PRIMARY CARE 24 (MERSEYSIDE) BOARD MEETING (OPEN)

DATE:	**31 January 2019**
TIME:	**11.00am**
VENUE:	**The Boyd Room (Large Conference Room)**
DISTRIBUTION:	**All Board members & attendees**
BOARD MEMBERS:	STEVE HAWKINS (Chair), PAULA GREY, DR MARY RYAN, JAY CARR, KATHRYN FOREMAN, PAUL CUMMINS, HELEDD COOPER, PAUL KAVANAGH-FIELDS, DR. SANDRA OELBAUM
IN ATTENDANCE:	MARGARET SWINSON, COMPANY SECRETARY

AGENDA

				Pages
1.	Chair's Welcome, apologies for absence and opening comments			Verbal
2.	New declarations of interest		MS	Verbal
3.	Patient Story: Carol Rogers		CR	Verbal
4.	Minutes of the meeting held on 29 November 2018			1 – 7
5.	Matters arising, action list progress and Corporate Risk Register			8 Risk register to follow
6.	**Chair and Non-Executives' Report**			
	6.1	Chair's Report	SH	Verbal
7.	**Chief Executive**			
	7.1	Chief Executive's Report	MR	9 – 10
8.	**Performance**			
	8.1	Integrated Performance Report	Executive Team	11 – 21
9.	**Strategy**			
	9.1	None for open meeting		
10.	**Governance**			
	10.1	Policy Governance	MS	22 – 23
	10.2	CQC Inspections and Provider at Scale Pilot update	MS	24 – 25

11. Committee Reports

11.1	Quality & Workforce 23 January 2019	PG	26 – 27
11.2	Finance & Performance 23 January 2019	PC	28
11.3	Audit Committee 19 December 2019	KF	29 – 30

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:	**28 March 2019**
Time:	**10am**
Venue:	**Urgent Care 24 Board Room**

Board Meeting:	Open Session
Venue:	Conference Room, PC24
Date:	29th November 2018
Time:	10.00am

Attendees:	**Apologies:**	**Date of Next Meeting:**
Executives (EDs) Dr Mary Ryan (MR) – *Chief Executive V* Jay Carr (JC) – *Director of Service Delivery V* Sandra Oelbaum (SO) – *Interim Medical Director V* Heledd Cooper (HC) - *Director of Finance V* Susan Westbury (SW) – *Interim Associate Director of HR* Paul Kavanagh-Fields (PKF) – *Director of Nursing* **Non-Executive Directors (NEDs)** Steve Hawkins – (SH) *Chair* Paul Cummins (PC) - V Paula Grey (PG) – *V* Kathryn Foreman (KF) - *V* **In attendance:** Margaret Swinson (MS) – *Company Secretary* Christine Day – *Notetaker* *V indicates a voting member of the Board*	None	**31 January 2019**

Item		**Action**
1.	**Chair's Welcome, apologies for absence and opening comments** The Chair thanked everybody for attending and for the warm welcome he had received. He particularly welcomed Susan Westbury as interim Associate Director of HR and Stacey Shields (Head of Integrated Urgent Care) who was attending to present the Patient Story. He stated he had 2 rules, the first being to enjoy the meeting and the second was a fine of £5 if a mobile phone rang.	
2.	**New declarations of interest** There were no Declarations of Interest to note.	
3.	**Patient Story** SS presented a Patient Story relating to the new Extended Access Service in Liverpool which went live on 1st October. She informed the meeting that the service had been well received, evidenced by the receipt of 7 compliments so far. She then described the journey of one patient who had contacted their own GP practice due to sore, red and swollen eyes but was offered an appointment a week later. The patient called again seeking an earlier appointment and, as there were none available so he was put into Extended Access for a same day appointment. The Patient was assessed via a telephone triage and referred to St. Pauls Eye Clinic for a same day to rule out cellulitis. The GPs diagnosis was confirmed	

	as correct and the patient was prescribed the appropriate medication. The compliment that was thanked the GP and the organisation for prompt and appropriate care. The general theme of the compliments related to the responsiveness and the excellent service patients had received. All compliments had been fed back to the staff concerned and SS stated she felt the staff continued to do a great job for such a new service. MS commented that each time she was around the Call Centre area when the EA was operating, it was encouraging to hear the GP end of the triage conversation and how patient and considerate they were. The Chair thanked SS for the Patient Story and she left the meeting.	
4.	**Minutes of the meeting held on 3rd October 2018** The minutes were agreed.	
5.	**Matters arising and Action Log progress** **Action Point 1 Contact to be made with CQC with regard to sharing UC24 experiences of PCS:** On the agenda. **Action Point 2 – Update on the Efficiency Programme:** This had been incorporated into the IPR.	
6.	**Chair's and Non-Executives' Report** **6.1 Chair's Report** The Chair commented that the staff had spoken appreciatively about the Executive team, which was commendable. He reported on his visits to sites, and highlighted a conversation with a GP in Knowsley about his life in Sierra Leone. He noted there there were some amazing people working in the organisation and sensed in spite of the change, there was a core staff who were highly committed to the organisation and its success. He suggested consideration of long service awards to mark that commitment. The Board: • Noted the Chair's report.	
7.	**Chief Executive's Report** **7.1 Chief Executives Report** MR presented her report to the Board. She reported: • Thanks to everyone for attending the AMM • That, following formal agreement of the name change at the AMM, final approval had recently been received so the organisation could now adopt the new company name of Primary Care 24 (Merseyside) Ltd. • That an informal 'well led' inspection from the CQC had taken place in October and had gone well. This was part of the development of a new methodology for inspection of providers at scale by the CQC and they were grateful to us for being part of the pilot. • That the GP practice inspections are revealing a mixed picture of achievement as had been expected and the Sefton Team continued to work hard to ensure each practice was as ready as possible the CQC visits. Inspections would be completed prior to Christmas and draft reports were being published by CQC as they were finalised.	

	• That Extended Access Services for Liverpool and St Helens went live on 1st October. Thanks to JC and the team, the mobilisation had been trouble free and highly effective with the services now up, running and delivering well. • That Alison Hughes, Associate Director of HR left in October and Susan Westbury had been undertaking the role on an interim basis 3 days a week. A review of HR capacity and requirements was underway and the Board would be updated on the options and outcomes in due course. • On the plan to appoint to the vacant Medical Director role on December 5th and extended thanks to Dr Sandra Oelbaum for her work while Interim MD. • A Sefton recovery plan was underway in relation to the ongoing financial issues and PC24 was working with the NHS Transformation Unit. • On her meeting with Tony Leo (NHSE), Jan Leonard (South Sefton CCG), Dwayne Johnson (Sefton LA), Fiona Lemmens (Liverpool CCG) and Jan Ledward (Liverpool CCG) at which our plans for 2018/19 had been outlined and our commitment to contribute positively to the urgent and primary care services had been reinforced. This had been greeted with enthusiasm. • On a Primary Care Resilience Meeting she attended in Lancaster and advised the Board that facilitator would be an excellent invitee for our Start of the Year event in 2019. • that the Executive Team had attended an away day in November which had been highly effective and was subject of a later item on the agenda. The Board: • Noted the CEO Report.	
8.	**Performance** MR introduced this section of the meeting the purpose being to discuss the performance, operations, finance, quality and a review of the workforce status. KF thanked MS for providing the corporate risk register prior to the IPR as it contextualised the IPR. She asked if individuals speaking to the report could address their specific risks as this would incorporate the Chair's point about IR35. There were 3 risks on the register, the first was for JC relating to fulfilment of GP Rotas, the second was for HC on the IR35 and MR herself had a wide risk on reconfiguration of UC24. None of the risks crossed the threshold for reporting but she felt it important for setting context. **8.1 Integrated Performance Report** **Service Delivery –** JC reported a steady performance for September and October. There was slight movement but nothing exceptional. JC addressed the areas of non-compliance (red): • Calls answered within 60 seconds: a small fall in performance had led to non compliance with the call answering target. He informed the Board that this was due to some operational staff vacancies performance was less than 1% below the partial compliance target. • less urgent DCA (Telephone Triage). There had been some clinical shift cancellations at weekends during October against September leading to resource pressure. The other areas of non-compliance are of less concern and related to Primary Care Streaming Services.	

Alder Hey Shift Fulfilment – Although red, there had been significant improvement during October with shift fulfilment increasing by 20+%. Conversations were taking place with AH regarding the introduction of a different model to improve this but nothing had yet been agreed so PC24 was still providing the GPs for the service.

The Royal – Shift fulfilment had dropped due to one of the regular GPs resigning.

Extended Access – Utilisation rate of all available appointments for Liverpool during October was 42%, the forecast was almost 60% for November. JC had previously made the Board aware of the mobilisation issues with St Helens, however, utilisation rates for October were 32% increasing to 47% in November. St Helens was now a fully live service using EMIS and operating from 3 sites. Full implementation was a month later than the original target.

The risk of failure to fill shifts was constant with all IUC services services. ANP use had increased slightly for Urgent Care services and was now up to 14% for Out of Hours. A new pay rate had been introduced for OOH and EA which should improve provision.

The question of use on Sundays and the general level of public awareness of the service was raised. JC explained that traditionally Sunday was a quiet day across the UK but use might increase as there were plans for NHSE to advertise the service as part of their wider winter campaign.

Finance

The financial position for the year to date was £11k deficit which was an improvement. The main reasons were the Extended Access contracts which were not absorbing the level of overhead expected. There had also been slippage in getting the service up and running so there was an additional positive contribution from Extended Access at the present time.

PC24 had also received, as additional income, an inflationary increase to our OOH APMS Contract in October and also a secondary inflation receipt for the Sefton practices. The impact of these factors had significantly changed the financial position, moving the expected outturn from deficit to, hopefully, break even.

This did not resolve the underlying overspend in Sefton of £404k to date. Without further action, the forecast would be an estimated £800k overspend in the Sefton Practices, without allocating any corporate overheads. It is quite significant but we are clear on our services and where they are generating oncome and where not so we are looking to deal with these in isolation.

IR35 remained a risk. Mastercall had an HMRC ruling to the effect that their staff who had been treated as self-employed should have employment status which triggered IR35. Mastercall would be challenging this decision. The status of GP associates in PC24 had been reviewed internally with the conclusion that they were self-employed, however HC had requested an external view. The PC24 contract stipulates everything required for self-employment status so it should be possible to challenge any ruling to the contrary, though there had been recent communication that after a focus on public sector organisations, HMRC were turning their attention to private sector in the forthcoming financial year. Commissioners had been made aware of this corporate risk.

HC informed the Board that PC24 would, after recent testing, be implementing e-banking.

Quality

PKF advised the Board there were 23 complaints open in Datix as at the end of October. Two compliments had been received in September and 10 in October. All complaints had been acknowledged within 3 days.

	Work was ongoing to develop the Governance Team from its current transaction al focus to providing expert advice to services so that complaints could be appropriately handled at a service level. **Workforce** Staff turnover was 16% against a target of 20%. This reflected the full outworking of the cessation of the NHS111 service. Appraisal compliance was reported as 33%. Discussions on the reporting of appraisals were ongoing at Quality & Workforce Committee. Compliance with the appraisal process should be reported on a rolling 12 monthly basis and it was likely that actual compliance was not being fully reported. Mandatory training compliance had been consistent throughout the 12 months and was at 88%, just below the 95% target. The reporting and reminder systems for training were being reviewed by the new training manager. The review of Terms and Conditions was underway and was a very substantial piece of work. Maternity leave and pay was being reviewed as a matter of urgency. SW highlighted the organisation's vulnerability around payroll administration due to responsibility resting primarily with one individual. The reporting of accurate sickness absence data remained problematic. Absences were being managed on a case by case basis by the relevant service managers but as an organisation no benchmarking or assurance data was available. SW explained that a meeting was being arranged with RotaMaster. The Board: • Noted performance for September and October 2018 • Took assurance that the necessary actions are being taken • Noted that Extended Access would be reported in the January IPR	
9.	**Strategy** **9.1 Strategic Plan** MR reported on the Executive Team Strategy Meeting which had taken place on 8th November and provided summary notes for information to the Board, The notes included the following, emphasising the need to communicate positively, regularly and effectively: • mission statement • High level broad objectives for the next few years with a responsible director allocated The outline would be further developed through a session arranged for the whole Board and then the development of the full plan which would be presented to Board in due course. KF highlighted the emphasis on consolidation in first objective and hoped this could be adhered to throughout the year. The Board: • Noted the content of the document and look forward to the Board session and Strategic Plan in due course.	

10	**Governance** **10.1 Rules and Trading Name** The Board formally noted that the Financial Conduct Authority had approved the change of name. The Rules were returned with some queries but it was hoped that these could be cleared by the end of the week and resubmitted. The Board: • Noted the agreement of the FCA to the change of name • Noted the update with regard to the Rules. **10.2 CQC Update and Provider at Scale Pilot** **Extended Access:** During the mobilisation process Commissioners had questioned whether Extended Access needed to be separately registered with CQC. This had been raised with CQC by MS and it was noted that services were not registered, particular activities were registered. CQC confirmed that the current registrations were appropriate and consistent with the position of other providers. **Primary Care Streaming:** A similar question had been raised in respect of Primary Care Streaming following discussion at the UHUK conference about the level of risk attached to this service. CQC confirmed that these services were also appropriately covered by the current registrations. **Provider at Scale Pilot:** CQC had visited for a day to undertake an informal 'well led' review as the first stage in the pilot project and would then be followed by the formal practice inspections. The practice inspection reports would be produced in the usual manner and a 'well led' report would also be presented in the New Year. This was for PC24 only and would not be published. There would be opportunity for feedback to CQC on the pilot and its impact on the organisation. The Board: • Noted the ongoing work on the Provider at Scale pilot • Was assured that the appropriate registrations were in place for Extended Access and Primary Care Streaming **10.3 Policies for Approval** Three 3 policies were presented to the Board for approval: • Policy for Policy Management: Agreed. • Anti-Fraud, Bribery and Corruption Strategy and Policy: Agreed. • Gifts and Hospitality Policy: The Board requested that consideration of the ethical position of organisations should be reflected in the policy para 5.7.3. HC suggested adding a sentence to say that the ethical values of the organisation would be considered when decisions were made. The Board: • Approved the policies with the amendments to Gifts and Hospitality as above.	

11.	**Committee Reports** **11.1 Quality & Workforce** PG presented the report highlighting: • The Committee's concern that there was no GP Safeguarding lead in the organisation currently but noting that PKF and SO were covering this in the interim and that this was a risk. PKF explained that the matter was being followed up and a possible lead had been identified. A further update would be provided in January. • the fitness for purpose of both the Datix and RotaMaster systems continued to be a concern. SW advised that the HR team had undertaken a review of their issues and the service managers would be undertaking a similar exercise prior to the escalation of the concerns to RotaMaster. The Board: • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting. • Look forward to receiving the update on Safeguarding at the next Board meeting. **11.2 Finance and Performance Committee Report** PC reported that the main issues from the meeting had been discussed during the earlier parts of the agenda and emphasised the financial challenge in Sefton. The Board: • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting.	
12.	**Any Other Business** There being no other business, the meeting concluded.	

Date of next meeting: 31st January 2019

Time: **10am**

Venue: **PC24 Conference Room**

Open Section Action Points and Report back dates from UC24 Board Meeting 1 December 2018

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	29.11.18 Item 9.1	Session for NEDs and Execs to be arranged to take the strategy discussion further	MS/MR	Asap	Meeting held 23.1.19
2.	29.11.18 Item 10.2	GP Safeguarding lead: Further progress report on the appointment of a GP safeguarding lead to be reported to January meeting	PKF	January Board	The role description has been developed and forwarded to the potential Lead. There may be a further update by the meeting on Thursday.

Title:	Meeting Date:	Agenda item no:
Chief Executive's report	30th January 2019	7.1
Prepared and presented by: Dr Mary Ryan	**Discussed by:**	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ☐ Assurance ☐ Decision ☐ Discussion ✓ Noting	
	Decisions to be taken: The meeting is invited to: • note the Chief Executive's Report.	

1.0 Purpose

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

2.0 Matters for report

2.1 Since Board last met, we have seen the impact of winter and the Christmas bank holiday period on the out of hour's service in particular. We saw significant pressure in this area, requiring several escalations to commissioners. The teams, including Executives, performed very well and much hard work was done over the period. We continue to monitor the winter pressures situation.

2.2 In November, I was asked to join the Leadership group for the 3rd sector, reporting into the Liverpool Provider Alliance. This is a welcome entry for us to Social Enterprise and 3rd sector groups in the city and the work has contributed effectively to the Provider Alliance. I will continue to represent our interests at this group and to expand our engagement with other SEs in Liverpool.

2.3 In December, we officially appointed Dr Sandra Oelbaum as Medical Director for PC24. We welcome her formal appointment to this role and wish her well.

2.4 Since last Board, I have met with Anita Marsland – the new Chair of the Sefton Transformation Board and established our interest in staying close to this work.

2.5 The NHS transformation Unit are just completing their final draft of the Sefton Transformation Plan and this will be shared once available. We have commissioned the TU to provide ongoing Project Management Officer support and this individual will start immediately.

We will also be gathering a Sefton Implementation Board shortly. This will include representation from local stakeholders as well as PC24 team members.

2.6 The Director of Finance and I met with Tony Leo, our commissioner from NHS England in relation to funding of our Sefton Practices. The meeting was positive and they will look favourably on a request for top-up funding.

2.7 Liverpool CCG have started running 'conversations' with the public around re-configuration of Urgent Care in the city. The MD and I have attended some of these and they have been helpful in understanding the community view of Urgent Care.

2.8 I have also met with Sarah Thwaites, CEO of Healthwatch Liverpool, to explore how we can capture the patient voice more effectively in our services. They are hoping to undertake a review of the Extended Access service soon and will be in touch to develop this.

2.9 Finally, I have had an introductory meeting with Martin Farran, the newly appointed Director of Adult Social Care & Health at Liverpool City Council. He is keen to work in partnership with PC24 and we will reconnect on this shortly.

3.0 Recommendations

The meeting is invited to:

Note the Chief Executive's report.

Title:	Meeting Date:	Agenda Item No:
Integrated Performance Report	31st January 2019	8.1
Prepared and presented by: Presented by Dr Mary Ryan (CEO) Prepared by Executive Directors	**Discussed by:** Executive Directors	
Link to PC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Note performance for November and December 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 November and December 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 November and December 2018
- Receive assurance that the necessary actions are being taken.

Service Delivery	App. ref	Target	YTD (from Apr)	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Trend	January-19 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	92.8%	93.3%	94.5%	92.3%	94.0%	95.4%	94.5%	94.5%	96.4%	90.3%	89.1%	92.3%	88.3%		91.2%	IUC001
OOH NQR 9 - Urgent DCA 20mins	1	95%	93.6%	94.5%	91.9%	92.4%	92.2%	95.0%	94.3%	94.6%	94.9%	97.4%	94.1%	94.2%	92.7%		87.7%	IUC002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	87.3%	78.1%	86.6%	76.7%	82.8%	92.2%	93.9%	88.5%	92.4%	93.8%	89.8%	83.7%	68.9%		70.8%	IUC003
OOH NQR 12 - Home Visits - Total	1	95%	91.1%	87.1%	91.6%	87.4%	93.8%	94.5%	94.0%	90.7%	92.9%	95.2%	92.5%	90.0%	76.6%		81.3%	IUC004
OOH NQR 12 - UCCs - Total	1	95%	99.4%	99.4%	99.7%	99.2%	99.2%	99.3%	99.8%	99.8%	99.9%	99.4%	99.5%	99.3%	98.1%		98.6%	
OOH activity	1	n/a	52,522	6,511	5,310	6,507	5,835	6,034	5,465	5,294	5,247	5,528	5,584	5,681	7,854		6,902	
Alder Hey Primary Care Streaming - appointment utilisation	2	50%	55.7%	61.1%	56.6%	70.0%	64.5%	56.2%	51.8%	52.9%	41.0%	52.3%	57.7%	71.0%	54.4%		61.0%	
Alder Hey Primary Care Streaming - average consultation length	2	15mins	15:04	15:20	15:08	14:46	14:55	15:48	14:43	15:16	14:14	15:00	16:09	14:01	15:34		15:14	IUC005
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	59.6%	50.6%	57.7%	53.8%	45.2%	74.3%	55.1%	60.9%	46.2%	43.8%	67.1%	77.7%	66.4%		70.4%	IUC006
Aintree Primary Care Streaming - appointment utilisation	3	50%	37.0%	38.3%	43.4%	48.8%	38.7%	33.7%	35.5%	45.7%	36.9%	36.4%	36.3%	34.9%	35.1%		35.4%	IUC007
Aintree Primary Care Streaming - average consultation length	3	15mins	17:38	18:36	19:31	18:17	17:34	17:35	18:56	16:54	16:43	21:23	16:27	16:45	16:27		16:33	IUC008
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	81.0%	86.0%	92.0%	95.5%	81.6%	83.5%	65.5%	70.4%	68.4%	87.5%	91.6%	91.6%	89.1%		90.8%	IUC009
RLUH Primary Care Streaming - appointment utilisation	4	50%	53.1%	45.5%	68.5%	57.9%	51.1%	46.4%	48.0%	57.0%	49.2%	58.8%	54.3%	56.9%	56.3%		55.8%	
RLUH Primary Care Streaming - average consultation length	4	15mins	19:05	17:56	16:19	16:52	19:06	20:43	19:37	18:59	19:23	17:57	20:05	17:38	18:17		18:40	IUC010
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	82.5%	95.8%	83.4%	79.1%	82.0%	69.9%	78.4%	85.8%	76.9%	93.9%	83.1%	91.0%	81.1%		85.1%	IUC011
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	99.4%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	97.1%	99.4%	99.1%		99%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.4%	98.3%	99.3%	98.2%	98.2%	98.5%	97.8%	99.0%	98.1%	97.8%	98.8%	99.2%	98.1%		99%	
Intermediate Care Service - consistent medical provision	6	90%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	97.2%		91%	
Liverpool Extended Access - utilisation rate of available appointments	7		57.8%										42.9%	58.0%	72.6%		86%	
Liverpool Extended Access - DNA rate of booked appointments	7		8.4%										9.3%	8.4%	7.4%		6%	
Liverpool Extended Access - Clinical rota shift fulfilment	7		82%										77%	86%	82%		82%	
St Helens Extended Access - utilisation rate of available appointments	7		48.1%										32.4%	43.6%	68.3%		77%	
St Helens Extended Access - DNA rate of booked appointments	7		9.5%										6.3%	9.1%	13.2%		12%	
St Helens Extended Access - Clinical rota shift fulfilment	7		71%										87%	75%	50%		71%	
Primary and Community Services																		
Asylum practice - number of arrivals in month (EMIS reporting from Apr 2018)	8	n/a	3,843	367	316	372	348	298	361	453	457	418	533	531	444		503	
Finance																		
Budget variance (£000's)	9	0	-131	416	41	146	Month 1 not reported	-20	-19	-65	-80	-51	73	-7	39		10	FIN001
Revenue surplus position (£000's) (Year end forecast)	9	801	254	322	9	147	Month 1 not reported	2	-8	-54	-97	-47	194	109	155		120	FIN001
Sefton practices LES/DES income	9	430	279	108	1	251	Month 1 not reported	66	8	61	4	38	62	14	25		35	
Total cash (£000's) (Year End forecast)	10	1,000	1,000	384	985	1,212	1,079	733	1,009	923	1,360	978	1,156	955	1,245		1,000	
Efficiency programme vs target	11	95%	100%	100%	100%	100%	Month 1 not reported	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Better Payment Practice Code		95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Quality and Patient Safety																		
Friends and Family - likely / extremely likely to recommend (includes paper surveys at Knowsley in-hours services from June 2018)	12	85%	88.6%	85.9%	89.1%	86.8%	88.2%	88.1%	89.7%	89.4%	92.5%	89.4%	85.7%	88.3%	86.5%		86%	
Compliments received in month	12	n/a	29	6	1	0	1	2	1	1	3	2	10	8	1		6	
Complaints received in month	13	n/a	59	6	6	9	6	7	5	7	10	6	11	2	5		6	
Complaints not resolved within 25 working days	12		55	5	6	6	6	4	2	7	9	3	10	9	5		8	
Incidents recorded in month	12	n/a	679	73	59	77	84	61	63	79	72	66	86	87	81		85	
Safeguarding incidents recorded	12	n/a	17	1	0	1	1	0	2	0	1	1	4	4	4		4	
Workforce																		
Sickness rate	14	5% annually	Data not available	Reliable data not yet available from RotaMaster													Reliable data not yet available	
Staff turnover rate	14	20% annually	18.5%	26.4%	26.3%	26.3%	23.5%	21.8%	21.2%	20.0%	16.6%	15.2%	16.0%	17.2%	15.5%		16%	
Mandatory training compliance (employed staff only)	14	95%	87.3%	97.2%	85.3%	85.8%	85.9%	87.2%	86.8%	87.7%	86.3%	87.7%	88.9%	88.2%	Not supplied		88%	
Appraisal compliance	14	95%	26.0%	89.3%	90.3%	87.6%	2.3%	3.8%	25.7%	31.9%	32.2%	33.8%	34.0%	35.5%	34.5%		35%	WOR001

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial and non-compliance against NQR 8 - Calls answered within 60 secs	Improved performance in November - partial compliance linked to operational staffing vacancies and sickness absence. Vacancies increased in December linked to resignations related to pay rates. Activity increased by 38% compared to November 2018 and 8% compared to December 2017.	Associate Director of Service Delivery	Feb-19
IUC002	Partial compliance against NQR 9 - Urgent DCA	Consistent performance in November and only slight deterioration in December despite increased activity.	Associate Director of Service Delivery	Feb-19
IUC003	Non-compliance against NQR 9 - Less urgent DCA	Slight deterioration in November due to expected winter pressures. Performance in December due to increased activity and prioritisation of urgent cases.	Associate Director of Service Delivery	Feb-19
IUC004	Partial and non-compliance against NQR 12 - Home visits	See IUC003. Urgent cases prioritised over Less urgent.	Associate Director of Service Delivery	Feb-19
IUC005	Full and partial compliance against Alder Hey Primary Care Streaming average consultation length	Slight deterioration in December. This will be discussed as part of Monthly PCS meetings held with secondary care.	Associate Director of Service Delivery	Feb-19
IUC006	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	Some improvement in fill rates in November. Difficulties filling shifts in December compounded by lack of enhanced rates when compared to other services. Two GPs have been recruited for service and will start in the coming weeks.	Associate Director of Service Delivery	Feb-19
IUC007	Non-compliance against Aintree Primary Care Streaming appointment utilisation	Outside of PC24 control. Working with Trust to identify potential improvements.	Associate Director of Service Delivery	Feb-19
IUC008	Partial compliance against Aintree Primary Care Streaming average consultation length	Better than average consultation times when compared to YTD.	Associate Director of Service Delivery	Feb-19
IUC009	Partial and non-compliance against Aintree Primary Care Streaming shift fulfilment rate	Fulfilment rate remains high. Slight deterioration in December linked to increased competition from other services.	Associate Director of Service Delivery	Feb-19
IUC010	Partial and non-compliance against The Royal Primary Care Streaming average consultation length	See IUC 005	Associate Director of Service Delivery	Feb-19
IUC011	Partial and non-compliance against The Royal Primary Care Streaming shift fulfilment rate	Good performance in November. Deterioration in December due to resignation of regular GP.	Associate Director of Service Delivery	Feb-19
FIN001	Negative Variance against plan for year to date budget position.	The year to date position at the end of month 9 is a surplus of £254k, against a planned surplus of £371k, therefore reporting a variance against plan of £118k. Sefton Practices are reporting a YTD deficit of £532k (excluding any allocation of overheads). The in-month position is reporting a deficit of £79k. In relation to pay costs there is a £380k overspend year to date, in-month overspend £37k.	Head of Finance	Ongoing
WOR001	Non-compliance against PC24 appraisal target	Current data is calculated by appraisals completed in financial year. The target figure is based upon compliance over 12 months. There are also some other concerns re data quality. These issues will be reviewed.	Associate Director of HR	Feb-19

IPR Narrative report - 2018/19 as at Month 9 (December)		
Service Delivery	Integrated Urgent Care	● OOH: overall performance was good for November despite increased activity across Urgent & Emergency Care occuring earlier than expected. December activity significantly increased particularly at weekends and over Christmas period. Rota fill was comparable to last year with additional hours sourced where possible.
		● OOH: full utilisation of ANPs and Extended Access Services expected to support service delivery pressures. Competing priorities for GPs causing additional service pressure. Workforce plans are in development to support MDT working.
		● Extended Access: both Liverpool and St Helens services now on EMIS, service utilisation continues to increase month on month. Skill mix development continues to be explored across both services.
	Primary and Community Services	● Asylum practice: NHSE have advised that PC24 will be commissioned to continue the Asylum Service for 12 months from 1 April 2019 pending a decision on the longer term future of the service. The LJMU Quality Impact Assessment is in its final draft and will be presented to Executive Team for discussion within the next month.
		● Asylum practice: Activity increased remained high in November but decreased in December. PC24 have been made aware that Serco are using accommodation in Manchester; activity is being monitored to determine whether or not this impacts on service provision.
		● Sefton GP practices: Cover of clinical sessions remains high at 93%. The number of sessions covered by Salaried/Associate staff is increasing steadily and two additional salaried GPs commence work in the next 6 weeks.
		● Sefton GP practices: The high rate of agency usage continues to cause significant financial pressure. However the expectation of locum GPs has been made clear to agencies and locum staff and this should improve efficiency. Furthermore the rotas for clinical staff will be managed by the PC24 rota team from 1 February 2019 which will allow greater overview and scrutiny, and offer flexibility to move resources across the practices.
		● Sefton GP practices: The Sefton Stabilisation meeting continues on a fortnightly basis. The Transformation Unit have completed their initial work and a draft report has been shared the with Executive Team.
Finance		● The year to date position at the end of month 9 is a surplus of £254k, against a planned surplus of £371k, therefore reporting a variance against plan of £118k. The in-month position is reporting a surplus of £155k which is £39k ahead of plan. ● Sefton Practices are reporting a YTD deficit of £532k (excluding any allocation of overheads). The in-month position is reporting a deficit of £79k. Income from the Local Quality Contract and Enhanced Services is behind plan by £45k YTD. Excluding income received which relates to the 17/18 year, the Sefton YTD loss stands at £652k. In relation to pay costs there is a £380k overspend year to date, in-month overspend £37k. 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 £154k year to date (full year £206k). ● OOHs is reporting a YTD surplus of £387k (including overheads), which is £100k better than plan. The in-month position reported a deficit of £0k, which was £43k behind the plan. Clinical pay overspend was £276k YTD, in-month there was a £97k overspend. Income from primary care streaming activity is ahead of plan by £9k this month. Pressures in the GP workforce continue to result in significant agency requirements. Operational underspends are helping to offset the clinical pressure. The in-month position has benefited from additional income of £42k in relation to the higher inflation uplift applied to the OOH contracts. ● Liverpool EAS and St Helens EAS have made a YTD contribution (before overheads) of £479k and £52k respectively. In-month their contribution was £224k and £17k respectively. The in-month result includes additional income of £75k in relation to the Liverpool EAS contract (for Oct-Dec). Liverpool CCG advised that the income for the first 6 months of the contract should have been higher to reflect set up costs (income beyond the initial period will be lower as a consequence). ● Cash balances at month 9 were £1,245m. ● Achieving the overall efficiency target is on track as a result of income from new business (Liverpool & St Helens Extended Access Services commenced in October 2018).
Quality		● At the end of December 2018 there were 13 open complaints in Datix ● There were 8 compliments received in November 2018 and 1 compliment received in December 2018
Workforce		● A review of terms and conditions of service is due to commence for completion in Q4 18/19
		● Consideration to be given to the development of a comprehensive Workforce / Org Development strategy and plan

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template

Reporting time period: Saturday 01/12/18 08:00 - Tuesday 01/01/19 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	7854	7838	0	16	99.8%
2	NQR 8	<0.1% calls engaged	2514	2514		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	2514	2470		44	1.8%
4	NQR 8	Calls answered <60 seconds	2414	2131		283	88.3%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0	
6	NQR 9	Urgent cases DCA <20 minutes	1308	1123	90	95	92.7%
7	NQR 9	All other cases DCA <60 minutes	4404	2764	269	1371	68.9%
8	LQR 1	NHS 111 6 hour priority <6 hours	1581	1203	97	281	82.2%
9	LQR 2	Repeat prescription requests <6 hours	22	16	0	6	72.7%
a		*Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)*	*7315*				
b		*Total cases requiring action (6)+(7)+(8)+(9)*	*7315*				
		Following priority determined by Definitive Clinical Assessment (DCA)					
10	NQR 12	UCC Emergency <1 hour	0	0	0	0	
11	NQR 12	UCC Urgent <2 hours	445	416	10	19	95.7%
12	NQR 12	UCC Less urgent <6 hours	1738	1708	8	22	98.7%
c	*Total*	*Urgent Care Centre cases*	*2183*	*2124*	*18*	*41*	*98.1%*
13	LQR 3	Telephone Advice Emergency <1 hour	39	32	2	5	87.2%
14	LQR 3	Telephone Advice Urgent <2 hours	472	425	14	33	93.0%
15	LQR 3	Telephone Advice Less Urgent <6 hours	4177	3577	256	344	91.8%
d	*Total*	*Telephone Advice cases*	*4688*	*4034*	*272*	*382*	*91.9%*
16	NQR 12	Home visit Emergency <1 hour	3	3	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	315	276	0	39	87.6%
18	NQR 12	Home visit Less urgent <6 hours	640	455	0	185	71.1%
e	*Total*	*Home Visit cases*	*958*	*734*	*0*	*224*	*76.6%*
f		*Total telephone and face-to-face consultations (c)+(d)+(e)*	*7829*	*6892*	*290*	*647*	

Information section

No Definitive Clinical Assessment (DCA)

19	Cases not requiring DCA; triaged by other clinician	374
20	Patient episode continued, service provided	162
21	Patient episode ended, no service provided	3

Repeat prescription cases outcomes

22	Repeat prescription requests (6 hour advice)	22
23	Repeat prescription requests forwarded to UCC	0
24	Repeat prescription requests forwarded for visit	0

Final case-type totals

25	*Total Ambulance cases*	*0*
26	*Total Telephone Advice cases*	*4688*
27	*Total UCC attendances*	*2183*
28	*Total Home Visits*	*958*
29	*Total Repeat prescription requests*	*22*
g	*Total cases completed (=a+19+20+21)*	*7854*

Referrals to secondary care

30	Hospital referred (referred for admission / advised A&E)	686

Compliance levels

31		**Fully compliant (95-100%) - except ref 2 & 5**
32		**Partially compliant (90-94.9%) - except ref 2 & 5**
33		**Non-compliant (89.9% and under) - except ref 2 & 5**

Comments:

Urgent Care Centres

Emergency	1 hour total	Pat. choice	Compliant	% result
Aintree	0	0	0	
Garston	0	0	0	
Huyton	0	0	0	
Kirkby	0	0	0	
Old Swan	0	0	0	
Runcorn	0	0	0	
The Royal	0	0	0	
Widnes	0	0	0	
Total	**0**	**0**	**0**	
Urgent	**2 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	24	1	23	100.0%
Garston	59	2	53	93.2%
Huyton	44	2	40	95.5%
Kirkby	10	0	10	100.0%
Old Swan	165	1	157	95.8%
Runcorn	96	0	92	95.8%
The Royal	24	3	20	95.8%
Widnes	23	1	21	95.7%
Total	**445**	**10**	**416**	**95.7%**
Less urgent	**6 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	182	1	179	98.9%
Garston	234	0	234	100.0%
Huyton	157	1	155	99.4%
Kirkby	69	1	67	98.6%
Old Swan	602	4	585	97.8%
Runcorn	311	1	306	98.7%
The Royal	76	0	75	98.7%
Widnes	107	0	107	100.0%
Total	**1738**	**8**	**1708**	**98.7%**
Grand total	**2183**	**18**	**2124**	

Template property of Liverpool CCG

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (DF)

App 2 Alder Hey

Month	Potential slots available	Blocked slots	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	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)
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%
Sep-18	930		523	407	213	194	52.3%	2.19	15	7.0%	0	43.8%
Oct-18	961		316	645	372	273	57.7%	2.37	24	6.5%	0	67.1%
Nov-18	930		207	723	513	210	71.0%	2.84	25	4.9%	0	77.7%
Dec-18	966		325	641	349	292	54.4%	2.28	23	6.6%	0	66.4%

Month	Average consultation length (minutes) per month
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
Sep-18	15:00
Oct-18	16:09
Nov-18	14:01
Dec-18	15:34

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)
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%
Sep-18	1080	135	945	344	601	36.4%	1.16	43	12.5%	0	87.5%
Oct-18	1158	97	1061	385	676	36.3%	1.24	50	13.0%	0	91.6%
Nov-18	1116	94	1022	339	683	33.2%	1.10	75	22.1%	0	91.6%
Dec-18	1086	118	968	340	628	35.1%	1.09	55	16.2%	0	89.1%

Month	Average consultation length (minutes) per month
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
Sep-18	21:23
Oct-18	16:27
Nov-18	16:45
Dec-18	16:27

Source: Adastra/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)
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%
Sep-18	824	50	774	455	319	58.8%	1.84	54	11.9%	0	93.9%
Oct-18	892	151	741	402	339	54.3%	1.72	42	10.4%	0	83.1%
Nov-18	824	74	750	398	352	53.1%	1.75	37	9.3%	0	91.0%
Dec-18	852	161	691	389	302	56.3%	1.80	47	12.1%	0	81.1%

Month	Average consultation length (minutes) per month
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
Sep-18	17:57
Oct-18	20:05
Nov-18	17:38
Dec-18	18:17

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

Key Performance Indicators (monthly) – December 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	31	31		(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		0			
	4	Number of compliments received		0			
	5	Number of incidents reported		3			
	6	Number of post event messages sent from Adastra within 24 hours	100%	177	177	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	38	36	0	94.7%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	23	19	2	91.3%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	7	6	1	100.0%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	5	4	0	80.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	109	109	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1353	1151	202	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	213	130	83	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	13	13	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1151	1113	14	97.9%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	130	127	3	100.0%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	0	0	0	
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	4	4	0	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	9	9	0	100.0%
Doctor advice (stand-downs)	11a	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 1 hour (Halton & Knowsley)	95%	0	0	0	
	11b	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 2 hours (Halton & Knowsley)	95%	0	0	0	
	11c	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 6 hours (Halton & Knowsley)	95%	4	4	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
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	158.5	158.5	0	
September 2018 – Knowsley GP Standby	21.5	21.5	0	
				100.0%
October 2018 – Knowsley GP	180.5	180.5	0	
October 2018 – Knowsley GP Standby	26.5	26.5	0	
				100.0%
November 2018 – Knowsley GP	163	163	0	
November 2018 – Knowsley GP Standby	38	35	3	
				98.5%
December 2018 – Knowsley GP	167.5	163.5	4	
December 2018 – Knowsley GP Standby	27	25.5	1.5	
				97.2%
January 2019 – Knowsley GP	185	165	20	
January 2019 – Knowsley GP Standby	41.5	41.5	0	
				91.2%

Source: RotaMaster
Author: Business Intelligence Lead

Title:	Meeting Date:	Agenda item no:
Policy Governance Process	31st January 2019	10.1
Prepared and presented by: Margaret Swinson	**Discussed by:** Executive Directors	
Link to PC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Be assured that the new Policy Group is monitoring progress in relation to the updating of policies.	

1.0 Purpose:

1.1 The purpose of this report is to update the Board on the outworking of the Policy for Policy Management in relation to the updating of PC24's policies.

2.0 Progress Report:

2.1 Following the approval of the Policy for Policy Management in November, the Policy Group has met.

2.2 The group reviewed its role in relation to the approval of policies and the list of current policies and their expiry dates.

2.3 All policies had been RAG rated according to expiry date and were further prioritised by the Group at its meeting. A work schedule is being prepared based on that review.

2.4 A number of policies were already under review and it was anticipated that the first tranche of policies using the new system would be presented the Committees and the Board in March.

2.5 The Policy Group is expected to meet monthly for the foreseeable future due to the extensive schedule of work.

3.0 Recommendations:

The meeting is invited to:

- Be assured that the new Policy Group is monitoring progress in relation to the updating of polcies.

Title:	Meeting Date:	Agenda item no:
CQC update Report	31st January 2019	10.2
Prepared and presented by: Margaret Swinson	**Discussed by:** Executive Directors	
Link to PC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • Note the update in relation to the GP practices • Note the update on the provider at scale pilot.	

1.0 Purpose:

1.1 The purpose of this report is to update the Board on the CQC GP inspections in Sefton and the Provider at Scale pilot.

2.0 Inspections Report:

2.1 The 5 practice inspections were completed in mid-December. Three reports, at the time of writing, had been finalised and the remaining two received in draft. In light of the inspections an action plan had been developed which covered the 'must to' items, the items which were suggested for consideration and other items which had been added from the experience of the team during the visits. Some actions related to several practices and other items were location specific. This action plan would be monitored through the Primary Care SDU.

2.2 Once the last two reports had been finalised there would be recognition across the practices of the work done.

3.0 Provider at Scale

3.1 Two opportunities for feedback had been provided, one a lengthy call with the inspector who had visited all the locations and the second discussion, also by phone, with one of the team overseeing the pilot scheme.

3.2 The discussion with the local inspector had focussed mainly on feedback regarding the practices rather than the detail of the pilot, though this had been touched upon. It was reassuring that a number of areas highlighted by the inspector during the conversation had already been put into action including the recruitment of further salaried GPs and the development of the Governance meeting structure.

3.3 In discussion with the pilot lead MS had raised a number of specific issues, most of which had also been noted by the local inspector. These are summarised below:

- Fortnightly inspections had been a constant pressure through the quarter and had absorbed significant amounts of staff time.
- The Pre-Inspection information included a tranche of documents which were being provided for each inspection rather than just once at the outset (eg policies).
- The spacing of the inspections had not, as had been hoped, enabled actions from the early inspections to be acted upon for the later ones as the pressure had been felt by the inspector too and the reports were not issued quickly enough for such action.
- The 'well led' presentation was given in early October but the final inspections were in mid-December so may well have lost some of that context.
- The 'well led' day agenda prescribed by the pilot was very general and did not enable the inspector to properly inspect the various functions based at HQ, therefore it did not appear to save time on the practice inspection days.
- The inspections were carried out by the same inspector but accompanied by different GP specialist advisors (SpAs) none of whom had seen the inspection and therefore the presentation of the challenges faced in the practices and the strategic direction.
- A longer period of pre-inspection notice and then a more intensive inspection period might enable the same SpAs to be involved in all the inspections thus increasing consistency. This would also allow for the SpA to hear and experience the presentation at the outset.
- Providers at scale were likely to work across a wide geographical area and the matter of conflicts of interest needed to be looked at across all the provider's services not just the particular CCG of the practice location. Any SpA from an area in which the provider delivered services might be an interested party.
- For a provider at scale, the building of a relationship with the CQC inspectorate locally was highly beneficial. This had been done by PC24 prior to the pilot and had enabled CQC to understand, from the outset, the challenges faced. This relationship would be maintained as the service went through the proposed transformation process.

4.0 Recommendations:

The meeting is invited to:

- Note the update in relation to the GP practices
- Note the update on the provider at scale pilot.

Title:	Meeting Date:	Agenda item no:
Quality & Workforce Committee report	31 January 2019	11.1
Prepared and presented by: Paula Grey	**Discussed by:** Quality & Workforce Committee	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting.	

1.0 Purpose:

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

2.0 Matters for Report

2.1 The Committee had received a proposed new dashboard for quality reporting. This was welcomed. It was agreed that this new format should be used to report the data for January and February to the March meeting.

2.2 Constructive plans were in place in relation to both RotaMaster and Datix which aimed to address some of the practical issues and also to improve the supplier/client relationship.

2.3 There was an extensive discussion about clinical audit and leadership. The Committee was advised that the RCGP toolkit remained in place and nothing had yet been identified which offered better. It would therefore continue. The provision of appraisal for those working on the EMIS platform remained a challenge. Some adaptation of the toolkit might

be possible and peer audit possibilities were being considered. The level of complaints did not suggest there was a significant risk at present.

3.0 Recommendations:

The meeting is invited to:

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

Title:	Meeting Date:	Agenda item no:
Finance and Performance Committee report	23.01.2019	11.2
Prepared and presented by: Paul Cummins	**Discussed by:** Finance and Performance Committee	
Link to PC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting.	

1.0 Purpose:

1.1 The purpose of this paper is to advise the Board on matters discussed at the Finance and Performance Committee meeting held on Wednesday 23 January 2019 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report:

2.1 The Committee noted that the main goal of good governance was to ensure that the Board was exposed to fewer surprises and fewer shocks were produced in the system, as well as setting objectives and deadlines that were realistic. The Committee appreciated that the high quality of the performance and finance reports provided a solid framework.

2.2 The Committee noted the improved and really positive financial situation while the end of the financial year was approaching.

3.0 Recommendations:

The meeting is invited to:

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

Title:	Meeting Date:	Agenda item no:
Audit Committee report	31 January 2019	11.3
Prepared and presented by:	**Discussed by:**	
Kathryn Foreman	Audit Committee	
Link to UC24 Values: ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. **CQC Domain References** ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led	**Resource implications:** **Purpose of the report:** ✓ Assurance ☐ Decision ☐ Discussion ✓ Noting **Decisions to be taken:** The meeting is invited to: • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting.	

1.0 Purpose:

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

2.0 Matters for Report

2.1 The Committee noted that a number of projects were being gripped by the team and improvement was evident.

2.2 The Sefton Purchasing report remained in draft and had noted the change in responsibility for the service. The recommendations were not complicated. Management responsibilities were being assigned and comments noted. The Committee noted that the stabilisation process would centralise some processes but might also lengthen some timescales.

2.3 The Committee had been invited to undertake a self-assessment exercise as the first step in the refresh of the work.

2.4 The Committee noted that there was a new process for the development and approval of policies which it commended.

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.