

URGENT CARE 24 BOARD MEETING (OPEN)

DATE: 26 July 2018

TIME: 2pm

VENUE: Urgent Care 24 Board Room

DISTRIBUTION: All Board members & attendees

BOARD MEMBERS: PAT HIGGINS (CHAIR), DR MARY RYAN, JAY CARR, KATHRYN FOREMAN, PAULA GREY, PAUL CUMMINS, HELEDD COOPER, HELENA LEYDEN, DR. SANDRA OELBAUM

IN ATTENDANCE: ALISON HUGHES, MARGARET SWINSON, COMPANY SECRETARY

AGENDA

			Pages
1.	Chair's Welcome, apologies for absence and opening comments		
2.	New declarations of interest	MS	
3.	Patient Experience in Sefton	Stewart Eden	
4.	Minutes of the meeting held on 7 June 2018		1-8
5.	Matters arising and action list progress		9
6.	Chair and Non-Executives' Report		
6.1	Chair's Report	PH	10-11
7.	Chief Executive		
7.1	Chief Executive's Report	MR	12-13
8.	Performance		
8.1	Integrated Performance Report	Executive Team	14-35
9.	Strategy		
	No specific items at this meeting		
10.	Governance		
10.1	Risk Register items 15+ post mitigation	HL	On Screen
10.2	Rules, Regulations and trading name	MS	36-63

- | | | | |
|------|---|----|--------------|
| 10.3 | Quality Impact Assessment of Efficiency programme | HL | To be tabled |
|------|---|----|--------------|
- 11. Committee Reports**
- | | | | |
|------|------------------------------------|----|--------|
| 11.1 | Quality & Workforce 18 July 2018 | PG | 64-65 |
| 11.2 | Finance & Performance 18 July 2018 | PH | 66-67 |
| 11.3 | Audit from 23 July 2018 | KF | Verbal |
- 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:	3 October 2018
Time:	2pm
Venue:	Urgent Care 24 Board Room

Board Meeting:	Open Session		
Venue:	Board Room, Urgent Care 24 (UC24)		
Date:	7 th June 2018		
Time:	13.00		
Attendees:	Apologies:	Date of Next Meeting:	
Executives (EDs) Kate Lucy (KL) <i>Chief Executive V</i> Dr Mary Ryan (MR) – <i>Medical Director V</i> Jay Carr (JC) – <i>Director of Service Delivery V</i> Helena Leyden (HL) – <i>Director of Nursing</i> Pat De Ridder (PdR) – <i>Acting Director of Finance</i> Non-Executive Directors (NEDs) Pat Higgins (PH) Chair - <i>V</i> Paula Grey (PG) - <i>V</i> Kathryn Foreman (KF) - <i>V</i> Paul Cummins (PC) - <i>V</i> In attendance: Margaret Swinson (MS) – <i>Company Secretary</i> Christine Day – <i>Notetaker</i> <i>V indicates a voting member of the Board</i>	Sandra Oelbaum (SO) – <i>Deputy Medical Director</i> Alison Hughes (AH) – <i>Associate Director of HR</i>	26 July 2018	

Item		Action
1.	Chair's Welcome, apologies for absence and opening comments PH welcomed everyone to the meeting and noted apologies from SO and AH.	
2.	New declarations of interest KL declared she had become a Trustee at Make Liverpool and a Governor at City College, Liverpool.	
3.	Patient Story PH explained the Patient Story would be discussed in the Private section of the Board meeting where Carol Rogers would be asked to attend and present as it was a multi-agency story and permissions were not in place for a public presentation.	
4.	Minutes of the meeting held on the 26th March 2018 The minutes of the meetings held on 26 th March 2018 were agreed.	

5.	<p>Matters arising and Action Log progress</p> <p>Action Point 3 - GP Survey</p> <p>MR reported that the reasons for GPs not doing out of hours shifts were many and only 9 out of the 65 responses identified 'indemnity' as a reason. She therefore advised that attempting to make provision would not address recruitment issues. The Board was advised that the National Indemnity Scheme for GPs was set to be launched in April / May 2019 which could be helpful.</p> <p>Action Point 4 - Quality Report</p> <p>MS explained the CQC had indicated that they would have liked cumulative information presented in relation to identifying themes for complaints and incidents. PH requested that the Halton Quality Report to be shared with the Board. Work was also being undertaken with Commissioners to establish a period deep dive approach to reporting quality.</p>	
6.	<p>Chair's and Non-Executives' Report</p> <p>6.1 Chair's Report</p> <p>The Chair talked the Board through her report.</p> <p>There had been a lot of activity around the Liverpool Integrated Care Partnership Group which she felt would fit in with the Chief Executives Report on the Provider Alliance, One Liverpool and the CQC System wide review which was included on the Agenda. The LICPG was still in development.</p> <p>The Board</p> <ul style="list-style-type: none"> • Noted the Chair's Report. <p>6.2 Board Appointments</p> <p>The Chair declared an interest in this item and had previously agreed with MS to leave the room for this discussion. KF took the Chair.</p> <p>MS presented her paper.</p> <p>Chair: The Board was invited to reflect on the Chair's term of office which was due to end on 30th September 2018. The paper recommended the recruitment process be commenced in July which would afford the opportunity to consider the skills of the incoming CEO against those for the incoming Chair.</p> <p>Vice Chair: MS explained that, due to the changes in timing of the CEO appointment, there might be an interregnum between the current chair and new chair during which period, an acting Chair would be required. This had prompted a discussion about whether a Vice-Chair should be appointed rather than continue the current arrangement whereby the role rotates between Non-Executive Directors as need arises.</p> <p>KL reminded the meeting that the Rules review allowed for UC24 to make its own decisions on this matter as circumstances require. The Board agreed that the current system provided a good opportunity for Non-Executives to acquire chairing skills and retained the equality of the Non-Executive Directors.</p> <p>However, in light of the potential interregnum, the Board agreed that Paula Grey would be the Acting Chair in the event of an interregnum and that the CEO Executive Assistant would note the dates of NED's leave to facilitate any transfer of responsibility.</p> <p>PH re-joined the meeting.</p> <p>Chief Executive Appointment</p> <p>The full timetable and process for the appointment were outlined for the Board.</p> <p>The Board:</p>	

	<ul style="list-style-type: none"> • Noted the new timetable for the appointment of the Chief Executive Officer • Agreed that Paula Grey should be Acting Chair in the event of an interregnum • Agreed the Timetable and process for the appointment of a Chair and noted that, in light of experience with the CEO appointment, the Chair appointment might use an external agency to support. 	
7.	<p>Chief Executive</p> <p>7.1 Chief Executive's Report</p> <p>KL presented her report to the Board. She:</p> <ul style="list-style-type: none"> • Reported UC24 had received its CQC rating following a full inspection and had been rated as Good in every domain with several features identified as outstanding. One area picked up on was good governance and she thanked HL for the hard work she and her team had done. • Thanked the dedicated staff and strong leadership team for their hard work. • Noted that there were several actions to be undertaken in follow up to the Start of the Year events. <p>KF drew attention to the personal objective she had committed to at the SOY event which was to ensure the Board remembered to take equality into account in all its discussions.</p> <ul style="list-style-type: none"> • Thanked all those who had contributed to the organisation during her time at UC24 and expressed confidence in the organisation for the future. <p>7.2 Reflection</p> <p>KL gave personal reflection on her time at UC24.</p> <p>7.3 Looking Forward</p> <p>MR explained she would be taking up the role of Acting Chief Executive pending the appointment of a new CEO, having taken a conscious decision to remain in the substantive Medical Director role.</p> <p>She committed herself to:</p> <ul style="list-style-type: none"> • Strong managerial and leadership grip • Consolidating the IUC SDU and delivering the Sefton contract as promised • The appointment of a new CEO on 21st June • Maintain quality services and reputation • Work closely with others in the healthcare sector in the current context where: <ul style="list-style-type: none"> ○ The STP's intentions remain largely unclear to those outside it ○ The STP's intentions remain on secondary care and its interface with urgent care ○ Future commissioning intentions are uncertain ○ UC24 needs to retain key NHS relationships in Mid Cheshire, North Mersey, Sefton, provider alliances alongside those with the Third Sector, Patients and stakeholders, other IUC providers. <p>She went on to present her plans for the near future concentrating on:</p> <p>Money: Income, spend, efficiencies.</p>	

	<p>Contracts: IUC reviews in each area, Re-provision of NHS 111, New models of primary care, new extended access contracts, managing people and systems – audit trails and good governance.</p> <p>UC24 continuing to embody value-led, supportive, collective leadership which is clear about future plans and takes advantage of new opportunities.</p>	
8	<p>Performance</p> <p>8.1 Integrated Performance Report</p> <p>JC highlighted several areas of progress:</p> <ul style="list-style-type: none"> • The Adastra upgrade had been completed which resolved the logon issues for remote sites and gave access to the summary care record. • Electronic prescribing should be introduced in the coming 2-3 weeks. • The Datix upgrade would then be delivered. <p>Out of Hours: The Board noted the slight improvement in performance. The ongoing DCA pressure issues had continued but Commissioners had agreed to the use of ANPs for DCA. The Board recognised this significant progress.</p> <p>Primary Care Streaming: JC informed the Board that there were ongoing shift fill rate challenges and that some of the reported statistics were disputed. Stacey Shields was taking this service stream over and would be reporting future performance. Primary Care Streaming services were the subject of some unease across the healthcare system due to varying quality and effect.</p> <p>Asylum: The Board noted the new KPIs reporting arrivals and the number of those arrivals who had received screening in the month which enabled closer tracking. NHS England had affirmed the new reporting.</p> <p>Knowsley: JC reported that discussions with Commissioners had been ongoing for 2 years regarding the Primary Care / Enhanced Access service provided by UC24, but staff changes were frequent and progress limited. The lead was now Alastair McFarlane who had advised JC that the service would remain in a form similar to its current provision, subject to some financial discussions. The Board noted that the clinical team had been stable, though all agency GPs, and this would continue to be kept under review.</p> <p>Sefton: No significant changes were identified.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • There is a high rate of cover for clinical sessions (96%) • Of the 96%, 47% were covered by salaried / associate staff • DNA rate is 6% • AMc was looking at appointment utilisation rates which were currently 81%. The data was subject to further verification. <p>Further information on the financial position was offered under the Finance Report by PdR. With regard to service development, any changes would be subject to review locally and UC24 would be held account for performance. It was important that the right decisions were made with the appropriate consultation.</p> <p>PC commented that UC24 were gaining a reputation in Sefton for being a good organisation to work with. Karen Nolan, Head of Living World Sefton, had commended UC24's approach. KL stressed the importance of building relationships with local leaders in Sefton.</p>	

Finance

PdR presented the Finance update, highlighting the following for the year to date position:

- UC24 achieved a surplus for 2017/18. The surplus had been achieved following receipt of support from South Sefton CCG and NHSE;
- Provisions had been made for doubtful debts (£70k) but £47k had since been received.
- The annual audit was in progress and proceeding well with the fieldwork having been completed. It was expected that the final accounts should be ready for review by the Audit Committee in July prior to the Board.
- The budget for 2018/19 was being finalised and should be available w/c 11th June. The target was a surplus of £129k as agreed by the Board in March. This assumed Sefton achieving break even. The achievement of this target was a high scoring risk on the register due to the need to achieve the efficiencies and the cost pressures on the organisation. Budget holder sessions would be held in June to increase ownership and understanding of budgets for the year ahead.
- 2018/19 Month 2 draft results were behind budgets. Sefton showed a £50k loss for the year to date but at a lower level than the previous year. Discussions with NHSE and the CCG would take place in the coming weeks.

Complaints:

A total of 15 complaints had been received in March and April 2018, 12 of which related to the GP practices in Sefton. The Practice Managers were being supported in complaints handling and identifying and acting on lessons learned. HL reminded the Board that, historically, patients were used to engaging with the practices through the complaints process rather than informally.

HL reported on her visit to present the Quality information (extracted from the reports to CMB) for Halton to the Overview & Scrutiny Committee. The Committee requested the opportunity to consider UC24's request to use ANPs for home visits in the Out of Hours service. This was a deviation from the decision-making process as the Committee did not commission the service and the decision would rest with the CCG. A letter of thanks for the presentation had been received.

HL observed that the three CCGs were beginning to articulate a wish for reporting by CCG rather than the consolidated report envisaged and operated from the outset of the contract. Should this trend continue Commissioners would be reminded of the single reporting basis on which the contract was awarded.

Workforce

In the absence of the Associate Director of HR, the Board noted the statistics contained in the Report.

The Board:

- Noted the integrated performance report
- Was assured that action where necessary.

8.3 CQC Report

MS presented a paper to the meeting to formally acknowledge the final report from the CQC Visit.

The Chair expressed her delight with the outcome and emphasised its importance for future business opportunities. She also noted that CQC now had a deeper

	<p>understanding of UC24 and its ethos and values. This would be helpful in the forthcoming inspections of the GP practices and the Asylum Service.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the good rating for UC24 • Noted the areas for improvement and commended outstanding practice • Was assured that the Estates issues had been addressed. 	
9	<p>Strategy</p> <p>9.1 CQC System Review</p> <p>CQC had inspected the health system in Liverpool and 19 other areas, including Halton and Manchester and the Chair attended the feedback session following these inspections. The key messages for Liverpool were: the need to increase integration and collaboration with the Local Authority, in particular joint commissioning; development of strategy; workforce planning and change management. One of the areas singled out was the absence of the independent and voluntary care sectors in the Provider Alliance. Further work was necessary to ensure buy-in and consistency of delivery of the proposed neighbourhood model.</p> <p>9.2 GP Survey</p> <p>Discussed under item 5 Action Points.</p>	
10	<p>Governance</p> <p>10.1 Risk Register Items 15+ post mitigation</p> <p>HL stated there were no items on the risk register with a score of 15 or more, after mitigation, for the open part of the meeting. However, there was a risk which scored 20 prior to mitigation relating to the number of changes on the Board. Mitigation had reduced this below 15.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the risk and the work being undertaken in mitigation. <p>10.2 Draft Rules Update</p> <p>MS reported that she had discussed the changes to the Rules agreed by the Board with the lawyers. There was one item which had been suggested for removal, the display of the Balance Sheet at the Registered Office, but this was a legal requirement and could not, therefore be removed. The other changes were agreed and a draft, incorporating the amendments, would be available for the July Board. Once agreed by the Board, the Rules would need to be adopted by the Annual Members Meeting.</p> <p>As the changes were settled, MS would now draft the Regulations which would sit alongside the Rules and both documents would be presented to the July Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the position regarding the review of the Rules of the Society. <p>10.3 GDPR</p> <p>JC and MS attended a UHUK GDPR Session which had been helpful and informative. Whilst there had been a lack of clarity as to whether UC24 would require a Data Protection Officer (DPO) or not, this was now clear and an appointment was</p>	

	<p>required The DPO could be external or internal person but should have access to the Board but not be making decisions on the procedures for processing data. The Board agreed that MS should take on this role and that she would access online training.</p> <p>IG Toolkit</p> <p>MS reported that the annual IG toolkit had finally been revised. Although there had been a stated intention to reduce the burden on smaller organisations, the revision classed all NHS business partners, regardless of size, as large. The Toolkit approach had changed and had moved away from ensuring policies were in place to testing systems, processes and staff understanding. There was also a significant emphasis on cyber security and testing it. The IG Steering Group would be engaging with the new format.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Agreed the appointment of the Company Secretary as the Data Protection Officer • Noted the change in emphasis inherent in the IG Toolkit and the resulting resource implication. <p>10.4 Data sharing agreement with RLUH</p> <p>MS advised the Board that a data sharing agreement was required in relation to follow up work on Sepsis with the RLUH. The Board noted that both organisations had to sign off the identical documents and authority was delegated to the Leadership Team.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved delegated responsibility for sign off to Leadership Team. 	
11	<p>Committee Reports</p> <p>11.1 Quality & Workforce</p> <p>PG expressed pleasure at the appointment of a clinical lead for the Asylum service. Good work had continued to resolve the issues with SPNs. Management of Change remained a challenge, in particular due to lack of engagement of staff in the consultation process. One small group of disaffected staff had dominated engagement, but Managers were contacting staff on a one to one basis.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting. <p>11.2 Finance and Performance Committee Report</p> <p>PC highlighted a good out-turn for the year end and noted that the performance issues had been considered earlier in the agenda.</p> <p>He reported that the Committee had noted the efforts by UC24 to ascertain the strategic commissioning intentions for the region but that these remained unclear.</p> <p>The Board:</p>	

	<ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting. <p>11.3 Audit Committee Report</p> <p>KF highlighted:</p> <ul style="list-style-type: none"> • The need to ensure interim assurance was in place whilst waiting for software and system developments • The first gender pay gap report had been presented and discussed. This was now an annual requirement • The Committee's discussion on the Kirkup report and the need for a system wide review of the lessons drawn out in the report • KL had contacted Mersey Care regarding engagement with the Provider Alliance. <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the committee is giving due scrutiny to the information presented to it • Noted the main issues from the meeting. 	
12	<p>Any Other Business</p> <p>The Chair noted this would be the last Board meeting for KL. On behalf of the Board, she presented KL with flowers and spoke a few words of thanks and appreciation.</p>	

Date of next meeting: 26th July 2018

Time: 2pm

Venue: UC24 Board Room

Open Section Action Points & Matters arising 10 June 2018

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	26.3.18 Item 8.1	Review of Quality Report in light of comments on cumulative information made by CQC	HL	September meeting	
2.	7.6.18 Item 5 & 8.1	Quality Report: HL to update verbally on the current position with regard to the provision of separate quality information to the 3 Out of Hours CCGs	HL	Verbal to July Board	

Title: Chair's Report	Meeting Date: 26 July 2018	Agenda item no: 6.1
Prepared and presented by: Pat Higgins	Discussed by:	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. 	Resource implications: None	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Noting <input type="checkbox"/> Decision <input type="checkbox"/> Discussion 	
CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note the Chair's Report 	

1.0 Purpose:

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

2.0 Chief Executive appointment

- 2.1 The interview panel failed to make an appointment on 21st June but received an internal application and Dr Mary Ryan was appointed as Chief following an interview on 28th June. A separate paper looking at the lessons learned and the timetable for other upcoming appointments is scheduled separately on the agenda.

3.0 Partnership events and other activity

3.1 Integrated Care Partnership Group.

The group hasn't met since the last report thought the Health and Well being Board have approved its existence so it is longer in shadow form. It was to have been renamed the Liverpool Place Based Board but there were some objections from the general public at

the meeting so the name hasn't been changed. The sub group will meet again on 4th August

3.2 NHS confederation

I attended the NHS Confederation in June along with Kate Lucy. She circulated a briefing following the event with key messages and themes.

4.0 Meetings and Events since the last report

- Finance and Performance Committee– details reported elsewhere
- Staff Council – new staff representatives were welcomed to the meeting which was encouraging and engaging.
- Board/ NEDs - a final meeting with Kate and Non-Executive Directors took place on 28th June
- Summer Ball – a well attended and enjoyable event to say good bye to Kate and Scott.

5.0 Recommendations:

The meeting is invited to:

- Note the Chair's report.

Pat Higgins
Chair

Title: Chief Executive's Report	Meeting Date: 26 July 2018	Agenda item no: 7.1
Prepared and presented by: Mary Ryan	Discussed by:	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Noting <input type="checkbox"/> Decision <input type="checkbox"/> Discussion 	
CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • 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 the last meeting in May, I have taken up appointment as CEO. This role commenced on July 4th, 2018.

2.2 Kate Lucy has now moved on from the organisation and once again, we thank her for her service.

2.3 My initial priorities have been identified and they broadly cover communications, estates and Health & Safety related issues which have been outstanding from Kate's tenure, in addition to Board recruitment

2.4 Following my appointment, Dr Sandra Oelbaum has stepped up to become Interim Medical Director and we offer her thanks for taking on this role.

Heledd Cooper has started in her role as Director of Finance.

Helena Leyden has offered her resignation and is retiring. Her final day will be 30th September 2018.

Recruitment for a new Director of Nursing and Medical Director are planned and timelines on these are in place.

- 2.5 The repeat CQC inspection of the Asylum Service took place on July 17th. The whole team have worked exceptionally hard to make sure we were ready and this was reflected in the preliminary feedback received. We will await the formal draft report, due about the beginning of September.
- 2.6 In July, I attended the UHUK Medical & Nursing Directors Forum (booked prior to my new role). This was a useful gathering, with a focus on workforce issues – and the development of a multi-disciplinary workforce, as well as HMRC issues and informative feedback from CQC.
- 2.7 It is becoming clear the CQC are beginning to become interested in Primary Care Streaming as a service of concern. In particular, several providers have raised safety issues and leaders at BrisDoc shared their concern about their service as it is currently configured. The GP Adviser to CQC present at UHUK was keen to gather experiences, and so we will contribute to this.
- 2.8 Liverpool Provider Alliance met on June 15th and the formal MOU is now available and agreed. This continues to be the only venue where NHS providers, 3rd sector and Social Enterprise providers gather. Commissioning colleagues also attend. UC24 participated in an Urgent Care deep dive in June and the information provided was very useful.
- 2.9 UC24 has become aware that a Sefton Provider Alliance is also in existence and I have contacted Joe Rafferty to ask to be included in this meeting. I await his response.
- 2.10 The outcome of the St Helen's Extended Access bid is now known, and UC24 has been successful in their bid. Mobilisation is already underway with a start date of October 2nd
- 2.11 This is Helena Leyden's last Board meeting. As you know, Helena has presided over the last 3 years of incredible development of risk management, safety and governance in the organisation. She has also been a friend to many people here and has provided sage and helpful advice to the CEOs and Chairs. She will be hugely missed, but of course we wish her well in her retirement.

3.0 Recommendations

The meeting is invited to:

- note the Chief Executive's report.

Title: Integrated Performance Report	Meeting Date: 26 th July 2018	Agenda item no: 8.1
Prepared and presented by: Presented by Dr Mary Ryan (CEO) Prepared by Executive Directors	Discussed by: Executive Directors	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note performance for May and June 2018 • To receive assurance that the necessary actions are being taken. 	

1.0 Purpose:

1.1 The purpose of this report is to update the Board with the performance across the organisation's services for the months of May and June 2018.

2.0 Report highlights:

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

2.2 Note the performance in Primary and Community services.

3.0 Recommendations:

The meeting is invited to:

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

Service Delivery	App. ref	Target	YTD (from Apr)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Trend	July-18 Forecast	Exception Report Number
Integrated Urgent Care																		
OOH NQR 8 Calls answered in 60secs	1	95%	94.6%	95.3%	95.6%	95.2%	94.9%	95.4%	95.5%	93.3%	94.5%	92.3%	94.0%	95.4%	94.5%		93.9%	IUC001
OOH NQR 9 - Urgent DCA 20mins	1	95%	93.8%	96.2%	92.3%	95.3%	94.9%	95.9%	94.8%	94.5%	91.9%	92.4%	92.2%	95.0%	94.3%		94.6%	IUC002
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	89.6%	90.5%	92.2%	89.7%	87.3%	90.6%	89.0%	78.1%	86.6%	76.7%	82.8%	92.2%	93.9%		88.6%	IUC003
OOH NQR 12 - Home Visits - Total	1	95%	94.1%	92.9%	94.1%	90.3%	93.3%	91.5%	85.9%	87.1%	91.6%	87.4%	93.8%	94.5%	94.0%		89.9%	IUC004
OOH NQR 12 - UCCs - Total	1	95%	99.4%	99.4%	99.8%	99.3%	99.7%	99.8%	99.1%	99.4%	99.7%	99.2%	99.2%	99.3%	99.8%		99.6%	
OOH activity	1	n/a	17,334	5,799	5,609	5,430	5,730	5,392	7,231	6,511	5,310	6,507	5,835	6,034	5,465		5,567	
Alder Hey Primary Care Streaming - average consultation length	2	15mins	15:08	17:22	18:44	17:57	18:06	16:17	16:16	15:20	15:08	14:46	14:55	15:48	14:43		15:08	
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	58.2%			80.9%	78.7%	76.9%	78.7%	50.6%	57.7%	53.8%	45.2%	74.3%	55.1%		58.2%	IUC005
Aintree Primary Care Streaming - average consultation length	3	15mins	18:01			18:45	17:26	17:57	18:05	18:36	19:31	18:17	17:34	17:35	18:56		18:01	IUC006
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	76.9%				94.8%	95.4%	93.5%	86.0%	92.0%	95.5%	81.6%	83.5%	65.5%		76.9%	IUC007
RLUH Primary Care Streaming - average consultation length	4	15mins	19:48			15:50	15:02	15:33	16:57	17:56	16:19	16:52	19:06	20:43	19:37		19:48	IUC008
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	76.8%				94.9%	100.0%	93.2%	95.8%	83.4%	79.1%	82.0%	69.9%	78.4%		76.8%	IUC009
Knowsley Services - Home visits in 1, 2 and 6 hours	5	95%	100.0%					100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%		100%	
Knowsley Services - patients seen within 30 minutes of scheduled appt	5	95%	98.2%					98.1%	97.7%	98.3%	99.3%	98.2%	98.2%	98.5%	97.8%		98%	
Intermediate Care Service - Consistent medical provision	6	90%	100.0%	92.6%	95.7%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%	
Primary and Community Services																		
Asylum practice activity - Health Assessments & GP appts (from Mar 2018 on arrivals in month)	7	n/a	620	167	326	370	283	412	174	274	335	283	228	243	149		207	
Finance																		
Budget variance (£000's)	8	0	-39	-9	-121	-58	-70	-56	-119	416	41	146	Month 1 not reported	-20	-19		-20	FIN001
Revenue Surplus position (£000's) (Year End forecast)	8	129	-7	-1	-79	-20	-63	-15	-129	322	9	147	Month 1 not reported	2	-8		-3	FIN001
Sefton practices LES/DES income	8	430	140		32	22	51	24	35	108	1	251	Month 1 not reported	66	74		70	
Total Cash (£000's) (Year End forecast)	9	1,000	1,000	393	887	1,152	1,069	1,225	678	384	985	1,212	1,079	733	1,009		1,000	
Efficiency programme vs target	10	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Month 1 not reported	100%	100%		100%	
Better Payment Practice Code		95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	
Quality and Patient Safety																		
Friends and Family - likely / extremely likely to recommend (includes paper surveys at Knowsley in-hours services from June 2018)	11	85%	88.7%	85.5%	88.0%	87.9%	90.0%	87.3%	83.9%	85.9%	89.1%	86.8%	88.2%	88.1%	89.7%		86%	
Compliments received in month	11	n/a	4	2	3	5	4	1	2	6	1	0	1	2	1		1	
Complaints received in month	12	n/a	18	8	8	2	9	8	4	6	6	9	6	7	5		6	
Complaints resolved within 25 working days	11		6	5	4	1	1	5	1	1	0	3	0	3	3		2	
Incidents recorded in month	11	n/a	208	212	182	167	138	60	79	73	59	77	84	61	63		69	
Safeguarding incidents recorded	11	n/a	3	91	68	63	57	4	5	1	0	1	1	0	2		1	
Workforce																		
Sickness Rate	13	5% annually	Data not available	Reliable data not yet available from RotaMaster													Reliable data not yet available	
Staff Turnover rate	13	20% annually	22.1%	32.3%	32.4%	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%	26.3%	23.5%	21.8%	21.2%		22%	WOR001
Mandatory Training Compliance (employed staff only)	13	95%	87.7%	95.9%	95.3%	93.3%	94.9%	95.6%	97.5%	96.8%	83.3%	84.9%	85.0%	89.3%	88.7%		88%	WOR002
Appraisal Compliance	13	95%	11.3%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	2.1%	3.3%	28.6%		20%	WOR002

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Partial compliance against NQR 8 - Calls answered within 60 secs	3 members of staff with long-term sickness within the operational team resulting in staffing gaps. Recruitment currently taking place to recruit to all vacant sessions.	Head of Integrated Urgent Care	Sep-18
IUC002	Partial compliance against NQR 9 - Urgent DCA	Strong performance for Out of Hours throughout June, however weekend evenings remain the most challenged area with DCA being of most pressure. Commissioners have now approved ANPs supporting DCA, recruitment for employed ANPs is now taking place.	Head of Integrated Urgent Care	Sep-18
IUC003	Partial compliance against NQR 9 - Less urgent DCA	As for IUC002	Head of Integrated Urgent Care	Sep-18
IUC004	Partial compliance against NQR 12 - Home visits	As for IUC002	Head of Integrated Urgent Care	Sep-18
IUC005	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	We have been experiencing significant staffing challenges within this service for a number of months due to resignations of salaried GPs. Work has been undertaken to introduce Paediatric trained ANPs into this service, which has resulted in a 73% shift fulfilment rate for May; however this has reduced throughout June mainly due to annual leave. We are working directly with Alder Hey to implement a hybrid model to improve service delivery.	Head of Integrated Urgent Care	Sep-18
IUC006	Non-compliance against Aintree Primary Care Streaming average consultation length	Average consultation times is over 15 minutes across 2 of the Emergency Departments. Contributing factors continue to relate to referral rates back into secondary care, limited access to patient records and patient expectations. These have been monitored for 3 months now and will be discussed at the next A&E Primary Care Streaming meeting for possible review.	Head of Integrated Urgent Care	Aug-18
IUC007	Non-compliance against Aintree Primary Care Streaming shift fulfilment rate	We are continuing to experience staffing challenges within this service; feedback from clinicians indicate this is due to the number of inappropriate referrals which is reflected in the figures above along with service utilisation. The Executive team have signed off ANPs working Out of Hours Primary Care Streaming sessions in order to improve utilisation; however we have not seen an impact on shift fulfilment at Aintree. Head of Service has requested to meet with Operational Director at Aintree to attempt to resolve these issues.	Head of Integrated Urgent Care	Sep-18
IUC008	Non-compliance against The Royal Primary Care Streaming average consultation length	As for IUC006	Head of Integrated Urgent Care	Aug-18
IUC009	Non-compliance against The Royal Primary Care Streaming shift fulfilment rate	We are starting to see an improvement in staffing levels within this service, following the introduction of ANPs into the Out of Hours Primary Care Streaming sessions. This fulfilment rate is continuing to increase throughout July and August.	Head of Integrated Urgent Care	Sep-18
FIN001	Negative Variance against plan for year to date budget position.	The year to date position at the end of month 3 is a deficit of £7k, against a planned surplus of £32k, therefore reporting a variance against plan of £39k. The in-month position is reporting a deficit of £8k which is £19k behind plan. This year's position has benefited by £47k from the recovery of a debt written off in the prior year as well as £15k remaining CQUIN income from the prior year. Sefton Practices are reporting a YTD deficit of £148k (excluding overheads) which is £148k behind plan. The in-month position is reporting a deficit of £103k which is £103k behind plan. Income from the Local Quality Contract and Enhanced Services is behind plan by £34k YTD. In relation to pay costs there is a £143k overspend year to date, in-month overspend £67k. OOHs is reporting a YTD surplus of £144k (including overheads), which is £52k better than plan. The in-month position reported a surplus of £98k, which was £67k ahead of the plan. Clinical pay overspend was £48k YTD, in-month there was a £2k underspend. 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	Partial compliance against UC24 staff turnover target	Staff turnover is gradually reducing, as expected, as the effect of high NHS111 staff turnover rates is reduced.	Associate Director of HR	Not applicable
WOR002	Non-compliance against UC24 staff mandatory training compliance	Mandatory training compliance now includes staff from across all UC24 services. Compliance continues to be monitored by the training team and reminders have been issued to those whose training is not up to date and those who, within teams, monitor compliance. It is anticipated that this will show improvement by the September Board meeting.	Ownership to be confirmed in relation to this specific issue	Not applicable
WOR003	Non-compliance against UC24 appraisal target	The HR department have reported to Quality and Workforce committee the compliance for appraisals. The data has been analysed from Rotamaster which reports 29% compliance. It is unclear whether all appraisals have been recorded on Rotamaster at this stage the HR Service are chasing managers to ensure accurate input of data.	Associate Director of HR	Not applicable

IPR Narrative report - 2017/18 as at Month 3 (June)

Service Delivery	Integrated Urgent Care	<ul style="list-style-type: none"> ● UC24 IUC overall performance in consistent, and remains at a comparable level into July. ● Commissioners have now approved ANPs in the Out of Hours service supporting DCA. UC24's Head of Service has worked closely with the Nursing team, and recruitment to these posts has started. The existing cohort of ANPs are being asked to express an interest in completing telephone triage with a view to implement from August onwards to relieve the pressure in Out of Hours ahead of winter. ● UC24 has worked closely with NHS Digital to implement Electronic Prescribing into our Integrated Urgent Care services. Our application has now been approved and we will 'go live' from the 31st July 2018.
	Primary and Community Services	<ul style="list-style-type: none"> ● Sefton GP Practices: the number of contracted clinical sessions filled deteriorated to 93%. This was in relation to the long-term sickness of a GP who has now returned to duty, coupled with the resignation of a salaried GP. The majority of sessions continue to be filled by GPs. Three practices also use ANPs on a limited basis. There was a reduction in the proportion of sessions filled by Salaried and Associate GPs in June for the reasons cited above. This is expected to continue in the short term although there has been some recent interest in salaried/associate positions. In addition, the Leadership Team have agreed to the appointment of a Behaviourist and Pharmacist in Primary Care both of whom will undertake clinical sessions.
		<ul style="list-style-type: none"> ● Sefton GP Practices: Overall utilisation deteriorated in June although DNA rates improved. There is a variance in performance between practices which is being investigated to identify opportunities to share good practice. This data is collected manually and the Associate Director of Service Delivery and Head of Primary Care Services are meeting with the Lead Practice Manager to identify improvements to data collection with the aim of using EMIS reporting for the future.
		<ul style="list-style-type: none"> ● Asylum Seeker Service: The Asylum Service CQC inspection took place on 17th July. Feedback was positive with the inspectors recognising the improvements made since the last inspection. The formal outcome is expected in 6 weeks. The head of Primary Care Services and Business Intelligence to extract further activity data related to TB referrals and other secondary care activity. The first patient and stakeholder meetings for the Quality Impact Assessment will commence in August.
Finance		<ul style="list-style-type: none"> ● The year to date position at the end of month 3 is a deficit of £7k, against a planned surplus of £32k, therefore reporting a variance against plan of £39k. The in-month position is reporting a deficit of £8k which is £19k behind plan. This year's position has benefited by £47k from the recovery of a debt written off in the prior year as well as £15k remaining CQUIN income from the prior year. ● Sefton Practices are reporting a YTD deficit of £148k (excluding overheads) which is £148k behind plan. The in-month position is reporting a deficit of £103k which is £103k behind plan. Income from the Local Quality Contract and Enhanced Services is behind plan by £34k YTD. In relation to pay costs there is a £143k overspend year to date, in-month overspend £67k. ● OOHs is reporting a YTD surplus of £144k (including overheads), which is £52k better than plan. The in-month position reported a surplus of £98k, which was £67k ahead of the plan. Clinical pay overspend was £48k YTD, in-month there was a £2k underspend. Pressures in the GP workforce continue to result in significant agency requirements. Operational underspends are helping to offset the clinical pressure. ● Cash balances at month 3 were £1009k. ● Efficiency plans are in progress, but only small values have been realised so far. Achieving these plans is reliant on efforts over the remainder of the year and generation of income from new business.
Quality		<ul style="list-style-type: none"> ● At the end of June 2018 there were 13 open complaints in Datix. ● There were 2 compliments received in May 2018 and 1 compliment received in June 2018
Workforce		<ul style="list-style-type: none"> ● The second stage of the management of change is still in progress. The main focus of the HR Team has been the Management of Change, Start of the Year and planning for the CQC inspections that are expected at the Practices.

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template							
Reporting time period: Friday 01/06/18 18:30 to Sunday 01/07/18 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	5465	5453	0	12	99.8%
2	NQR 8	<0.1% calls engaged	1740	1740		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	1740	1712		28	1.6%
4	NQR 8	Calls answered <60 seconds	1649	1558		91	94.5%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0	
6	NQR 9	Urgent cases DCA <20 minutes	972	844	73	55	94.3%
7	NQR 9	All other cases DCA <60 minutes	2875	2498	202	175	93.9%
8	LQR 1	NHS 111 6 hour priority <6 hours	1198	1116	37	45	96.2%
9	LQR 2	Repeat prescription requests <6 hours	34	31	2	1	97.1%
a		Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)	5079				
b		Total cases requiring action (6)+(7)+(8)+(9)	5079				
Following priority determined by Definitive Clinical Assessment (DCA)							
10	NQR 12	UCC Emergency <1 hour	0	0	0	0	
11	NQR 12	UCC Urgent <2 hours	283	279	3	1	99.6%
12	NQR 12	UCC Less urgent <6 hours	1354	1348	3	3	99.8%
c	Total	Urgent Care Centre cases	1637	1627	6	4	99.8%
13	LQR 3	Telephone Advice Emergency <1 hour	26	23	1	2	92.3%
14	LQR 3	Telephone Advice Urgent <2 hours	309	290	12	7	97.7%
15	LQR 3	Telephone Advice Less Urgent <6 hours	2805	2701	70	34	98.8%
d	Total	Telephone Advice cases	3140	3014	83	43	98.6%
16	NQR 12	Home visit Emergency <1 hour	0	0	0	0	
17	NQR 12	Home visit Urgent <2 hours	228	222	0	6	97.4%
18	NQR 12	Home visit Less urgent <6 hours	426	393	0	33	92.3%
e	Total	Home Visit cases	654	615	0	39	94.0%
f		Total telephone and face-to-face consultations (c)+(d)+(e)	5431	5256	89	86	
Information section							
No Definitive Clinical Assessment (DCA)			Urgent Care Centres				
19	Cases not requiring DCA; triaged by other clinician	307	Emergency	1 hour total	Pat. choice	Compliant	% result
20	Patient episode continued, service provided	78	Aintree	0	0	0	
21	Patient episode ended, no service provided	1	Garston	0	0	0	
Repeat prescription cases outcomes			Huyton	0	0	0	
22	Repeat prescription requests (6 hour advice)	33	Kirkby	0	0	0	
23	Repeat prescription requests forwarded to UCC	0	Old Swan	0	0	0	
24	Repeat prescription requests forwarded for visit	1	Runcorn	0	0	0	
Final case-type totals			The Royal	0	0	0	
25	Total Ambulance cases	0	Widnes	0	0	0	
26	Total Telephone Advice cases	3140	Total	0	0	0	
27	Total UCC attendances	1637	Urgent	2 hour total	Pat. choice	Compliant	% result
28	Total Home Visits	654	Aintree	15	0	15	100.0%
29	Total Repeat prescription requests	33	Garston	46	1	45	100.0%
g	Total cases completed (=a+19+20+21)	5465	Huyton	29	0	29	100.0%
Referrals to secondary care			Kirkby	12	0	12	100.0%
30	Hospital referred (referred for admission / advised A&E)	517	Old Swan	90	1	89	100.0%
Compliance levels			Runcorn	67	0	67	100.0%
31	Fully compliant (95-100%) - except ref 2 & 5		The Royal	17	1	16	100.0%
32	Partially compliant (90-94.9%) - except ref 2 & 5		Widnes	7	0	6	85.7%
33	Non-compliant (89.9% and under) - except ref 2 & 5		Total	283	3	279	99.6%
Comments:			Less urgent	6 hour total	Pat. choice	Compliant	% result
			Aintree	104	0	104	100.0%
			Garston	180	0	180	100.0%
			Huyton	145	0	145	100.0%
			Kirkby	70	0	70	100.0%
			Old Swan	542	3	537	99.6%
			Runcorn	197	0	197	100.0%
			The Royal	60	0	59	98.3%
			Widnes	56	0	56	100.0%
			Total	1354	3	1348	99.8%
			Grand total	1637	6	1627	
Template property of Liverpool CCG							

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

App 2 Alder Hey

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

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

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

App 3 Aintree

Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/A &E	% ref for admission/A &E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Oct-17	348	18	330	136	194	41.2%		18	13.2%	0	94.8%
Nov-17	324	15	309	106	203	34.3%		16	15.1%	0	95.4%
Dec-17	402	26	376	117	259	31.1%		18	15.4%	0	93.5%
Jan-18	456	62	394	151	243	38.3%	0.89	25	16.6%	2	86.0%
Feb-18	1032	82	950	412	538	43.4%	1.32	60	14.6%	1	92.0%
Mar-18	1122	50	1072	523	549	48.8%	1.46	87	16.6%	1	95.5%
Apr-18	1080	199	881	341	540	38.7%	1.22	56	16.4%	0	81.6%
May-18	1122	185	937	316	621	33.7%	1.03	41	13.0%	0	83.5%
Jun-18	1098	379	719	255	464	35.5%	1.08	27	10.6%	0	65.5%

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

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)
Oct-17	673	34	639	438	201	68.5%		33	7.5%	0	94.9%
Nov-17	574	0	574	419	155	73.0%		23	5.5%	0	100.0%
Dec-17	704	44	660	360	300	54.5%		34	9.4%	4	93.2%
Jan-18	1085	46	1039	473	566	45.5%	1.57	35	7.4%	0	95.8%
Feb-18	703	116	587	402	185	68.5%	1.70	48	11.9%	1	83.4%
Mar-18	916	191	725	420	305	57.9%	1.70	44	10.5%	0	79.1%
Apr-18	880	158	722	369	353	51.1%	1.53	54	14.6%	0	82.0%
May-18	904	272	632	293	339	46.4%	1.40	28	9.6%	0	69.9%
Jun-18	856	185	671	322	349	48.0%	1.43	43	13.4%	0	78.4%

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

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

Key Performance Indicators (monthly) – June 2018							
Telephone Triage and Home visiting Service, and Bookable GP appointments							
	Indicator Number	Description	Target	Total volume	Met KPI	Patient choice	% result
Quality	1	Patient experience of the service to be collected weekly and reported monthly	85% satisfied	176	174		98.9% (compliance calculated using responses of Extremely Likely and Likely)
	2	Clinical audit of 3% of clinical consultations	As per OOH contract				
	3	Number of complaints received		0			
	4	Number of compliments received		To be supplied			
	5	Number of incidents reported		0			
	6	Number of post event messages sent from Adastra within 24 hours	100%	217	217	0	100.0%
Triage	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	33	31	0	93.9%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	31	29	0	93.5%
	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%	1	1	0	100.0%
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	4	4	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	147	147	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1302	1181	121	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	127	90	37	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	17	16	1	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1181	1139	16	97.8%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	90	85	3	97.8%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	2	2	0	100.0%
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	3	3	0	100.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	13	13	0	100.0%
Doctor advice (stand-downs)	11a	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 1 hour (Halton & Knowsley)	95%	0	0	0	
	11b	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 2 hours (Halton & Knowsley)	95%	0	0	0	
	11c	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 6 hours (Halton & Knowsley)	95%	4	4	0	100.0%

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

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

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

App 6 Intermediate Care

Month	Total Time (hours)	Allocated Time (hours)	Unallocated Time (hours)	% hours filled
July 2017 – Knowsley GP	159	150	9	
July 2017 – Knowsley GP Standby	30	25	5	
				92.6%
August 2017 – Knowsley GP	165.5	156.5	9	
August 2017 – Knowsley GP Standby	41.5	41.5	0	
				95.7%
September 2017 – Knowsley GP	162	160	2	
September 2017 – Knowsley GP Standby	28	28	0	
				98.9%
October 2017 – Knowsley GP	167	167	0	
October 2017 – Knowsley GP Standby	34	34	0	
				100.0%
November 2017 – Knowsley GP	172	172	0	
November 2017 – Knowsley GP Standby	26	26	0	
				100.0%
December 2017 – Knowsley GP	163.75	163.75	0	
December 2017 – Knowsley GP Standby	25.25	25.25	0	
				100.0%
January 2018 – Knowsley GP	182.5	182.5	0	
January 2018 – Knowsley GP Standby	24.5	24.5	0	
				100.0%
February 2018 – Knowsley GP	148.5	148.5	0	
February 2018 – Knowsley GP Standby	31.5	31.5	0	
				100.0%
March 2018 – Knowsley GP	160.25	160.25	0	
March 2018 – Knowsley GP Standby	36	36	0	
				100.0%
April 2018 – Knowsley GP	160.25	160.25	0	
April 2018 – Knowsley GP Standby	24.75	24.75	0	
				100.0%
May 2018 – Knowsley GP	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	160	160	0	
July 2018 – Knowsley GP Standby	39	39	0	
				100.0%

Source: RotaMaster

Author: Business Intelligence Lead

App 7 Asylum practice

Month	Current year			Previous year		
	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)
July 17	403	109	58	361	221	36
Aug 17	309	299	27	443	341	43
Sep 17	314	318	52	445	289	60
Oct 17	341	231	52	433	288	58
Nov 17	451	345	67	443	314	60
Dec 17	386	144	30	450	221	69
Jan 18	367	227	47	331	250	77
Feb 18	316	290	45	356	239	66
Mar 18	372	250	33	344	316	94
Apr 18	338	181	47	248	189	65
May 18	284	191	52	360	241	63
June 18	359	107	42	371	265	56

Health Assessments completed on arrivals in month	DNA	Dispersed /absconded before Assessment	Awaiting Assessment
250	95	27	0
181	68	51	38
191	31	62	0
107	20	10	222

Source: UC24 Asylum practice Practice Manager

Author: Business Intelligence Lead/Associate Director of Service Delivery

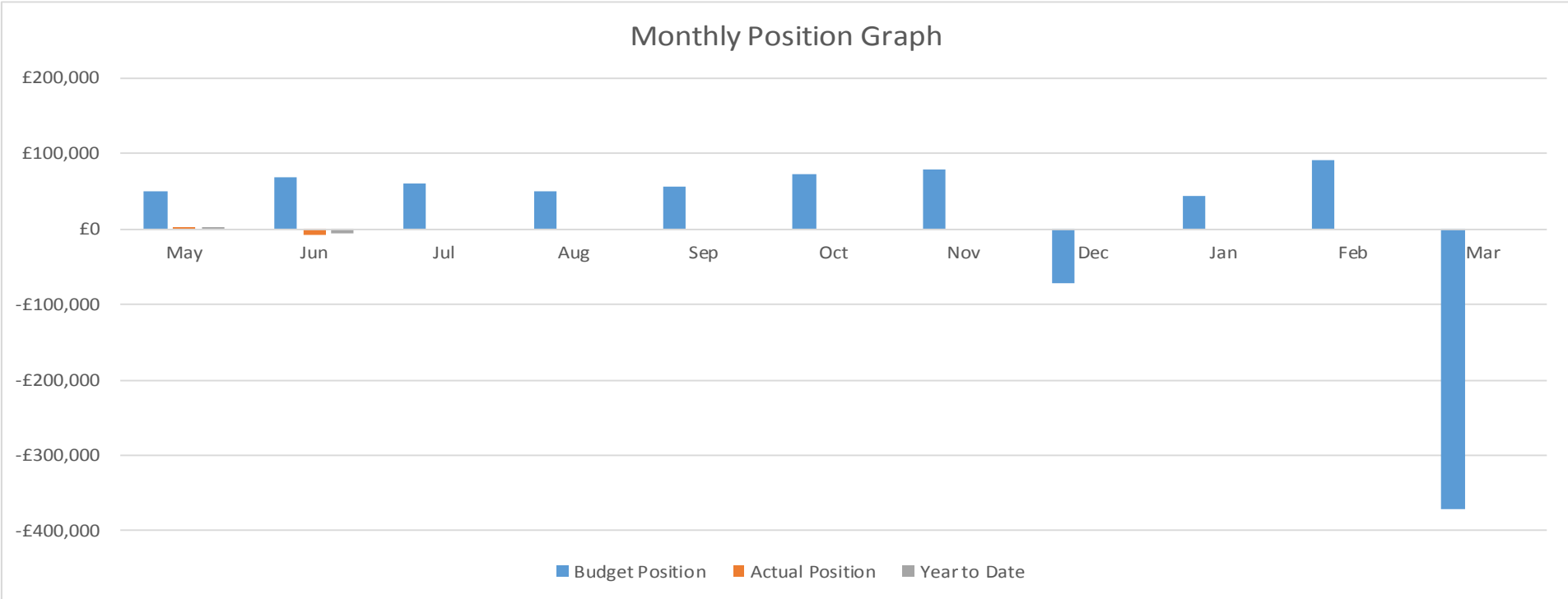
Service Line Reports as at 30 June 2018								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(9,332,268)	(2,333,067)	(2,336,328)	3,261	(777,689)	(774,070)	(3,619)
IUC	Pay	6,146,644	1,536,661	1,506,176	30,485	512,220	433,938	78,282
IUC	Non Pay	63,996	15,999	8,351	7,648	5,333	1,587	3,746
IUC	Overheads	2,481,111	620,278	577,156	43,122	206,759	212,019	(5,260)
IUC Total		(640,517)	(160,129)	(244,645)	84,516	(53,376)	(126,526)	73,149
Primary & Community Services	Income	(2,925,698)	(731,425)	(736,646)	5,222	(243,808)	(209,675)	(34,134)
Primary & Community Services	Pay	2,539,034	634,758	764,665	(129,906)	211,586	274,410	(62,824)
Primary & Community Services	Non Pay	315,572	78,893	90,312	(11,419)	26,298	28,465	(2,168)
Primary & Community Services	Overheads	582,663	145,666	132,842	12,823	48,555	41,601	6,955
Primary & Community Services Total		511,571	127,893	251,172	(123,280)	42,631	134,801	(92,170)
Grand Total (Surplus) / Deficit		(128,946)	(32,237)	6,527	(38,764)	(10,746)	8,275	(19,021)

Management Accounts as at 30 June 2018								
SDU	Type	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
IUC	Income	(9,332,268)	(2,333,067)	(2,336,328)	3,261	(777,689)	(774,070)	(3,619)
IUC	Pay	6,146,644	1,536,661	1,506,176	30,485	512,220	433,938	78,282
IUC	Non Pay	63,996	15,999	8,351	7,648	5,333	1,587	3,746
IUC Total		(3,121,628)	(780,407)	(821,801)	41,394	(260,136)	(338,545)	78,409
Primary & Community Services	Income	(2,925,698)	(731,425)	(736,646)	5,222	(243,808)	(209,675)	(34,134)
Primary & Community Services	Pay	2,539,034	634,758	764,665	(129,906)	211,586	274,410	(62,824)
Primary & Community Services	Non Pay	315,572	78,893	90,312	(11,419)	26,298	28,465	(2,168)
Primary & Community Services Total		(71,092)	(17,773)	118,330	(136,103)	(5,924)	93,201	(99,125)
Corporate Support	Income	(27,672)	(6,918)	(7,317)	399	(2,306)	(2,764)	458
Corporate Support	Pay	2,046,225	511,556	516,436	(4,880)	170,519	199,861	(29,342)
Corporate Support	Non Pay	1,045,221	261,305	200,879	60,426	87,102	56,523	30,579
Corporate Support Total		3,063,774	765,943	709,998	55,946	255,314	253,620	1,695
Grand Total		(128,946)	(32,237)	6,527	(38,764)	(10,746)	8,275	(19,021)

Sefton Practices		Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance
Base Contract		(1,701,804)	(425,451)	(426,199)	748	(141,817)	(142,066)	249
QoF		(227,724)	(56,931)	(93,335)	36,404	(18,977)	(15,071)	(3,906)
LQC income (SSCCG)		(334,128)	(83,532)	(53,365)	(30,167)	(27,844)	(1,280)	(26,564)
CQRS income (NHSE)		(96,288)	(24,072)	(20,609)	(3,463)	(8,024)	(6,230)	(1,794)
NHSE Set Up Fees		0	0	0	0	0	0	0
NHSE APMS Contract KPIs		(98,334)	(24,584)	(25,479)	895	(8,195)	(9,198)	1,003
NHSE Additional Funding		0	0	0	0	0	0	0
NHSE Resilience Funding		0	0	0	0	0	0	0
Jospice income		(49,920)	(12,480)	(12,480)	0	(4,160)	(12,480)	8,320
Sundry income		(52,004)	(13,001)	(13,806)	805	(4,334)	7,109	(11,443)
Total Income		(2,560,202)	(640,051)	(645,272)	5,222	(213,350)	(179,217)	(34,134)
Pay		2,292,890	573,222	716,311	(143,088)	191,074	257,991	(66,917)
Non Pay		267,372	66,843	77,447	(10,604)	22,281	24,566	(2,285)
Contribution to Overheads		60	15	148,485	(148,470)	5	103,341	(103,336)

Position Graph

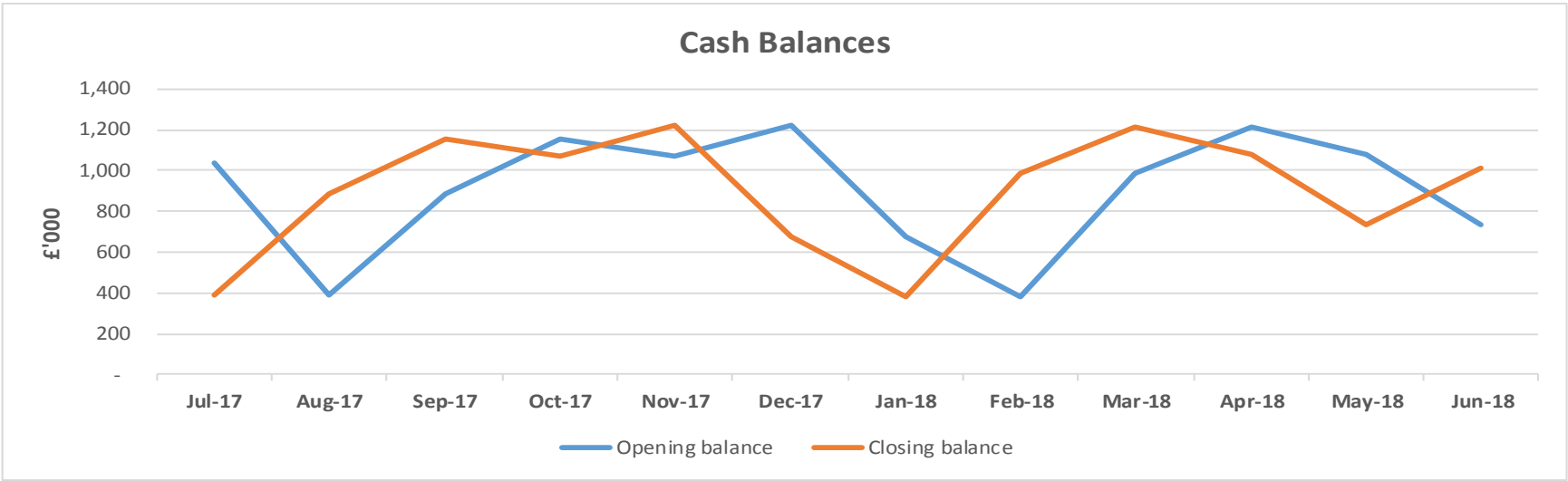
The below graph plots out the year to date actual positions, along with the planned position.



Source: E-Financials
Author: Head of Finance

App 10 Cash Position

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Opening balance	1,039	393	887	1,152	1,069	1,225	678	384	985	1,212	1,079	733
Closing balance	393	887	1,152	1,069	1,225	678	384	985	1,212	1,079	733	1,009



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	£ 89,701	£ 89,701	£ 89,701	£ 89,701	£ 89,701	£ 89,701	£551,306

	Plan	Actual	Variance	
YTD	2,540	2,540	-	100%
In Month	847	847	-	100%

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?"				
	Apr-18	May-18	Jun-18	Jul-18 MTD (to 16th)
Extremely Likely	68.8%	65.0%	72.7%	65.2%
Likely	19.5%	23.1%	17.0%	20.7%
Neither Likely or Unlikely	3.4%	4.2%	2.8%	7.1%
Unlikely	2.3%	2.8%	2.1%	4.0%
Extremely Unlikely	4.5%	3.6%	4.6%	2.0%
Don't know	1.6%	1.3%	0.8%	1.0%

Source: Synapta
 Author: Business Intelligence Lead

Compliments

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services	GP Practices		
May-18	0	0	0	2	0
Jun-18	0	0	0	0	1

Source: Datix
 Author: Governance Administrator (SD)

Incidents

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services	GP Practices		
May-18	1	2	6	40	21
Jun-18	0	3	2	34	25

Source: Datix
 Author: Governance Administrator (SD)

Complaints resolved within 25 days

During the month of May 2018 there were 3 complaints closed within the 25 working day timeframe.
 During the month of June 2018 there were 3 complaints closed within the 25 working day timeframe.

Source: Datix
 Author: Governance Administrator (SD)

Safeguarding reports

Total number of incidents reported during May was 61; of these, 0 were safeguarding referrals.
 Total number of incidents reported during June was 64; of these, 2 were safeguarding referrals.

Source: Datix
 Author: Governance Administrator (SD)

App 13 Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
31.05.2018	OOH GP	OOH GP Attitude & Behaviour	Under review	Liverpool	Not graded	Under review	
25.05.2018	OOH RLH	Clinical treatment	Under review	Liverpool	Not graded	Under review	
16.05.2018	OOH GP	Failure to attend home visit	Investigated – Final response letter with CEO	Halton	Low	Not Upheld	
15.05.2018	PCS Litherland	Clinical treatment	Under review	NHSE	Not graded	Under review	
14.05.2018	PCS Litherland	Appointment process	Under review	NHSE	Not graded	Under review	
11.05.2018	OOH GP	Failure to attend home visit	Investigated	Liverpool	Low	Not Upheld	13.06.2018
11.05.2018	GP Streaming AHCH	Clinical treatment	Investigated	Liverpool	Low	Not Upheld	11.06.2018
27.06.2018	OOH GP	Care & Treatment	Under Review	Liverpool	Low	Under Review	
25.06.2018	OOH GP	Care & Treatment	Under Review	Liverpool	Low	Under Review	
21.06.2018	PCS Netherton	Care & Treatment 3 rd Party	Under Review	NHS E	Low	Under Review	
08.06.2018	PCS Maghull	Care & Treatment	Under Review	NHS E	Low	Under Review	
02.06.2018	OOH GP	Care & Treatment	Under Review	Halton	Low	Under Review	

Source: Datix

Author: Governance Administrator (SD)

App 14 Workforce

Staff Turnover

UC24	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Start of Month Staff Numbers	268	265	261	262	232	232	233	231	235	240	240	242
Starters	8	6	9	11	3	5	2	6	7	2	5	2
Leavers	11	10	8	1	3	4	4	2	2	2	3	3
TUPE				40								
End of Month Staff Numbers	265	261	262	232	232	233	231	235	240	240	242	241
Turnover Rate	4.13%	3.80%	3.06%	0.40%	1.29%	1.72%	1.72%	0.86%	0.84%	0.83%	1.24%	1.24%
Annualised rate	49.5%	45.6%	36.7%	4.9%	15.5%	20.6%	20.7%	10.3%	10.1%	10.0%	14.9%	14.9%
Rolling Annualised rate	32.3%	32.4%	32.2%	29.6%	29.4%	28.6%	26.4%	26.3%	26.3%	23.5%	21.8%	21.2%

Source: Rotamaster

Author: HR Manager

Appraisal compliance

Appraisals completed in date	176	176	176	176	176	176	176	176	176	5	8	56
Total staff	199	199	199	199	199	199	199	199	199	240	240	196
	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	88.4%	2.1%	3.3%	28.6%

Source: Rotamaster

Author: HR Manager

Mandatory training compliance

Courses due to be completed by end of working month	1876	2120	2088	2096	1856	1856	1864	1848	1880	1920	1920	1936
Courses completed by end of working month	1799	2021	1948	1989	1774	1809	1805	1540	1596	1632	1715	1718
	95.9%	95.3%	93.3%	94.9%	95.6%	97.5%	96.8%	83.3%	84.9%	85.0%	89.3%	88.7%

Source: Rotamaster/E-learning portal

Author: Interim Training Manager

Service Delivery	App. ref	Target	YTD (from Apr)	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Trend	July-18 Forecast	Exception Report Number
Sefton GP practices - cover of Clinical Sessions (GP & ANPs)	2.1	100%	96.0%							101.0%	106.0%	101.0%	96.0%	96.8%	93.0%		95%	PCS001
Sefton GP practices - Salaried/Associate cover of clinical sessions	2.1	70%	47.0%							45.0%	43.0%	36.0%	47.0%	42.3%	39.4%		43%	PCS002
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions	2.1	30%	53.0%							55.0%	57.0%	66.0%	53.0%	58.7%	60.6%		57%	PCS002
Sefton GP practices - appointment utilisation	2.2	>90%	81.0%				74.7%	70.1%	62.0%	59.3%	71.6%	73.2%	81.0%	83.2%	78.7%		81%	PCS003
Sefton GP practices - appointment DNA rate	2.2	<5%	6.3%				5.8%	5.7%	5.1%	3.8%	4.9%	6.2%	6.3%	5.6%	5.2%		6%	PCS003

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
PCS001	Sefton GP practices - cover of Clinical Sessions (GP & ANPs)	Cover of clinical sessions for June was reduced due to sickness of a salaried GP and faliure to cover vacant shifts with locum staff.	Associate Director of Service Delivery	Sep-18
PCS002	Sefton GP Practices - % of salaried vs agency cover	Salaried/Associate cover reduced slightly in June due to locum cover of part of salaried GP sickness. In addition, 2 salaried GP resigned with sessions covered by agency staff. There is another leaver in July. All GPs have left for personal reasons. A task and finish group has been established to develop a recruitment and retention plan for GPs and other clinical staff. A salaried GP at Thornton continues to undertake regular sessions at St Joseph's Hospice (patients registered at Thornton Practice).	Associate Director of Service Delivery	Aug-18
PCS003	Sefton GP Practices appointment utilisation and 'did not attend' rate	This information was collected manually from each Practice. The overall utilisation rate of 78% is a deterioration in performance. There is a variation in performance of 30% between the highest and lowest utilisation rates. The information for the last 3 months will be shared with Practice Mangers for validation and to identify areas for improvement. The results of a two-week demand audit are being analysed as part of a capacity and demand review.	Associate Director of Service Delivery	Aug-18

Salaried v Agency utilisations

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Planned June sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Totals	Salaried GP utilisation of clinical sessions	Agency GP utilisation of clinical sessions	Salaried ANP utilisation of clinical sessions	Agency ANP utilisation of clinical sessions	Total Coverage	Comments
Crosby	14 sessions	57	8	46	0	6	60	14%	81%	0%	10%	105%	
Maghull	15 sessions	68	2	48	0	0	50	3%	70%	0%	0%	74%	No salaried GP - reliance on agency locums
Crossways	14 sessions	59	37	18	0	0	55	63%	30%	0%	0%	93%	
Litherland	14 sessions	66	62	2	0	0	64	94%	3%	0%	0%	97%	
Seaforth	10 sessions	41	0	37	0	0	37	0%	90%	0%	0%	90%	Salaried GP left. Reliance on agency locums
Thornton	16 sessions (incl 3 hospice)	59	35	2	0	21	58	59%	3%	0%	36%	98%	
Netherton	12 sessions	42	0	41	0	0	41	0%	98%	0%	0%	98%	
Totals	95	392	144	194	0	27	365	36.7%	49.5%	0.0%	6.9%	93.0%	

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

	Crosby Village	Crossways	Litherland	Maghull	Netherton	Seaforth	Thornton	Total	
Oct-17									
attended		1161	1139		1099			3399	74.7% appt u
DNA		62	109		93			264	5.8% DNA r
total		1630	1497		1425			4552	
Nov-17									
attended		885	1137		1048			3070	70.1% appt u
DNA		46	108		96			250	5.7% DNA r
total		1298	1670		1413			4381	
Dec-17									
attended		770	974		807			2551	62.0% appt u
DNA		40	116		55			211	5.1% DNA r
total		1231	1501		1385			4117	

Jan-18									
attended		489	1179	1169	976			3813	59.3% appt u
DNA		48	93	34	67			242	3.8% DNA r
total		1595	1697	1820	1318			6430	

Feb-18									
attended		844	978	990	793			3605	71.6% appt u
DNA		28	94	34	89			245	4.9% DNA r
total		1219	1358	1362	1098			5037	

Mar-18									
attended		1038	1018	1058	961	653	1092	5820	73.2% appt u
DNA		88	100	60	63	112	71	494	6.2% DNA r
total		1620	1364	1530	1220	872	1342	7948	

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

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

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

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

Title: Rules, Regulations and Trading Name	Meeting Date: 26 July 2018	Agenda item no: 10.2
Prepared and presented by: Company Secretary	Discussed by: Board	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Decision ✓ Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: <p>The meeting is invited to:</p> <ul style="list-style-type: none"> • Agree the revised rules • Discuss and, subject to any amendments, approve the Draft Regulations • Agree to begin the formal process to change of name from Urgent Care 24 Ltd to Primary Care 24 (Liverpool) Ltd. 	

1.0 Purpose:

- 1.1 To present the Rules for final approval by the Board prior to their approval by the Annual Members Meeting, after which they will be submitted to the Financial Conduct Authority for their approval and can be adopted by UC24.
- 1.2 To offer draft Regulations for discussion and, subject to any amendments, approval and adoption.
- 1.3 To present proposals for the change of trading name, and registered name.

2.0 Rules:

- 2.1 The Rules are presented in their final form for approval. The Board approved the draft changes which were then sent for legal review and drafting. No changes of substance were made and the final text is now available for approval.

3.0 Regulations:

- 3.1 Under the Rules, the Board can agree regulations which are not subject to the full approval process and are a living document. As the Rules are now in their final form, Regulations have been drafted based on the principles agreed by the Board in 2017.

These Regulations cover Board conduct and engagement with staff and stakeholders. The previous Rules had included permissive options for engagement and as part of the Rules revision process it was agreed that this would be removed from the Rules and current forms would be set out in the Regulations.

- 3.2** The Regulations are the Board's document and should be updated regularly to reflect any changes in how the organisation operates.

4.0 Change of Name

- 4.1** At its last meeting, the Board agreed to change the trading name to Primary Care 24 (PC24).
- 4.2** Since that decision, it has become clear that, although UC24 owns Primary Care 24 Ltd as a company name registered with the Registrar of Companies, a number of hospitals and primary care providers describe part of their entity as Primary Care 24 or PC24. These are not registered trading names but usually describe a particular part of their physical estate.
- 4.3** In light of the multiplicity of organisations using Primary Care 24, some distinction for UC24's future business would be both necessary and appropriate so that clear distance from other entities can be maintained.
- 4.4** Legal advice has been taken on the implementation of any change and the options are summarised below.
- Change of trading name only: This would require compliance only with the Business (Names and Trading Disclosures) Regulations 2015 rather than a formal name change process. Urgent Care 24 Ltd trading as Primary Care 24 would need to be displayed on letter, order forms, cheques, invoices, licences and all other business correspondence and documentation. Care would also be needed to ensure other organisations had registered Primary Care 24 as a trademark or similar.
 - Formal change of name: In addition to the informal compliance requirements above, the FCA (UC24's regulatory body) would be required to approve any change to the legal name of the Society and would need to be satisfied:
 - That the change was necessary
 - That the change would not confuse those dealing with UC24
 - That the change would not be prejudicial to people having claims on the Society.

Given the change in the profile of UC24 business, there are clear grounds for the change which would be presented to the FCA in support of a change to the formal change of name.

- 4.5** As there is a current process to formally change the Rules of the Society, it would be an appropriate time to undertake a formal change of name. The Board is therefore invited to approve a formal change of name from Urgent Care 24 Ltd to Primary Care 24 (Liverpool) Ltd. It is proposed that, subject to the Board approving the change, informal contact is made with the FCA to seek approval in principle so that the change can be submitted with the new Rules following the AMM.

- 4.6** Ownership of the dormant Companies House entity would continue to provide additional name protection.

5.0 Recommendations:

The meeting is invited to:

- Agree the revised rules
- Discuss and, subject to any amendments, approve the Draft Regulations
- Agree to begin the formal process to change of name from Urgent Care 24 Ltd to Primary Care 24 (Liverpool) Ltd.

RULES OF URGENT CARE 24 LIMITED

ALL PREVIOUS RULES RESCINDED

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1 INTRODUCING THE SOCIETY AND THE RULES

Name

- 1.1 The society is called “**Urgent Care 24 Limited**”, and it is called the Society in these Rules.

Registration

- 1.2 The Society is registered under the law as a society for the benefit of the community with the **Financial Conduct Authority**. Its website is www.urgentcare24.com and its registered office is 4-6 Enterprise Way, Wavertree Technology Park, Liverpool, L13 1FB.

Why the Society exists

- 1.3 The Society exists in order to carry on business in relation to health and well-being for the benefit of the community. This is the Society’s Purpose.

Commitments

- 1.4 The Society is committed to:
- 1.4.1 ensuring the delivery of high quality urgent care services;
 - 1.4.2 following **NHS Principles and Values**;
 - 1.4.3 partnership working with partners in the health and social care system;
 - 1.4.4 retaining profits and applying them to achieve the Society’s Purpose.

Governing documents

- 1.5 These Rules set out the way in which the Society is owned, organised and governed.
- 1.6 Where the Rules allow it, the Board of Directors may make regulations setting out other provisions in addition to the Rules (“**Regulations**”). Such Regulations shall not be inconsistent with the Rules.
- 1.7 Other provisions (such as codes of conduct) may be established as the Rules specify.
- 1.8 In the Rules
- 1.8.1 words starting with a capital letter (like Rules) refer to something specific, and the Appendix at the end of the Rules identifies the rule which makes this apparent; and
 - 1.8.2 words which are also highlighted in italics (like **NHS Principles and Values**) have a special meaning and the Appendix lists all of these words and explains what they mean.

2 GOVERNANCE

Overview

- 2.1 The Society has Members, and a Board of Directors with executive and non-executive members and a Chair. It also has a Secretary.

Members

- 2.2 Membership is the means by which the Society is owned by the community. Membership provides Members with access to information and a voice in the Society.

Information

- 2.3 Members are entitled to receive information about the Society and its business, as provided in the Rules.

Voice

- 2.4 Members have a voice in the Society's affairs as provided in the Rules, by
- 2.4.1 attending, speaking and submitting motions to be considered at Members Meetings; and
 - 2.4.2 voting at Members Meetings.

Members and others may also participate in Groups established by the Board to develop and improve the Society's engagement with its stakeholders.

Board of Directors

- 2.5 Subject to the Rules, the Board of Directors manages the affairs of the Society and may exercise all of its powers.

Chair

- 2.6 The Chair has overall responsibility for the governance of the Society in accordance with these Rules and the effective performance by the Board of its role.

Secretary

- 2.7 The Secretary is secretary to the Society, and acts as secretary to the Board of Directors.

3 MEMBERS

- 3.1 The Members of the Society are those whose names are listed in the Register of Members and comprise any person aged 16 or over who is employed by, or is a Non-Executive Director of, the Society. For the avoidance of doubt this does not include volunteers or independent professional contractors.

- 3.2 If Capital Funding Shares are issued under the Rules:
- 3.2.1 those who hold Capital Funding Shares are entitled to be, and thereby become Funding Members (in addition to any existing membership);
 - 3.2.2 subject to any further limitations imposed by the Board of Directors, Capital Funding Shares may be issued to any person or any corporate entity having a legitimate interest in the Society's Purpose and Objects.
- 3.3 Funding Members may be divided into two or more constituencies.

Cessation of Membership

- 3.4 A Member ceases to be a member of the Society on the day they cease, for any reason, to be employed by, or a Non-Executive Director of, the Society:-
- 3.5 A Member may be expelled by a resolution approved by not less than two-thirds of the directors present and voting at a Board Meeting where the directors consider such action reasonable and appropriate in the circumstances
- 3.6 No person who has been expelled from membership is to be re-admitted except by a resolution carried by the votes of two-thirds of the Directors present and voting at a Board Meeting.
- 3.7 If a Funding Member is expelled, they retain ownership of any Capital Funding Shares but they will not be entitled to attend Members Meetings or vote under the Rules.

4 MEMBERS MEETINGS

- 4.1 Every year, the Society shall hold an Annual Members Meeting.
- 4.2 Any other Members Meetings are Special Members Meetings.
- 4.3 The Board of Directors (except where otherwise provided in the Rules):
- 4.3.1 convenes Members Meetings
 - 4.3.2 decides the date, time and place of any Members Meeting and of any adjourned meeting;
 - 4.3.3 decides whether a Members Meeting will be held at more than one location, and if so, whether simultaneously or at different dates and/or times.

Annual Members Meeting

- 4.4 The functions of the Annual Members Meeting shall include:
- 4.4.1 receiving from the Board of Directors the Annual Accounts for the previous financial year; a report on the Society's performance in

the previous year, and forward plans for the current year and the next year;

4.4.2 appointing:

4.4.2.1 financial Auditors; and

4.4.2.2 external Auditors of any other aspect of the performance of the Society, should that be required by law or regulation.

Special Members Meetings

4.5 Special meetings are to be convened by the Secretary either:

4.5.1 by order of the Board of Directors; or

4.5.2 if a written requisition signed (except where these Rules say otherwise) by not less than 10% of all Members is delivered (addressed to the Secretary) to the Society's registered office.

4.6 Any requisition must state the purpose for which the meeting is to be convened. If the Secretary is not within the United Kingdom or is unwilling to convene a special meeting, any Director may convene a Members' meeting.

4.7 A special meeting called in response to a Members' requisition must be held within 28 days of the date on which the requisition is delivered to the registered office. The meeting is not to transact any business other than that set out in the requisition and the notice convening the meeting.

Notice of Society General Meetings

4.8 Notice of a Members Meeting is to be given at least 14 clear days before the date of the meeting:

4.8.1 by notice prominently displayed at the registered office and at all of the Society's places of business; and

4.8.2 by notice on the Society's website

4.9 The notice must be given to Directors and the Auditors, and it must;

4.9.1 state whether the meeting is an annual or special meeting;

4.9.1.1 give the time, date and place of the meeting; and

4.9.1.2 set out the business to be dealt with at the meeting.

Procedure at Members Meetings

4.10 Members Meetings are open to all Members, but not to the public unless the Board of Directors decides otherwise. The Board of Directors may invite particular individuals or representatives of particular organisations to attend a Members Meeting.

- 4.11 Before a Members Meeting can do business, there must be a quorum present. Except where these Rules say otherwise a quorum is present if twenty Members or 10% of the Members entitled to vote at the meeting whichever is lower are present.
- 4.12 If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Board determine. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of Members present during the meeting is to be a quorum.
- 4.13 It is the responsibility of the Board of Directors, the chair of the meeting and the Secretary to ensure that at any Members' meeting:
- 4.13.1 the issues to be decided are clearly explained;
 - 4.13.2 sufficient information is provided to Members to enable rational discussion to take place;
 - 4.13.3 where appropriate, experts in relevant fields are invited to address the meeting.
- 4.14 The Chair, or in their absence some other Director nominated by the Board of Directors, shall chair a Members Meetings. If neither the Chair nor such other Director is present, the Directors present shall elect one of their number to be chair and if there is only one Director present and willing to act they shall be chair of the meeting.

Voting at Members Meetings

- 4.15 Subject to these Rules and to any Act of Parliament, a resolution put to the vote at a Members Meeting shall, except where a poll is demanded or directed, be decided upon by a show of hands.
- 4.16 The Board may introduce arrangements for Members to vote by post, or by using electronic communications.
- 4.17 On a show of hands and on a poll, every Member present (and where postal or electronic voting arrangements have been introduced, any Member who has voted in this way) is to have one vote. In the case of an equality of votes, the chair of the meeting is to have a second or casting vote.
- 4.18 A Funding Member who is also a Member as a result of being an employee of the Society only has one vote.
- 4.19 Unless a poll is demanded, the Chair will declare the result of any vote, which will be entered in the minute book. The minute book will be conclusive evidence of the result of the vote.

- 4.20 A poll may be directed by the Chair or demanded either before or immediately after a vote by show of hands by not less than one-tenth of the Members present at the meeting.
- 4.21 Unless these Rules or an Act of Parliament say otherwise, all resolutions are to be decided by a simple majority of the votes cast.

5 **STAKEHOLDER ENGAGEMENT**

- 5.1 The Board shall engage with Stakeholders by whatever means it decides is appropriate for its requirements and such method of engagement shall be set out in the Regulations.

6 **BOARD OF DIRECTORS**

Composition of the Board

- 6.1 The Board of Directors comprises executive Directors and non-executive Directors, as follows:
- 6.1.1 there shall be a minimum of three non-executive directors, one of whom is to be the Chair of the Society, and the non-executive directors must make up at least one of third of all Directors;
 - 6.1.2 one of the executive Directors is to be the Chief Executive;
 - 6.1.3 one of the executive Directors is to be a ***health care professional***;
 - 6.1.4 responsibility for the management of the Society's clinical standards, finances, information and communications technology and human resources is to be assigned to one or more specified executive Directors.

Provisions affecting membership of the Board of Directors

- 6.2 No person may become or continue to be a Director if they:
- 6.2.1 do not meet such Fit & Proper persons test as is current at the time of their appointment;
 - 6.2.2 are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
 - 6.2.3 become bankrupt or make any arrangement or composition with creditors;
 - 6.2.4 have refused without reasonable cause to fulfil any training requirement established by the Board of Directors;

- 6.2.5 have refused to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for Directors.

Appointments and removals

- 6.3 Non-executive Directors shall be appointed by a panel including the Chair under a procedure approved by the Board taking into account the need for the Society's stakeholders to have an appropriate voice in the process. No person may become or continue to be a non-executive Director if they:

- 6.3.1 are employed by or undertake paid duties on behalf of the Society;
- 6.3.2 are employed by an **NHS body** or by any other organisation providing health services which is or may be in competition with the Society;
- 6.3.3 are a governor or director of an **NHS body** except with the approval of the Board of Directors;
- 6.3.4 are a spouse, partner, parent or child of another Director of the Society.

The term of office of non-executive Directors including the Chair shall be up to three years, and may be renewed once. Any Director whose term of office has come to an end (whether that be their initial term of office which has not been renewed in accordance with this clause 6.4 or their renewed term of office, where renewed pursuant to this clause 6.4) is eligible for selection as a Director going forward, albeit via an open process alongside any other candidates for such Director role.

- 6.4 Removal of the Chair shall require the approval of a three-quarters majority of the members present and voting at a Special Meeting of the Board Chaired by the Chair of the Audit Committee. Removal of any other non-executive director shall require the approval of a three-quarters majority of members present and voting at a Special Meeting of the Board chaired by the Board Chair.
- 6.5 The Chief Executive shall be appointed by a process agreed by the Board and overseen by the Nominations and Remuneration Committee, with appropriate involvement of Stakeholders including Executive Directors. The Chief Executive shall be removed by the Chair and Non-Executive Directors, having engaged appropriate expert external advice and in a process consonant with the organisation's personnel policies.

- 6.6 The appointment and removal of other Executive Directors shall be by the Chief Executive in accordance with line management responsibilities and under the appropriate personnel policies. .
- 6.7 The Board of Directors shall make appropriate arrangements for a Vice Chair to be in place in the absence or incapacity of the Chair.

Board Meetings

- 6.8 The Board of Directors shall hold such meetings as it considers appropriate to discharge its roles and responsibilities.
- 6.9 The quorum for meetings of the Board shall be the higher of:
- 6.9.1 three (including at least one non-executive Director); and
 - 6.9.2 half the number of Directors (including at least half of both the executive and non-executive Directors).
- 6.10 Directors may be counted in the quorum, participate in and vote at meetings of the Board by telephone, video or other electronic means.
- 6.11 Unless the Rules provide otherwise, every question at Board meetings shall be decided by a majority of votes. Each Director shall have one vote, and in the event of a tied vote, the motion, having not secured a majority, will be declared lost.
- 6.12 If either the Chair, (or in the absence of the Chair, the Vice-chair), or at least one third of the members of the Board, asks the Secretary to circulate a resolution to all Directors to be signed, and it is returned to the Secretary signed by at least three quarters of the Directors, then it shall have the same effect as a resolution validly passed at a meeting of the Board of Directors. Each Director may sign a separate copy of the resolution and send a signed copy to the Secretary by email or any other electronic means.
- 6.13 The Board of Directors may make standing orders for the conduct of its meetings.

Disclosure of Interests

- 6.14 Directors shall disclose to the Board of Directors any material interests (as defined below) held by them, their spouse or partner, which shall be recorded in the register of interests of the Directors.
- 6.15 A material interest is:
- 6.15.1 any interest (excluding a holding of shares in a company whose shares are listed on any public exchange where the holding is less than 2% of the total shares in issue) or position held by a Director in any firm, company or business which has or is likely to have a trading or commercial relationship with the Society;

- 6.15.2 any interest in an organisation providing health and social care services;
 - 6.15.3 a position of authority in a charity or voluntary organisation in the field of health and social care;
 - 6.15.4 any connection with any organisation, entity or company considering entering into a financial arrangement with the Society including but not limited to lenders or banks.
- 6.16 Any Director who has an interest in a matter to be considered by the Board of Directors or one of its Committees (whether because the matter involves a firm, company, business or organisation in which they or their spouse or partner has a material interest or otherwise) or has a conflict which may involve the director concerned being in breach of his statutory duty under section 175 of the Companies Act 2016 (a “**Conflict**”) shall declare such interest or Conflict to the Board of Directors or that Committee and:
- 6.16.1 that director shall be allowed to make an initial statement to the rest of the board of Directors following such declaration of interest or Conflict relating to the matter pursuant to which they have declared an interest or Conflict;
 - 6.16.2 following the making of a statement pursuant to clause 6.16.1 above (if they make any such statement) or following such declaration of interest (where the director concerned does not wish to make such a statement pursuant to clause 6.16.1 above), the director concerned shall withdraw from the meeting at the point their interest has been disclosed and shall take no further part in the discussion relating to the matter pursuant to which they have disclosed an interest;
 - 6.16.3 that director is not to be counted as participating in the decision-making process for quorum or voting purposes.
 - 6.16.4
 - 6.16.5 that director shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted); and
 - 6.16.6 details of any such interest shall be recorded in the register of interests of the Directors.
- 6.17 Any Director who fails to disclose any interest or material interest required to be disclosed under these provisions must permanently vacate their office if required to do so by a majority of the remaining Directors.

- 6.18 Where the directors authorise a Conflict, the Director concerned will be obliged to conduct himself in accordance with any terms and conditions imposed by the directors in relation to the Conflict.
- 6.19 The directors may revoke or vary such authorisation at any time, but this will not affect anything done by the Director concerned, prior to such revocation or variation, in accordance with the terms of such authorisation.
- 6.20 A director is not required, by reason of being a director (or because of the fiduciary relationship established by reason of being a director), to account to the Society for any remuneration, profit or other benefit which he derives from or in connection with a relationship involving an interest or Conflict which has been authorised by the other Directors or by the Society in general meeting (subject in each case to any terms, limits or conditions attaching to that authorisation) and no contract relating to such interest or Conflict shall be liable to be avoided on such grounds.

Committees of the Board

- 6.21 The Board of Directors shall establish
- 6.21.1 an Audit Committee comprising non-executive Directors to perform such monitoring, reviewing and other functions as are appropriate;
 - 6.21.2 a Nominations and Remuneration Committee comprising non-executive Directors to decide the remuneration and allowances and other terms and conditions of office of the executive Directors;
 - 6.21.3 a Committee with responsibility for Clinical Governance and Risks to establish and monitor the clinical governance function within the Society.
- 6.22 The Board shall set out terms of reference for these committees which shall include delegated powers (if any), reporting duties and any other persons who should attend the meetings.
- 6.23 The Board of Directors may establish other committees comprising either Directors or Directors and other people appointed by the Board as necessary and shall set out terms of reference, delegated powers (if any), reporting duties and any other persons who should attend the meetings.
- 6.24 Unless the Board decides otherwise the procedure at committees established by the Board shall be the procedure which applies to Board meetings.

7 CHAIR

- 7.1 The Chair is accountable to the Members for the governance of the Society in accordance with these Rules and the effective performance by the Board of its role.
- 7.2 The Chair shall be appointed under a procedure determined and agreed by the Board and managed by the Nominations & Remuneration Committee, taking into account the need for the Society's stakeholders to have an appropriate voice in the process.

8 REPORTING

Preparation of Accounts

- 8.1 In respect of each year of account, the Board of Directors shall cause to be prepared Annual Accounts which shall include:
 - 8.1.1 a revenue account or revenue accounts which singly or together deal with the affairs of the Society as a whole for that year and which give a true and fair view of the income and expenditure of the Society for that year; and
 - 8.1.2 a balance sheet giving a true and fair view as at the date thereof of the state of the affairs of the Society.
- 8.2 The Board of Directors has the power to prepare in addition a revenue account or revenue accounts for less than one year of account and a balance sheet at the end of the period covered by such revenue account or revenue accounts.

Auditors and Accounts

- 8.3 The Society shall in accordance with the law appoint in each year a qualified Auditor or Auditors to be the Auditors, and the following provisions shall apply to them.
 - 8.3.1 The accounts of the Society for that year shall be submitted to them for audit as required by the law.
 - 8.3.2 They shall have all the rights and duties in relation to notice of, and attendance and right of audience at Members Meetings, access to books, the supply of information, reporting on accounts and otherwise, as are provided by the law.
 - 8.3.3 Except where provided in the Rules, they are appointed by the Members, and the provisions of the law shall apply to their re-appointment and removal and to any resolution removing, or appointing another person in their place.
 - 8.3.4 Their remuneration shall be fixed by the Members or in a way that the Members decide.

- 8.4 The Board of Directors may fill any casual vacancy in the office of Auditor until the next following Members Meeting.

Presentation of Accounts

- 8.5 The Board of Directors shall present reports of the business and affairs of the Society to the Annual Members Meetings.
- 8.6 The Board of Directors shall lay Annual Accounts before the Annual Members Meeting showing respectively the income and expenditure for and the state of the affairs of the Society as at the end of the Society's most recent financial year (or of such other period as the Board of Directors may decide).

Publication of Accounts and Balance Sheets

- 8.7 Subject to the law, the Board of Directors must not cause to be published any revenue account or balance sheet unless it has previously been audited by the Auditors. Every revenue account and balance sheet published must be signed by the Secretary and by two Directors acting on behalf of the Board.

Copy of Balance Sheet to be Displayed

- 8.8 The Society must keep a copy of the last balance sheet for the time being, together with the report of the Auditors, always displayed in a conspicuous place at its registered office.

Annual Return to be sent to Financial Conduct Authority

- 8.9 The Society must, within the time allowed by legislation in each year, send to the ***Financial Conduct Authority*** a general statement in the prescribed form, called the annual return, relating to its affairs during the period covered by the return, together with a copy of:

8.9.1 the Society's financial statements for the period included in the return; and

8.9.2 the report of the Auditors thereon

and the most recent annual return of the Society shall be made available to any Corporate Member or Individual Member by the Secretary on request in writing free of charge.

Remuneration

- 8.10 The amounts paid and payable to Directors shall be disclosed in the Society's Annual accounts in the format required by the legislation and Accounting Standards in force for that accounting period.

Alterations to Rules

- 9.1 No new rule shall be made, nor shall any of the Rules be amended, unless it is approved by a two-thirds majority of the votes cast at a Special Members Meeting.
- 9.2 Notice of such a Special Members Meeting shall specify the rules to be amended, and set out the terms of all amendments or new rules proposed.
- 9.3 No amendment to any of the Rules and no new rule shall be valid until registered. When submitting rule amendments to the **Financial Conduct Authority** for registration the Secretary may, at the Secretary's sole discretion, accept any alterations required or suggested by the **Financial Conduct Authority** without reference back to a further Special Members Meeting of the Society.
- 9.4 The Board may change the address of the Society's website, and the situation of the Society's registered office. The Society will send notice of any change in the Society's registered office to the **Financial Conduct Authority**.

Restriction on use – Protection of assets

- 9.5 Pursuant to regulations made under section 29 of the Co-operatives and Community Benefit Societies Act 2014 (the "**2014 Act**"):
 - 9.5.1 all of the Society's assets are subject to a restriction on their use;
 - 9.5.2 the Society must not use or deal with its assets except:
 - 9.5.2.1 where the use or dealing is, directly or indirectly, for a purpose that is for the benefit of the community;
 - 9.5.2.2 to pay a Member of the Society the value of their withdrawable share capital or interest on such capital;
 - 9.5.2.3 to make a payment following the death or lack of capacity of a member in accordance with sections 34 to 40 (inclusive) of the 2014 Act 2014;
 - 9.5.2.4 to make a payment in accordance with the Rules of the Society to trustees of the property of bankrupt members or, in Scotland, members whose estate has been sequestrated;
 - 9.5.2.5 where the Society is to be dissolved or wound up, to pay its creditors; or
 - 9.5.2.6 to transfer its assets to one or more of the following:
 - (a) a prescribed community benefit society whose assets have been made subject to a restriction on

use and which will apply that restriction to any assets so transferred;

- (b) a community interest company;
- (c) a registered social landlord which has a restriction on the use of its assets which is equivalent to a restriction on use and which will apply that restriction to any assets so transferred;
- (d) a charity (including a community benefit society that is a charity); or
- (e) a body, established in Northern Ireland or a State other than the United Kingdom, that is equivalent to any of those persons.

9.6 Any expression used in this Rule which is defined for the purposes of regulations made under section 29 of the 2014 Act shall have the meaning given by those regulations.

Transfers of Engagements

9.7 The Society may, by special resolution passed at a Special Members Meeting in accordance with the Rules and in the way required by the law, amalgamate with or transfer its engagements to any **society** or convert itself into a **company**.

9.8 The Society may also accept a transfer of engagements and assets from any **society** by resolution of the Board of Directors or of a Members Meeting, as the Board of Directors shall decide.

Dissolution

9.9 The Society may be dissolved by winding up in the way required by the law. If on the solvent dissolution or winding up of the Society there remain, after the satisfaction of all its debts and liabilities and the repayment of the paid-up share capital, any assets whatsoever, such assets shall be transferred to one or more **societies** which are

- 9.9.1 registered as societies under the law;
- 9.9.2 have the same or similar rule provisions as regards surplus distribution on a dissolution or winding up as are contained in this Rule; and
- 9.9.3 confirmed by the Members at a Members Meeting after consultation with stakeholders.

10 SHARE CAPITAL

10.1 The Society has membership shares of £1 each.

- 10.2 Every member holds one membership share, and no member may hold more than one membership share.
- 10.3 One £1 membership share will be allotted to each member upon admission to membership. Payment shall not be due unless the Society requests it.
- 10.4 Membership shares are not transferable or withdrawable, and no interest is payable.
- 10.5 Where a Member ceases to be a member under the Rules, their membership share shall be cancelled.
- 10.6 In order to fund its business, the Society may issue Capital Funding Shares.
- 10.7 Capital Funding Shares may be issued in such denomination and upon such terms as the Board of Directors shall decide, subject to the Rules, and in particular the following provisions.
- 10.7.1 Capital Funding Shares may be transferable, but may not be withdrawable.
- 10.7.2 Capital funding shares may be repayable by the Society upon specified dates, and may be issued from time to time as term shares, with different issues of shares repayable on different dates.
- 10.7.3 Interest may be paid to holders of Capital Funding Shares as compensation for the use of such funds, but the rate of interest shall be no higher than the Board of Directors considers to be necessary to attract the funding needed for the business of the Society. The rate may be zero; it may vary between different issues of shares, to reflect different repayment terms or dates.
- 10.7.4 Capital Funding Shares may be issued to members or (subject to the absolute discretion of the Board of Directors in relation to each applicant) to people or corporations who are not members.
- 10.7.5 On the solvent dissolution or winding up of the Society, holders of capital funding shares shall have no entitlement other than to payment of outstanding interest and repayment of paid-up share capital.

11 ADMINISTRATIVE

Purpose, objects and powers

- 11.1 The Society's Purpose is to carry on business for the benefit of the community.
- 11.2 The Objects of the Society are, in accordance with its Purpose:

- 11.2.1 to provide goods and services, including education and training, research, accommodation and other facilities, for purposes related to the provision of health and social care and the promotion of health and well-being; and
 - 11.2.2 to engage, as principals or agents, in any other business, trade, industry or activity which seems to the Society directly or indirectly conducive to carrying out the above objects.
- 11.3 The Society may do anything which appears to it to be necessary or desirable for the purposes of or in connection with its Objects.
- 11.4 In particular it may:
 - 11.4.1 acquire and dispose of property;
 - 11.4.2 enter into contracts;
 - 11.4.3 accept gifts of property (including property to be held on trust for the purposes of the Society or for any purposes relating to the health service in England); and
 - 11.4.4 employ staff.
- 11.5 Any power of the Society to pay remuneration and allowances to any person includes the power to make arrangements for providing, or securing the provision of pensions or gratuities (including those payable by way of compensation for loss of employment or loss or reduction of pay).

Borrowing

- 11.6 Subject to the approval of the Board, the Society may borrow money for the purposes of or in connection with its functions, subject to a limit of the higher of £1,000,000 (one million pounds) and 1% of the published value of any contract for which the Society bids or proposes to bid.

Investments

- 11.7 Subject to any restriction imposed by resolution of any General Meeting of the Society, the Board may invest any part of the capital and funds of the Society in any manner which the Board may from time to time determine.

Books of Account

- 11.8 The Board shall cause to be kept proper books of account with respect to the transactions of the Society, its assets and liabilities, and shall establish and maintain a satisfactory system of control of the books of account, the cash holdings and all receipts and remittances of the Society in accordance with the Act.

Financial Year and Half-Year End

- 11.9 The financial year of the Society shall end on the second Saturday in each calendar year or, in the event of the **Financial Conduct Authority** so permitting, such other date as the Board may decide, and the financial half-year of the Society shall end on such date as the Board shall determine.

Treatment of Net Surplus

- 11.10 The profits or surpluses of the Society shall not be distributed either directly or indirectly in any way whatsoever among Members, but shall be applied:

- 11.10.1 to maintain prudent reserves;
- 11.10.2 on expenditure in carrying out the Society's Objects.

Settlement of Disputes

- 11.11 Any dispute, between the Society or an officer of the Society on the one hand and a Member or a person who has for not more than six months ceased to be a Member on the other hand, as to the interpretation of or arising out of the Rules shall (except as otherwise provided in the Rules) be referred, in default of agreement between the parties to the dispute, to a person appointed by the President of the Chartered Institute of Arbitrators, on application by any of the parties. The person so appointed shall act as sole arbitrator in accordance with the Arbitration Act 1996 and such person's decision shall (including any decision as to the costs of the arbitration) be final.

Secretary

- 11.12 The Board of Directors appoints and may remove the Secretary.

- 11.13 The Secretary

- 11.13.1 has the functions set out in the Rules and any other functions which the Board of Directors assigns;
- 11.13.2 acts as secretary to Committees of the Board of Directors, and subject to its approval, may appoint another person for those purposes;
- 11.13.3 has absolute discretion to decide any issue or question which the Rules require the Secretary to decide.

- 11.14 The Secretary's role includes;

- 11.14.1 ensuring good information flows to the Board of Directors;
- 11.14.2 through the Chair advising the Board of Directors on governance matters; and
- 11.14.3 being accessible to all Directors to ensure that procedures are being complied with

Register of Members

- 11.15 The Society shall keep at its registered office a register of Members as required by the law. Any Member wishing to inspect the register (or any part of it) shall provide the Society with not less than 14 days' prior notice given in writing (and any transmission of the notice by electronic mail or facsimile shall not satisfy the requirement that the notice be given in writing) to the Secretary at the Society's registered office.

The Seal

- 11.16 The Society shall have a seal. The seal shall only be used by the authority of the Board of Directors, under such procedures as the Board of Directors shall decide.

Copies of Rules and Regulations

- 11.17 The Secretary will provide a copy of the Rules to any person who demands it, and may charge a sum (not exceeding ten pence or the maximum allowed by the law) for providing such a copy.
- 11.18 The Secretary will provide a copy of any Regulations referred to in the Rules to any Member who requests it and may charge a reasonable sum for doing so.

Directors' and Officers' Indemnity

- 11.19 Directors and the Secretary who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Society. The Society may purchase and maintain insurance against this liability for its own benefit and for the benefit of Directors and the Secretary.

APPENDIX

- 1 The Rules should be read and understood on the basis of what is set out below.
- 2 Words in the singular include the plural, and words in the plural include the singular.
- 3 Any reference to legislation includes any subsequent enactments, amendments and modifications, or any subordinate legislation.
- 4 The section, rule and paragraph headings are inserted for convenience only and shall not affect the interpretation of the Rules.
- 5 The following words and phrases have the special meaning set out below.

“company” a company registered with limited liability under the Companies Act 2006 or any previous Companies Act, or under any law of the country where it is situate whereby it acquires the right of trading as a body corporate with limited liability

“NHS bodies”

“NHS Principles and Values” The principles and values set out in the NHS Constitution for England

“corporation” a **society**, a **company** or any other body corporate

“Employee” any person who is, or has been at any time in the last three years, a worker for the Society or any other member of the Group, and it also includes any spouse or partner of any such person. For the purposes of this provision, the definition of a worker is that set out in Section 230 of the Employment Rights Act 1996, except that any person not working under a contract of employment shall not be a worker if the contract under which that person works is for a fixed term of less than 6 months

“Financial Conduct Authority” Financial Conduct Authority, 25 The North Colonnade, Canary Wharf, London, E14 5HS, Company Number 01920623

“health care professional” a person who is a member of a profession regulated by a body mentioned in Section 25(3) of the National Health Service Reform and Health Care Professions Act 2002

“society” a society registered with limited liability under the Co-operatives and Community Benefit Societies Act 2014 or under any law of the country where it is situate whereby it acquires the right of trading as a body corporate with limited liability

- 6 The following words or phrases are introduced in the rule specified in each case.

Words or Phrases	Rule
2014 Act	9.5
Annual Members Meeting	4.1
Appendix	1.8.1
Auditor	8.3
Board of Directors	2.1
Capital Funding Share	10.6
Chair	2.1
Conflict	6.16
Member	2.1
Members Meeting	4
Register of Members	3.1
Regulations	1.6
Rules	1.1
Secretary	2.1
Society	1.1
Special Members Meeting	4.2

Signatures of Members

Full Names

Date

.....

.....

.....

Signature of Secretary

.....

Draft 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

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 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

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: Quality and Workforce Committee report	Meeting Date: 26 July 2018	Agenda item no: 11.1
Prepared and presented by: Dr Paula Grey	Discussed by: Quality and Workforce Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on matters discussed at the Quality and Workforce Committee meeting held on Wednesday 18 July 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1 The Committee noted the improvement reported by the lead CQC inspector at the feedback following the recent CQC re-inspection of the Asylum Service. The draft Report would be available in approximately 6 weeks. The Committee thanked those who had undertaken the preparation work for the visit. .
- 2.2 The Committee noted the minor updates to the Incident Management and Complaints policies.
- 2.3 The Committee noted the progress made on phase 2 of Management of Change (MoC). It was noted that, due to vacancies being elsewhere in the organisation, there had been

opportunities available to staff and this had reduced the risk of potential redundancies in the IUC SDU.

2.4 The Committee noted the ongoing piece of work relating to SPNs.

2.5 The Committee noted the positive UHUK Patient Safety Staff Survey results. Participation levels had been disappointing and it was hoped that there would be a higher participation rate for the 2019 survey

2.6 The Committee thanked staff for the flexibility shown so far during the office move.

3.0 Recommendations:

The meeting is invited to:

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

Title: Finance and Performance Committee report	Meeting Date: 26 July 2018	Agenda item no: 11.2
Prepared and presented by: Paul Cummins	Discussed by: Finance and Performance Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on matters discussed at the Finance and Performance Committee meeting held on Wednesday 18 July 2018 which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1 The Committee noted the good performance in June with five areas of partial compliance in relation to the OOH SDU.
- 2.2 The Committee noted the challenging financial position in Sefton and that UC24 not yet mitigated the inherent overspend in these services. The budget profile was being reviewed by the Finance team and the SDU with a view to establishing a clear base cost for what was being delivered. Opportunities to increase income were also being explored.
- 2.3 The Committee noted that the Asylum Service had been re-inspected. The draft Report should be available in 6 weeks time but the first comments shared by the Lead Inspector were positive.

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.