PRIMARY CARE 24 (MERSEYSIDE) BOARD MEETING (OPEN)

DATE:	**28 March 2019**
TIME:	**11.00am**
VENUE:	**The Boyd Room (Large Conference Room)**
DISTRIBUTION:	**All Board members & attendees**
BOARD MEMBERS:	STEVE HAWKINS (Chairman), 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.	Chairman's Welcome, apologies for absence and opening comments			Verbal
2.	New declarations of interest		MS	Verbal
3.	Patient Story:		CR	Verbal
4.	Minutes of the meeting held on 31 January 2019			1-6
5.	Matters arising, action list progress and Corporate Risk Register			7-8
6.	**Chairman and Non-Executives' Report**			
	6.1	Chairman's Report	SH	Verbal
7.	**Chief Executive**			
	7.1	Chief Executive's Report	MR	9-10
	7.2	Migrant Health Campaign	MR	11-12
8.	**Performance**			
	8.1	Integrated Performance Report	Executive Team	13-35
	8.2	Budget Setting	HC	To follow
9.	**Strategy**			
	9.1	None for open meeting		
10.	**Governance**			
	10.1	Policies for approval	MS	36-80
	10.2	Rules and Regulations update	MS	81-85

11. Committee Reports

11.1	Quality & Workforce 20 March 2019	PG	86-87
11.2	Finance & Performance 20 March 2019	PG	88-89

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:	**30 May 2019**
Time:	**10am**
Venue:	**Urgent Care 24 Board Room**

Board Meeting:	Open Session
Venue:	Conference Room, PC24
Date:	31st January 2019
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* 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* *V indicates a voting member of the Board*	None	**28th March 2019**

Item		**Action**
1.	**Chair's Welcome, apologies for absence and opening comments** SH thanked everybody for attending. There were no apologies received.	
2.	**New declarations of interest** There were no new Declarations of Interest to note.	
3.	**Patient Story** PKF explained that the Quality and Governance would be seeking to offer examples of learning from patient stories and that he hoped staff who were not Board members would be given Board exposure through these presentations.	
4.	**Minutes of the meeting held on 29th November 2019** The minutes were agreed as a true and accurate record of the meeting.	
5.	**Matters arising and Action Log progress** **Action Point 1 Strategy Development:** A session had taken place for Non-Executive and Executive directors to continue the development of the strategy**.** **Action Point 2 GP Safeguarding Lead.** The role documentation had been forwarded to a potential GP lead. This would be taken further through a face to face meeting.	

6.	**Chairman's and Non-Executives' Report** **6.1 Chairman's Report** SH reported he had met with Dr Rob Barnett, and invited him to meet with himself and MR at the end of February. He thanked JC for setting up and visiting Halton OOH with him. It had been a good visit and he was encouraged by the staff he met. JC reinforced the importance of visits to the Centres to see the services in operation. The visit had enabled him to feedback information to relating to opening times of adjacent services which had let to changes in activity for PC24 services. SH also reported on his visit to the Asylum Service to meet with Cllr. Paul Brant, the Cabinet Lead for Adult Social Care who meets regularly with PC. The Christmas Party had been a good event and SH thanked everybody, especially MS, for her hard work and effort to make it so successful. He informed the Board that Kathryn Foreman had been reappointed for another 3 years and expressed delight she was to remain in post. The Board: • Noted the Chairman's report.	
7.	**Chief Executive's Report** **7.1 Chief Executives Report** MR presented her report to the Board: • The impact of winter and the Christmas bank holiday period was evident in the out of hours service resulting in significant pressure and requiring escalation to commissioners on more than one occasion. She thanked all the teams, including the Executives, who performed very well maintaining excellent communications. Winter pressures continue to be monitored. • She noted that her membership of the Leadership group for the 3rd Sector, reporting into the Liverpool Provider Alliance had put PC24 in contact with various other Social Enterprise and 3rd sector groups in the city and the work had contributed effectively to the Provider Alliance. She would continue to represent PC24 at this group and to expand our engagement with other SEs in Liverpool. • In December, Dr Sandra Oelbaum had been appointed as Medical Director for PC24. Her appointment to this role was welcomed and the Board wished her well. • She had met with Anita Marsland – the new Chair of the Sefton Transformation Board and established her interest in staying close to this work. • The NHS transformation Unit were completing their final draft of the Sefton Transformation Plan. They had been commissioned to provide ongoing Project Management Officer support and this individual would start immediately. A Sefton Implementation Board would be established to bring together PC24 and local stakeholders to engage with the transformation process. • HC and MR met with Tony Leo, NHS England in relation to further transformation funding for the Sefton Practices. The meeting had been positive. • Liverpool CCG had launched a series of 'conversations' with the public around re-configuration of Urgent Care in the city. MR and SO had attended some of these and they had been helpful in understanding the community view of Urgent Care.	

	• MR had met with Sarah Thwaites, CEO of Healthwatch Liverpool, to explore how the patient voice can be reflected more effectively in PC24 services. Healthwatch were due to undertake some work into the Extended Access service and would be in touch with regard to. • MR had met with with Martin Farran, the newly appointed Director of Adult Social Care & Health at Liverpool City Council who was keen to work in partnership with PC24. KF noted that it had been a while since she had visited any of the services and SH explained that he was arranging to meet with NEDs to discuss their roles and objectives. JC explained that the next stage from the 'conversation events' MR had attended was a series of Co-Design Events and that PC24 would be contributing to these as fully as possible. MS would circulate the dates so that NEDs could attend as part of the PC24 team. The Board: • Noted the CEO Report.	
8.	**Performance** **8.1 Integrated Performance Report** **Operations:** JC reported the main risk for operations is the breaches and areas of non-compliance which had been examined in detail at the Finance & Performance Committee. Commissioners understand that in the Winter period particularly, there are likely to be breaches of NQR targets. They receive a monthly report and PC24's internal process provides for a Clinical Lead to risk assess the breaches over 1 hour. Timescales for the review had been challenging and the risk assessment process was subject to review at present in order to focus attention on the highest risk cases and hospital admissions. **Extended Access Service** JC explained that there was an opportunity to get more out of the Extended Access Service through working collaboratively with the Out of Hours Service. This was being worked on as there were IT and people issues to which mitigated against a more integrated approach at present. **Out of Hours:** JC informed the Board he had been contacted by North West Urgent Care Commissioners regarding the Out of Hours service. This was probably the initiation of the re-procurement process. The future model was yet to be determined but might apply for triage and call handling over a larger geographical footprint with local face to face contact. PC24 was taking all opportunities to engage with the process and to shape future services. **Finance** HC reported an improvement in the financial position for the year to date with the current position showing surplus. The Extended Access had contributed to the support of overheads but some of that contribution related to posts which were likely to be filled in due course alongside some further infrastructure development. The likely outturn was now a surplus. Some further investment in services and infrastructure was likely to take place before the end of the year. The Finance Team were seeking to protect income for the coming financial year. **Quality** PKF advised the Board there were 13 complaints open in Datix at the end of December. It had been a struggle to meet the 25 day target when clinical resource was stretched.	

	The feedback from users of PC24 services remained strong with 75-92% of patients who access our services either highly likely to recommend or likely to recommend PC24 to friends and family. **Workforce** HC informed the Board that data quality was slowly improving and the team were working with both Service Providers, RotaMaster and the payroll processors to continue the improvement. The major work on Terms and Conditions of employment was underway. She informed the Board the Associate Director of HR application window was due to close and a number of strong candidates had already submitted applications. The Board: • Noted performance for November and December 2018 • Took assurance that the necessary actions are being taken in respect of risks.	
9.	**Strategy** None for the open meeting	
10	**Governance** **10.1 Policy Governance** The Board received a report outlining the new policy process and were advised that new and updated policies were expected to be presented in March. The Board: • Noted the report and took assurance that the New Policy Group is monitoring progress in relation to the existing policies. **10.2 CQC Update and Provider at Scale Pilot** The final two GP practice CQC reports had been received in draft but were not final. The 'well led' report had not yet been received. Two detailed and lengthy telephone conversations had taken place regarding the pilot process. The first was with the lead inspector for Sefton and focussed on the practice reports. The second was with a member of the team overseeing the pilot nationally. This was an opportunity for reflection and feedback on the process. Most of the PC24 feedback was echoed by the lead inspector. The Board: • Noted the written update in relation to the GP Practices • Noted the update on the provider at scale pilot. **10.3 Policies for Approval** None.	
11.	**Committee Reports** **11.1 Quality & Workforce**	

PG presented the report highlighting:

- The committee had received a proposed new dashboard for quality reporting. It was agreed this would be trialled for January and February with the report being presented to the March meeting.

- 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.

- 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.

The Board:

- Was assured that the Committee was giving due scrutiny to the information presented to it;
- noted the main issues from the meeting.

11.2 Finance and Performance Committee Report

PC reported that 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 for this approach.

The Committee noted the improved and positive financial situation.

The Board:

- Was assured that the Committee was giving due scrutiny to the information presented to it
- Noted the main issues from the meeting.

11.3 Audit Committee

KF reported the Audit Committee had met on 19th December. The Committee had benefitted from the strategic direction being offered by HC.

She went on to report that:

- The Committee noted that a number of projects were being gripped by the team and improvement was evident.
- 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.
- The Committee had been invited to undertake a self-assessment exercise as the first step in the refresh of the work.
- The Committee noted that there was a new process for the development and approval of policies which it commended.

	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: 28th March 2019

Time: **10am**

Venue: **The Boyd Room at PC24**

Open Section Action Points and Report back dates from UC24 Board Meeting 1 February 2019

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	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	Update March	GP has accepted the role and now in post
2.	31.01.19 Item 7.1	MS to circulate information re Co-Design Events to NEDs	MS	Asap	Done, KF attended and PG attending 3 April 2019

Title	Ref	Local Risk Register	Handler	Description	Consequence (initial)	Likelihood (initial)	Rating (initial)	Controls	Consequence (current)	Likelihood (current)	Rating (current)	Gaps in controls	Level of assurance	Opened	Review date
Risk Type: Corporate Risk															
OOH	CR17	IUC	Dir SD	Fulfilmnent of GP rotas for all services not acheivable	Major	Possible	12	Robust rota management by IUC & PCS teams to enusre rotas filled Ongoing recruitment of GPs Focus on multidisiplinary working in all areas, where possible State back indemity will start April 2019 Review of all agency contracts to ensure they are robust underway	Major	Unlikely	8	Lack of GPs nationally continue to impact Continued agency usage risks last minute cancellations	Medium / High	27/04/2017	Reviewed 19/03//2019
Finance	CR23	Corporate risk	DoF	Potential impact of IR35 inclusion of Associate workforce could lead to significant financial pressure on UC24	Major	Possible	12	Staying close to local decision making for England / OOH providers	Major	Possible	12	HMRC have yet to make a decision on England though some nearby providers have been incorporated into IR35	Low	22/11/2018	Reviewed 19/03/2019
Corporate	CR31	Corporate risk	CEO	Re-configuration of Urgent Care services across C&M could lead to loss of business and / or independence for PC24	Major	Possible	12	Present at Provider Alliance, which is likely to be delivery method of choice Continued relationship building with Merseycare Visiable in Urgent Care space Attending co-design events via CCG	Major	Possible	12	No specification yet issued for new configuration	Medium	23/11/2018	Reviewed 19/03/2019
Corporate	CR33	Corporate risk	CEO	Creation of Primary Care Networks and moves towards preferential contract allocation to them may impact on current PC24 business, potential to bid for work and finanical stability	Major	Possible	12	Medical Director has become Clinical Director of a PCN, allowing intelligence and decisions to be commicated early. Ongoing monitoring of NHSE / I communication relating to Networks.	Major	Possible	12	Creation of networks embryonic, personnel unclear and structures notyet defined. Clinical Direxctoers not yet appointed in everal networks, making communications difficult	Medium	08/03/2019	New

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 in January, we have seen an easing up of activity within all our services. However, it is worth noting that OOH and Asylum are both busier than the last 2 years. Extended Access and GP streaming - our newer services – are running well.

2.2 Work is continuing in both the Liverpool and Sefton Provider Alliance groups. I have attended both over the last 2 months. Plans are starting to be developed around joint commissioning by Health and Social Care in some areas and providers will be expected to work collaboratively to respond to this new style of contracting.

2.3 Liverpool CCG have been running both 'public conversations' and 'co-design events' over January & February and PC24 have been well represented at both. These events are being used to inform the shape of future Urgent Care commissioning in the North Mersey footprint and so are vital to several of our currently delivered services.

2.4 Jay Carr, Director of Service Delivery, and I met in early February with the CEO and Director of Operations at Merseycare to discuss the possibility of working together to inform the commissioning of Urgent Treatment Centres. They were extremely keen to

do this and recognised that our organisations would be looking to deliver much of the work in UTCs. We will keep Board informed of developments in this area.

2.5 The NHS transformation Unit have completed their final draft of the Sefton Transformation Plan and this has been shared with Board members. We are now working with the TU on the Sefton Implementation Group and the first meeting of the Sefton Implementation Board will take place in April. The membership of this Board has now been finalised and it will be chaired by Cllr. Paul Cummins.

2.6 Following last Board, when I reported that Anita Marsland – Chair of the wider Sefton Transformation Board – and I had met, she attended one of our Implementation Group meetings to see it in action for herself. Anita expressed delight at what she saw and reaffirmed her intention to have us keep her Board updated on progress in Sefton.

2.7 I have also had an opportunity since last Board to meet with Prof Sarah O'Brien – Chief Officer at St Helens' CCG and also Strategic Director at St Helen's Council. Sarah reported that she had been impressed with PC24's delivery of the Extended Access contract in St Helens' She was keen to explore further opportunities for us in the area and more conversations are planned.

2.8 The Director of Finance and I met again with Tony Leo, our commissioner from NHS England in relation to funding of our Sefton Practices. The meeting was less positive than previously and he plans to now involve South Sefton CCG in discussions. We still await confirmation of financial support.

2.9 An opportunity has arisen to bid for 4 APMS practices in Liverpool. A group was interviewed last week and the result may be available for this meeting.

2.10 Finally, the Board will be aware of the untimely death of a member of our staff – Dr Rebecca Marsden. We express our condolences to her son, Harry and her family. Work continues across the organisation to support staff following this tragedy.

3.0 Recommendations

The meeting is invited to:

- note the Chief Executive's report.

Title:	Meeting Date:	Agenda item no:
Migrant Health Campaign	28 March 2019	7.2
Prepared and presented by: Dr Mary Ryan	**Discussed by:**	
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: • Discuss the proposal and consider joining the campaign.	

1.0 Background

1.1 There is a campaign at the Royal Liverpool University Hospital gathering support which is calling for the suspension of healthcare charges for migrant patients.

1.2 Under the terms of the Immigration Act (2014), NHS Hospitals are obliged to identify migrant patients and charge them up to 150% of the usual costs of their care.

1.3 In October 2017 a requirement was introduced for charging to occur upfront, before treatment is received. Although there are exemptions for certain kinds of migrants and conditions, these regulations are frequently misunderstood, both by managers and by migrants themselves, resulting in people being charged inappropriately, and in a general climate of fear amongst migrants about seeking healthcare.

1.4 Hospitals are passing migrant patients' data to the Home Office, and in turn to Immigration Enforcement and Debt recovery agencies.

1.5 A group of staff at the Royal Liverpool University Hospital has formed, united by concerns about this policy and its effects.

1.6 They state:

1. *We believe it is irreconcilable with our personal values and our professional duty to treat all patients fairly and without discrimination, regardless of their ability to pay.*

2. *We believe that turning clerical and clinical members of staff into an extension of the UK border force seriously undermines trust in the health service and distracts from our role as health care professionals.*

3. *We believe that the regulations target a highly vulnerable population, with damaging effects on individual and public health. There is growing evidence of the harm and distress caused by this policy, however we are concerned that the true economic, public health and personal healthcare effects have not yet been properly evaluated.*

4. *We believe that economic arguments in favour of charging migrants are flawed, because the financial gain from charging destitute migrants is outweighed by the economic and public health consequences of patients presenting later with more advanced disease, and with greater potential for the transmission of infectious diseases.*

2.0 Proposal

2.1 These concerns have led the Royal College of Physicians, the Royal College of Paediatrics & Child Health, The Royal College of Obstetrics and Gynaecology, and the Faculty of Public Health to issue a joint statement calling on the government to suspend healthcare charges for migrants.

2.2 Concerns have also been expressed by the Equality and Human Rights Commission, and Public Health England have advised the Health Select Committee that data sharing with the Home Office by NHS providers, presents a risk to public health (see pages 18-23).

2.3 A recent survey of opinion amongst doctors at the Royal elicited responses from over 200 doctors, approximately 90% of whom expressed opposition to the policy and agreed that it should be suspended. Many respondents cited concerns that had arisen during the course of their own work.

2.4 The group is campaigning for healthcare charging of migrants to be suspended, and for Sections 38 and 39 of the Immigration Act (2014) to be repealed. Until this occurs, they are calling on the Royal Liverpool University Hospital to make a public statement acknowledging the concerns of its staff and supporting the Royal Colleges' call to suspend charging, and to take immediate interim measures to reduce harm to vulnerable individuals.

2.5 Given the association between Primary Care 24 and the medical care of refugees and asylum seekers, we propose that PC24 join this campaign and express our support for the staff at the Royal Liverpool Hospital

3.0 Recommendations:

The meeting is invited to:

- Discuss the proposal and consider joining the campaign.

PrimaryCare:24

<table>
<tr><td>Title:
Integrated Performance Report</td><td>Meeting Date:
28th March 2019</td><td>Agenda item no:
8.1</td></tr>
<tr><td>Prepared and presented by:
Presented by Dr Mary Ryan (CEO)
Prepared by Executive Directors</td><td colspan="2">Discussed by:
Executive Directors</td></tr>
<tr><td rowspan="3">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</td><td colspan="2">Resource implications:</td></tr>
<tr><td colspan="2">Purpose of the report:

✓ Assurance
☐ Decision
☐ Discussion
✓ Noting</td></tr>
<tr><td colspan="2">Decisions to be taken:

The meeting is invited to:

• Note performance for January and February 2019
• To receive assurance that the necessary actions are being taken.</td></tr>
</table>

1.0 Purpose:

1.1 The purpose of this report is to update the Board with the performance across the organisation for the months of January and February 2019.

1.2 The Board is also hereby advised that the consequences of a 'no deal' Brexit in relation to staffing have been reviewed by the Executive Team as requested by the CCG. The Director of Service Delivery is taking the lead on this matter.

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 January and February 2019
- Note that the consequences of a 'no deal' Brexit have been considered
- Receive assurance that the necessary actions are being taken.

Service Delivery	App. ref	Target	YTD (from Apr)	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend	March-19 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	92.6%	92.3%	94.0%	95.4%	94.5%	94.5%	96.4%	90.3%	89.1%	92.3%	88.3%	91.7%	92.1%		95.8%	IUC001
OOH NQR 9 - Urgent DCA 20mins	1	95%	93.3%	92.4%	92.2%	95.0%	94.3%	94.6%	94.9%	97.4%	94.1%	94.2%	92.7%	91.5%	93.0%		93.2%	IUC002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	85.7%	76.7%	82.8%	92.2%	93.9%	88.5%	92.4%	93.8%	89.8%	83.7%	68.9%	75.5%	81.4%		86.2%	IUC003
OOH NQR 12 - Home Visits - Total	1	95%	90.1%	87.4%	93.8%	94.5%	94.0%	90.7%	92.9%	95.2%	92.5%	90.0%	76.6%	81.2%	89.6%		92.7%	IUC004
OOH NQR 12 - UCCs - Total	1	95%	99.4%	99.2%	99.2%	99.3%	99.8%	99.8%	99.9%	99.4%	99.5%	99.3%	98.1%	99.3%	99.6%		99.5%	
OOH activity	1	n/a	65,173	6,507	5,835	6,034	5,465	5,294	5,247	5,528	5,584	5,681	7,854	6,633	6,018		6,573	
Alder Hey Primary Care Streaming - appointment utilisation	2	50%	57.3%	70.0%	64.5%	56.2%	51.8%	52.9%	41.0%	52.3%	57.7%	71.0%	54.4%	64.5%	64.1%		61.0%	
Alder Hey Primary Care Streaming - average consultation length	2	15mins	15:09	14:46	14:55	15:48	14:43	15:16	14:14	15:00	16:09	14:01	15:34	14:42	16:26		15:34	IUC005
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	61.6%	53.8%	45.2%	74.3%	55.1%	60.9%	46.2%	43.8%	67.1%	77.7%	66.4%	70.9%	70.3%		69.2%	IUC006
Aintree Primary Care Streaming - appointment utilisation	3	50%	37.3%	48.8%	38.7%	33.7%	35.5%	45.7%	36.9%	36.4%	36.3%	34.9%	35.1%	37.7%	39.3%		37.4%	IUC007
Aintree Primary Care Streaming - average consultation length	3	15mins	17:25	18:17	17:34	17:35	18:56	16:54	16:43	21:23	16:27	16:45	16:27	16:02	16:58		16:29	IUC008
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	82.9%	95.5%	81.6%	83.5%	65.5%	70.4%	68.4%	87.5%	91.6%	91.6%	89.1%	93.9%	88.3%		90.4%	IUC009
RLUH Primary Care Streaming - appointment utilisation	4	50%	53.7%	57.9%	51.1%	46.4%	48.0%	57.0%	49.2%	58.8%	54.3%	56.9%	56.3%	57.5%	55.0%		56.3%	
RLUH Primary Care Streaming - average consultation length	4	15mins	18:59	16:52	19:06	20:43	19:37	18:59	19:23	17:57	20:05	17:38	18:17	18:42	18:24		18:27	IUC010
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	83.5%	79.1%	82.0%	69.9%	78.4%	85.8%	76.9%	93.9%	83.1%	91.0%	81.1%	84.5%	91.4%		85.7%	IUC011
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	99.5%	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	97.1%	99.4%	99.1%	100.0%	99.1%		99%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.4%	98.2%	98.2%	98.5%	97.8%	99.0%	98.1%	97.8%	98.8%	99.2%	98.1%	98.6%	98.8%		99%	
Intermediate Care Service - consistent medical provision	6	90%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	97.2%	91.0%	100.0%		100%	
Liverpool Extended Access - utilisation rate of available appointments	7		65.3%								42.9%	58.0%	72.6%	77.5%	75.7%		63%	
Liverpool Extended Access - DNA rate of booked appointments	7		8.6%								9.3%	8.4%	7.4%	8.9%	9.1%		6%	
Liverpool Extended Access - Clinical rota shift fulfilment	7		83%								77%	86%	82%	76%	92%		83%	
St Helens Extended Access - utilisation rate of available appointments	7		59.7%								32.4%	43.6%	68.3%	78.3%	75.8%		69%	
St Helens Extended Access - DNA rate of booked appointments	7		11.3%								6.3%	9.1%	13.2%	13.0%	15.0%		14%	
St Helens Extended Access - Clinical rota shift fulfilment	7		72%								87%	75%	50%	78%	70%		66%	
Primary and Community Services																		
Asylum practice - number of arrivals in month (EMIS reporting from Apr 2018)	8	n/a	4,789	372	348	298	361	453	457	418	533	531	444	494	452		463	
Finance																		
Budget variance (£000's)	9	0	-47	146	Month 1 not reported	-20	-19	-65	-80	-51	73	-7	39	31	52		10	FIN001
Revenue surplus position (£000's) (Year end forecast)	9	801	570	147	Month 1 not reported	2	-8	-54	-97	-47	194	109	155	147	169		120	FIN001
Sefton practices LES/DES income	9	430	392	251	Month 1 not reported	66	8	61	4	38	62	14	25	89	24		39	
Total cash (£000's) (Year End forecast)	10	1,000	948	1,212	1,079	733	1,009	923	1,360	978	1,156	955	1,245	766	948		1,000	
Efficiency programme vs target	11	95%	100%	100%	Month 1 not reported	100%	100%	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%	88.5%	86.8%	88.2%	88.1%	89.7%	89.4%	92.5%	89.4%	85.7%	88.3%	86.5%	89.4%	85.8%		86%	
Compliments received in month	12	n/a	33	0	1	2	1	1	3	2	10	8	1	1	3		2	
Complaints received in month	13	n/a	75	9	6	7	5	7	10	6	11	2	5	10	6		7	
Complaints not resolved within 25 working days	12		79	6	6	4	2	7	9	3	10	9	5	17	7		10	
Incidents recorded in month	12	n/a	834	77	84	61	63	79	72	66	86	87	81	90	65		79	
Safeguarding incidents recorded	12	n/a	32	1	1	0	2	0	1	1	4	4	4	6	9		6	
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	17.9%	26.3%	23.5%	21.8%	21.2%	20.0%	16.6%	15.2%	16.0%	17.2%	15.5%	14.8%	15.4%		15%	
Mandatory training compliance (employed staff only)	14	95%	87.3%	85.8%	85.9%	87.2%	86.8%	87.7%	86.3%	87.7%	88.9%	88.2%	Not supplied	Not supplied	Not supplied		88%	
Appraisal compliance	14	95%	29.0%	87.6%	2.3%	3.8%	25.7%	31.9%	32.2%	33.8%	34.0%	35.5%	34.5%	32.0%	53.1%		55%	WOR001

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial compliance against NQR 8 - Calls answered within 60 secs	Improved performance comparable with YTD average. . Activity remains high but reduced from January. Some operational vacancies remain. A recent recruitment drive was successful with a number of appointments made	Associate Director of Service Delivery	May 2019
IUC002	Partial compliance against NQR 9 - Urgent DCA	Improved performance comparable with YTD average. . Activity remains high but reduced from January. Challenges remain at weekends. The service has experienced increased pressure on Monday night and a review of activity is underway from the Service Manager to consider if any changes are required.	Associate Director of Service Delivery	May 2019
IUC003	Non-compliance against NQR 9 - Less urgent DCA	Improved performance. Urgent cases prioritised. This NQR has proved challenging throughout the year. Review of overall activity and profile to be undertaken.	Associate Director of Service Delivery	June 2019
IUC004	Non-compliance against NQR 12 - Home visits	High levels of activity. Urgent and Emergency visits prioritised. Pressure from non-urgent visits.	Associate Director of Service Delivery	May 2019
IUC005	Full and partial compliance against Alder Hey Primary Care Streaming average consultation length	Consultation length determined by complexity of patient. Current SOP related to PCS referrals under re	Associate Director of Service Delivery	May 2019
IUC006	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	Shift fulfilment stable at 70%. Continued use of MDT clinicians. Salaried GP appointed with special interest in PCS and will work with each Trust to identify areas of improvement.	Associate Director of Service Delivery	June 2019
IUC007	Non-compliance against Aintree Primary Care Streaming appointment utilisation	Low utilisation rates continue. No attendance at monthly governance meeting to discuss. Review of service requested but meeting cancelled by Aintree.	Associate Director of Service Delivery	June 2019
IUC008	Partial compliance against Aintree Primary Care Streaming average consultation length	Consultation rates remain relatively stable. No attendance at monthly governance meeting to discuss.	Associate Director of Service Delivery	June 2019
IUC009	Partial and non-compliance against Aintree Primary Care Streaming shift fulfilment rate	Fill rate consistently around 90%. No attendance at monthly governance meeting to discuss. Review of service requested but meeting cancelled by Aintree. Salaried GP appointed with special interest in PCS and will work with each Trust to identify areas of improvement.	Associate Director of Service Delivery	June 2019
IUC010	Non-compliance against The Royal Primary Care Streaming average consultation length	Remains challenging due to complexity of patients referred to PCS service, reflective of increased acuity	Associate Director of Service Delivery	June 2019
IUC011	Non- and partial compliance against The Royal Primary Care Streaming shift fulfilment rate	Strong performance – over 90%. Some operational issues impacting on fill rate e.g. car parking. Option	Associate Director of Service Delivery	June 2019
FIN001	Negative Variance against plan for year to date budget position.	The year to date position at the end of month 11 is a surplus of £570k, against a planned surplus of £604k, therefore reporting a variance against plan of £34k. The in-month position is reporting a surplus of £169k which is £52k ahead of plan. Sefton Practices are reporting a YTD deficit of £633k (excluding any allocation of overheads). The in-month position is reporting a deficit of £42k. Income from the Local Quality Contract and Enhanced Services is behind plan by £3k YTD. Excluding income received which relates to the 17/18 year, the Sefton YTD loss stands at £753k. In relation to pay costs there is a £441k overspend year to date, in-month underspend £4k. 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 £189k year to date (full year £206k). OOHs is reporting a YTD surplus of £347k (including overheads), which is £25k behind plan. The in-month position reported a surplus of £3k, which was £39k behind the plan. Clinical pay overspend was £415k YTD, in-month there was a £46k overspend. Income from primary care streaming activity is ahead of plan by £12k this month. Pressures in the GP workforce continue to result in significant agency requirements. Operational underspends are helping to offset the clinical pressure.	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 regarding data quality. These issues will be reviewed once the incoming Associate Director of HR commences employment in May 2019 and will also form part of the wider Organisational Development strategy	Associate Director of HR	Q2 19/20

IPR Narrative report - 2018/19 as at Month 11 (February)		
Service Delivery	Integrated Urgent Care	● OOH: overall performance improved in February as activity levels reduced in comparison to January. Activity levels remain high and are 13% higher than February 2018. This has been reflected across November 18 to February 19 when compared to the same period last year.
		● OOH: Overall rota fill rates have improved. Agency GP hours have reduced to below 40% which is the lowest rate for 6 months. ANP cover remains stable.
		● Extended Access: Liverpool shift fulfilment has improved to 92%. Utilisation remains stable at 75%. DNA rates are stable at 9%. St Helens shift fulfilment remains challenging due to lack of co-operation from local GPs. DNA rates have deteriorated. Both services are monitored on a monthly basis by Commissioners with specific issues discussed and actions identified for improvement.
	Primary and Community Services	● Asylum practice: Activity increased by 15% in February compared to January, with DNA rates also reducing month on month.
		● Sefton GP practices: Cover of clinical sessions reduced throughout February due to sickness within the Salaried GP team and a number of short notice cancellations, which have been addressed with the relevant . The number of sessions covered by Salaried/Associate staff continues to increase with a further 2 salaried GPs recruited due to start in the coming months.
		● Sefton GP practices: The Sefton Stabilisation meeting has now concluded, followed by the commencement of the Sefton Implementation Group which continues to meet on a fortnightly basis. The project plan has been developed and leads assigned for each project stream.
Finance		● The year to date position at the end of month 11 is a surplus of £570k, against a planned surplus of £604k, therefore reporting a variance against plan of £34k. The in-month position is reporting a surplus of £169k which is £52k ahead of plan. ● Sefton Practices are reporting a YTD deficit of £633k (excluding any allocation of overheads). The in-month position is reporting a deficit of £42k. Income from the Local Quality Contract and Enhanced Services is behind plan by £3k YTD. Excluding income received which relates to the 17/18 year, the Sefton YTD loss stands at £753k. In relation to pay costs there is a £441k overspend year to date, in-month underspend £4k. 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 £189k year to date (full year £206k). ● OOHs is reporting a YTD surplus of £347k (including overheads), which is £25k behind plan. The in-month position reported a surplus of £3k, which was £39k behind the plan. Clinical pay overspend was £415k YTD, in-month there was a £46k overspend. Income from primary care streaming activity is ahead of plan by £12k this month. Pressures in the GP workforce continue to result in significant agency requirements. Operational underspends are helping to offset the clinical pressure. ● Liverpool EA and St Helens EA have made a YTD contribution (before overheads) of £917k and £215k respectively. In-month their contribution was £203k and £66k respectively. The in-month result includes additional income of £25k in relation to the Liverpool EA contract variation for the first 6 months (income beyond the initial period will be lower as a consequence). ● Cash balances at month 11 were £949k. ● 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 February 2019 there were 12 open complaints in Datix ● There was 1 compliment received in January 2019 and 3 compliments received in February 2019
Workforce		● The review of terms and conditions of service is now expected to be completed in Q1 of 2019/2020 once the incoming Associate Director of HR is on-boarded
		● Consideration to be given to the development of a comprehensive Workforce / Organisation Development strategy and plan. This will be recommenced once the new Associate Director of HR and HR Manager are on-boarded.
		● Appraisal figures have improved and the reason for this has been identified as an improvement in the reporting from Sefton, where many reports have been added to Rota Master retrospectively

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template

Reporting time period: 01/02/19 18:30 - 01/03/19 07:59 - Halton, Knowsley & Liverpool CCGs

Ref	NQR / LQR	Target description	Total volume	Compliant	Patient choice	Non-compliant	% compliance
1	NQR 2	Case details sent by 8am	6018	5988	0	30	99.5%
2	NQR 8	<0.1% calls engaged	1795	1795		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	1795	1762		33	1.8%
4	NQR 8	Calls answered <60 seconds	1714	1578		136	92.1%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	1	0	0	1	0.0%
6	NQR 9	Urgent cases DCA <20 minutes	1015	867	77	71	93.0%
7	NQR 9	All other cases DCA <60 minutes	3357	2528	203	626	81.4%
8	LQR 1	NHS 111 6 hour priority <6 hours	1171	1015	43	113	90.4%
9	LQR 2	Repeat prescription requests <6 hours	15	14	1	0	100.0%
a		***Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)***	***5559***				
b		***Total cases requiring action (6)+(7)+(8)+(9)***	***5558***				
		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	393	381	6	6	98.5%
12	NQR 12	UCC Less urgent <6 hours	1456	1454	0	2	99.9%
c	***Total***	***Urgent Care Centre cases***	***1850***	***1836***	***6***	***8***	***99.6%***
13	LQR 3	Telephone Advice Emergency <1 hour	26	25	0	1	96.2%
14	LQR 3	Telephone Advice Urgent <2 hours	401	365	15	21	94.8%
15	LQR 3	Telephone Advice Less Urgent <6 hours	3083	2846	135	102	96.7%
d	***Total***	***Telephone Advice cases***	***3510***	***3236***	***150***	***124***	***96.5%***
16	NQR 12	Home visit Emergency <1 hour	3	3	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	211	194	1	16	92.4%
18	NQR 12	Home visit Less urgent <6 hours	428	377	0	51	88.1%
e	***Total***	***Home Visit cases***	***642***	***574***	***1***	***67***	***89.6%***
f		***Total telephone and face-to-face consultations (c)+(d)+(e)***	***6002***	***5646***	***157***	***199***	

Information section

No Definitive Clinical Assessment (DCA)

19	Cases not requiring DCA; triaged by other clinician	334
20	Patient episode continued, service provided	124
21	Patient episode ended, no service provided	1

Repeat prescription cases outcomes

22	Repeat prescription requests (6 hour advice)	14
23	Repeat prescription requests forwarded to UCC	1
24	Repeat prescription requests forwarded for visit	0

Final case-type totals

25	***Total Ambulance cases***	***1***
26	***Total Telephone Advice cases***	***3510***
27	***Total UCC attendances***	***1850***
28	***Total Home Visits***	***642***
29	***Total Repeat prescription requests***	***14***
g	***Total cases completed (=a+19+20+21)***	**6018**

Referrals to secondary care

30	Hospital referred (referred for admission / advised A&E)	585

Compliance levels

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

Comments:

Urgent Care Centres

Emergency	**1 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	0	0	0	
Garston	0	0	0	
Huyton	0	0	0	
Kirkby	0	0	0	
Old Swan	0	0	0	
Runcorn	1	0	1	100.0%
The Royal	0	0	0	
Widnes	0	0	0	
Total	**1**	**0**	**1**	**100.0%**
Urgent	**2 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	23	1	20	91.3%
Garston	52	0	50	96.2%
Huyton	56	0	55	98.2%
Kirkby	5	0	5	100.0%
Old Swan	121	3	118	100.0%
Runcorn	86	2	83	98.8%
The Royal	17	0	17	100.0%
Widnes	33	0	33	100.0%
Total	**393**	**6**	**381**	**98.5%**
Less urgent	**6 hour total**	**Pat. choice**	**Compliant**	**% result**
Aintree	149	0	149	100.0%
Garston	214	0	214	100.0%
Huyton	140	0	140	100.0%
Kirkby	65	0	65	100.0%
Old Swan	485	0	484	99.8%
Runcorn	259	0	259	100.0%
The Royal	71	0	70	98.6%
Widnes	73	0	73	100.0%
Total	**1456**	**0**	**1454**	**99.9%**
Grand total	**1850**	**6**	**1836**	

Template property of Liverpool CCG

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (DF) / Business Intelligence Lead

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)
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%
Jan-19	961		280	681	439	242	64.5%	2.70	14	3.2%	0	70.9%
Feb-19	868		258	610	391	219	64.1%	2.70	22	5.6%	0	70.3%

Month	Average consultation length (minutes) per month
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
Jan-19	14:42
Feb-19	16:26

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)
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%
Jan-19	1140	70	1070	403	667	37.7%	1.24	80	19.9%	0	93.9%
Feb-19	1032	121	911	358	553	39.3%	1.29	47	13.1%	0	88.3%

Month	Average consultation length (minutes) per month
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
Jan-19	16:02
Feb-19	16:58

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)
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%
Jan-19	904	140	764	439	325	57.5%	1.85	43	9.8%	0	84.5%
Feb-19	776	67	709	390	319	55.0%	1.85	28	7.2%	0	91.4%

Month	Average consultation length (minutes) per month
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
Jan-19	18:42
Feb-19	18:24

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

App 5 Knowsley PCS

Key Performance Indicators (monthly) – February 2019 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	4	3		75.0% (compliance calculated using responses of Extremely Likely and Likely)
	2	Clinical audit of 3% of clinical consultations	As per OOH contract				
	3	Number of complaints received					
	4	Number of compliments received					
	5	Number of incidents reported					
	6	Number of post event messages sent from Adastra within 24 hours	100%	195	194	0	99.5%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	57	55	0	96.5%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	33	22	3	75.8%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	4	4	0	100.0%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	3	3	0	100.0%
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	6	6	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	101	99	1	99.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1242	1079	163	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	224	147	77	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	26	26	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1079	1065	6	99.3%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	147	136	4	95.2%
	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%	6	5	1	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	20	18	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%	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%	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
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	192	172	20	
January 2019 – Knowsley GP Standby	30.5	30.5	0	
				91.0%
February 2019 – Knowsley GP	140	140	0	
February 2019 – Knowsley GP Standby	40	40	0	
				100.0%
March 2019 – Knowsley GP	153	153	0	
March 2019 – Knowsley GP Standby	36	36	0	
				100.0%

Source: RotaMaster
Author: Business Intelligence Lead

App 7 Extended Access

Liverpool Extended Access						
Month	Appts available	Appts booked	Appts DNA'd (incl 'tel not answered')	% of appts booked	% of appts DNA'd	Clinical rota shift fulfilment
Oct-18	3850	1650	153	42.9%	9.3%	77%
Nov-18	4298	2491	210	58.0%	8.4%	86%
Dec-18	3719	2699	199	72.6%	7.4%	82%
Jan-19	3951	3063	273	77.5%	8.9%	76%
Feb-19	4145	3139	285	75.7%	9.1%	92%

St Helens Extended Access						
Month	Appts available	Appts booked	Appts DNA'd	% of appts booked	% of appts DNA'd	Clinical rota shift fulfilment
Oct-18	641	208	13	32.4%	6.3%	87%
Nov-18	807	352	32	43.6%	9.1%	75%
Dec-18	810	553	73	68.3%	13.2%	50%
Jan-19	1064	833	108	78.3%	13.0%	78%
Feb-19	1064	807	121	75.8%	15.0%	70%

Source: RotaMaster / EMIS / Adastra
Author: Business Intelligence Lead / Service Delivery Administrator (LF)

App 8 Asylum practice

	Current year			Previous year			EMIS results
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)	Arrivals (EMIS report)
Mar 18	372	250	33	344	316	94	
Apr 18	338	206	47	248	189	65	348
May 18	284	192	52	360	241	63	298
June 18	359	208	42	371	265	56	361
July 18	460	258	44	403	109	58	453
Aug 18	450	307	53	309	299	27	457
Sep 18	403	177	61	314	318	52	418
Oct 18	517	243	53	341	231	52	533
Nov 18	506	159	73	451	345	67	531
Dec 18	421	108	49	386	144	30	444
Jan 19	426	197	*Not reported*	367	227	47	494
Feb 19	500	265	*Not reported*	316	290	45	452

Source: UC24 Asylum practice Practice Manager / EMIS

Author: Business Intelligence Lead/Primary Care Administrator

App 9 Finance Position

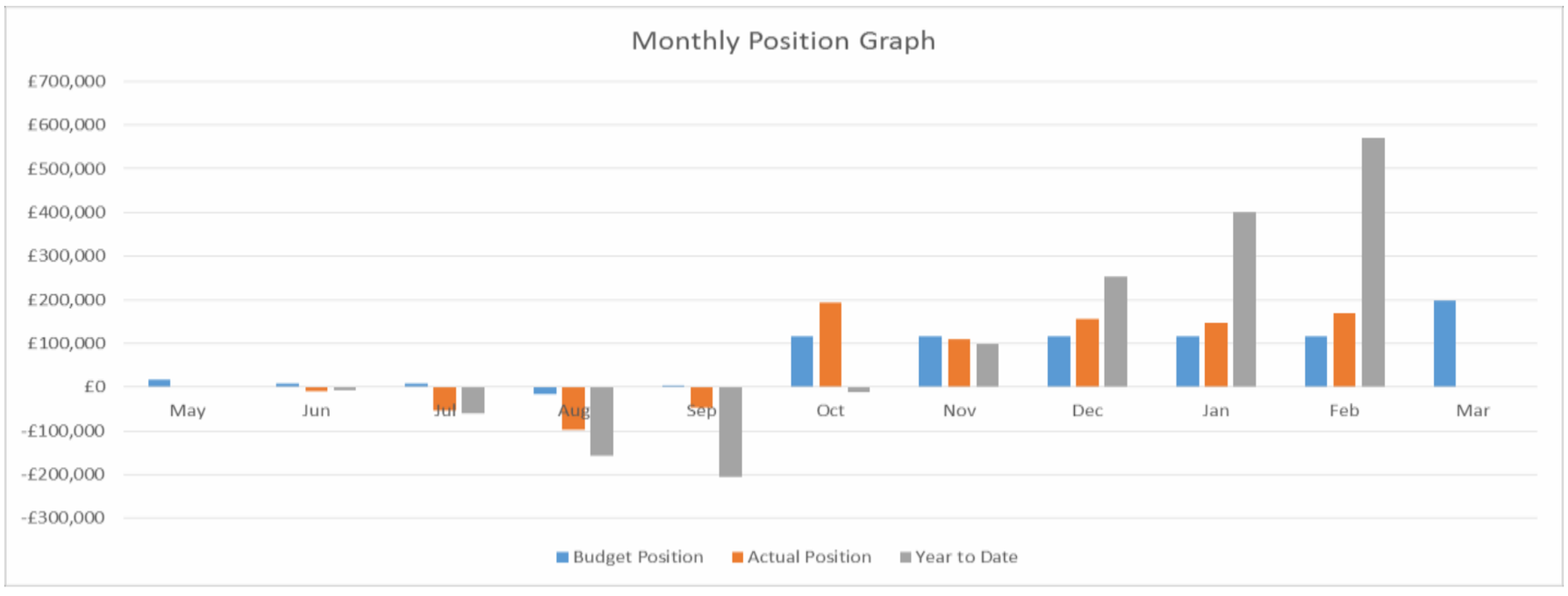
Service Line Reports as at 28th February 2019								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(10,994,973)	(9,940,167)	(10,750,583)	810,416	(1,054,807)	(1,197,310)	142,503
IUC	Pay	6,992,230	6,340,179	6,454,091	(113,913)	652,051	624,254	27,798
IUC	Non Pay	222,155	190,462	165,605	24,857	31,693	19,344	12,349
IUC	Overheads	2,497,953	2,340,701	2,446,756	(106,054)	215,496	266,599	(51,103)
IUC Total		**(1,282,635)**	**(1,068,824)**	**(1,684,131)**	**615,307**	**(155,566)**	**(287,113)**	**131,547**
Primary & Community Services	Income	(2,925,698)	(2,681,890)	(2,751,966)	70,076	(243,808)	(226,134)	(17,675)
Primary & Community Services	Pay	2,744,916	2,516,173	2,899,836	(383,663)	228,743	217,425	11,318
Primary & Community Services	Non Pay	109,645	100,507	385,048	(284,541)	9,138	38,589	(29,451)
Primary & Community Services	Overheads	552,611	529,737	581,288	(51,551)	45,083	88,440	(43,357)
Primary & Community Services Total		**481,474**	**464,528**	**1,114,206**	**(649,678)**	**39,156**	**118,321**	**(79,165)**
Grand Total (Surplus) / Deficit		**(801,161)**	**(604,296)**	**(569,925)**	**(34,371)**	**(116,410)**	**(168,793)**	**52,382**

Management Accounts as at 28th February 2019								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(10,994,973)	(9,940,167)	(10,750,583)	810,416	(1,054,807)	(1,197,310)	142,503
IUC	Pay	6,992,230	6,340,179	6,454,091	(113,913)	652,051	624,254	27,798
IUC	Non Pay	222,155	190,462	165,605	24,857	31,693	19,344	12,349
IUC Total		**(3,780,588)**	**(3,409,526)**	**(4,130,887)**	**721,361**	**(371,062)**	**(553,712)**	**182,650**
Primary & Community Services	Income	(2,925,698)	(2,681,890)	(2,751,966)	70,076	(243,808)	(226,134)	(17,675)
Primary & Community Services	Pay	2,744,916	2,516,173	2,899,836	(383,663)	228,743	217,425	11,318
Primary & Community Services	Non Pay	109,645	100,507	385,048	(284,541)	9,138	38,589	(29,451)
Primary & Community Services Total		**(71,137)**	**(65,210)**	**532,918**	**(598,127)**	**(5,928)**	**29,880**	**(35,808)**
Corporate Support	Income	(27,672)	(25,366)	(34,369)	9,003	(2,306)	(2,776)	470
Corporate Support	Pay	2,082,055	1,907,925	1,943,222	(35,297)	174,132	200,617	(26,486)
Corporate Support	Non Pay	996,181	987,879	1,119,191	(131,312)	88,754	157,198	(68,444)
Corporate Support Total		**3,050,564**	**2,870,439**	**3,028,044**	**(157,605)**	**260,579**	**355,039**	**(94,460)**
Grand Total (Surplus) / Deficit		**(801,161)**	**(604,296)**	**(569,925)**	**(34,371)**	**(116,410)**	**(168,793)**	**52,382**

Sefton Practices							
	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
Base Contract	(1,701,804)	(1,559,987)	(1,603,633)	43,646	(141,817)	(146,975)	5,158
QOF	(227,724)	(208,747)	(164,045)	(44,702)	(18,977)	(15,071)	(3,906)
LQC income (SSCCG)	(334,128)	(306,284)	(301,737)	(4,547)	(27,844)	(15,523)	(12,321)
CQRS income (NHSE)	(96,288)	(88,264)	(89,332)	1,068	(8,024)	(8,035)	11
NHSE APMS Contract KPIs	(98,334)	(90,140)	(94,746)	4,607	(8,195)	(9,001)	806
NHSE Reslience 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
Prior Year Income	0	0	(106,606)	106,606	0	0	0
Jospice income	(49,920)	(45,760)	(30,485)	(15,275)	(4,160)	0	(4,160)
Sundry income	(52,004)	(47,670)	(26,343)	(21,327)	(4,334)	(1,071)	(3,263)
Total Income	**(2,560,202)**	**(2,346,852)**	**(2,416,928)**	**70,076**	**(213,350)**	**(195,676)**	**(17,675)**
Pay	2,498,772	2,290,541	2,731,602	(441,061)	208,231	204,705	3,526
Non Pay	267,372	245,091	318,171	(73,080)	22,281	32,893	(10,612)
Contract Gap	(205,927)	(188,767)	0	(188,767)	(17,160)	0	(17,160)
(Positive)/Negative Contribution to Overheads	**15**	**13**	**632,846**	**(632,832)**	**2**	**41,922**	**(41,920)**

Position Graph

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



Source: E-Financials
Author: Head of Finance

App 10 Cash Position

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Opening balance	384	985	1,212	1,079	733	1,009	923	1,360	978	1,156	955	1,245	766
Closing balance	985	1,212	1,079	733	1,009	923	1,360	978	1,156	955	1,245	766	948

Source: Bank Statements
Author: Head of Finance

App 11 Efficiency Position

Efficiency Plans Summary

Monthly targets

Plans	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Full Year
Total	£ 847	£ 847	£ 847	£ 847	£ 847	£ 8,868	£ 41,701	£ 41,701	£ 41,701	£ 41,701	£ 41,701	£ 41,701	£ 263,306

	Plan	Actual	Variance	
YTD	221,605	1,189,203	**967,598**	**537%**
In Month	41,701	278,562	**236,862**	**668%**

Source: Efficiency Monitoring Tool
Author: Head of Finance

App 12 Quality and Patient Safety

Friends & Family Test

"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"				
	Dec-18	**Jan-19**	**Feb-19**	**Mar-19 MTD (to 18th)**
Extremely Likely	68.1%	69.8%	60.7%	70.2%
Likely	20.3%	19.6%	25.1%	15.5%
Neither Likely or Unlikely	5.0%	4.7%	3.9%	4.8%
Unlikely	2.5%	2.3%	3.9%	2.4%
Extremely Unlikely	3.6%	2.5%	5.0%	5.6%
Don't know	0.6%	1.1%	1.4%	1.6%

Source: Synapta / Knowsley PCS paper surveys
Author: Business Intelligence Lead / Knowsley PCS Service Manager

Compliments

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
Jan-19	0	0	0	1	0
Feb-19	0	0	0	3	0

Source: Datix
Author: Governance Administrator (SD)

Incidents

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
Jan-19	3	31	8	44	4
Feb-19	8	16	8	19	14

Source: Datix
Author: Governance Administrator (SD)

Complaints not resolved within 25 days

During the month of January 2019 there were 17 complaints that were not closed within the 25 working day timeframe.
During the month of February 2019 10 complaints were closed, of these 10, 7 were not closed within the 25 working day timeframe.

Source: Datix
Author: Governance Administrator (SD)

Safeguarding reports

Total number of incidents reported during January 2019 was 90; of these, 6 were reported as safeguarding incidents and of the 6 incidents reported, 2 were reported to safeguarding.
Total number of incidents reported during February 2019 was 65; of these, 9 were reported as safeguarding incidents and of the 9 safeguarding incidents reported, 3 were reported to safeguarding.

Source: Datix
Author: Governance Administrator (SD)

App 13 Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
09.01.2019	Knowsley EAS – Home Visit	Care &Treatment	Closed	Knowsley	Mod	Upheld	13.03.2019
10.01.2019	Knowsley EAS	Care & Treatment	Ongoing	Knowsley	Mod	Under Review	Ongoing
13.01.2019	Out of Hours operations	Communication	Ongoing	Liverpool	Mod	Partially Upheld	28.02.2019
18.01.2019	Knowsley EAS	Care & Treatment	Closed	Knowsley	Low	Not Upheld	18.02.2019
18.01.2019	Out of Hours – Clinician	Care & Treatment	Closed	Halton	Low	Partially Upheld	13.02.2019
22.01.2019	Out of Hours – Operations	Waiting Times	Closed	Halton	Mod	Partially Upheld	13.03.2019
25.01.2019	Out of Hours – Clinician	Attitude & Behaviour	Closed	Knowsley	Low	Not Upheld	18.02.2019
26.01.2019	Out of Hours - Operations	Attitude & Behaviour	Ongoing	Knowsley	Low	Under Review	Ongoing
28.01.2019	Out of Hours - Operations	Waiting Times	Closed	Liverpool	Low	Not Upheld	11.03.2019
28.01.2019	PCS – Crossways practice	Care, Attitude & Behaviour	Ongoing	NHS England	Low	Under Review	Ongoing
04.02.2019	PCS – Litherland Practice	Care & Treatment	Ongoing	NHS England	Low	Under Review	Ongoing
11.02.2019	Out of Hours – Clinician	Attitude and Behaviour	Ongoing	Liverpool	Low	Under Review	Ongoing
12.02.2019	Out of Hours – Clinician	Care & Treatment and Attitude and Behaviour	Ongoing	Halton	Low	Under Review	Ongoing
15.02.2019	Knowsley EAS – Home Visiting	Care & Treatment	Ongoing	Knowsley	High	Under Review	Ongoing
22.03.2019	Out of Hours – Clinician	Attitude and Behaviour	Closed	Liverpool	Low	Not Upheld	11.03.2019
27.02.2019	PCS – Netherton Practice	Care & Treatment	Ongoing	NHS England	Low	Under Review	Ongoing

Source: Datix
Author: Governance Administrator (SD)

App 14 Workforce

Staff Turnover

UC24	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Start of Month Staff Numbers	235	240	240	242	241	237	240	239	243	241	198	203
Starters	7	2	5	2	3	4	3	7	4	2	7	9
Leavers	2	2	3	3	7	1	4	3	6	0	2	3
TUPE												
Staff in probation period	34	25	27	24	25	23	19	24	27	23	27	32
Staff due to receive appraisal	201	215	213	218	216	214	221	215	214	220	171	177
End of Month Staff Numbers	240	240	242	241	237	240	239	243	241	243	203	209
Turnover Rate	0.84%	0.83%	1.24%	1.24%	2.93%	0.42%	1.67%	1.24%	2.48%	0.00%	1.00%	1.46%
Annualised rate	10.1%	10.0%	14.9%	14.9%	35.1%	5.0%	20.0%	14.9%	29.8%	0.0%	12.0%	17.5%
Rolling Annualised rate	26.3%	23.5%	21.8%	21.2%	20.0%	16.6%	15.2%	16.0%	17.2%	15.5%	14.8%	15.4%

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	5	8	56	69	69	72	73	76	76	48	94
Total staff requiring appraisal	201	215	213	218	216	214	213	215	214	220	150	177
	87.6%	2.3%	3.8%	25.7%	31.9%	32.2%	33.8%	34.0%	35.5%	34.5%	32.0%	53.1%

Source: Rotamaster
Author: HR Manager

Mandatory training compliance

Courses due to be completed by end of working month	1645	1680	1680	1694	1687	1659	1680	1673	1701	*Not supplied*	*Not supplied*	*Not supplied*
Courses completed by end of working month	1412	1443	1465	1470	1480	1432	1473	1488	1500	*Not supplied*	*Not supplied*	*Not supplied*
	85.8%	85.9%	87.2%	86.8%	87.7%	86.3%	87.7%	88.9%	88.2%	*Not supplied*	*Not supplied*	*Not supplied*

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

Service Delivery	App. ref	Target	YTD (from Apr)	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Trend	Mar-19 Forecast	Exception Report Number
Sefton GP practices - cover of Clinical Sessions (GPs, ANPs & HCAs)	2.1	100%	96.3%	101.0%	96.0%	96.8%	93.0%	93.4%	95.0%	98.9%	95.0%	106.2%	93.3%	101.3%	90.0%		95%	PCS001
Sefton GP practices - Salaried/Associate cover of clinical sessions (GPs & ANPs)	2.1	70%	33.8%	36.0%	47.0%	42.3%	39.4%	26.2%	21.4%	28.7%	25.5%	38.6%	35.0%	32.8%	35.1%		34%	PCS002
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions	2.1	30%	64.3%	66.0%	53.0%	58.7%	60.6%	67.2%	73.6%	70.3%	69.5%	67.7%	65.0%	67.2%	54.9%		62%	PCS002
Sefton GP practices - appointment utilisation	2.2	>90%	83.5%	73.2%	81.0%	83.2%	78.7%	79.2%	82.1%	83.2%	85.3%	86.2%	84.3%	87.1%	88.5%		87%	PCS003
Sefton GP practices - appointment DNA rate	2.2	<5%	5.6%	6.2%	6.3%	5.6%	5.2%	6.4%	5.1%	4.5%	5.1%	5.6%	6.3%	5.9%	5.1%		6%	PCS003

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
PCS001	Sefton GP Practices - % cover of clinical sessions	Cover of clinical sessions reduced throughout February due to sickness within the Salaried GP team and a number of short notice cancellations, which have been addressed with the relevant .	Head of Service	
PCS002	Sefton GP Practices - % of salaried vs agency cover	February's performance impacted by a long term absence of a salaried GP. A newly appointed Salaried GP joined our Netherton team in February. The number of sessions covered by Salaried/Associate staff continues to increase with a further 2 salaried GPs recruited due to start in the coming months.	Head of Service	
PCS003	Sefton GP Practices appointment utilisation and 'did not attend' rate	DNA Rates are currently being reviewed in line with the TU plan to understand the root cause and what changes can be made to support patients in attending booked appointments	Head of Service	

App 2.1 **Sefton GP practices**

Salaried v Agency clinicians utilisation

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Planned January sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Total actual sessions	Salaried GP utilisation of clinical sessions (compared to actual)	Agency GP utilisation of clinical sessions (compared to actual)	Salaried ANP utilisation of clinical sessions (compared to actual)	Agency ANP utilisation of clinical sessions (compared to actual)	Total Coverage (actual compared to planned)	Total salaried cover (GPs & ANPs) (compared to actual)	Total Agency cover (GPs & ANPs) (compared to actual)	Comments
Crosby	14 sessions	64	27	32	0	16	75	36%	43%	0%	21%	117%	36%	64%	
Maghull	15 sessions	63	0	54	0	12	66	0%	82%	0%	18%	105%	0%	100%	
Crossways	13 sessions	55	28	17	0	0	45	62%	38%	0%	0%	82%	62%	38%	
Litherland	14 sessions	60	44	18	0	4	66	67%	27%	0%	6%	110%	67%	33%	
Seaforth	10 sessions	44	33	8	0	2	43	77%	19%	0%	5%	98%	77%	23%	
Thornton	13 sessions	53	0	42	0	9	51	0%	82%	0%	18%	96%	0%	100%	
Netherton	12 sessions	58	0	56	0	0	56	0%	100%	0%	0%	97%	0%	100%	
Totals		**397**	**132**	**227**	**0**	**43**	**402**	**32.8%**	**56.5%**	**0.0%**	**10.7%**	**101.3%**	**32.8%**	**67.2%**	

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Planned February sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Actual HCA sessions	Total actual sessions	Salaried GP utilisation of clinical sessions (compared to actual)	Agency GP utilisation of clinical sessions (compared to actual)	Salaried ANP utilisation of clinical sessions (compared to actual)	Agency ANP utilisation of clinical sessions (compared to actual)	HCA utilisation of clinical sessions (compared to actual)	Total Coverage (actual compared to planned)	Total salaried cover (GPs & ANPs) (compared to actual)	Total Agency cover (GPs & ANPs) (compared to actual)	Comments
Crosby	14 sessions	56	19	17	4	10	0	50	38%	34%	8%	20%	0%	89%	46%	54%	
Maghull	15 sessions	60	0	45	0	12	7	64	0%	70%	0%	19%	11%	107%	0%	89%	
Crossways	13 sessions	56	32	10	0	0	6	48	67%	21%	0%	0%	13%	86%	67%	21%	
Litherland	14 sessions	56	32	17	0	2	2	53	60%	32%	0%	4%	4%	95%	60%	36%	
Seaforth	10 sessions	40	28	12	0	0	0	40	70%	30%	0%	0%	0%	100%	70%	30%	
Thornton	13 sessions	52	0	38	0	7	0	45	0%	84%	0%	16%	0%	87%	0%	100%	
Netherton	12 sessions	48	14	32	0	0	2	48	29%	67%	0%	0%	4%	100%	29%	67%	
Totals		**368**	**125**	**171**	**4**	**31**	**17**	**348**	**35.9%**	**49.1%**	**1.1%**	**8.9%**	**4.9%**	**94.6%**	**37.1%**	**58.0%**	

Source: Sefton practices Practice Managers

Author: Primary Care Administrator

App 2.2 Sefton GP practices

	Crosby Village	Crossways	Litherland	Maghull	Netherton	Seaforth	Thornton	**Total**	
Mar-18									
attended		1038	1018	1058	961	653	1092	5820	73.2% appt utilisation
DNA		88	100	60	63	112	71	494	6.2% DNA rate
total		1620	1364	1530	1220	872	1342	7948	

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

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

Jun-18	Available Appts	Appts Booked	DNAs	Appts Attended	% of available appointments booked	% DNA	Overall Utilisation
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%

Jul-18	Available Appts	Appts Booked	DNAs	Appts Attended	% of available appointments booked	% DNA	Overall Utilisation
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%

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

Sep-18	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	*Not supplied*	*Not supplied*	*Not supplied*	*Not supplied*	-	-	-
Maghull	720	703	9	694	97.6%	1.3%	96.4%
Crossways	707	584	13	571	82.6%	2.2%	80.8%
Crosby	768	651	36	610	84.8%	5.5%	79.4%
Netherton	734	659	26	633	89.8%	3.9%	86.2%
Seaforth	686	528	63	465	77.0%	11.9%	67.8%
Litherland	836	757	28	729	90.6%	3.7%	87.2%
Totals	4451	3882	175	3702	87.2%	4.5%	83.2%

Oct-18	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	1013	966	59	907	95.4%	6.1%	89.5%
Maghull	1546	1508	22	1486	97.5%	1.5%	96.1%
Crossways	929	763	13	750	82.1%	1.7%	80.7%
Crosby	1391	1196	51	1143	86.0%	4.3%	82.2%
Netherton	995	890	70	820	89.4%	7.9%	82.4%
Seaforth	986	935	98	837	94.8%	10.5%	84.9%
Litherland	1610	1355	75	1280	84.2%	5.5%	79.5%
Totals	8470	7613	388	7223	89.9%	5.1%	85.3%

Nov-18	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	1044	978	76	902	93.7%	7.8%	86.4%
Maghull	1199	1141	30	1111	95.2%	2.6%	92.7%
Crossways	884	746	19	727	84.4%	2.5%	82.2%
Crosby	977	866	43	831	88.6%	5.0%	85.1%
Netherton	1015	888	51	835	87.5%	5.7%	82.3%
Seaforth	881	857	94	763	97.3%	11.0%	86.6%
Litherland	1209	1102	55	1047	91.1%	5.0%	86.6%
Totals	7209	6578	368	6216	91.2%	5.6%	86.2%

Dec-18	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	894	821	67	754	91.8%	8.2%	84.3%
Maghull	940	898	24	874	95.5%	2.7%	93.0%
Crossways	720	612	8	604	85.0%	1.3%	83.9%
Crosby	982	882	53	829	89.8%	6.0%	84.4%
Netherton	790	709	43	666	89.7%	6.1%	84.3%
Seaforth	777	693	80	613	89.2%	11.5%	78.9%
Litherland	1066	931	72	859	87.3%	7.7%	80.6%
Totals	6169	5546	347	5199	89.9%	6.3%	84.3%

Jan-19	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	1446	1365	125	1240	94.4%	9.2%	85.8%
Maghull	1334	1241	45	1198	93.0%	3.6%	89.8%
Crossways	1042	914	20	894	87.7%	2.2%	85.8%
Crosby	1033	998	59	939	96.6%	5.9%	90.9%
Netherton	1138	1006	68	938	88.4%	6.8%	82.4%
Seaforth	867	826	58	768	95.3%	7.0%	88.6%
Litherland	1485	1372	78	1294	92.4%	5.7%	87.1%
Totals	8345	7722	453	7271	92.5%	5.9%	87.1%

figures for Seaforth amended

Feb-19	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Thornton	1082	1046	49	997	96.7%	4.7%	92.1%
Maghull	1156	1087	30	1057	94.0%	2.8%	91.4%
Crossways	914	776	24	752	84.9%	3.1%	82.3%
Crosby	896	840	42	798	93.8%	5.0%	89.1%
Netherton	1047	973	79	894	92.9%	8.1%	85.4%
Seaforth	727	701	65	636	96.4%	9.3%	87.5%
Litherland	1212	1162	71	1091	95.9%	6.1%	90.0%
Totals	7034	6585	360	6225	93.6%	5.5%	88.5%

Source: Sefton practices Practice Managers
Author: Primary Care Administrator

Title:	Meeting Date:	Agenda item no:
Policies for approval	28 March 2019	10.1
Prepared and presented by: Margaret Swinson	**Discussed by:** Quality & Workforce	
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: • Approve the Dress Code, Grievance and Disciplinary Policies.	

1.0 Purpose:

1.1 The purpose of this report is to present the Dress Code, Grievance and Disciplinary Policies for approval. The policies have been subject to consultation and were recommended for approval by the Quality & Workforce Committee subject to minor amendments which have been processed.

2.0 Recommendations:

The meeting is invited to:

- Approve the Dress Code, Grievance and Disciplinary Policies.

Dress Code Policy

Version	V3.0
Supersedes:	V2.0 Dress Code Policy
Date Ratified by Board:	August 2011
Reference Number:	UC24POL50
Title & Department of originator:	HR Manager, HR Department
Title of responsible committee/department:	Business & Finance. HR Department
Effective Date:	21st March 2019
Next Review date:	21.03.2022 (or when there is a change in policy).
Target audience:	All staff
Impact Assessment Date:	March 2019
Summary	This document sets out the policy all staff should adhere to in terms of uniform and presentation in business hours

Version	Date	Control Reason	Title of Accountable Person for this Version
V2	December 2018	Archived	Sue Bantock – HR Department
V3.0	Mar 19	Whole policy review.	HR Manager

Reference Documents	Electronic Locations (Controlled Copy)	Location for Hard Copies
Health & Safety Policy UC24POL9. IPC Policy UC24POL115	S:\Operations\Quality Governance\Corporate Policies & SOPs\UC24 POLICIES	

Consultation: Committees / Groups / Individual	Date
Staff Council	August 2018
Executive Team	December 2018

PrimaryCare:24

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1 PURPOSE

i. This policy is designed to ensure that the dress code and wearing of uniforms is consistent across the organisation and that all staff portray an image designed to promote confidence in the patients we serve and the public in general. It outlines standards staff are expected to follow while at work. All staff are expected to comply with the standards off uniform, dress and appearance in this policy. They should also understand that this policy relates to their working environment, health and safety, infection control, their particular duties within their role and the reputation of the organisation as a whole.

ii. The policy lays down a set of general principles that apply to everyone working in the organisation and additional standards for those in a clinical environment.

2 SCOPE

i. This is a policy that applies to all employees, contractors, PC24 members of staff including directors, non-executive directors, bank and agency staff, and associate staff including clinical and medical staff within Urgent Care 24.

3 AIMS AND OBJECTIVES

i. This policy sets out the expectations of the PC24 in relation to corporate dress code and the wearing of PC24 uniforms. PC24 recognises the diversity of cultures, religions and disabilities of its employees and will take a sensitive approach when this affects uniform and dress requirements. However, priority will be given to health and safety, security, infection control requirements and the need for verbal and non-verbal communication.

ii. The dress code, whether for uniformed or non-uniformed staff must support and promote the following principles:

- Health, Safety and wellbeing of patients
- Public confidence and professional image
- To reduce risk of cross infection
- Professional accountability as defined by professional bodies
- To ensure a consistent approach is taken across the PC24 to create a corporate image
- To avoid offence to people of different cultures or beliefs

4 RESPONSIBILITIES

4.1 ALL STAFF

i. All employees have a responsibility to adhere to the terms and conditions of this policy

ii. Individual staff members have a responsibility to report any queries or issues relating to uniform and standards of appearance to their line manager

iii. Any queries on the application or interpretation of the policy should be discussed with the Human Resources team prior to any action taking place

4.2 MANAGERS

i. Managers, Heads of Departments and Clinicians who are specified as responsible people must ensure the correct procedure is carried out

ii. Consult with the Human Resources department prior to taking any action as a result of non-compliance regarding this policy

4.3 DIRECTOR OF NURSING

i. The Director of Nursing who acts as the Lead for Infection Control has a responsibility to provide advice and support to managers and employees with regard to the infection control requirements in relation to this policy

4.4 HUMAN RESOURCES

i. Ensure that this policy is, monitored, reviewed and updated as appropriate

ii. Provide advice and guidance to all staff members in line with the policy

5 DEFINITIONS

i. For clarity, the definition of a clinical role will include those providing care for patients, including GPs, nurse and advanced nurse practitioners and Health Care Assistants.

ii. Operational staff refers to all non-clinical employees within the call centre, Primary Care 24 centres, the Asylum practice and drivers

6 POLICY PROCEDURES

6.1 GENERAL PRINCIPLES FOR ALL STAFF

i. Identification. All employees are provided with an identity badge that must be worn and visible at all times when on duty or acting in an official capacity. Badges should be up to date with regards to job title and photograph. It is recommended that badges should not be worn on chains around the neck as this could pose an injury to the wearer and patients during moving and handling procedures. Lanyards (the neck string with safety catch accompanying an ID badge) worn with identification badges must be Organisation lanyards only. ID Badges must be returned to the issuer when a member of staff leaves PC24. Lost or stolen badges must be reported to the Line Manager immediately and an incident form completed within Datix.

ii. Clothing. Staff are required to dress according to standards of professionalism and decency. Clothing should be suitable for business, not leisure or sport. Staff should not wear clothes that are revealing or sexualised, or that have offensive, inappropriate or political messages, slogans or images. Clothing must be kept clean and tidy.

iii. Footwear. When working in clinical areas, open-toed footwear is not acceptable on the basis of hygiene, health and safety. Smart sandals may be acceptable in some areas, such as headquarters. In non-clinical areas smart business footwear should be worn.

iv. Leisure footwear such as flip-flops, sports shoes or leisure trainers are unacceptable in all areas on the grounds of health and safety as well as professional presentation

v. Any individual attending work inappropriately dressed or without uniform may be sent home and not permitted to work until this is rectified. This could result in a loss of payment and may invoke disciplinary proceedings

6.2 GENERAL PRINCIPLES FOR CLINICAL AREAS

i. All healthcare workers have a duty to minimise the spread of infection by wearing appropriate clothing in a clinical setting and by complying with the guidelines in this policy. When dealing with patients posing a risk of infection, staff should follow precautions in line with the organisation's Infection Control policy.

ii. Staff will observe the principles of Bare Below the Elbows and Hand Hygiene rules in clinical areas as described in the organisation's Infection Prevention and Control policy.

6.3 INFECTION CONTROL

i. In settings that involve close or direct contact with clients, contamination of clothing can occur. This may be gross contamination with body fluids, or invisible contamination with micro-organisms. Because of this the following advice must be adhered to:

- Jewellery must be confined to a plain wedding band.
- Hair below collar length must be tied up.
- Nails must be short and kept clean
- False and gel nails must be avoided as they harbour large numbers of micro-organisms
- Long sleeved items must not be worn when giving direct patient care
- Clean uniforms must be worn for every single shift
- Uniforms must be washed at a minimum temperature of 60 degrees
- Uniforms must be stored carefully to prevent contamination
- Dry cleaning is not accepted as an effective method of decontamination.
- Where there is a risk of contamination to your uniform, wear a plastic apron, worn correctly and tied at the back.

6.4 PROFESSIONAL PRESENTATION

i. Tattoos. The organisation adopts a relaxed attitude towards tattoos. Any visible tattoos must not be offensive or inappropriate in nature, i.e. they should not contain images or wording that is offensive, political, sexualised, discriminatory or inflammatory. In areas where it is possible members of the public may be offended the manager retains the discretion to direct staff members to cover up tattoos. This is conditional on the organisation's "bare below the elbow" guidelines as described in the organisation's Infection Prevention and Control policy.

ii. Jewellery and Piercings. The wearing of any jewellery and piercings must comply with standards of professionalism, hygiene and health and safety. They should be discrete and inoffensive. Piercings should be discrete and hygienic and removed or covered up otherwise.

iii. In a clinical environment any items of jewellery that pose a risk in terms of violence (e.g. grab risk) or entanglement must not be worn. Piercings should be removed prior to coming on duty on the grounds of hygiene. In clinical settings all jewellery should be kept to a minimum, limited to a plain band ring, a single pair of stud earrings and a single stud nasal piercing. All other items are not permitted and should be removed prior to coming on duty.

iv. Make up, aftershave and aftershave. Discrete makeup and perfume / aftershave may be worn, appropriate for business presentation. In clinical environments regard must be given to patient safety and comfort.

v. Hair. Hair must be kept clean and presentable for business, paying due regard for health and safety, hygiene and professional image. Any hair accessories should be discrete.

vi. Nails should be kept clean and reasonably short. For clinical staff, nail varnish, polish, acrylic nails or jewellery should not be worn

6.5 EXCEPTIONS AND CONSIDERATIONS

i. The organisation values and embraces diversity, recognising that culture, religion and disability have valid influences on how people dress. The organisation takes a sensitive approach to these considerations. Where there is conflict however, priority will be given to health and safety, security and infection control. Face coverings should be removed for the purposes of communication and identification, especially when with patients, the public or in a customer-facing role. Head coverings should be no longer than shoulder-length and secured.

ii. Headwear for religious purposes, e.g. headscarves, turbans and kibbots are permitted.

iii. Manager should take into consideration any practical concerns staff may have in fulfilling their role and should consider making reasonable adjustments given the nature of the role (e.g. moving and handling tasks) and for disabled staff (e.g. footwear arrangements).

iv. These considerations are not intended to be exhaustive and serve as a guide only. Staff members are encouraged to discuss any requirements with their managers on an individual basis. In all decisions made, managers must give due regard to hygiene, professional image and health and safety.

6.6 UNIFORMED STAFF

6.6.1 Uniformed Staff Clinical

i. Uniforms are intended as a means of identification to both patients and staff, to offer health and safety to the staff wearing them and to minimise risk to patients and staff through infection and/or injury. Please refer to appendix 1 for guidelines.

6.6.2 Non-Uniformed Staff Clinical

i. Staff who are not required to wear a uniform but who regularly work with patients in a clinical area are expected to maintain a professional appearance and adhere to the principles of the dress code where applicable at all times. Please refer to appendix 2 for guidelines.

ii. Staff who do not wear a uniform in the course of their work must present themselves as tidy and professional in appearance. It should be remembered that what is worn outside of work is not necessarily appropriate for the workplace.

iii. Agency and associate clinicians who are not in a patient-facing role (for example telephone triage) are expected to wear smart business attire as per expectations of management / administrative staff (see 6.7).

6.6.3 Uniformed Staff Non - Clinical

i. All uniformed staff should wear the organisation uniform while on shift. This should be clean, smart and in good wear. Any individuals who have issues with their uniform should notify their line manager straight away.

ii. Cardigans, fleeces or jackets may be worn when on breaks or during times of cold weather

6.7 MANAGEMENT / ADMINISTRATIVE STAFF

i. Employees in management and administrative roles are expected to wear business attire as detailed above

7 HELP AND ADVICE

i. In the 1st instance any queries or questions regarding uniform or dress code should be directed to your line manager

ii. If any staff members have concerns regarding potential unfair treatment regarding any aspect of the policy, they can contact a member of the Human Resources team

iii. Line managers who have concerns regarding compliance issues regarding this policy can contact the Human Resources team

8 IMPLEMENTATION

i. This Policy will be implemented via the policy owner with the support of the Service Managers and the Staff Council.

ii. The plan for implementation of this policy can be found at Appendix 4, where training needs have been assessed and identified.

iii. **Dissemination.** Once this policy has been approved, it will be uploaded to the staff intranet, this will be supported by a message through PC24's newsletter, NEWS24 by the Governance Team.

iv. **Monitoring Compliance.** Monitoring compliance will be undertaken by the relevant line managers within Urgent Care 24.

v. **Review of arrangements.** All policies must be reviewed by their authors at least every three years, or as and when a change is required or new evidence becomes available. All new polices, must be reviewed within 12 months of issue to ensure the effectiveness of implementation.

9 LOCATION OF POLICIES

All policies can be found on Urgent Care 24's Intranet. It is the responsibility of the Policy Owner to ensure that the revised policy has been forwarded to the Governance Team with the instruction to upload the policy to the intranet.

10 EQUALITY & DIVERSITY

UC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. UC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

11 TRAINING NEEDS ANALYSIS

Training Programme	Course Length	Frequency	Delivery Method	Staff Group	Recording Attendance	Strategic & Operational Responsibility
Level 1 Equality & diversity Mandatory Training		On appointment then 3 yearly	E-Learning	All staff	Attendance is recorded on the Training database	
PC24 Staff Handbook		On appointment	Face to face / self-study	100% of staff	n/a	

Appendix 1 - Clinical Uniformed Guidance

Subject	Clinical Uniformed	Reason
Footwear	Dark in colour flat or low heeled to prevent slips and falls (non cloth/suede) and covered both at heel and toe. Shoes should be able to be thoroughly cleaned.	Closed toe shoes offer protection against spills.
Tights, Stockings and socks	Black or natural tights or stockings if worn with skirts or dresses. Navy blue or black socks worn with trousers.	Professional image
Dress Length /Trousers	Not mini or micro No cropped trousers as part of uniform.	Professional image
Jewellery	Wedding band may be worn. Rings with stones should not be worn, as these can scratch patients. Bracelets should not be worn. Necklaces must be removed. One pair of plain small stud earrings can be worn.	Health & Safety & Infection Control
Watches	Wristwatches should be removed when undertaking clinical duties. FobWatches may be worn	Hand/wrist jewellery can harbour micro-organisms and can reduce compliance hand hygene
Undergarments	Staff should ensure that their undergarments are not visible.	Professional image
Facial Hair	Beards and moustaches must be kept clean and tidy.	Non interference with clinical procedures.
Hair	Below collar length should be tied or pinned up whilst on duty	Health & Safety, infection control, non interference in clinical procedures, to maintain a professional image.
Personal Hygiene	All staff must maintain a high standard of personal hygiene.	Patient Care, Professional image
Hands and Nail Varnish	Long and/or varnished fingernails or false nails or nail extensions are not permitted. Hands and nails should be clean at all times.	Long and or varnished fingernails/false nails harbour micro-organisms and can reduce compliance with hand
Tattoos and body art	Tattoos of an obscene or offensive nature must be fully covered.	To maintain a professional image and to protect the rights of others.
Facial/Body Piercing	Facial & body piercings are not acceptable and must not be worn.	Health & Safety and to maintain a professional image.
This list is by no means exhaustive. Clothing must be appropriate for job role carried out. If staff are unsure of their responsibilities in this area, they must consult with their manager.		

Appendix 2 - Clinical Non Uniformed Guidance

Subject	Clinical Non Uniformed	Reason
Footwear	Flat or low heeled to prevent slips and falls (non cloth/suede) and covered both at heel and toe. Shoes should be able to be thoroughly cleaned.	Closed toe shoes offer protection against spills.
Dresses/Skirts	Not see through. No Mini or micro skirts	Professional image
Tops/blouses	Not see through, not low cut at the front or back, no vest style or strap tops. No bare midriffs. Sleeves should be able to be secured above	
Shirts	Male staff working in patient or public areas who do not wear a uniform must wear a shirt.	Professional image
Trousers	Tailored or smart trousers.	Professional image
Jewellery	Wedding band may be worn. Health & Safety recommends rings with stones should not be worn, as these can scratch patients. Bracelets should not be worn. Necklaces must be removed, secured or controlled during patient contact.	Health & Safety & Infection Control
Watches	Wristwatches should be removed when undertaking clinical duties. FobWatches may be worn	Hand/wrist jewellery can harbour micro-organisms and can reduce compliance with hand hygiene.
Undergarments	Staff should ensure that their undergarments are not visible.	Professional image
Hair	Below collar length should be tied or pinned up whilst on duty.	Health & Safety, infection control, non interference in clinical procedures, to maintain a professional image.
Facial Hair	Beards and moustaches must be kept clean & tidy.	Non interference with clinical procedures.
Hygiene	All staff must maintain a high standard of personal hygiene.	Professional image
Make up	To be discreet	To maintain a professional image.
Hands and Nail Varnish	Long and/or varnished fingernails or false nails or nail extensions are not permitted. Hands and nails should be clean at all times.	Long and or varnished fingernails/false nails harbour micro-organisms and can reduce compliance with ha
Body Art	Tattoos of an obscene or offensive nature must be fully covered.	To maintain a professional image and to protect the rights of others.
Facial/Body Piercing	Facial & body piercings are not acceptable and must not be worn.	Health & Safety and to maintain a professional image.
This list is by no means exhaustive. Clothing must be appropriate for job role carried out. If staff are unsure of their responsibilities in this area, they must consult with their manager		

Appendix 3 - Non Clinical Uniformed Guidance

Subject	Non Clinical Uniformed	Reason
Footwear	Flat or low heeled to prevent slips and falls (non cloth/suede) and covered both at heel and toe. Shoes should be able to be thoroughly cleaned.	Health and Safety.
Tights, Stockings and socks	Neutral, black or subtle-coloured tights or stockings.	Professional image
Dresses/Skirts	Not see through. No Mini or micro skirts	Professional image
Tops/blouses	not see through, not low cut, no vest style or strap tops. No bare midriffs	Professional image
Trousers	Tailored or smart trousers or PC24 issued only if applicable.	Professional image
Hair	For patient facing staff off the collar in length, unless tied (pinned up) whilst on duty	Health & Safety
Facial Hair	Beards and moustaches must be kept clean and tidy.	Professional image.
Personal Hygiene	All staff must maintain a high standard of personal hygiene.	Professional image
Hands and Nail Varnish	Hands and Nails should be clean at all times.When varnish or false nails or extensions are used, they should be kept in good condition, free from chips.	Professional image
Body Art	Tattoos of an obscene or offensive nature must be fully covered.	Professional image
Facial/Body Piercing	Facial & body piercings are not acceptable and must not be worn.	Health & Safety for patient facing staff, professional image

Appendix 4 - Policy Implementation Plan

Question	Response	Additional resources If so identify	Timescale
Who does the policy affect	All staff	Nil	4 weeks
What additional Standard Operating Procedures or forms need to be included in the policy	None	Nil	As above
What is the proposed date of implementation	December 2018	Nil	As above
Is training required	No	Nil	
If so what training is required (attach separate training outline)	N/A	Nil	
Who will facilitate the training	N/A	Nil	
What audit processes have been identified	N/A	Nil	

Appendix 5 - Equality and Health Inequalities Screening Tool

Version number: V1

Equalities and Health Inequalities –
Screening Tool

First published: November 2016

To be read in conjunction with Equalities and Health Inequalities Analysis Guidance, Quality & Patient Safety Team, Urgent Care 24, 2016.

Prepared by: Quality & Patient Safety Team.

1 Introduction

The purpose of this Screening Tool is to help you decide whether or not you need to undertake an Equality and Health Inequalities Analysis (EHIA) for your project, policy or piece of work. It is your responsibility to take this decision once you have worked through the Screening Tool. Once completed, the Head of your SDU or the Quality & Patient Safety Team will need to sign off the Screening Tool and approve your decision i.e. to either undertake an EHIA or not to undertake an EHIA.

The Quality and Patient Safety Team can offer support where needed. It is advisable to contact us as early as possible so that we are aware of your project.

When completing the Screening Tool, consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

Age
Disability
Gender reassignment
Marriage and civil partnership
Pregnancy and maternity
Race
Religion and belief
Sex
Sexual orientation

A number of groups of people who are not usually provided for by healthcare services and includes people who are homeless, rough sleepers, vulnerable migrants, sex workers, Gypsies and Travellers, Female Genital Mutilation (FGM), human trafficking and people in recovery. Urgent Care 24 will also consider these groups when completing the Screening Tool:

The **guidance** which accompanies this tool will support you to ensure you are completing this document properly. It can be found at:
http://extranet.urgentcare24.co.uk/

Equality and Health Inequalities: Screening Tool

A	General information
A1	Title: What is the title of the activity, project or programme? Dress Code Policy
A2.	What are the intended outcomes of this work? Please outline why this work is being undertaken and the objectives. To ensure safety, hygiene and professional image for the organisation
A3.	Who will be affected by this project, programme or work? Please identify whether the project will affect staff, patients, service users, partner organisations or others.

	All staff and patients		
B	The Public Sector Equality Duty		
B1	Could the initiative help to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics (see above)?		
	Yes		Do not know
	Summary response and your reasons: Managers are more aware with this new policy of the regulations affecting dress code within an organisation and the reasonable adjustments that can be made. It is made clear that health, safety and hygiene are the only issues that cannot be compromised when considering reasonable adjustments for people with protected characteristics		
B2	Could the initiative undermine steps to reduce unlawful discrimination or prevent any other conduct prohibited by the Equality Act 2010? If yes, for which of the nine protected characteristics? If yes, for which of the nine protected characteristics?		
		No	Do not know
	Summary response and your reasons: Managers are more aware with this new policy of the regulations affecting dress code within an organisation and the reasonable adjustments that can be made. It is made clear that health, safety and hygiene are the only issues that cannot be compromised when considering reasonable adjustments for people with protected characteristics		
B3	Could the initiative help to advance equality of opportunity? If yes, for which of the nine protected characteristics?		
	Yes		Do not know
	Summary response and your reasons: Staff are treated in a fair way, with disability and religion / belief triggering reasonable amendments as long as staff and patient safety is not compromised.		
B4	Could the initiative undermine the advancement of equality of opportunity? If yes, for which of the nine protected characteristics?		
		No	Do not know
	Summary response and your reasons: Staff are treated in a fair way, with disability and religion / belief triggering reasonable amendments as long as staff and patient safety is not compromised.		
B5	Could the initiative help to foster good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?		
	Yes		Do not know
	Summary reasons: The policy aims to ensure that those who have dress code requirements due to religious, cultural or disabilities can be heard and treated in a fair, equitable and safe manner. The policy offers an explanation as to the reasons for areas that can be accommodated (disability, religion / belief)		

<table>
<tr><td rowspan="4">B6</td><td colspan="3">Could the initiative undermine the fostering of good relations between groups who share protected characteristics? If yes, for which of the nine protected characteristics?</td></tr>
<tr><td>Yes</td><td></td><td>Do not know</td></tr>
<tr><td colspan="3">Summary response and your reasons:
It is conceivable that some staff members might feel resentful that staff members with protected characteristics are being seen to be treated differently than them (disability, religion / belief)</td></tr>
<tr><td></td></tr>
<tr><td>C</td><td colspan="3">The duty to have regard to reduce health inequalities</td></tr>
<tr><td>C1</td><td colspan="3">Will the initiative contribute to the duties to reduce health inequalities?</td></tr>
<tr><td rowspan="3"></td><td colspan="3">Could the initiative reduce inequalities in access to health care for any groups which face health inequalities? If yes for which groups?</td></tr>
<tr><td></td><td>No</td><td>Do not know</td></tr>
<tr><td colspan="3">Summary response and your reasons:
Not applicable</td></tr>
<tr><td rowspan="3">C2</td><td colspan="3">Could the initiative reduce inequalities in health outcomes for any groups which face health inequalities? If yes, for which groups?</td></tr>
<tr><td></td><td>No</td><td>Do not know</td></tr>
<tr><td colspan="3">Summary response and your reasons:
Not applicable. Health outcomes will not be compromised by any changes made in this policy</td></tr>
<tr><td>D</td><td colspan="3">Will a full Equality and Health Inequalities Analysis (EHIA) be completed?</td></tr>
<tr><td rowspan="3">D1</td><td colspan="3">Will a full EHIA be completed?
Bearing in mind your previous responses, have you decided that an EHIA should be completed? Please see notes. [1] Please place an X below in the correct box below. Please then complete part E of this form.</td></tr>
<tr><td>Yes</td><td>Cannot decide</td><td>No</td></tr>
<tr><td></td><td></td><td>X</td></tr>
<tr><td>E</td><td colspan="3">Action required and next steps</td></tr>
<tr><td>E1</td><td colspan="3">If a full EHIA is planned:
Please state when the EHIA will be completed and by whom.
Name:
Date:</td></tr>
<tr><td>E2</td><td colspan="3">If no decision is possible at this stage:
If it is not possible to state whether an EHIA will be completed, please summarise your reasons below and clearly state what additional information or work is required, when that work will be undertaken and when a decision about whether an EHIA will be completed will be made.

Summary reasons:

Additional information required:

When will it be possible to make a decision about an EHIA?</td></tr>
</table>

[1] Yes: If the answers to the previous questions show the PSED or the duties to reduce health inequalities are engaged/in play a full EHIA will normally be produced. No: If the PSED and/or the duties to reduce health inequalities are not engaged/in play then you normally will not need to produce a full EHIA.

E3	If no EHIA is recommended: If your recommendation or decision is that an EHIA is not required then please summarise the rationale for this decision below. Summary reasons: This policy is a new edition of the existing Staff Dress Code policy, with updated guidance on standards of dress. There have been no known incidences where the dress code or any authorised reasonable alterations have caused any ill-feeling amongst staff members and all managers are trained in E&D regulations

F	Record Keeping		
Lead originator:	HR Manager	Date:	
Director signing off screening:	HR Manager	Date:	
Directorate:	Business & Finance	Date:	
Screening published:		Date:	

Grievance Policy and Procedure

Version	V6.0
Supersedes:	V5.0 Grievance Policy
Date Ratified by Board:	TBC
Reference Number:	PC24POL15
Title & Department of originator:	Business and Finance. HR Department
Title of responsible committee/department:	HR Manager.
Effective Date:	TBC
Next Review date:	3 years from implementation or sooner as necessary
Target audience:	All employees
Impact Assessment Date:	March 2019
Summary	This document sets out the policy by which all grievances in the organisation

Version	Date	Control Reason	Title of Accountable Person for this Version
V5		Archived.	ADHR
V6.0	March 2019	Whole policy review.	HR Manger

Reference Documents	Electronic Locations (Controlled Copy)	Location for Hard Copies
Equality Act 2010. Health & Social Care Act 2012. Data Protection Act 2018. PC24 Equality and Health Inequalities Analysis Guidance Notes. PC24 Equality and Health Inequalities Screening Tool. Privacy Impact Assessment Compliance Checklist	Primary Care 24 Intranet/Policy Documents & Guidance/Governance & Risk/	Policy File, Wavertree Headquarters

Consultation: Committees / Groups / Individual	Date
Staff Consultative Committee	August 2018
Executive Team	March 19

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1. PURPOSE

i. Primary Care 24 recognises that from time to time employees may have problems or concerns about their work, working environment or relationships with colleagues that they wish to raise and successfully resolve. The purpose of this grievance policy is to provide Primary Care 24 with a robust mechanism for dealing with these issues quickly, consistently and fairly.

ii. It is the responsibility of all employees, including managers, to promote and develop a positive and supportive working environment.

iii. Everything reasonable and possible should be done by both managers and employees to create and maintain harmonious and good working relationships. Where an individual grievance or dispute does arise, it should be settled promptly, fairly and as close to the source of the dispute as possible.

iv. This policy does not form part of any employee's contract of employment and we may amend it at any time.

2. SCOPE

i. This policy applies to all employees of the organisation, including those employed on temporary, fixed term, locum or honorary contracts..

ii. Grievances may not be submitted in relation to disciplinary sanctions as the right of appeal is included within the Disciplinary Policy.

iii. If the grievance relates to bullying and/or harassment the Dignity at Work Policy should be referred to for guidance and advice on how to deal with this particular type of grievance.

iv. Grievances that amount to an allegation of misconduct on the part of another employee will be investigated and dealt with under the disciplinary procedure.

v. Employees might raise issues about matters not entirely within the control of the organisation, such as customer or contractor relationships (for instance where an employee is working on another site). These should be treated in the same way as grievances within the organisation, with the manager investigating as far as possible and taking action if required. The organisation will make it very clear to any third party that grievances are taken very seriously and action will be taken to protect its employees.

vi. We operate a separate Whistleblowing Policy to enable employees to report illegal activities, wrongdoing or malpractice. However, where you are directly affected by the matter in question, or where you feel you have been victimised for an act of whistleblowing, you may raise the matter under this Grievance Procedure.

vii. If you have difficulty at any stage of the Grievance Procedure because of a disability or because English is not your first language, you should discuss the situation with [your line manager] OR [POSITION] as soon as possible.

viii. Written grievances will be placed on your personnel file along with a record of any decisions taken and any notes or other documents compiled during the grievance process. [These will be processed in accordance with our Data Protection Policy.]

3. HUMAN RESOURCES

3.1 Associate Director of Human Resources and Organisational Development

i. The ADHR is responsible for ensuring that an appropriate Grievance policy and procedure is in place, which promotes good employment relations.

ii. The ADHR is responsible for ensuring that managers are supported in the implementation of the policy and procedure and that it is reviewed regularly.

3.2 Managers

i. Managers must ensure that all grievances are fully and fairly investigated prior to a decision being reached, and that they are dealt with as quickly as is reasonably practical. They must ensure that the process set out in this document is followed, and the specified timescales complied with where possible. Where this isn't possible, the manager must advise of expected timescales.

1. They must also ensure that formal grievance meetings and appeals are conducted in a way which gives the employee every opportunity to explain their grievance and identify the remedy being sought. Following the formal meeting, they must also ensure that the employee who has submitted the grievance is provided with a written response within five working days.

3.3 All Staff

i. All employees should attempt to resolve any concern they have informally in the first instance.

ii. Where they decide to submit a formal grievance, they should:

Submit the grievance using the Grievance Submission Form
Identify on that form the remedy/action they are seeking to resolve the grievance
Take any reasonable steps to attend any formal meeting or appeal when arranged
Where a grievance has been raised, all parties are required to adhere to/abide by the policy.

3.4 Human Resources Responsibilities

i. The Human Resources Department is responsible for supporting managers as required in the application of this procedure.

ii. They must ensure that training is provided for managers to enable them to deal with grievances in an appropriate manner, in accordance with this procedure.

4. DEFINITIONS

i. **Grievances** are complaints, problems or concerns that employees raise with their employer in connections with actions (either taken or proposed) that affect the employee detrimentally.

ii. Issues that may give rise to grievances include (but are not limited to):

1. terms and conditions of employment (and the way they are applied)
2. relationships at work
3. new working practices
4. the working environment
5. health & safety
6. discrimination

iii. A grievance can cover issues relating to the treatment of an individual within the organisation, or any environment where work related activities take place, including social gatherings.

iv. Where the grievance is about the individuals' the line manager, then the employee should raise the matter with their next level of management.

5. POLICY PROCEDURES

5.1 Informal Stage

i. Many issues or concerns can be raised and dealt with during the course of everyday working relationships. Employees are therefore encouraged to address grievances informally in the first instance, with their supervisor or line manager. It is in everyone's interest to resolve problems in this way before they can develop into major difficulties.

ii. If it is not possible to resolve a grievance informally, the employee should raise the matter formally, without unreasonable delay, by completing a Grievance Submission Form and submitting it to the next level of management within their Division (Human Resources can be contacted for advice on this). This manager may conduct the formal process themselves or delegate it to a manager in another area if appropriate.

iii. A flowchart illustrating the procedure for handling grievances is included as in section 5.12.

5.2 Formal Stage

- When completing the Grievance Submission Form, employees should ensure that they include:

  a. the exact nature of their grievance, giving as much detail as possible
  b. details of any steps they have taken to resolve the matter informally
  c. the actions/outcome they are seeking to resolve the matter

- The manager dealing with the grievance will acknowledge receipt in writing within two working days of receiving the completed Grievance Submission Form.

- They will then offer a meeting with both parties within five working days of receiving the completed Grievance Submission Form (this timeframe can be extended by mutual agreement). At this meeting, the manager will be supported by a member of the Human Resources Team. The individual has the right to be represented by a recognised staff council member, workplace colleague or Trade Union representative as does the person about whom the grievance has been made (where this is a manager they would usually be accompanied by Human Resources representative).

- Prior to the grievance meeting, the manager should gather any relevant information and documentation.

- The grievance meeting is a chance for the individual to explain their grievance to the manager who has been assigned to deal with it, and provide any further details or information that the manager may need. It is also the chance for the person about whom the grievance has been made to put forward their response to the grievance.

- Where it is felt that both parties cannot meet face to face or that this would be counter-productive, consideration will be given to meeting each party separately.

5.3 Investigation

i. It may be necessary for us to carry out an investigation into your grievance. The amount of any investigation required will depend on the nature of the allegations and will vary with case to case. It may involve interviewing and taking statements from you and any witness, and/or reviewing relevant documents. The investigation may be carried out by your line manager or another independent manager.

ii. You must co-operate fully and promptly in any investigation. This may include informing us of the names of any relevant witnesses, disclosing any relevant documents to us and attending interviews, as part of our investigation.

iii. We may initiate an investigation before holding a grievance meeting where we consider this appropriate. In other cases we may hold a grievance meeting before deciding what investigation (if any) to carry out. In those cases we will hold a further grievance meeting with you after our investigation and before we reach a decision.

- Following the grievance meeting the manager dealing with the grievance should collect and consider any further documentation and evidence that may be relevant. This may include questioning any other staff relevant to the subject of the grievance.

- Once all the relevant information has been considered, the manager must then confirm their decision in writing to the employee who has submitted the grievance within ten working days of the grievance meeting, advising them of their right to appeal the decision if they so wish. The manager should also complete the Grievance Monitoring Form and return it to the Human Resources Department.

5.4 Appeals

i. If the employee is unhappy with the decision, they can submit an appeal. They should do so in writing to the Associate Director of Human Resources within ten working days of the date of the outcome letter. This must include the details of the grounds of the appeal and the remedy being sought.

ii. The grievance will be referred to a Grievance Appeal Panel, and should be heard in a timely manner. The Panel will comprise of a Senior Manager (usually the immediate manager of the manager who made the original decision), and a member of the Human Resources Department not involved with the original decision. Any manager who has previously been involved in the particular grievance should not be included. The appeal is against the decision of the manager but is not a re-hearing of the grievance. New evidence should not be presented as part of the appeal

iii. The employee will be invited to attend the appeal and will be reminded of their right to be accompanied by a workplace colleague or staff council member or Trade Union Representative. The employee must also be informed that the formal appeal meeting is the final stage of the grievance procedure.

iv. Both parties should submit a written statement of case to the Human Resources Department no later than ten working days before the appeal hearing date. This should include an indication of any witnesses they intend to call in support of their case. Once both documents have been received, they will be copied to all parties.

v. The procedure to be followed at the Grievance Appeal is as follows:

- The chair of the appeal panel will facilitate introductions, and then outline the procedure to be followed.

- The employee/representative shall provide an overview of their grievance and the reasons for their appeal, and may call witnesses, if applicable.

- The manager and the members of the panel shall have the opportunity to ask questions of the employee and witnesses, if applicable.

- The manager shall provide their response, including the reasons for their original decision, and may call witnesses if applicable.
- The employee/representative and the members of the panel shall have the opportunity to ask questions of the manager and witnesses, if applicable.

- The manager and then the employee/representative shall have the opportunity to sum up their case if they so wish. In the summing-up, neither party may introduce any new matter.

- The panel may, at its discretion, adjourn the appeal in order that further evidence may be obtained.

- Following completion of the submission of all evidence and summing-up, the employee, their representative, and the manager shall withdraw.

- The panel and the HR representative shall deliberate in private, only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary, both parties shall return even where only one party is concerned with the point in question.

- A decision will normally be announced immediately following the hearing. If this is not possible, the Chair of the Appeal Panel will advise both parties of the decision as soon as is practically possible in writing.

- The Chair of the Appeal Panel shall write to the employee within five working days of the appeal hearing to confirm the panel's decision. They should also complete the Grievance Monitoring Form and return it to the Human Resources Department.

- This concludes the Grievance Process.

5.5 Time Limits

Grievances should be submitted within 3 months of the occurrence they relate to, unless there are exceptional circumstances that prevented the grievance being submitted in a timely manner.

5.6 Overlapping Grievance and Disciplinary Cases

i. In certain circumstances the complaint may need to be managed via a different organisational policy, for example the Dignity at Work or Disciplinary policy. If at any stage following investigation the grievance appears to justify disciplinary action then the grievance procedure should be halted and the disciplinary process implemented. This can be done at any stage including within the formal stage.

ii. Where an employee raises a grievance during a disciplinary process the disciplinary process may be temporarily suspended in order to deal with the grievance. Where the grievance and disciplinary cases are related it will usually be appropriate to deal with both issues concurrently as part of the disciplinary process.

5.7 Mediation

Where grievances are concerned with interpersonal relationships, external mediation may be a course of action that could be explored. The Human Resources Department will be able to make the necessary recommendations and arrangements for this.

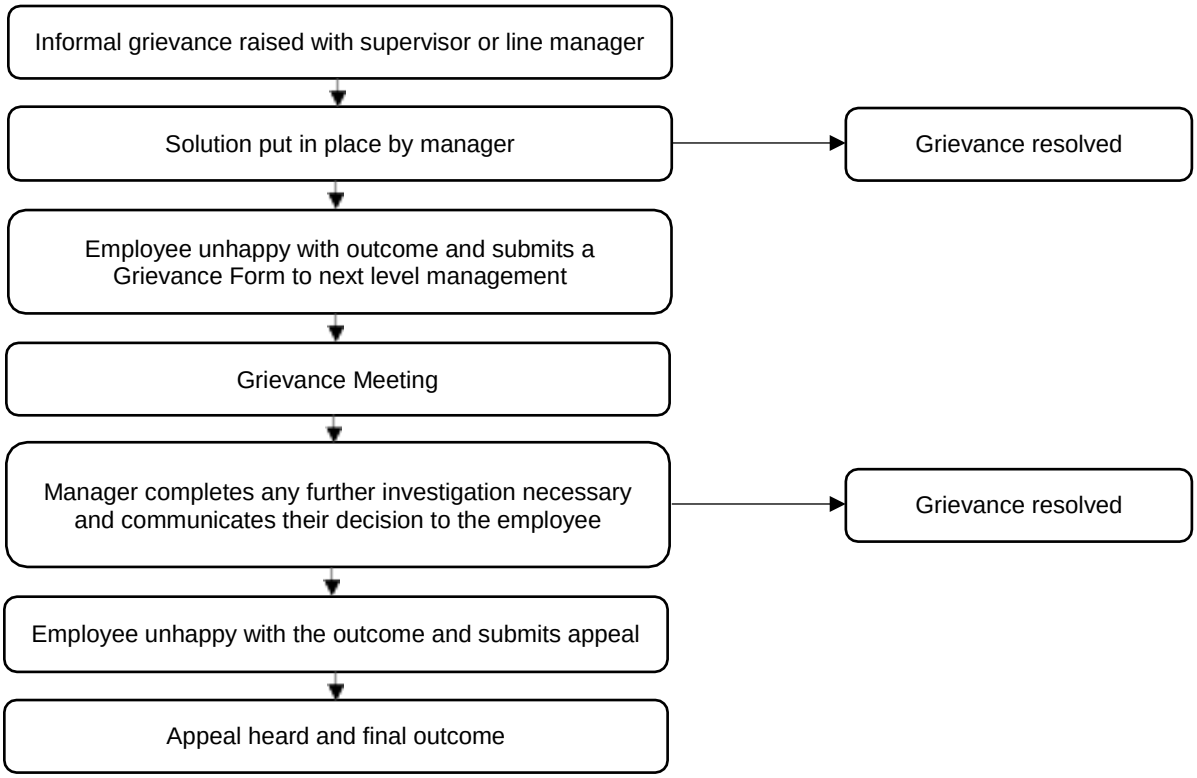
5.8 Collective Grievance

Where a grievance is submitted by a group of staff, they should select one member of staff to represent them at meetings (either informal, formal or at appeal).

5.9 Mischievous or Malicious Grievances

If a grievance is found to be vexatious or malicious, this may result in disciplinary action being taken.

5.10 Grievance Procedure Flowchart



6. KEY REFERENCES

i. Employment Rights Act 1996
ii. Disciplinary and Grievance Procedures, Code of Practice, ACAS, 2009
iii. Disciplinary and Grievances at Work, The ACAS Guide, ACAS, 2011
iv. Employment Act 2009

7. RELATED POLICIES

i. Disciplinary Policy (PC24POL14)
ii. Dignity at Work Policy (PC24POL118)
iii. Equality and Diversity Policy (PC24POL119)
iv. Capability Policy (PC24POL37)
v. Attendance Management Policy (PC24POL38)
vi. Whistleblowing Policy (PC24POL102)

8. COMPLIANCE

An annual report will be submitted to the Quality and Workforce committee to provide assurance that this policy is being applied consistently and fairly.

9. TRAINING NEEDS ANALYSIS

The organisation, led by the Human Resources Department, will ensure that all staff members involved in any stage of the Disciplinary process will be appropriately trained and briefed in their role to ensure that all matters are dealt with fairly and consistently.

New Disciplinary ProcessDisciplinary Policy	
Version	V9.0
Supersedes	V8.0
Date Ratified by Board	
Reference Number:	PC24POL14
Title & Department of Originator	Human Resources
Title of responsible committee/department	Human Resources Manager
Effective Date	
Next Review Date	
Target Audience	
Impact Assessment Date	
Summary	

Version	Date	Control Reason	Accountable Person for this Version
V8		**Archived**	**Alison Hughes**

Reference documents	Electronic Locations	Locations for Hard Copies
Employment Rights Act 1996 Equality Act 2010 Safeguarding Vulnerable Groups Act, 2006 Data Protection Act 2018 Working Time Regulations 1998 Disciplinary and Grievance Procedures, Code of Practice, ACAS, 2009 Disciplinary and Grievances at Work, The ACAS Guide, ACAS, 2011 Code of Conduct for NHS Manager, DH, 2002	Primary Care 24 Intranet	N/A

Consultation: Committees/Groups/Individual	Date

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1.0 PURPOSE

Primary Care 24 expects high standards of behaviour from employees. The Disciplinary Policy establishes a clear procedure in compliance with current legislation and the Advisory, Conciliation and Arbitration Service (ACAS) Code of Practice. This ensures fair and consistent treatment of employees when disciplinary action becomes necessary because of an employee's conduct.

This document should be read in conjunction with the following policies;

- Grievance Policy (PC24POL15)
- Dignity at Work Policy (PC24POL118)
- Capability Procedure and Absence Management (PC24POL13)
- Equality and Diversity Policy (PC24POL11)

2.0 SCOPE OF THE POLICY

This policy applies to all employees of Primary Care 24.

Where professional misconduct is alleged, the professional head of service should be consulted for advice.

The aim of the policy is to help and encourage all employees to achieve high standards of conduct, attendance and performance at work, ensuring a fair and consistent approach to the management of issues of misconduct within the organisation.

An employee has the right to be accompanied by a workplace representative. Although the organisation does not recognise trade unions, the employee may be accompanied by an official from a trade union to which they are a member.

Confidentiality must be maintained throughout any disciplinary process by all involved. Breaches of confidentiality will be investigated and may lead to a disciplinary sanction.

This policy does not form part of any employee's contract of employment and we may amend it at any time.

3.0 RESPONSIBILITIES

3.1 Associate Director of Human Resources

The ADHR is responsible for ensuring that an appropriate Disciplinary Policy and Procedure is in place, which promotes good employment relations.

They are also responsible for ensuring that managers are supported in the implementation of the policy and procedure and that it is reviewed and monitored regularly.

3.2 Line Managers

Line Managers will not take any formal disciplinary action outside of this policy. They will manage any potential issues of misconduct promptly and maintain a consistent approach with all of their direct reports

3.3 Commissioning Manager

All matters of potential misconduct will be discussed ordinarily with the commissioning manager and a member of the Human Resources team unless there is a conflict of interest. The commissioning manager will decide on the appropriate course of action and appoint the investigating officer, where necessary.

The commissioning manager will review any completed investigation report, deciding if there is a case to be progressed through the formal stages and a panel will be appointed.

3.4 Investigating Officer

The Investigating Officer is responsible for investigating a case within the terms of reference and ensures that the Commissioning Manager is updated on progress at regular intervals

The Investigating Officer will promptly advise the Commissioning Manager of additional issues that arise during the investigation that may alter the terms of reference

The Investigating Officer will write the investigation report and will attend the disciplinary or appeal hearing to support or present the management case

3.5 All Staff

All employees are required to comply with the working practices and policies within the organisation. All employees, volunteers, apprentices, agency workers and contractors are required to observe the disciplinary standards of conduct within this document.

If at any time during the disciplinary process an employee feels aggrieved by the fairness of the process, they may take recourse through the organisation’s Grievance Policy

All employees who are members of a Professional Body are responsible for liaising

with their representative.

All staff members have the right to be accompanied at any formal stage of the disciplinary proceedings. This can be a workplace colleague, an official employed by a trade union of which the employee is a member (consistent with scope of policy above).

Employees have an obligation to attend formal disciplinary hearings as witnesses. Therefore, at the request of the organisation, an employee should make every effort to attend.

3.6 Human Resources

The Human Resources department has an important advisory role in all disciplinary matters to both managers and employees. Their role also ensures that an equal standard of discipline applies and ensures procedures are managed fairly and consistently across the organisation.

They will be responsible for the delivery of the policy across the organisation and for auditing and reviewing the application of the policy.

4.0 DEFINITIONS

Misconduct – i.e. if they happen, may result in disciplinary action including dismissal (if repeated).

Gross misconduct – i.e. if committed even only once could result in dismissal unless there are mitigating circumstances

5.0 POLICY PROCEDURES

5.1 Assessing the Situation

When a potential disciplinary matter arises, a manager in charge needs to ascertain the facts about what has happened as quickly as possible.

An initial assessment must be promptly undertaken when an incident has occurred or a concern has been reported. The individual conducting this must:

- Act immediately
- Consider suspending any employee involved in the incident from their duties.
- Retain any physical evidence
- Record other factors that may have had an impact on the incident
- Record the names of all involved and witnesses
- Take written statements from those involved and witnesses

Where during the initial assessment the manager speaks to any employee involved in the issue, they should make clear that they are not conducting a disciplinary meeting. The employee is not entitled to representation at this stage of the procedure.

Having established the facts, the relevant manager must decide on the appropriate action to take.

5.2 Informal Action

Informal action may be the appropriate response to issues of minor misconduct. Where a concern is managed informally, the manager must:

- Meet the employee to discuss the situation
- Write to the employee summarising the concern
- Advise of appropriate support available to the employee
- Summarise any other remedial action that has been agreed with the employee, including timescales
- Advise the employee that further incidents of the same nature may result in formal action being taken against them.

5.3 Advising the Employee

The employee should be advised of the alleged misconduct without delay. They should be informed of the alleged misconduct verbally followed by a letter confirming the allegations. The employee must be provided with a copy of the Disciplinary Policy.

5.4 Suspension

Suspension is where an employee continues to be employed but does not need to attend work or do any work. Suspension is not a disciplinary sanction. There should be no assumption or guilt associated with the suspension.

Deciding to Suspend

5.4.1 Suspension may be considered in the following circumstances:

- Where gross misconduct is suspected
- Where there are concerns that any investigation could be compromised by the employee(s) remaining on site
- Where any repeat of the alleged misconduct could put any individual in danger
- Where there is a danger that health, safety or the welfare of a person may be compromised by remaining in the situation.

It is important that any decision to suspend an employee from the organisation is not made without a full review of the circumstances with a member of the HR team and should be kept confidential. Every effort must be made to prevent the necessity of formal suspension. Examples of how to avoid formal suspension include:

- Assignment in a broadly similar role in another service or location
- Restricted duties in the employee's existing role
- Assignment to a different role that is within the skills and knowledge of the employee.

Any alternative arrangements must not compromise service delivery

However, where alternatives have been considered and ruled out, the manager making the decision to suspend must keep a record of their decision.

5.4.2 Terms and Conditions during Suspension

Suspension from duty is always on full pay and the employee must not suffer a financial detriment or any loss in their terms and conditions of service as a consequence.
The employee must not enter any premises of the organisation except for any other legitimate reason, e.g. to receive any medical treatment, as a patient or for an agreed meeting. In these situations the member of staff should inform their manager in advance.

The employee must not contact any members of staff (other than their line manager, investigating officer or employee representative) to discuss the content or detail of the allegations as this may prejudice the investigation. Failure to follow this instruction may result in further disciplinary action.

The employee must not access organisation documents, email or files using their remote access.

If the employee requests access to the workplace during the suspension, the line manager or investigating officer should assess the request and decide whether or not it is reasonable. The line manager or investigating officer should also consider any requests by the employee to be allowed to contact colleagues if this is necessary in connection with preparing their response to the disciplinary case.

The employee, while not required to attend work, should remain available to participate in the disciplinary process. Further, if the suspension is lifted earlier than anticipated, the employee would be expected to return to work

If the employee wishes to request annual leave via their manager during the suspension period this should be considered in the normal way.

5.4.3 Informing the Employee of Suspension

The decision to suspend the employee from work must be communicated to them as soon as possible.

Where practicable, support may be offered to the employee via a member of the Human Resources department. Alternatively, a senior member of staff who is not involved in the incident or investigation may offer immediate support to the employee. The employee should be provided with the contact details of the confidential Employee Assistance Programme.

The employee will be advised in writing of the reasons for suspension, including the allegations of misconduct that are to be investigated, the terms of suspension and that the suspension does not in itself constitute any disciplinary action. A copy of the written notification will be retained.

5.4.4 Duration of Suspension

It is imperative that the period of suspension should be as short as possible to enable a reasonable investigation. The Commissioning Manager is responsible for ensuring that the employee is updated as to how long the suspension is likely to last.

The HR team and the Commissioning Manager should review the suspension on a regular basis to determine whether or not it is still necessary. All employees will be kept updated throughout the process.

5.5 Investigation

5.5.1 Investigation Process

The investigating officer will be independent of the issues raised. The organisation may with the agreement of the ADHR request the services of an external investigating officer. The investigating officer will endeavour to complete the investigation in a timely manner.

Terms of reference for the investigation will be agreed prior to commencing the investigation by the Commissioning Manager.

The purpose of the investigation is to ascertain the facts, interview witnesses as needed and prepare an investigation report.

Confidentiality for those involved must be respected at all times. The Investigating Officer should limit their enquiries to witnesses to the alleged misconduct, professional advisers or others who are able to provide relevant evidence.

Where the Investigating Officer requires a meeting with the employee under investigation, they should be provided with at least 2 working days' notice of the meeting date. The organisation provides employees with the opportunity to be supported at the investigatory interview by a workplace colleague. However, where

this would unduly delay the investigation, the organisation reserves the right to interview the employee without representation. Representatives will not be entitled to speak on the employee's behalf during the investigatory interview.

5.5.2 Investigation Report

The investigation report must be set out, providing a set of conclusions and recommendations for consideration by the Commissioning Manager on whether there is a case to answer.

Where misconduct is upheld and the employee has been suspended, the period of suspension will continue pending the Disciplinary Hearing. The employee must be advised of this in writing.
In cases where there has been a period of suspension and the investigation finds that there is no case to answer or the matter can be progressed informally, the employee must be advised immediately that the period of suspension is ended and arrangements made for their return to duty.

5.6 Disciplinary Hearing

The HR team will be responsible for ensuring that the Disciplinary Hearing is organised. An HR Manager will support the disciplinary panel and ensure it is conducted in line with the policy. The HR Manager will ensure that all parties receive all relevant paperwork and will attend the hearing to provide advice to the panel and take notes.

The Disciplinary Chair will be responsible for ensuring that the employee attending the hearing fully understands the allegations against them, the consequences should the panel find that the alleged misconduct has taken place.

Witnesses may be called by either party to present their evidence at the disciplinary hearing.

The composition of the panel is set out under the Scheme of Delegation. The Disciplinary Panel may request the input of a professional adviser to assist the panel in understanding any technical or professional considerations which may inform their decision.

The letter advising the employee of the date of the disciplinary hearing must provide at least five working days' notice of the hearing date. A copy of the investigation must be attached with this letter. All evidence from the Investigation Report along with any evidence supplied to the employee no less than 5 days before the hearing.

An employee who is unable to attend the Disciplinary Hearing must inform the HR team prior to the hearing giving the reason for their non-attendance. The organisation reserves the right to continue with the Disciplinary Hearing in the employee's absence where there are reasonable grounds to do so.

If the Employee's Representative is unable to attend on the proposed date, the employee can suggest another date so long as it is reasonable and is not more than five working days after the originally proposed date. This five day time limit may be extended by mutual agreement.

At the end of the formal disciplinary meeting, the Chair must decide whether disciplinary action is warranted and communicate the outcome to all parties verbally and then in writing.

5.7 Formal Levels of Disciplinary Sanction

In cases of misconduct it is usual to give employees at least one chance to improve before issuing a final written warning. However, in cases of repeated or gross misconduct a final written warning may be issued. Cases of gross misconduct may also result in summary dismissal even for first offences. A referral to the employee's professional body (if applicable) may be considered at any stage of the process.

5.7.1 First Written Warning

A first written warning will be issued for a breach of conduct. The warning will be confirmed in writing and should include an outline of the improvement or change in behaviour required including timescales and a review date, the support available to the employee, subsequent actions should there be no change in behaviour or improvement in conduct and the right of appeal against the decision. Such a sanction will be for 12 months.

A copy of the written warning will be kept and used for the basis of monitoring and reviewing performance and will be disregarded for disciplinary purposes after 12 months.

5.7.1 Final Written Warning

Where there is a failure to improve or change behaviour in the timescale set at the first formal stage, or where the offence is sufficiently serious, the employee should normally be issued with a final written warning. The warning will be confirmed in writing and should include the improvement or change in behaviour required including timescales and a review date, the support available to the employee, that failure to improve could result in dismissal and the right of appeal against the decision

A formal record of the warning will be kept, but must be disregarded for disciplinary purposes after a period of 12 months. This may be extended to 18 months in exceptional circumstances, for example where gross misconduct has been upheld but the employee has not been dismissed.

5.7.3 Dismissal

If the employee's conduct or performance still fails to improve, the final stage in the disciplinary process will normally be dismissal. The employee should be notified of the decision for dismissal in writing and the letter will confirm the reason(s) for dismissal, the date of termination, the appropriate notice period and the right to appeal against the decision.

In cases of gross misconduct the employee will be summarily dismissed and will not be entitled to any notice period.

5.7.4 Action Short of Dismissal

Certain exceptional circumstances may, in cases of gross misconduct, result in another enforced penalty short of dismissal such as demotion, transfer or loss of seniority. In such cases the employee will also be issued with a final written warning. No pay protection will apply in such circumstances.

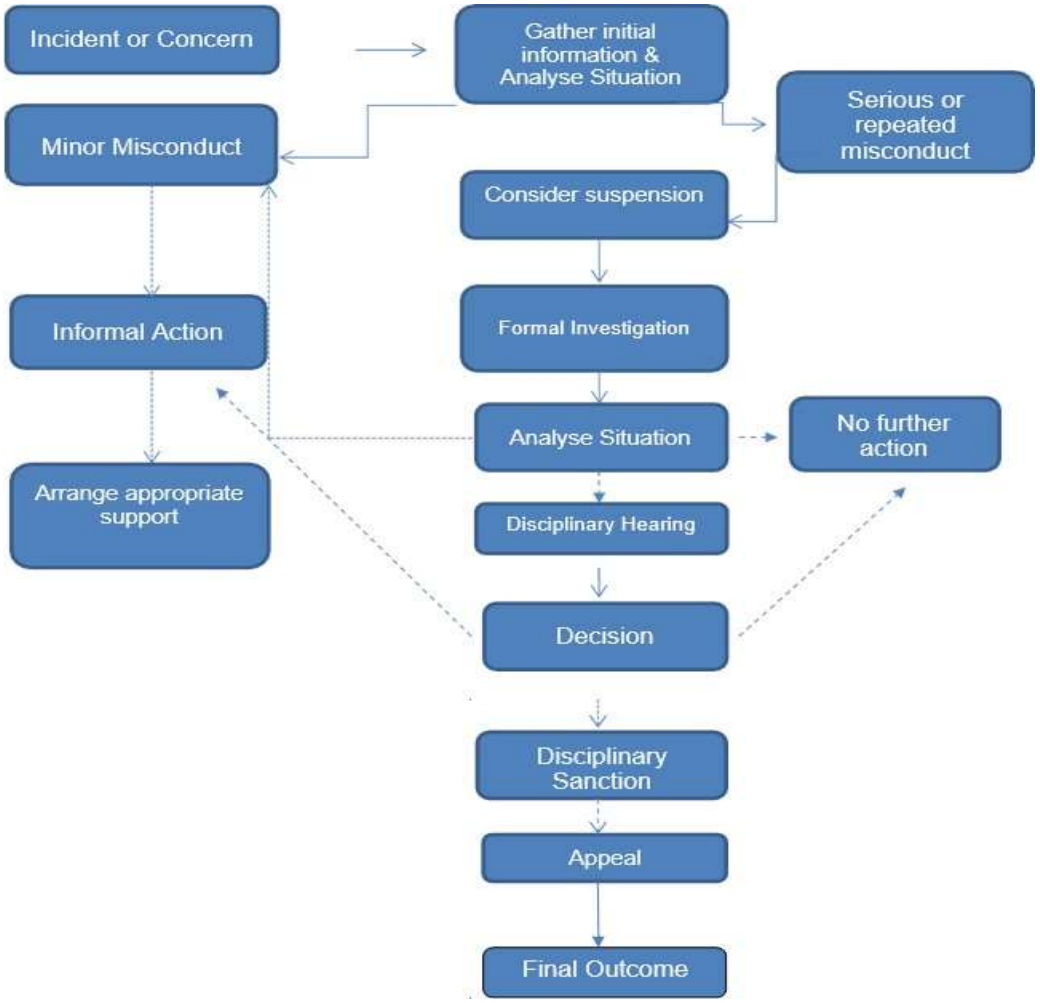
5.8 Appeals

Employees should appeal in writing to the ADHR, stating their grounds for appeal within 5 working days of the date of the letter confirming the disciplinary sanction. Appeals should be heard within 4 weeks of receipt of the appeal. In normal circumstances new evidence will not be heard.

The appeal panel cannot increase the original sanction**.**

Both parties will be required to submit their statements of case, at least 5 workings days before the date of the hearing, to the HR representative supporting the appeal. This should include any witnesses to be called to provide evidence.

5.9 Disciplinary Process Flowchart



5.10 Involving External Agencies or Organisations

The organisation will cooperate fully with external organisations, but not limited to, Local Safeguarding Children's Board, Local Authority Designated Officer, Police and DBS.

5.11 Sickness

The disciplinary process may continue during an employee's sickness. This action will depend on the nature of the illness and the likely length of the absence. Where appropriate, professional medical advice will be sought from Occupational Health.

5.12 Fast-Track Process (FTP)

In cases of misconduct where the employee does not wish to contest the allegation made against them, they can opt to have their case dealt via FTP. The process cannot be used if another employee is also subject to a disciplinary in connection with the same incident or if the allegations are considered to amount to gross misconduct. The FTP process cannot be used when dismissal may be a consequence.

The FTP can be suggested by any involved party. The employee completes an FTP request form.

There must be sufficient evidence already for the employee to request FTP and for the commissioning manager to make a decision on a possible sanction. If the management decision is that the FTP is not appropriate in a particular case, this decision will be final.

The commissioning manager will meet with the employee to discuss the allegations and, based on all the information available, propose an appropriate sanction. This will be confirmed in writing to the employee within 3 working days. The employee will then have 3 working days from receipt of that letter to accept, reject, or propose a lower sanction. If the employee rejects the sanction and an alternative cannot be agreed, the matter will proceed to the normal formal disciplinary investigation process.

If the sanction is agreed, this is formalised in a letter to the employee. The letter is placed on file with a synopsis of the case and any recommendations.

Under the FTP there is no right of appeal against the disciplinary sanction as this is a mutually agreeable sanction.

6.0 RELATED POLICIES

Grievance Policy (PC24POL15)
Dignity at Work Policy (PC24POL118)
Equality and Diversity Policy (PC24POL119)
Capability Policy (PC24POL37)
Substance Misuse Policy (PC24POL48)
Attendance Management Policy (PC24POL38)

7.0 COMPLIANCE

An annual report will be submitted to the Quality and Workforce committee to provide assurance that this policy is being applied consistently and fairly.

8.0 TRAINING NEEDS ANALYSIS

The organisation, led by the Human Resources Department, will ensure that all staff members involved in any stage of the Disciplinary process will be appropriately trained and briefed in their role to ensure that all matters are dealt with fairly and consistently.

Title:	Meeting Date:	Agenda item no:
Rules and Regulations Update	20 March 2019	10.2
Prepared and presented by: Margaret Swinson	**Discussed by:**	

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 agreement of the Rules by the Financial Conduct Authority
- Review and adopt the Regulations.

1.0 Purpose:

1.1 The purpose of this report is to update the Board on the status of the Rules of Primary Care 24 (Merseyside) Ltd and the supporting 'Regulation' document.

2.0 Background:

2.1 PC24 commenced the Review of its Rules in 2017. There was a lengthy process of discussion and parameters were agreed by the Board for the changes required. These have been subject to legal advice and review by the Financial Conduct Authority. Approval has finally been given to the new Rules which were circulated to Board members on 25 February 2019. As a result of this approval all Executive Directors will now be voting members of the Board.

2.2 During the Rules Review process, the Board noted that the Rules made provision for 'Regulations' to be drawn up and to sit alongside the Rules. These could be amended by the Board to ensure they reflected current practice. Therefore the Board took the decision to exclude from the Rules areas which were not subject to regulatory control but reflected the way of working at PC24 at a given point in time eg: how the organisation engaged with staff, patients and other stakeholders. A draft document was drawn up and agreed by the Board at the July 2018 meeting ready to come into effect at the time the new Rules were agreed.

3.0 Regulations

3.1 As the Rules have now been agreed, the Regulation document is presented for formal adoption. Once adopted the document will sit alongside the Rules on the website and will be appended to each set of Board papers.

4.0 Recommendations:

The meeting is invited to:

- Note the agreement of the Rules by the Financial Conduct Authority
- Review and adopt the Regulations.

Regulations under Rule 1.6

Introduction

Under Rule 1.6 the Board may make Regulations in addition to the Rules of the Society. These Regulations set out how the Board conducts its business and outlines the current mechanism through which the Board gives expression to the Rules where the Rules are not specific about that expression.

In all its engagement the organisation's values of:

Providing quality patient services

Being an excellent employer

Working in collaboration to achieve positive system change

remain paramount.

UC24 seeks to value each individual's contribution to the organisation and to model an inclusive approach in recruitment and service delivery.

Conduct of Board & Committee Meetings

The Board and its Committees commit themselves to:

* Attending meetings
* Reading briefings & papers
* Arriving on time
* Participating wholeheartedly
* Submitting papers of high quality and uniformity for consideration before deadlines expire

Board meeting attendance will be reported annually.

The Board Code of Conduct

- Mutual trust & respect
- Honesty
- Determination, tolerance & sensitivity
- Rigorous & challenging questioning, tempered by respect
- Tolerance of diverse points of view, new ideas, different perspectives, embrace diversity
- Assist and support new Board members or those in attendance at meetings, whether internal or external
- Avoid giving offence be ready to apologise
- Avoid taking offence, stay open to discussion
- Be sensitive to colleagues' need for support when challenging or being challenged
- Be open to hearing a minority view and treat all ideas with respect
- Respect the need for confidentiality alongside candour and accountability
- Ensure meeting time is well used and individual points are relevant and short
- Strive to continuously improve the quality of paperwork, content of papers, administration of Board meetings

Staff Engagement

UC24 is committed to being a good employer. The following mechanisms provide opportunity for engagement with staff:

- Elected Staff Council
- Annual Start of the Year Conference
- Regular communication from the Chief Executive
- Staff Awards
- Post Box for internal communication
- Team and Staff meetings
- Reporting a Concern (Whistleblowing) process and policy

UC24 provides additional benefits for staff including:

- Confidential Employee Assistance Helpline
- Salary Sacrifice schemes
- Subsidised gym membership

Patient Engagement

The UC24 Board is committed to hearing a Patient Story at each of its bi-monthly Board meetings, and to noting any lessons learned for implementation in the organisation.

UC24 values and reports feedback from patients to staff, the Board and service Commissioners. This feedback is obtained through

- Friends & Family SMS feedback including free text comment
- Complaints and compliments reported through the website, post, email or face to face
- Specific Patient surveys
- Patient Participation Groups

Other Stakeholder Engagement

In its services, UC24 works with a range of stakeholders:

- Commissioners
- GP Practices and individual GPs
- Other health and social care professionals
- Third sector and other social enterprise organisations
- Education and learning

UC24 engages with these stakeholders through its monthly clinician education programme, taking a full part in system working groups and boards, meeting with third sector organisations, initiating inter-organisational working and being open to working in collaboration in the interest of patients.

Title:	Meeting Date:	Agenda item no:
Quality & Workforce Committee report	20 March 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 noted that the actions identified from the CQC practice visits had been collated into a plan much of which had already been completed. The plan would be monitored by the Committee

2.2 The Committee noted the ANP Record Keeping Audit was a good piece of work, which demonstrated PC24 took responsibility for quality in relation to professional standards.

2.3 The Committee commented that PC24 would to be up to strength in terms of capacity in both Governance and HR shortly and was encouraged by performance in both departments.

2.4 The Committee recommended three HR policies for approval subject to any major issues from the Executive Team.

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	20.03.2019	11.2
Prepared and presented by: Paula Grey (Chair for the meeting)	**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 20th March 2019 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report:

2.1 The Committee noted ongoing good service performance and the positive end of year financial position.

2.2 The Committee recommended the budget setting and accountability process currently being rolled out as good practice.

2.3 The Committee thanked all of those who had made the good performance and good end of year financial position possible.

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.

PrimaryCare:24

Title:	Meeting Date:	Agenda item no:
Finance and Performance Committee report	20.03.2019	11.2
Prepared and presented by: Paula Grey (Chair for the meeting)	**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.	

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2.0 Matters for Report:

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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.