The majority of complaints had arisen due to the service being provided by locum GPs, as a result of which a number of matters had not been dealt with on a timely basis, eg test results, and there had been occasions when the expected GP had not arrived. Due to lack of attention to complaints in the practice, it had become customary to complain directly to NHS England.</p> <p>A number of factors had aided the improvement:</p> <ul style="list-style-type: none"> • The appointment of a salaried GP • Addressing the unresolved complaints backlog • New systems to ensure the practice was aware of all complaints, they came through a single route and received prompt attention • Support from the UC24 Governance team particularly in handling the backlog • Complaints were discussed in staff meetings and training was given where required to address issues raised. <p>The practice then adopted an approach of flagging any concerns raised by a patient immediately so that they could be addressed and resolved before a complaint was raised. In addition the investigation process for complaints in all the UC24 GP practices was revised and training given, including Root Cause Analysis training for Practice Managers.</p> <p>The new process was supported by a patient group to which complaints would be fed back for both transparency and learning.</p> <p>HL explained that this had been shared as processes were fundamental to supporting patient experience improvements.</p> <p>MS reminded the Board that this quality work had been undertaken alongside addressing the serious safety issues flagged by the independent fire risk assessment. These 2 major streams of improvement had gone hand in hand and the success was due to both Crossways and HQ teams working together.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Thanked Stewart for his report and congratulated him on the impact he had had in the Crossways Practice 	
4.	<p>Minutes of the meeting held on the 7th June 2018</p> <p>The minutes of the meetings held on 7 June 2018 were agreed with an amendment to Section 8.1, Page 4, penultimate paragraph – a missing word UC24 would be held <u>TO</u> account for performance.</p>	
5.	<p>Matters arising and Action Log progress</p> <p>Action 1. Presentation of trends & cumulative information This was to be reviewed at the September Meeting which had been rescheduled to 3 October.</p> <p>Action 2. Quality Reports: HL reported on discussions with the Liverpool CCG Quality Lead who confirmed that UC24 should provide one report covering the 3 CCGs. The Contract Monitoring Board would agree the content of the quality report.</p>	
6.	<p>Chair's and Non-Executives' Report</p> <p>6.1 Chair's Report</p> <p>The Chair introduced her report highlighting:</p> <ul style="list-style-type: none"> • Chief Executive Appointment: The Chair again welcomed MR as the newly appointed CEO and noted that the lessons learned from the process were on the agenda for further discussion. 	

	<ul style="list-style-type: none"> • Liverpool Integrated Care Partnership: The LICP, Place Based Board, was still in development and a number of meetings had been scheduled including a Board meeting on 18 September which would be attended by UC24. This was the body led by the City Council and attended by Chairs and Chief Executives across Liverpool. The meeting includes both commissioners and providers. • Staff Council: PH noted that she had not been advised of the date for the Staff Council. This would be investigated. <p>The Board</p> <ul style="list-style-type: none"> • Noted the Chair's Report. 	
7.	<p>Chief Executive</p> <p>7.1 Chief Executive's Report</p> <p>MR presented her first report to the Board. She:</p> <ul style="list-style-type: none"> • Reiterated that her initial priorities were communication, estates, Health and Safety related issues, and Board recruitment on which progress had been made. • Thanked SO for stepping into the Interim Medical Director role and welcomed HC to her first Board. • Reported that HL was retiring from nursing. Her final day at UC24 would be 30 September. • Advised the Board that recruitment processes were in place for both Medical Director and Director of Nursing posts. • Noted the re-inspection of the Asylum Service by CQC had taken place and the inspection team had given verbal feedback that they were much happier. • Had attended the UHUK Medical Directors Forum in July. Items to note were: insights into MDT development, shared HMRC issues in relation to IR35 and associate GPs, feedback from CQC that they were concerned about quality and safety of GP and Primary Care Streaming initiatives. MS was asked to contact UC24's CQC inspector to share experience from the UC24 services. • Attended the Liverpool Provider Alliance meeting on 15th June and noted that the Memorandum of Understanding had been agreed. Workstreams had been developed in which UC24 would participate. • Advised the Board that Sefton also had a Provider Alliance, though it was not as developed as that in Liverpool. She had contacted Joe Rafferty asking to be included in the meeting invitations. • Publicly congratulated those involved in the successful St Helens Extended Access Bid for the hard work and effort expended. <p>The Board</p> <ul style="list-style-type: none"> • Noted the CEO Report. 	
8.	<p>Performance</p> <p>8.1 Integrated Performance Report</p> <p>Integrated Urgent Care SDU:</p> <p>JC prefaced the performance report by noting that at a recent UHUK meeting it was evident that Merseyside was behind other regions in the implementation of integrated urgent care.</p> <p>Out Of Hours: The OOH performance had been mostly compliant with some partial compliance and thanked the team for the results. The service was still suffering from</p>	

some workforce issues. There would be a need to review the service model as the contract approached its latter stages and consideration should be given to how UC24 used the Extended Access Service to its benefit.

Primary Care Service SDU:

Although there were areas of non-compliance these related to consultation time and shift fulfilment. Looking at specific services:

Alder Hey: JC informed the Board that fulfilment at Alder Hey had been an issue. Although Primary Care Streaming was now commissioned by the hospitals, Alder Hey continued to be commissioned by Liverpool CCG. Discussions to implement a new model based on a local arrangement between Alder Hey and UC24.

Under the proposed plan, UC24 would provide 65-70% of shifts with Alder Hey covering the balance. Currently UC24's funding was based on shift delivered therefore this would be a cost neutral arrangement. A working group had been established to progress the proposal.

Knowsley: Services were compliant with their KPIs. The long term IM&T issues remained under discussion.

Intermediate Care Service: JC reported consistent provision of the service.

Sefton GP Practices: JC reported that there were possible discrepancies between the appointment utilisation statistics produced by the clinical system and manual calculation. This was important information and therefore an audit was being conducted to ascertain the most efficient system.

SO explained that the behaviourist referred to in the IPR would be employed by Mersey Care and they would provide supervision. The arrangement would initially be a pilot covering 3 or 4 practices and seeing patients referred from the GPs suffering from anxiety or depression. The expectation was that this could provide for those on the Severe Mental Illness (SMI) QOF register who have shortened life expectancy and tend not to engage with primary care and who benefit from regular management. This would be clarified with Mersey Care as part of the Service Level Agreement. It was hoped that this would both provide better patient care and liberate GP appointments and thereby reduce agency usage.

Finance

HC presented the Finance update, highlighting the following:

- The end of month 3 position was a £7k deficit against a planned £32k surplus, ie a variance against plan of £39k.
- The Sefton Practices are reporting a £50k a month deficit before any contribution to overheads. Further work was required internally in relation to the proposed service model before discussions could take place with commissioners. This service represented the biggest financial risk to the organisation.
- HC recommended close monitoring of the efficiencies programme and explained that there would be a thorough review of the programme and the cost pressures in light of the new contracts and their needs. A refreshed programme would be produced.
- IR35 – The status of Associate and Agency GPs was under scrutiny from HMRC in various parts of the UK. UC24 had not been approached to date but a challenge was likely in the near future. The case for self-employment would be significantly impacted by the proposed application of Crown Indemnity. UC24 proposed to take a proactive approach to this issue.

The Chair thanked HC for her report and noted the challenges facing the Board.

	<p>Quality</p> <p>HL reported:</p> <ul style="list-style-type: none"> • That the number of complaints being received remained consistent with recent months. A number of complaints had not been risk graded before being sent to the Governance Team. The opportunity would be taken to refresh training for staff. • Friends and Family feedback statistics were consistent with previous months • Preliminary work on the Datix upgrade was being undertaken. • That UC24 had been successful in securing CQUIN funding for a programme of work to raise the profile of Safeguarding throughout the organisation. <p>Workforce</p> <p>AH presented her report to the Board outlining:</p> <p>Management of change: The process was ongoing. During the process, all vacancies were being held in order to provide opportunities for those at risk of losing hours or jobs.</p> <p>Staff turnover: Turnover continued on a downward trend as the effect of the TUPE transfer of NHS111 staff reduced.</p> <p>Appraisals: Appraisal compliance was low. During the MoC process, appraisals in the affected services had not been carried out. In addition, some of those which had been carried out had not been entered onto Rota Master. This would be followed up in the coming months.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the contents of the IPR and that the issues raised were being appropriately addressed. 	
9.	<p>Strategy</p> <p>9.1 No Specific Items at this Meeting</p>	
10.	<p>Governance</p> <p>10.1 Risk Register Items 15+ post mitigation</p> <p>HL presented the non-Confidential Corporate Risk Register which showed one risk above 15. Relating to the financial risk of IR35 and the consequences for clinical recruitment and retention. The Board noted that mitigation included early discussions with Commissioners and action to reduce any backdating or penalties.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the risk and the work being undertaken in mitigation. <p>10.2 Draft Rules Update</p> <p>MS presented her paper and invited the Board to:</p> <ul style="list-style-type: none"> • Agree the revised rules • Discuss and, subject to any amendments, approve the draft regulations; • Agree to begin the formal process to change the name from urgent Care 24 Ltd to Primary Care 24 (Liverpool) Ltd. 	

The Rules

The Rules were presented in their final form following drafting amendments by UC24's lawyers, the Board having discussed the changes in principle over the previous year and agreed a preliminary draft at its June meeting. The Rules were subject to approval by the Annual Members Meeting and then to approval by the Financial Conduct Authority.

The Board rehearsed the arguments on a number of matters related to the changes proposed in particular the change from equal numbers of voting Executive and Non-Executive Directors. The Board recognised that there would no longer be a requirement for equal numbers but also noted that this would enable all those carrying Executive Director responsibility to have a vote. Although this could mean the Executive Directors were in the majority, the Board noted that a very close vote divided along Executive/Non-Executive lines was an indication that the matter ought probably to be reconsidered.

The Board:

- agreed to recommend the rules to the AMM for approval subject to the following amendments:
 - 6.5 and 6.6 - References from Personnel Policies to be changed to HR policies
 - 9.5.2.3 – line 2 – a member iBn – amend to a member in

The Regulations

The draft document setting out how UC24's Board was to work were presented to the Board for discussion. MS explained this document fell under the definition of Regulations as referred to in the Rules.

The Board

- Agreed the draft Regulations with the following amendments.
 - a) Include reference to Whistleblowing specifically
 - b) Specify that percentage attendance at Board meetings should be reported in the Annual report from 2018/19 onwards
- Agreed to include the development of effective KPIs for the Non-Executive Directors as part of its next Board Development session

Change of Name

The Board had made the decision to change the name of the organisation to Primary Care 24 Ltd. However it had become apparent that a number of organisations used this terminology for areas of their work and one legal claim had been submitted in error already. It was agreed that the name needed to be tied to UC24's area of operation and therefore:

The Board :

- Agreed the name change to Primary Care 24 (Merseyside) Ltd.

10.3 Quality Impact Assessment of Efficiency Programmes

HL informed the Board this work would be undertaken after the review of the efficiency programme had been completed.

11.	<p>Committee Reports</p> <p>11.1 Quality & Workforce</p> <p>PG presented her report noting:</p> <ul style="list-style-type: none"> • That the Committee had approved minor changes to some policies • That work was ongoing relating to availability and accurate recording of SPNs but it would take some time. • The positive UHUK Patient Safety Staff Survey Results and hoping that in future years more staff would complete the survey form. <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>11.2 Finance and Performance Committee Report</p> <p>In PC's absence that Board received the 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>11.3 Audit Committee Report</p> <p>KF provided the Board with a verbal update.</p> <ul style="list-style-type: none"> • The Auditors, Haines Watts had presented the accounts for the year to 31 March 2018 and commended them to the Board. A good working relationship had been established with the new auditors. The Committee thanked Pat De Ridder for his work covering the interregnum between Directors of Finance. • She noted that this year there had been an added level of assurance through the scrutiny of the accounts by HC as well as the auditors. • She reported that the external auditors had questioned whether or not UC24 should be subject to Corporation Tax. They had agreed to seek further clarification on this issue and report back. • The Audit committee intend to consider the management response to the recommendations in the Audit Management Letter from Haines Watts. <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the committee is giving due scrutiny to the information presented to it • Noted the main issues from the meeting. 	
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12.	Any Other Business There being no other business, the meeting concluded.	
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Date of next meeting: 3 October 2018

Time: TBC

Venue: UC24 Board Room

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

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	26.3.18 Item 8.1	Review of Quality Report in light of comments on cumulative information made by CQC	HL	September meeting	To be incorporated into the development discussion on the wider governance systems and context.
2.	26.7.18 Item 7.1	Contact to be made with CQC with regard to sharing UC24 experience of Primary Care Streaming	MS	ASAP	MS emailed CQC to provide information and to raise the issue of whether any additional registration was required. This has been chased up and will be discussed (alongside any registration requirements for Extended Access as per Paper at item 4.5) on 4 October

Title: Chair's report	Meeting Date: 3 rd October 2018	Agenda item no: 6.1
Prepared by Pat Higgins	Discussed by:	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note the Chair's report 	

1.0 Purpose:

1.1 To appraise Board of recent activity since the last meeting.

2.0 Liverpool Integrated Care Partnership Group.

2.1 UC24 continues to be committed to the LICPG. KF went to attend the most recent meeting but the meeting had been cancelled.

3.0 Meetings and other activity

3.1 There have been two Nom and Rem meetings the first to deal with the residual issues relating to Kate Lucy's contract and related pension issues. The second was to consider the CEO pay and contract. Or Is this reported elsewhere?

3.2 Paul Cummins attended the staff council on my behalf and will update the Board verbally on matters of interest.

3.3 A meeting of NEDs with the CEO took place on 16th August. It was confirmed that the Chair post would be advertised as previously agreed at the July board. I decided not to apply for a further term and interviews were held on 13th Sept and 3 candidates were invited for interview.

4.0 Annual Members' Meeting

4.1 I prepared my final Chair's Foreword of the annual report for the AMM. Unfortunately I will not be attending as I am unable to drive for a few weeks after breaking my arm recently. In

case I am not able to attend the farewell lunch for Helena I want to wish UC 24 every success in the future. I have thoroughly enjoyed my 7 years as a NED and latterly as Chair. I am looking forward to moving to Chester shortly and finally retiring!

5.0 Recommendations:

The meeting is invited to:

- Note the Chair's report.

Pat Higgins
Chair

Title: Integrated Performance Report	Meeting Date: 3 rd October 2018	Agenda item no: 8.1
Prepared and presented by: Presented by Dr Mary Ryan (CEO) Prepared by Executive Directors	Discussed by: Executive Directors	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note performance for July and August 2018 • To receive assurance that the necessary actions are being taken. 	

1.0 Purpose:

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

2.0 Report highlights:

2.1 Note the performance of the Integrated Urgent Care Service Delivery Unit

2.2 Note the performance in Primary and Community services.

3.0 Recommendations:

The meeting is invited to:

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

Service Delivery	App. ref	Target	YTD (from Apr)	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Trend	September- 18 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	95.0%	95.2%	94.9%	95.4%	95.5%	93.3%	94.5%	92.3%	94.0%	95.4%	94.5%	94.5%	96.4%		92.8%	IUC001
OOH NQR 9 - Urgent DCA 20mins	1	95%	94.2%	95.3%	94.9%	95.9%	94.8%	94.5%	91.9%	92.4%	92.2%	95.0%	94.3%	94.6%	94.9%		95.0%	IUC002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	90.0%	89.7%	87.3%	90.6%	89.0%	78.1%	86.6%	76.7%	82.8%	92.2%	93.9%	88.5%	92.4%		95.0%	IUC003
OOH NQR 12 - Home Visits - Total	1	95%	93.2%	90.3%	93.3%	91.5%	85.9%	87.1%	91.6%	87.4%	93.8%	94.5%	94.0%	90.7%	92.9%		95.9%	IUC004
OOH NQR 12 - UCCs - Total	1	95%	99.6%	99.3%	99.7%	99.8%	99.1%	99.4%	99.7%	99.2%	99.2%	99.3%	99.8%	99.8%	99.9%		99.7%	
OOH activity	1	n/a	27,875	5,430	5,730	5,392	7,231	6,511	5,310	6,507	5,835	6,034	5,465	5,294	5,247		5,050	
Alder Hey Primary Care Streaming - appointment utilisation	2	50%	53.3%	56.7%	62.4%	66.9%	60.3%	61.1%	56.6%	70.0%	64.5%	56.2%	51.8%	52.9%	41.0%		48.5%	IUC005
Alder Hey Primary Care Streaming - average consultation length	2	15mins	14:59	17:57	18:06	16:17	16:16	15:20	15:08	14:46	14:55	15:48	14:43	15:16	14:14		14:44	IUC006
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	56.3%	80.9%	78.7%	76.9%	78.7%	50.6%	57.7%	53.8%	45.2%	74.3%	55.1%	60.9%	46.2%		54.1%	IUC007
Aintree Primary Care Streaming - appointment utilisation	3	50%	38.1%		41.2%	34.3%	31.1%	38.3%	43.4%	48.8%	38.7%	33.7%	35.5%	45.7%	36.9%		39.4%	IUC008
Aintree Primary Care Streaming - average consultation length	3	15mins	17:32	18:45	17:26	17:57	18:05	18:36	19:31	18:17	17:34	17:35	18:56	16:54	16:43		17:31	IUC009
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	73.9%		94.8%	95.4%	93.5%	86.0%	92.0%	95.5%	81.6%	83.5%	65.5%	70.4%	68.4%		68.1%	IUC010
RLUH Primary Care Streaming - appointment utilisation	4	50%	50.3%		68.5%	73.0%	54.5%	45.5%	68.5%	57.9%	51.1%	46.4%	48.0%	57.0%	49.2%		51.4%	IUC011
RLUH Primary Care Streaming - average consultation length	4	15mins	19:33	15:50	15:02	15:33	16:57	17:56	16:19	16:52	19:06	20:43	19:37	18:59	19:23		19:19	IUC012
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	78.6%		94.9%	100.0%	93.2%	95.8%	83.4%	79.1%	82.0%	69.9%	78.4%	85.8%	76.9%		80.4%	IUC013
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	99.9%			100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%		100%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.3%			98.1%	97.7%	98.3%	99.3%	98.2%	98.2%	98.5%	97.8%	99.0%	98.1%		98%	
Intermediate Care Service - Consistent medical provision	6	90%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%	
Primary and Community Services																		
Asylum practice - number of arrivals in month (EMIS reporting from Apr 2018)	7	n/a	1,917	314	341	451	386	367	316	372	348	298	361	453	457		424	
Finance																		
Budget variance (£000's)	8	0	-184	-58	-70	-56	-119	416	41	146	Month 1 not reported	-20	-19	-65	-80		-46	FIN001
Revenue Surplus position (£000's) (Year End forecast)	8	129	-157	-20	-63	-15	-129	322	9	147	Month 1 not reported	2	-8	-54	-97		-39	FIN001
Sefton practices LES/DES income	8	430	140	22	51	24	35	108	1	251	Month 1 not reported	66	8	61	4		35	
Total Cash (£000's) (Year End forecast)	9	1,000	1,000	1,152	1,069	1,225	678	384	985	1,212	1,079	733	1,009	923	1,360		1,000	
Efficiency programme vs target	10	95%	100%	100%	100%	100%	100%	100%	100%	100%	Month 1 not reported	100%	100%	100%	100%		100%	
Better Payment Practice Code		95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Quality and Patient Safety																		
Friends and Family - likely / extremely likely to recommend (includes paper surveys at Knowsley in-hours services from June 2018)	11	85%	89.6%	87.9%	90.0%	87.3%	83.9%	85.9%	89.1%	86.8%	88.2%	88.1%	89.7%	89.4%	92.5%		90%	
Compliments received in month	11	n/a	8	5	4	1	2	6	1	0	1	2	1	1	3		2	
Complaints received in month	12	n/a	35	2	9	8	4	6	6	9	6	7	5	7	10		7	
Complaints resolved within 25 working days	11		7	1	1	5	1	1	0	3	0	3	3	0	1		1	
Incidents recorded in month	11	n/a	359	167	138	60	79	73	59	77	84	61	63	79	72		71	
Safeguarding incidents recorded	11	n/a	4	63	57	4	5	1	0	1	1	0	2	0	1		1	
Workforce																		
Sickness Rate	13	5% annually	Data not available	Reliable data not yet available from RotaMaster													Reliable data not yet available	
Staff Turnover rate	13	20% annually	20.6%	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%	26.3%	23.5%	21.8%	21.2%	20.0%	16.6%		19%	
Mandatory Training Compliance (employed staff only)	13	95%	87.2%	93.3%	94.9%	95.7%	97.5%	97.2%	85.4%	86.2%	86.4%	87.7%	87.2%	87.9%	86.8%		87%	
Appraisal Compliance	13	95%	19.2%	100.0%	81.5%	92.1%	92.6%	89.3%	90.3%	87.6%	2.3%	3.8%	25.7%	31.9%	32.2%		35%	WOR001

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial/full compliance against NQR 8 - Calls answered within 60 secs	July performance affected by 3 members of staff with long-term sickness within the operational team resulting in staffing gaps, with 1 member of staff due to return in September. Recruitment completed to vacant posts with successful candidates currently being inducted. Improved performance in August 2018.	Head of Integrated Urgent Care	Oct-18
IUC002	Partial compliance against NQR 9 - Urgent DCA	Good performance for Out of Hours throughout July and August, however weekend evenings remain the most challenged area with DCA and Home Visits being of most pressure. Recruitment has commenced for ANPs and inductions are taking place for current ANP workforce.	Head of Integrated Urgent Care	Oct-18
IUC003	Non/partial compliance against NQR 9 - Less urgent DCA	As for IUC002	Head of Integrated Urgent Care	Oct-18
IUC004	Partial compliance against NQR 12 - Home visits	As for IUC002	Head of Integrated Urgent Care	Oct-18
IUC005	Full/partial compliance against Alder Hey Primary Care Streaming appointment utilisation	Drop in referrals anticipated due to case mix issues related to school holidays. Trusts are completing a review to understand low utilisation rates.	Head of Integrated Urgent Care	Nov-18
IUC006	Partial/full compliance against Alder Hey Primary Care Streaming average consultation length	Slight increase in consultation length for July, which is consistent with the increase in number of cases referred back to ED. Full compliance in August.	Head of Integrated Urgent Care	Oct-18
IUC007	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 resignations of salaried GPs. We are working directly with Alder Hey to implement a hybrid model to improve service delivery. August further impacted by annual leave.	Head of Integrated Urgent Care	Oct-18
IUC008	Non-compliance against Aintree Primary Care Streaming appointment utilisation	Reduced performance in August. The Trust consider this may be linked to experience and confidence of clinical staff in referrals – August is changeover month for junior doctors.	Head of Integrated Urgent Care	Oct-18
IUC009	Partial compliance against Aintree Primary Care Streaming average consultation length	Contributing factors continue to relate to referral rates back into secondary care, limited access to patient records and patient expectations. A comparison of consultation times between ANPs and GPs indicates ANPs spend longer on consultations. Further analysis and discussion at A&E Primary Care Streaming meeting.	Head of Integrated Urgent Care	Oct-18
IUC010	Non-compliance against Aintree Primary Care Streaming shift fulfilment rate	We are continuing to experience staffing challenges within this service; feedback from clinicians indicate this is due to the number of inappropriate referrals which is reflected in the figures above along with service utilisation. The Executive team have signed off ANPs working Out of Hours Primary Care Streaming sessions in order to improve utilisation; however we have not seen an impact on shift fulfilment at Aintree. Head of Service has escalated to meet with Operational Director at Aintree to attempt to resolve these issues, currently awaiting their response. Aintree is experiencing significant pressures in A&E at present.	Head of Integrated Urgent Care	Nov-18
IUC011	Full/non-compliance against The Royal Primary Care Streaming appointment utilisation	Full compliance in July but drop in August - linked to IUC008.	Head of Integrated Urgent Care	Sep-18
IUC012	Non-compliance against The Royal Primary Care Streaming average consultation length	As for IUC009	Head of Integrated Urgent Care	Oct-18
IUC013	Non-compliance against The Royal Primary Care Streaming shift fulfilment rate	We are starting to see an improvement in staffing levels within this service, following the introduction of ANPs into the Out of Hours Primary Care Streaming sessions. This fulfilment rate reduced in August due to annual leave.	Head of Integrated Urgent Care	Oct-18
FIN001	Negative Variance against plan for year to date budget position.	<p>The year to date position at the end of month 5 is a deficit of £158k, against a planned surplus of £18k, therefore reporting a variance against plan of £176k. The in-month position is reporting a deficit of £97k which is £80k behind plan.</p> <p>Sefton Practices are reporting a YTD deficit of £302k (excluding overheads) which is £302k behind plan. The in-month position is reporting a deficit of £87k which is £87k behind plan. Income from the Local Quality Contract and Enhanced Services is behind plan by £40k YTD.</p> <p>In relation to pay costs there is a £194k overspend year to date, in-month overspend £40k. The pay budget has been prepared on a fully salaried staffing assumption to facilitate budget monitoring by the practice managers and SDU leads. In this best case scenario, the contract value has a residual gap of £86k year to date (full year £206k).</p> <p>A future operating model is to be developed by the SDU management team and Medical Director, setting out the different clinical roles and WTE requirements. Finance will cost out the model once it has been made available.</p>	Head of Finance	Ongoing
WOR002	Non-compliance against UC24 staff mandatory training compliance	A review is planned of the calculation of mandatory training compliance as some modules are relevant to particular staff groups.	Ownership to be confirmed in relation to this specific issue	Not applicable
WOR001	Non-compliance against UC24 appraisal target	The HR manager is in the process on establishing if the number of appraisals completed matches the number that have been recorded on Rotamaster. The compliance has risen to 32% which represents a 6.5% increase from two months ago.	Associate Director of HR	Oct-18

IPR Narrative report - 2017/18 as at Month 5 (August)		
Service Delivery	Integrated Urgent Care	<ul style="list-style-type: none"> ● UC24 IUC overall performance is good, plans are in place to address under-performance. ● Commissioners have now approved ANPs in the Out of Hours service supporting DCA. Recruitment to ANP roles continues. We have identified a number of ANPs from the existing cohort to complete telephone triage with inductions currently taking place. Interim Medical Director has led the GP Recruitment and Retention Group which has strengthened our offer and a number of GPs will start in the coming weeks.
	Primary and Community Services	<ul style="list-style-type: none"> ● Sefton practices: increased use of Agency GPs to support service delivery causing increased financial pressure within the service. Practice Managers have been instructed to reduce 2 clinical locum sessions per week. Clinical utilisation has increased and DNA rates have reduced across the practice group. ● GP “offer” developed and recruitment to non-medical clinical posts agreed and in process. ● Increase in Asylum Service patients in July and August. Quality Impact Assessment commenced and due for completion in October 2018. Awaiting notification of CCG commissioning intentions expected in October 2018.
Finance		<ul style="list-style-type: none"> ● The year to date position at the end of month 5 is a deficit of £158k, against a planned surplus of £18k, therefore reporting a variance against plan of £176k. The in-month position is reporting a deficit of £97k which is £80k behind plan. ● Sefton Practices are reporting a YTD deficit of £302k (excluding overheads) which is £302k behind plan. The in-month position is reporting a deficit of £87k which is £87k behind plan. Income from the Local Quality Contract and Enhanced Services is behind plan by £40k YTD. In relation to pay costs there is a £194k overspend year to date, in-month overspend £40k. The pay budget has been prepared on a fully salaried staffing assumption to facilitate budget monitoring by the practice managers and SDU leads. In this best case scenario, the contract value has a residual gap of £86k year to date (full year £206k). ● OOHs is reporting a YTD surplus of £200k (including overheads), which is £68k better than plan. The in-month position reported a surplus of £8k, which was £6k behind the plan. Clinical pay overspend was £77k YTD, in-month there was a £11k overspend. Pressures in the GP workforce continue to result in significant agency requirements. Operational underspends are helping to offset the clinical pressure. ● Cash balances at month 5 were £1,360k. ● Efficiency plans are in progress, but only small values have been realised so far. Achieving these plans is reliant on efforts over the remainder of the year and generation of income from new business.
Quality		<ul style="list-style-type: none"> ● At the end of July 2018 there were 17 open complaints in Datix; at the end of August 2018 there were 17 open complaints ● There was 1 compliment received in July 2018 and 3 compliments received in August 2018
Workforce		<ul style="list-style-type: none"> ● The PDPs deadline has been set for the end of September 2018, therefore increase in appraisals compliance is anticipated. ● A review of the calculation for mandatory training compliance is planned, once all staff for Extended Access are employed there will be a further drive on improving mandatory training compliance

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template							
Reporting time period: Wednesday 01/08/18 18:30 - Saturday 01/09/18 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	5247	5222	2	23	99.6%
2	NQR 8	<0.1% calls engaged	1597	1597		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	1597	1579		18	1.1%
4	NQR 8	Calls answered <60 seconds	1520	1466		54	96.4%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0	
6	NQR 9	Urgent cases DCA <20 minutes	902	798	58	46	94.9%
7	NQR 9	All other cases DCA <60 minutes	2832	2435	182	215	92.4%
8	LQR 1	NHS 111 6 hour priority <6 hours	1103	1038	39	26	97.6%
9	LQR 2	Repeat prescription requests <6 hours	42	41	1	0	100.0%
a		Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)	4879				
b		Total cases requiring action (6)+(7)+(8)+(9)	4879				
Following priority determined by Definitive Clinical Assessment (DCA)							
10	NQR 12	UCC Emergency <1 hour	1	1	0	0	100.0%
11	NQR 12	UCC Urgent <2 hours	313	309	3	1	99.7%
12	NQR 12	UCC Less urgent <6 hours	1307	1307	0	0	100.0%
c	Total	Urgent Care Centre cases	1621	1617	3	1	99.9%
13	LQR 3	Telephone Advice Emergency <1 hour	30	25	2	3	90.0%
14	LQR 3	Telephone Advice Urgent <2 hours	304	283	13	8	97.4%
15	LQR 3	Telephone Advice Less Urgent <6 hours	2488	2387	71	30	98.8%
d	Total	Telephone Advice cases	2822	2695	86	41	98.5%
16	NQR 12	Home visit Emergency <1 hour	2	2	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	303	276	0	27	91.1%
18	NQR 12	Home visit Less urgent <6 hours	455	428	0	27	94.1%
e	Total	Home Visit cases	760	706	0	54	92.9%
f		Total telephone and face-to-face consultations (c)+(d)+(e)	5203	5018	89	96	
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	92	Aintree	0	0	0	
21	Patient episode ended, no service provided	2	Garston	0	0	0	
Repeat prescription cases outcomes			Huyton	0	0	0	
22	Repeat prescription requests (6 hour advice)	42	Kirkby	0	0	0	
23	Repeat prescription requests forwarded to UCC	0	Old Swan	1	0	1	100.0%
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	0	Widnes	0	0	0	
26	Total Telephone Advice cases	2822	Total	1	0	1	100.0%
27	Total UCC attendances	1621	Urgent	2 hour total	Pat. choice	Compliant	% result
28	Total Home Visits	760	Aintree	16	0	16	100.0%
29	Total Repeat prescription requests	42	Garston	36	0	36	100.0%
g	Total cases completed (=a+19+20+21)	5247	Huyton	38	0	38	100.0%
Referrals to secondary care			Kirkby	7	0	7	100.0%
30	Hospital referred (referred for admission / advised A&E)	516	Old Swan	140	2	137	99.3%
Compliance levels			Runcorn	58	1	57	100.0%
31	Fully compliant (95-100%) - except ref 2 & 5		The Royal	8	0	8	100.0%
32	Partially compliant (90-94.9%) - except ref 2 & 5		Widnes	10	0	10	100.0%
33	Non-compliant (89.9% and under) - except ref 2 & 5		Total	313	3	309	99.7%
Comments:			Less urgent	6 hour total	Pat. choice	Compliant	% result
			Aintree	119	0	119	100.0%
			Garston	189	0	189	100.0%
			Huyton	148	0	148	100.0%
			Kirkby	46	0	46	100.0%
			Old Swan	541	0	541	100.0%
			Runcorn	183	0	183	100.0%
			The Royal	41	0	41	100.0%
			Widnes	40	0	40	100.0%
			Total	1307	0	1307	100.0%
			Grand total	1621	3	1617	
Template property of Liverpool CCG							

Source: Adastral/Business Intelligence Team
 Author: Performance Improvement Analyst (DF)

App 2 Alder Hey

Month	Potential slots available	Blocked slots	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/ A&E	% ref for admission/ A&E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
May-17	961	234		727	586	141	80.6%					
Jun-17	930	415		515	363	152	70.5%					
Jul-17	961	385		576	422	154	73.3%					
Aug-17	961	248		713	429	284	60.2%					
Sep-17	930	323	175	755	428	327	56.7%		27	6.3%	3	80.9%
Oct-17	961	387	205	756	472	284	62.4%		46	9.7%	0	78.7%
Nov-17	930	342	215	715	478	237	66.9%		54	11.3%	0	76.9%
Dec-17	961	291	203	758	457	301	60.3%		22	4.8%	2	78.7%
Jan-18	961	519	475	486	297	189	61.1%	2.35	19	6.4%	0	50.6%
Feb-18	868		356	512	290	222	56.6%	2.27	23	7.9%	11	57.7%
Mar-18	961		441	520	364	156	70.0%	2.70	23	6.3%	3	53.8%
Apr-18	930		510	420	271	149	64.5%	2.51	16	5.9%	0	45.2%
May-18	961		247	714	401	313	56.2%	2.18	25	6.2%	0	74.3%
Jun-18	930		418	512	265	247	51.8%	2.00	14	5.3%	0	55.1%
Jul-18	961		375	586	310	276	52.9%	2.05	22	7.1%	0	61.0%
Aug-18	961		517	444	182	262	41.0%	1.60	8	4.4%	0	46.2%

Month	Average consultation length (minutes) per month
May-17	13:15
Jun-17	17:25
Jul-17	17:22
Aug-17	18:44
Sep-17	17:57
Oct-17	18:06
Nov-17	16:17
Dec-17	16:16
Jan-18	15:20
Feb-18	15:08
Mar-18	14:46
Apr-18	14:55
May-18	15:48
Jun-18	14:43
Jul-18	15:16
Aug-18	14:14

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

App 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	Avg appts per hour	Ref for admission/A &E	% ref for admission/A &E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Oct-17	348	18	330	136	194	41.2%		18	13.2%	0	94.8%
Nov-17	324	15	309	106	203	34.3%		16	15.1%	0	95.4%
Dec-17	402	26	376	117	259	31.1%		18	15.4%	0	93.5%
Jan-18	456	62	394	151	243	38.3%	0.89	25	16.6%	2	86.0%
Feb-18	1032	82	950	412	538	43.4%	1.32	60	14.6%	1	92.0%
Mar-18	1122	50	1072	523	549	48.8%	1.46	87	16.6%	1	95.5%
Apr-18	1080	199	881	341	540	38.7%	1.22	56	16.4%	0	81.6%
May-18	1122	185	937	316	621	33.7%	1.03	41	13.0%	0	83.5%
Jun-18	1098	379	719	255	464	35.5%	1.08	27	10.6%	0	65.5%
Jul-18	1140	365	775	354	421	45.7%	1.35	45	12.7%	0	68.0%
Aug-18	1140	360	780	288	492	36.9%	1.09	43	14.9%	0	68.4%

Month	Average consultation length (minutes) per month
Oct-17	17:26
Nov-17	17:57
Dec-17	18:05
Jan-18	18:36
Feb-18	19:31
Mar-18	18:17
Apr-18	17:34
May-18	17:35
Jun-18	18:56
Jul-18	16:54
Aug-18	16:43

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

App 4 RLUH Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/A&E	% ref for admission/A&E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Oct-17	673	34	639	438	201	68.5%		33	7.5%	0	94.9%
Nov-17	574	0	574	419	155	73.0%		23	5.5%	0	100.0%
Dec-17	704	44	660	360	300	54.5%		34	9.4%	4	93.2%
Jan-18	1085	46	1039	473	566	45.5%	1.57	35	7.4%	0	95.8%
Feb-18	703	116	587	402	185	68.5%	1.70	48	11.9%	1	83.4%
Mar-18	916	191	725	420	305	57.9%	1.70	44	10.5%	0	79.1%
Apr-18	880	158	722	369	353	51.1%	1.53	54	14.6%	0	82.0%
May-18	904	272	632	293	339	46.4%	1.40	28	9.6%	0	69.9%
Jun-18	856	185	671	322	349	48.0%	1.43	43	13.4%	0	78.4%
Jul-18	874	132	742	423	319	57.0%	1.71	42	9.9%	0	84.9%
Aug-18	830	192	638	314	324	49.2%	1.45	44	14.0%	0	76.9%

Month	Average consultation length (minutes) per month
Oct-17	15:02
Nov-17	15:33
Dec-17	16:57
Jan-18	17:56
Feb-18	16:19
Mar-18	16:52
Apr-18	19:06
May-18	20:43
Jun-18	19:37
Jul-18	18:59
Aug-18	19:23

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

Key Performance Indicators (monthly) – August 2018							
Telephone Triage and Home visiting Service, and Bookable GP appointments							
	Indicator Number	Description	Target	Total volume	Met KPI	Patient choice	% result
Quality	1	Patient experience of the service to be collected weekly and reported monthly	85% satisfied	84	83		98.8% (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		1			
	4	Number of compliments received		2			
	5	Number of incidents reported		3			
	6	Number of post event messages sent from Adastra within 24 hours	100%	184	184	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	35	32	0	91.4%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	17	13	1	82.4%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	6	4	0	66.7%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	9	9	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	125	125	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1447	1321	126	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	92	67	25	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	11	11	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1321	1287	12	98.3%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	67	61	2	94.0%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	1	1	0	100.0%
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	2	2	0	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	8	6	2	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	1	0	100.0%
	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%	1	1	0	100.0%

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

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

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

App 6 Intermediate Care

Month	Total Time (hours)	Allocated Time (hours)	Unallocated Time (hours)	% hours filled
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	168	168	0	
May 2018 – Knowsley GP Standby	39	39	0	
				100.0%
June 2018 – Knowsley GP	165	165	0	
June 2018 – Knowsley GP Standby	25.5	25.5	0	
				100.0%
July 2018 – Knowsley GP	172	172	0	
July 2018 – Knowsley GP Standby	27	27	0	
				100.0%
August 2018 – Knowsley GP	187.5	187.5	0	
August 2018 – Knowsley GP Standby	19.5	19.5	0	
				100.0%
September 2018 – Knowsley GP	143	143	0	
September 2018 – Knowsley GP Standby	37	37	0	
				100.0%

Source: RotaMaster

Author: Business Intelligence Lead

App 7 Asylum practice

Current year			Previous year			
Month	Arrivals (current year)	Health Assessments done in month (current year) - from Mar 2018 for arrivals in month	GP Appts (current year)	Arrivals (previous year)	Health Assessments done in month (previous year)	GP Appts (previous year)
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	250	33	344	316	94
Apr 18	338	206	47	248	189	65
May 18	284	192	52	360	241	63
June 18	359	208	42	371	265	56
July 18	460	258		403	109	58
Aug 18	450	158		309	299	27

Asylum practice results (Excel tracker)			
Health Assessments completed on arrivals in month	DNA	Dispersed /absonded before Assessment	Awaiting Assessment
250	95	27	0
206		132	0
192		92	0
208		151	0
258		202	0
158		38	254

EMIS results						
Arrivals (EMIS report)	Offered a Health Assessment appt	Patients referred to TB services	Patients referred to secondary services	Patients referred to counselling services	Total referrals to other services	% arrivals offered Health Assessment appt
348	341	0	0	13	13	98.0%
298	295	0	0	12	12	99.0%
361		0	2	12	14	
453		0	0	10	10	
457		1	0	14	15	

Source: UC24 Asylum practice Practice Manager / EMIS
Author: Business Intelligence Lead/Associate Director of Service Delivery

App 8 Finance Position

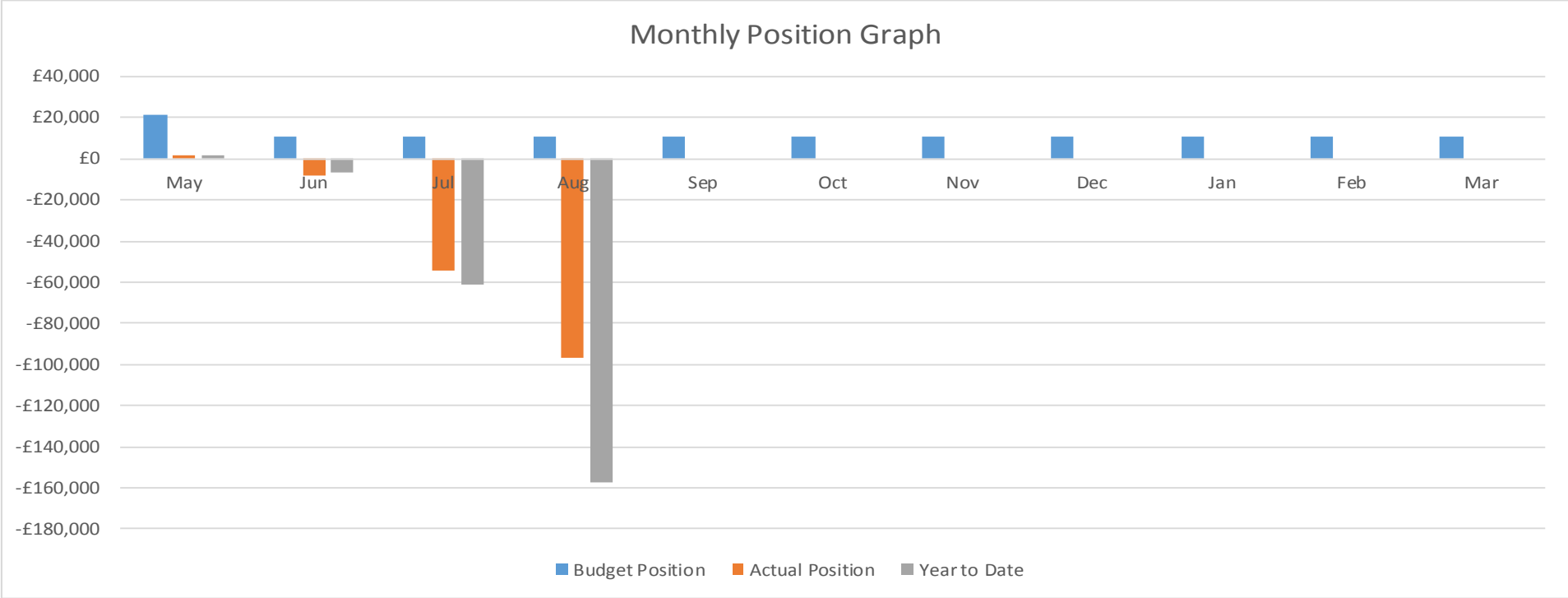
Service Line Reports as at 31 August 2018								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(9,332,268)	(3,888,445)	(3,896,435)	7,990	(777,689)	(776,135)	(1,554)
IUC	Pay	6,159,844	2,566,602	2,516,804	49,798	517,720	524,433	(6,712)
IUC	Non Pay	63,996	26,665	12,369	14,296	5,333	2,417	2,916
IUC	Overheads	2,468,032	1,052,966	1,022,077	30,889	221,358	219,367	1,991
IUC Total		(640,396)	(242,213)	(345,186)	102,973	(33,278)	(29,919)	(3,359)
Primary & Community Services	Income	(2,925,698)	(1,219,041)	(1,208,790)	(10,251)	(243,808)	(209,548)	(34,260)
Primary & Community Services	Pay	2,744,916	1,143,715	1,311,187	(167,472)	228,743	265,468	(36,725)
Primary & Community Services	Non Pay	109,645	45,681	159,239	(113,557)	9,138	25,156	(16,019)
Primary & Community Services	Overheads	582,532	253,730	241,273	12,457	55,693	45,752	9,941
Primary & Community Services Total		511,395	224,085	502,909	(278,823)	49,765	126,828	(77,063)
Grand Total (Surplus) / Deficit		(129,001)	(18,127)	157,722	(175,850)	16,487	96,910	(80,423)

Management Accounts as at 31 August 2018								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(9,332,268)	(3,888,445)	(3,896,435)	7,990	(777,689)	(776,135)	(1,554)
IUC	Pay	6,159,844	2,566,602	2,516,804	49,798	517,720	524,433	(6,712)
IUC	Non Pay	63,996	26,665	12,369	14,296	5,333	2,417	2,916
IUC Total		(3,108,428)	(1,295,178)	(1,367,263)	72,084	(254,636)	(249,286)	(5,350)
Primary & Community Services	Income	(2,925,698)	(1,219,041)	(1,208,790)	(10,251)	(243,808)	(209,548)	(34,260)
Primary & Community Services	Pay	2,744,916	1,143,715	1,311,187	(167,472)	228,743	265,468	(36,725)
Primary & Community Services	Non Pay	109,645	45,681	159,239	(113,557)	9,138	25,156	(16,019)
Primary & Community Services Total		(71,137)	(29,645)	261,636	(291,280)	(5,928)	81,076	(87,004)
Corporate Support	Income	(27,672)	(11,530)	(12,605)	1,075	(2,306)	(2,947)	641
Corporate Support	Pay	2,082,055	863,133	856,965	6,168	181,058	149,921	31,137
Corporate Support	Non Pay	996,181	455,093	418,990	36,103	98,299	118,146	(19,847)
Corporate Support Total		3,050,564	1,306,696	1,263,349	43,346	277,050	265,119	11,931
Grand Total		(129,001)	(18,127)	157,722	(175,850)	16,487	96,910	(80,423)

Sefton Practices		Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
Base Contract		(1,701,804)	(709,085)	(722,184)	13,099	(141,817)	(152,239)	10,422
QOF		(227,724)	(94,885)	(123,478)	28,593	(18,977)	(15,071)	(3,906)
LQC income (SSCCG)		(334,128)	(139,220)	(114,028)	(25,192)	(27,844)	(960)	(26,884)
CQRS income (NHSE)		(96,288)	(40,120)	(25,016)	(15,104)	(8,024)	(3,334)	(4,690)
NHSE APMS Contract KPIs		(98,334)	(40,973)	(33,972)	(7,001)	(8,195)	0	(8,195)
NHSE Resilience Funding		0	0	0	0	0	0	0
NHSE Set Up Fees		0	0	0	0	0	0	0
NHSE Additional Funding		0	0	0	0	0	0	0
Jospice income		(49,920)	(20,800)	(21,146)	346	(4,160)	(4,506)	346
Sundry income		(52,004)	(21,668)	(16,677)	(4,991)	(4,334)	(2,980)	(1,354)
Total Income		(2,560,202)	(1,066,751)	(1,056,500)	(10,251)	(213,350)	(179,090)	(34,260)
Pay		2,498,772	1,041,155	1,235,563	(194,408)	208,231	248,404	(40,173)
Non Pay		267,372	111,405	123,169	(11,764)	22,281	17,516	4,765
Contract Gap		(205,927)	(85,807)	0	(85,807)	(17,160)	0	(17,160)
(Positive)/Negative Contribution to Overheads		15	2	302,232	(302,230)	2	86,830	(86,828)

Position Graph

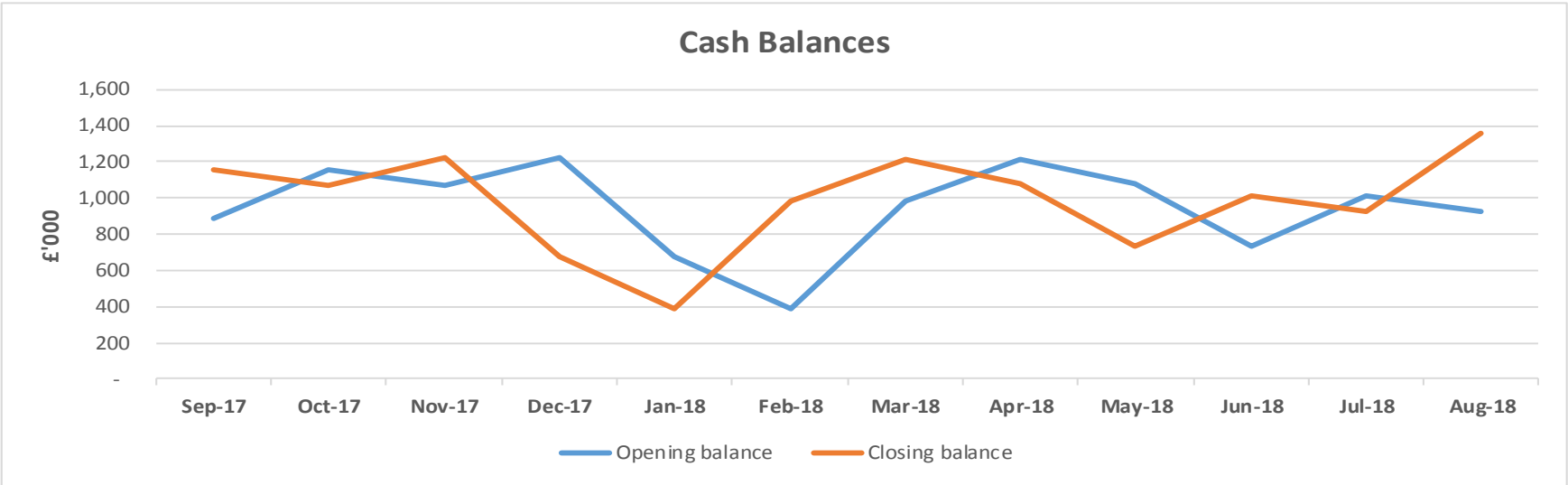
The below graph plots out the year to date actual positions, along with the planned position.



Source: E-Financials
Author: Head of Finance

App 9 Cash Position

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Opening balance	887	1,152	1,069	1,225	678	384	985	1,212	1,079	733	1,009	923
Closing balance	1,152	1,069	1,225	678	384	985	1,212	1,079	733	1,009	923	1,360



Source: Bank Statements
Author: Head of Finance

App 10 Efficiency Position

Efficiency Plans Summary **Please note that the Efficiency Plan has undergone a full review and a new page will be presented in November**

Monthly targets

Plans	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Full Year
Total	£ 847	£ 847	£ 847	£ 847	£ 847	£ 8,868	£ 89,701	£ 89,701	£ 89,701	£ 89,701	£ 89,701	£ 89,701	£551,306

	Plan	Actual	Variance	
YTD	4,233	4,233	-	100%
In Month	847	847	-	100%

Source: Efficiency Monitoring Tool
Author: Head of Finance

App 11 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?"				
	Jun-18	Jul-18	Aug-18	Sep-18 MTD (to 18th)
Extremely Likely	72.7%	71.5%	75.0%	68.9%
Likely	17.0%	17.9%	17.5%	20.9%
Neither Likely or Unlikely	2.8%	4.1%	3.4%	4.4%
Unlikely	2.1%	2.2%	2.2%	1.8%
Extremely Unlikely	4.6%	3.1%	1.6%	3.1%
Don't know	0.8%	1.2%	0.4%	0.9%

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		
Jul-18	0	0	0	1	0
Aug-18	0	2	0	1	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		
Jul-18	0	9	7	55	8
Aug-18	0	4	4	46	18

Source: Datix
 Author: Governance Administrator (SD)

Complaints resolved within 25 days

During the month of July 2018 there was 1 complaint closed within the 25 working day timeframe.
 During the month of August 2018 there was 1 complaint closed in August within the 25 day timeframe

Source: Datix
 Author: Governance Administrator (SD)

Safeguarding reports

Total number of incidents reported during July was 79; of these, 0 were safeguarding referrals.
 Total number of incidents reported during August was 72, of these, 1 was a safeguarding referral.

Source: Datix
 Author: Governance Administrator (SD)

App 12 Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
27.07.18	OOH GP	Care & Treatment	Under review	Liverpool	Not graded	Under review	Ongoing
27.07.18	PCH AHCH	Care & Treatment	Under review	Liverpool	Not graded	Under review	Ongoing
25.07.18	OOH GP	Care & Treatment	Under review	Liverpool	Moderate	Under review	Ongoing
20.07.18	PCS - Maghull Practice	IG Breach	Under review	NHS England	Low	Under review	Ongoing
18.07.18	PCS - Thornton Practice	Care & Treatment	Under review	NHS England	Low	Under review	Ongoing
18.07.18	PCS - Crosby Practice	Treatment	Under review	NHS England	Not graded	Under review	Ongoing
13.07.18	OOH GP	Attitude & Behaviour	Under review	Liverpool	Not graded	Under review	Ongoing

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
22.08.18	OOH GP	Care & Treatment	Under review	Liverpool	Major	Under review	Ongoing
21.08.18	OOH GP	Waiting times – Home Visit	Under review	Halton	Not graded	Under review	Ongoing
20.08.18	PCS - Maghull Practice	Care & Treatment	Under review	NHS England	Not graded	Under review	Ongoing
20.08.18	PCS - Litherland Practice	Care and Behaviour	Under review	NHS England	Low	Not upheld	Closed
20.08.18	OOH GP	Failure to follow procedure	Under review	Knowsley	Moderate	Under review	Ongoing
20.08.18	PCS - Seaforth Practice	Care & Treatment	Reviewed	NHS England	Low	Upheld	Closed
17.08.18	PCS - Crosby Practice	Waiting times – repeat prescription	Under review	NHS England	Not graded	Under review	Ongoing
10.08.18	OOH GP	Care & Treatment	Under review	Knowsley	Not graded	Under review	Ongoing
09.08.18	PCS - Crosby Practice	Communication	Under review	NHS England	Not graded	Under review	Ongoing
06.08.18	OOH GP	Care & Treatment	Under review	Liverpool	Not graded	Under review	Ongoing

Source: Datix

Author: Governance Administrator (SD)

App 13 Workforce

Staff Turnover

UC24	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Start of Month Staff Numbers	261	262	232	232	233	231	235	240	240	242	241	237
Starters	9	11	3	5	2	6	7	2	5	2	3	4
Leavers	8	1	3	4	4	2	2	2	3	3	7	1
TUPE		40										
Staff in probation period	85	46	41	42	36	36	34	25	27	24	25	23
Staff due to receive appraisal	176	216	191	190	197	195	201	215	213	218	216	214
End of Month Staff Numbers	262	232	232	233	231	235	240	240	242	241	237	240
Turnover Rate	3.06%	0.40%	1.29%	1.72%	1.72%	0.86%	0.84%	0.83%	1.24%	1.24%	2.93%	0.42%
Annualised rate	36.7%	4.9%	15.5%	20.6%	20.7%	10.3%	10.1%	10.0%	14.9%	14.9%	35.1%	5.0%
Rolling Annualised rate	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%	26.3%	23.5%	21.8%	21.2%	20.0%	16.6%

Source: Rotamaster

Author: HR Manager

Appraisal compliance (figures re-calculated Sep 2018 to count 'staff requiring appraisal' rather than 'total staff')

Appraisals completed in date	176	176	176	176	176	176	176	5	8	56	69	69
Total staff requiring appraisal	176	216	191	190	197	195	201	215	213	218	216	214
	100.0%	81.5%	92.1%	92.6%	89.3%	90.3%	87.6%	2.3%	3.8%	25.7%	31.9%	32.2%

Source: Rotamaster






Author: HR Manager

Mandatory training compliance

Courses due to be completed by end of working month	2088	2096	1856	1856	1864	1848	1880	1920	1920	1936	1928	1896
Courses completed by end of working month	1948	1989	1777	1809	1812	1579	1620	1658	1683	1688	1695	1645
	93.3%	94.9%	95.7%	97.5%	97.2%	85.4%	86.2%	86.4%	87.7%	87.2%	87.9%	86.8%

Source: Rotamaster/E-learning portal

Author: Interim Training Manager

Service Delivery	App. ref	Target	YTD (from Apr)	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Trend	Sept-18 Forecast	Exception Report Number
Sefton GP practices - cover of Clinical Sessions (GP & ANPs)	2.1	100%	94.8%					101.0%	106.0%	101.0%	96.0%	96.8%	93.0%	93.4%	95.0%		94%	PCS001
Sefton GP practices - Salaried/Associate cover of clinical sessions	2.1	70%	35.3%					45.0%	43.0%	36.0%	47.0%	42.3%	39.4%	26.2%	21.4%		29%	PCS002
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions	2.1	30%	62.6%					55.0%	57.0%	66.0%	53.0%	58.7%	60.6%	67.2%	73.6%		67%	PCS002
Sefton GP practices - appointment utilisation	2.2	>90%	80.8%		74.7%	70.1%	62.0%	59.3%	71.6%	73.2%	81.0%	83.2%	78.7%	79.2%	82.1%		80%	PCS003
Sefton GP practices - appointment DNA rate	2.2	<5%	5.7%		5.8%	5.7%	5.1%	3.8%	4.9%	6.2%	6.3%	5.6%	5.2%	6.4%	5.1%		6%	PCS003

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
PCS001	Sefton GP practices - cover of Clinical Sessions (GP & ANPs)	Consistent performance overall at 95%. Cover between practices ranges from 88% - 104% (Thornton Practice to take account of support provided to Jospice). 2 practices remain reliant upon locum cover.	Associate Director of Service Delivery	Oct-18
PCS002	Sefton GP Practices - % of salaried vs agency cover	Salaried/Associate cover reduced in July following resignation of 3 GPs. Further locum cover required for annual leave of salaried/associate GPs. 2 practices remain reliant upon locum cover. The Recruitment and Retention Task and Finish Group, chaired by the Interim Medical Director has developed a GP pack describing UC24 offer to GPs. Recruitment processes have been streamlined. A salaried GP will commence on 1 October 2018.	Associate Director of Service Delivery	Oct-18
PCS003	Sefton GP Practices appointment utilisation and 'did not attend' rate	Overall utilisation rate has improved slightly to 82%. Overall DNA rates stand at 5% but this includes a 9% DNA rate for Practice Nurses. GP DNA rates stand at 4% with a variance in performance at Practice level between 1% and 11%. The Interim Primary Care Manager is working across all Practices to review processes and support Practice Managers to implement new processes.	Associate Director of Service Delivery	Oct-18

App 2.1 Sefton GP practices
Salaried v Agency utilisations

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Planned July sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Totals	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 Coverage	Total salaried cover (GPs & ANPs)	Total Agency cover (GPs & ANPs)
Crosby	14 sessions	62	18	32	0	8	58	29%	52%	0%	13%	94%	29%	65%
Maghull	15 sessions	72	0	52	0	15	67	0%	72%	0%	21%	93%	0%	93%
Crossways	14 sessions	58	25	33	0	0	58	43%	57%	0%	0%	100%	43%	57%
Litherland	14 sessions	62	37	20	0	0	57	60%	32%	0%	0%	92%	60%	32%
Seaforth	10 sessions	44	9	35	0	0	44	20%	80%	0%	0%	100%	20%	80%
Thornton	16 sessions (incl 3 hospice)	58	18	18	0	21	57	31%	31%	0%	36%	98%	31%	67%
Netherton	12 sessions	52	0	40	0	0	40	0%	77%	0%	0%	77%	0%	77%
Totals	95	408	107	230	0	44	381	26.2%	56.4%	0.0%	10.8%	93.4%	26.2%	67.2%

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Planned August sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Totals	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 Coverage	Total salaried cover (GPs & ANPs)	Total Agency cover (GPs & ANPs)
Crosby	14 sessions	62	8	44	0	10	62	13%	71%	0%	16%	100%	13%	87%
Maghull	15 sessions	68	0	44	0	16	60	0%	65%	0%	24%	88%	0%	88%
Crossways	14 sessions	59	39	20	0	0	59	66%	34%	0%	0%	100%	66%	34%
Litherland	14 sessions	65	21	36	0	1	58	32%	55%	0%	2%	89%	32%	57%
Seaforth	10 sessions	43	2	38	0	0	40	5%	88%	0%	0%	93%	5%	88%
Thornton	16 sessions	65	19	28	0	21	68	29%	43%	0%	32%	105%	29%	75%
Netherton	12 sessions	54	0	46	0	2	48	0%	85%	0%	4%	89%	0%	89%
Totals	95	416	89	256	0	50	395	21.4%	61.5%	0.0%	12.0%	95.0%	21.4%	73.6%
Additional service - joint injection clinic 12 appointments, 12 attended, no DNA's (Seaforth)														

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

App 2.2 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	

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Apr-18 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%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
May-18 Thornton	933	902	36	866	96.7%	4.0%	92.8%
Maghull	1285	1215	48	1167	94.6%	4.0%	90.8%
Crossways	1221	915	31	884	74.9%	3.4%	72.4%
Crosby	1162	1020	61	951	87.8%	6.0%	81.8%
Netherton	829	759	25	731	91.6%	3.3%	88.2%
Seaforth	871	814	97	686	93.5%	11.9%	78.8%
Litherland	1093	962	73	869	88.0%	7.6%	79.5%
Totals	7394	6587	371	6154	89.1%	5.6%	83.2%

	Available Appts	Appts Booked	DNAs	Appts Attended	% of available appointments booked	% DNA	Overall Utilisation
Jun-18 Thornton	998	966	41	925	96.8%	4.2%	92.7%
Maghull	1083	965	32	933	89.1%	3.3%	86.1%
Crossways	1389	832	15	817	59.9%	1.8%	58.8%
Crosby	987	862	36	826	87.3%	4.2%	83.7%
Netherton	725	645	43	602	89.0%	6.7%	83.0%
Seaforth	882	768	90	678	87.1%	11.7%	76.9%
Litherland	1264	1045	62	983	82.7%	5.9%	77.8%
Totals	7328	6083	319	5764	83.0%	5.2%	78.7%

	Available Appts	Appts Booked	DNAs	Appts Attended	% of available appointments booked	% DNA	Overall Utilisation
Jul-18 Thornton	858	842	57	785	98.1%	6.8%	91.5%
Maghull	1172	1073	35	1038	91.6%	3.3%	88.6%
Crossways	1316	833	24	809	63.3%	2.9%	61.5%
Crosby	1014	896	50	843	88.4%	5.6%	83.1%
Netherton	1078	955	99	856	88.6%	10.4%	79.4%
Seaforth	803	727	77	650	90.5%	10.6%	80.9%
Litherland	1179	960	61	899	81.4%	6.4%	76.3%
Totals	7420	6286	403	5880	84.7%	6.4%	79.2%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Aug-18 Thornton	959	912	52	860	95.1%	5.7%	89.7%
Maghull	982	905	27	878	92.2%	3.0%	89.4%
Crossways	1227	909	20	889	74.1%	2.2%	72.5%
Crosby	1054	903	24	879	85.7%	2.7%	83.4%
Netherton	959	815	43	772	85.0%	5.3%	80.5%
Seaforth	677	625	91	534	92.3%	14.6%	78.9%
Litherland	789	681	34	647	86.3%	5.0%	82.0%
Totals	6647	5750	291	5459	86.5%	5.1%	82.1%

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

Title: CQC Update	Meeting Date: 3 October 2018	Agenda item no: 4.5
Prepared and presented by: Margaret Swinson	Discussed by:	
Link to UC24 Values: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Providing quality patient services <input type="checkbox"/> Being an excellent employer <input type="checkbox"/> Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Noting 	
	Decisions to be taken: <p>The meeting is invited to:</p> <ul style="list-style-type: none"> • Note the outcome of the Asylum service inspection and express thanks to the staff for their hard work • Note the ongoing developments in relation to CQC. 	

1.0 Purpose:

- 1.1 The purpose of the paper is to update the Board on the outcome of the recent inspection of the Asylum Service and the ongoing developments in relation to the CQC inspection regime for providers at scale.

2.0 Asylum Service:

- 2.1 The July inspection of the Asylum Service had resulted in a 'Good' outcome in all 5 CQC domains. The report noted the significant improvements in the service and is appended for information.

3.0 Developments in relation to Primary Care

- 3.1 As previously reported, CQC contacted UC24 requesting a meeting to discuss the inspection of providers at scale. MS and HL met with them. The purpose of the conversation was to gain an understanding of UC24 as a provider at scale in Sefton, alongside a number of other similar scale providers in the region in order to develop a new methodology for inspection of such providers. At the meeting UC24 offered to pilot a new system.
- 3.2 In light of this work CQC took the decision to postpone the inspection for Crosby and to test the inspection of 'Well Led' and other central functions in a one day visit in October which will then be followed by practice

based visits. It is expected that the visits to the first 5 practices will have been completed by the end of 2018.

3.3 Alongside this, a further meeting is scheduled for 4 October to continue the discussion on methodology.

4.0 Extended Access

- 4.1** During the bid process the question of CQC registration for Extended Access services was raised. The CQC regulation system requires 'regulated activities' and locations to be registered rather than contracts or specific services.
- 4.2** The Extended Access services sit within the Integrated Urgent Care SDU of which Stacey Shields is the Registered Manager. Stacey is already registered for all regulated activities covered by the services, however there is a question about whether the locations need to be registered or whether they will be treated in the same way as the Out of Hours locations and not separately registered as the services are controlled from HQ.
- 4.3** Similar issues arise in relation to Primary Care Streaming services and therefore a question to this effect has been put to CQC and will also be discussed at the 4 October meeting.

5.0 Recommendations:

The meeting is invited to:

- Note the outcome of the Asylum service inspection and express thanks to the staff for their hard work
- Note the ongoing developments in relation to CQC.

Title: Quality and Workforce Committee report	Meeting Date: 3 October 2018	Agenda item no: 10.1
Prepared and presented by: Dr Paula Grey	Discussed by: Quality and Workforce Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on matters discussed at the Quality and Workforce Committee meeting held on Wednesday 19 September 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1 The Committee noted with satisfaction the "Good" CQC report on the Asylum service.
- 2.2 The Committee noted that the Management of Change had come to a close with minimal loss of staff and hours. A grievance had been lodged by some staff and was being dealt with according to the policy.
- 2.3 The Committee noted the risks connected with the Extended Access services, particularly around recruitment and payment.

2.4 The Committee thanked Helena Leyden for her hard work within this Committee during the last three and a half years.

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: Finance and Performance Committee report	Meeting Date: 3 October 2018	Agenda item no: 10.2
Prepared and presented by: Paul Cummins	Discussed by: Finance and Performance Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications: Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on matters discussed at the Finance and Performance Committee meeting held on Wednesday 19 September 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1 The Committee noted high level of compliance with KPI requirements for the OOH service.
- 2.2 The Committee noted the continuing financial difficulties in the Sefton primary care practices.
- 2.3 The Committee noted the challenges encountered during the mobilisation phase for the St Helens Extended Access service which was due to go live on 1 October on a reduced service provision basis. There had been a number of delays, in particular in the areas of IT and data sharing which had affected the mobilisation plan.

2.4 The Committee also noted the position in relation to the Liverpool service and the ongoing recruitment work which was also challenging.

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: Audit Committee report	Meeting Date: 3 October 2018	Agenda item no: 10.3
Prepared and presented by: Kathryn Foreman	Discussed by: Finance and Performance Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board of matters discussed at the Audit Committee meeting held on 26 September 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1 The meeting noted that HC had reviewed the Audit Tracker in detail with regard to the finance recommendations. The recommendations on purchasing and payroll were summarised as falling under three blocks of work:

- Major payroll and terms & conditions review
- E-Financials and E-procurement which were now being progressed through training and the examination of external support or out-sourcing options
- A programme of documenting procedure notes which was underway.

- 2.2 The Committee noted that answering recommendations from internal audit had not been a priority during mobilisation but encouraged JW to make further requests and to seek support if required.
- 2.3 The Committee was informed that the next major internal audit would be on pension processing as there had been some queries from staff.
- 2.4 The report into purchasing processes in the Sefton practices would be presented to Leadership Team and then to the following meeting of the Committee.
- 2.5 HC and MS had given a short presentation on developing the committee's work and profile.

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.